

STATEMENT OF HEALTH INSURANCE AVAILABILITY

This statement is made by _____ in accordance with section 154.181 of the Texas Family Code.

1. *Child*

The following child is the subject of this suit:

Name: _____

Birth date: _____

Social Security number: _____

2. *Health Insurance Availability*

Private health insurance is in effect for the child, Emmit Geovanni Ortiz.

Name of insurance company: _____

Policy number: _____

Party responsible for premium: _____

Monthly cost of premium: \$_____

The insurance coverage is provided through a parent's employment.

Name of insurance company: _____

Policy number: _____

Party responsible for premium: _____

Monthly cost of premium: \$_____

The insurance coverage is provided through a parent's employment.

Name of insurance company: _____

Policy number: _____

Party responsible for premium: _____

Monthly cost of premium: \$_____

The insurance coverage is not provided through a parent's employment.

The child is receiving Medicaid benefits under chapter 32, Human Resources Code.

The child is receiving health benefits coverage under a government medical assistance program, government health plan, or the Children's Health Insurance Program under chapter 62 of the Texas Health and Safety Code. The cost of the premium is \$_____.

Date: _____

Signature