

**STATEMENT OF HEALTH INSURANCE AVAILABILITY**

This statement is made in accordance with section 154.181 of the TEXAS FAMILY CODE.

1. *Child(ren)*

The following child is the subject of this suit:

Name(s):

\_\_\_\_\_  
Birth date(s):  
\_\_\_\_\_

2. *Health Insurance Availability*

Private health insurance is in effect for the child(ren).

Name of insurance company:

\_\_\_\_\_  
Policy number:

\_\_\_\_\_  
Party responsible for premium:

\_\_\_\_\_  
Monthly cost of premium:

\$ \_\_\_\_\_

Date: \_\_\_\_\_.

\_\_\_\_\_  
PARENT