

EXHIBIT \_\_\_\_\_

**HEALTH INSURANCE AVAILABILITY**

Tex. Family Code § 154.181(b)

**PRIVATE HEALTH INSURANCE PROVIDER**

Name of insurance company	
Policy number	
Provided by employer for mother?	YES NO
Provided by employer for father?	YES NO
Monthly premium (Attach sheet from HR department showing cost breakdown)	\$ _____ Children only? YES NO
List <b>*ALL*</b> Children covered by this policy, not just the children involved in this suit.	

**IF PRIVATE HEALTH INSURANCE IS NOT *IN EFFECT* FOR ANY CHILD IN THIS SUIT:**

Names of child(ren) not covered by private insurance:	

**Medicaid**

Are the children receiving medical assistance through Medicaid?	YES NO
If YES, under what state's program are they covered?	

**CHIP**

Are the children receiving medical assistance through CHIP?	YES NO
If YES, under that state's program are the covered?	
If YES, how much are the monthly CHIP premiums?	

**Private Insurance Availability**

Obligor's Gross Income:	
Is private health insurance available to either parent?	YES NO
If YES, which parent?	MOTHER FATHER
If YES, how much would it cost to add the children to that plan each month?	