

**EXHIBIT "C"**

**REQUIRED HEALTH INSURANCE  
INFORMATION PURSUANT TO TFC §154.181(B)**

Pursuant to Texas Family Code §154.181(b), the parties submit the following information regarding health insurance for the minor child[ren] the subject of this suit:

**9 Private health insurance is in effect for the minor child[ren]:**

Identity of Health Insurance Company: \_\_\_\_\_

Policy Number:..... \_\_\_\_\_

Name of parent responsible for payment of premium:..... \_\_\_\_\_

Is coverage available through a parent's employment?:.....  YES  NO

Cost of premium?:..... \$\_\_\_\_\_ per week/month/year

**9 Private health insurance is not in effect for the minor child[ren]:**

[Is/Are] the child[ren] receiving medical assistance under Chapter 32, Human Resources Code?.....  YES  NO

[Is/Are] the child[ren] receiving health benefits coverage under state child health plan under Chapter 62, Health and Safety Code?.....  YES  NO

If YES, the cost of the premium?: \$\_\_\_\_\_ per week/month/year

Does either parent have access to private health insurance at a reasonable cost to that parent, reasonable defined as a premium month not to exceed ten percent (10%) of

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**HEALTH INSURANCE INFORMATION PER TFC §154.181(B)**

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the parent's net income per month?..... 9 YES 9 NO

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