

**EXHIBIT "A"**

**REQUIRED HEALTH INSURANCE INFORMATION  
PURSUANT TO TEX. FAM. CODE §154.181(B)**

Pursuant to Texas Family Code §154.181(B), the party/parties submit the following information regarding health insurance coverage for the minor child(ren) the subject of this suit:

Private health insurance IS in effect for the minor child(ren):

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

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

Party responsible for payment of premium: \_\_\_\_\_

Is this coverage provided through a parent's employment?  yes  no

Cost of premium: \$\_\_\_\_\_ per  week  month  year

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

Cost of premium: \$\_\_\_\_\_ per  week  month  year

Does either parent have access to private health insurance at a reasonable cost to that parent? Reasonable cost means the cost does NOT exceed 9% of the parent's annual resources.  Yes  No