

EXHIBIT "A"

**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:

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

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 defined as a premium month not to exceed ten percent (10%) of the parent's net income per month?.....

Yes No