

## Exhibit: Medical Support Order

**Warning!** If you disobey a Court order to pay for or provide health insurance for the children, you will have to pay for ALL needed and reasonable health costs, even if those costs would not have been covered by an insurance policy.

### The Court makes the following orders:

#### 1. *Insuring Parent*

IT IS ORDERED that \_\_\_\_\_  
(Name of person to pay health insurance/ medical support, Insuring Parent)

**must pay** for and provide health insurance / medical benefits for the children listed in the attached Decree or Order, in the manner described below, until one of the following **conditions** is met for each child, or one of the following **events** occurs:

#### Conditions

- The child turns 18 and graduates from high school, **or**
- The child has turned 18, and is not meeting the attendance requirements of a high school or other secondary school leading toward a high school diploma, **or**
- The child marries, dies, or is emancipated by court order, **or**
- The child begins active duty in the US armed forces, **or**

#### Events

- The child's parents marry each other and live with the child, or
- The court changes this order.

The medical benefits **must** include doctor services, office visits, hospitalization, laboratory, X-ray, and emergency services.

#### 2. *Insurance / Medical Benefits*

The Insuring Parent IS ORDERED to pay for and enroll the children in a health insurance policy offered through either parent's work or membership in a union or organization, if it is available at a reasonable cost (not more than 9% of his/her annual resources), and it provides doctor services, office visits, hospitalization, laboratory, X-ray, and emergency services.

If the Insuring Parent obtains health insurance through the other parent's work or membership in an organization, that other parent is ordered to include the child in his or her health insurance. The Insuring Parent is ordered to reimburse the other parent for the **actual cost** of insuring the children in this case, as described below.

If insurance is **not** available through either parent's work or membership in a union or organization at a reasonable cost, the Insuring Parent IS ORDERED to get insurance / medical benefits for the children using any of these options:

1. Buy an individual policy to cover the children, and give the other parent the required health insurance information listed below, **or**
2. Get public health insurance. (For information, contact TexCare Partnership: 1-800-647-6558, [www.texcarepartnership.com](http://www.texcarepartnership.com)), **or**
3. Give the other parent \$\_\_\_\_\_ / per month in medical support for the children's health expenses. Payments must be (check one):
  - Mailed to the Child Support State Disbursement Unit on the 1st day each month, or
  - Withheld by the Insuring Parent's Employer.

The Insuring Parent is not required to make these payments if he or she obtains health insurance for the child and provides proof of insurance to the other parent, and any other party to the case.

### **3. Information to be Provided**

The Insuring Parent must give the other parent the following information, **within 30 days** of the date of this Order:

- Name of the health insurance company, policy number, copy of the policy, and a list of covered benefits,
- Proof that the children are covered under this policy,
- A health insurance membership card, claim forms, and any other information needed to submit a claim, if applicable,
- The Insuring Parent's Social Security Number and name and address of the Insuring Parent's employer and the type of insurance available through his/her employment.

### **4. Notice of Changes to Insurance / Medical Benefits**

1. If the insurance benefits are renewed, cancelled, or changed in any way, the Insuring Parent must send the new information to the other parent **within 15 days of the change**.
2. If the Insuring Parent is no longer eligible for coverage, s/he must provide other health insurance within 10 days of losing coverage. The new insurance must provide as much, or more, coverage for the children.

### **5. Reimbursement for Actual Cost to Insure Children in this Case**

If the Insuring Parent obtains health insurance for the children through the other parent's employment, the Insuring Parent must reimburse the other parent the **actual cost** of insuring the children in this case (*but not more than 9% of the Insuring Parent's annual resources*).

*If the other parent has other children covered by the same health insurance plan, determine the **actual cost** of insuring the children in this case by doing this: Divide the total cost of insuring all children covered by the plan by the total number of children insured. Then, multiply that number by the number of children in this case.*

The Insuring Parent is ORDERED to pay the actual cost of the health insurance for the children as additional child support, with the first payment of \$\_\_\_\_\_ due on the first day of the first month after this Decree is signed, and a like payment due on the first day of each month thereafter, until there is a change in the actual cost of the health insurance for the children in this case.

Starting on the first day of the month after each change in the actual cost of health insurance for the children in this case, the Insuring Parent is ordered to pay the other parent the actual cost of insuring the children, and must continue to make like monthly payments on the first day of each month thereafter until there is another change in the actual cost of health insurance for the children in this case.

IT IS ORDERED that these additional payments for reimbursement of health insurance expenses shall be made through the **Child Support State Disbursement Unit, PO Box 659791, San Antonio, Texas, 78265**, and thereafter promptly remitted to the other parent for support of the children.

IT IS FURTHER ORDERED that payments made by the Insuring Parent for the reimbursement of health insurance premiums to the other parent shall stop if the Insuring Parent enrolls the children in a health insurance or medical benefits program, as described above, and the Insuring Parent provides the other parent or the IV-D agency, if needed, the information listed in paragraph III, above.

If the insurance company sends reimbursement for services, it must be given to the parent who made the expense, within 3 days. If payment is not in that parent's name, the other parent will endorse the check and forward the payment.

### 6. **Filing Claims**

Either parent may file a claim. If claim forms or other information are needed for reimbursement, the parents must provide that information within 10 days of the request.

### 7. **Additional Insurance**

Either parent may get additional health insurance for the children, at his/her own cost. If the additional insurance expands coverage for the children, the parents are ordered to make the benefits available.

### 8. **Costs not covered by Insurance**

A. If the insurance does not cover all of the health care costs, the parents must each pay half (50%) of the health care costs not covered by the insurance, including:

- Annual deductibles
- Co-pays
- Charges for dental, vision, and orthodontic care
- Charges for prescription drugs

*(Travel costs and the cost of over-the-counter drugs are NOT included.)*

B. **Notify the other parent about health care costs:** Each parent must notify the other parent of the health care costs incurred within 10 days. After being notified, the other parent has 10 days to pay his/her portion of the health care cost. The court considers all health care costs to be reasonable, even if denied by the health insurance company.

### 9. **For Paternity Cases and Suits Affecting the Parent-Child Relationships**

Check here if the Father will pay for 50% of the mother's pregnancy-related health care expenses. *(You can only ask for this if this is the first Health Insurance Order for the child/ren in this case.)*

The father IS ORDERED to pay 50% of the mother's pregnancy-related health care expenses for the child/ren listed below:

	Child's Name	Date of Birth
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____