IN THE _____ CIRCUIT COURT FOR DAVIDSON COUNTY, TENNESSEE

_____

Plaintiff **[NAME *(First, Middle, Last)* OF SPOUSE FILING THE DIVORCE]**

vs. Docket No: _____

_____

Defendant **[NAME *(First, Middle, Last)* OF THE OTHER SPOUSE]**

Health Insurance Notice

You **must:**

- Fill out this form completely **OR** ask the person in charge of employee benefits where you work to fill it out.
- File this completed *Notice* with the Court Clerk's Office.
- Mail a copy to your spouse by certified mail. Keep a copy of this form for your records.

Important! Your spouse must receive this Notice at least 30 days before the coverage ends.

To (Spouse's Name)**:** _____

(Spouse's Address)**:** _____
Street Address or P.O. Box City State Zip

From (Your Name)**:** _____

(Your Address)**:** _____
Street Address or P.O. Box City State Zip

If you do not have health insurance, check here ☐ and fill out the Certificate of Service section below, mail a copy of the form to your spouse, and file this form with the Clerk's Office.

If you do have health insurance that covers your spouse now, fill out the information about the health insurance policy that covers your spouse now:

Health Insurance Company Name: _____ Policy Number: _____

(Employee Benefits Person to Contact):

_____
Name Phone # Street Address City State Zip

Check one:

- ❑ This policy has COBRA. That means your spouse can keep the insurance after the divorce. BUT s/he must apply by the deadline and pay the premiums and any administrative charges. To learn more, speak to the Employee Benefits Person listed above.
- ❑ This is a group insurance policy. Your spouse may be able to continue coverage under *T.C.A. §56-7-2312(d)(1)*. To learn more, speak to the Employee Benefits Person listed above. Your spouse may also get insurance somewhere else.
- ❑ This policy does not offer COBRA. That means your spouse will lose this insurance after the divorce. Your spouse **must** get health insurance somewhere else.
- ❑ My spouse is not covered by my policy.

Certificate of Service:
I hereby certify that a true and exact copy of this *Health Insurance Notice* was mailed to my insured spouse on (date) _____. I sent it to the address listed above by certified mail.

Sign here: ▶_____ Date: _____