

Notice Regarding Insurance Coverage of Spouses and Former Spouses

TO: _____
Insured Spouse

Docket No. _____

Last known address

Notice is hereby provided to you, pursuant to T.C.A. ' 56-7-2366, with regard to your medical (accident and sickness) insurance, the following information:

1. You are currently insured under the following policy, of which your spouse is the insured or policy holder, which provided medical and/or hospital insurance for your benefit:

Insurance company: _____

Policy number: _____

2. You will no longer have medical or hospital insurance coverage as a dependent under this policy thirty (30) days after your divorce or legal separation order is entered. **Unless you take action, you will be without health insurance coverage.**

Check if applicable:

3. This policy has a COBRA continuation provision. This permits you to continue coverage under the existing policy if certain steps are timely taken, which may include the completion of a cobra benefits application and the payment, in advance, of premiums. The contact person for COBRA information is as follows:

Person: _____

Phone Number: _____

Address: _____

COBRA coverage is not available under this policy. Therefore, to have health insurance, you must obtain your own insurance from another source.

The insurance coverage you currently have is a group insurance policy and you may be entitled to continuation coverage pursuant to T.C.A. ' 56-7-2312(d)(1). The person to contact for insurance continuation information is:

Person: _____

Phone Number: _____

Address: _____

4. It is estimated that your premium for continued Cobra coverage will be _____ per month.

Alternatively, know that you may obtain insurance from another source of your choice.

Dated this day of _____, 200_.

Insured spouse or policy holder

Address

Attorney for insured spouse or policy holder (if applicable)

CERTIFICATE OF SERVICE

I hereby certify that a true and exact copy of the foregoing document was properly mailed to or served upon the dependent insured spouse, through his/her attorney of record, _____, by hand delivery or first class mail with sufficient postage, AND was properly mailed to the dependent insured spouse by certified mail.

THIS _____ day of _____, 200_.

BY: _____
Attorney for Insured spouse or policy holder OR
Insured/Policy Holder