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EXECUTIVE DIRECTOR

DOMESTIC RELATIONS OFFICE

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HEALTH INSURANCE PREMIUMS-UNREIMBURSED

Supporting Documentation

This section applies **only** to cases in which (a) the Non-Custodial Parent is ordered to provide health insurance, failed to do so, and you, the Custodial Parent, obtained insurance OR (b) the Non-Custodial parent is ordered to reimburse the cost of health insurance directly to you.

Disregard this section if the Non-Custodial parent is required to make periodic cash medical support payments through the State Disbursement Unit **UNLESS** the Non-Custodial Parent is ordered to pay any cost over the court ordered cash medical support payment **directly** to you.

Disregard this section if you are required to provide health insurance **at your sole cost and expense**.

As the Custodial Parent, it is your responsibility to maintain well-documented and organized records of the amounts expended for the subject child(ren)'s health insurance premiums. In this section the Domestic Relations Office Enforcement Division (hereinafter Enforcement Division) will provide a list of documents needed to show proof of insurance coverage and the amounts paid for insurance. You will be provided instructions on how to calculate the actual cost of health insurance for the child(ren) in accordance with the Texas Family Code.

To prove you have/had the child(ren) covered by your insurance and the amounts expended in premium payments, keep the following documentation in a file folder:

Required Documentation: Proof of health, dental and/or vision insurance through an employer:

1. Copy of the policy verifying all the names of the dependents covered under the health insurance plan and effective dates of coverage.

2. Copy of the cost list verifying the cost for various plans –Employee Only; Employee + Child; Employee + Family, etc.
3. Copy of each subject child’s insurance card.
4. Copies of the first and last pay stubs for each effective period of coverage.

Required Documentation: Proof of health, dental and/or vision insurance through a private insurance company:

1. Copy of the policy verifying the names of the dependents and effective dates of coverage.
2. Documentation from the insurance company verifying the cost for the minor dependents only.
3. Copy of each subject child’s insurance card.
4. Copies of the cancelled checks OR copies of your bank statements if payments are made via automatic debit OR statements from your insurance provider showing receipt of monthly payments.

Calculating the actual cost of health insurance for the subject child(ren) in accordance with the Texas Family Code

Texas Family Code, Section §154.182 (b)(3)(b-1), requires the Court to calculate the actual cost of health insurance for the child(ren) by first determining if the Custodial Parent has other minor dependents covered under the same health insurance plan. If they are, the Court must divide the total insurance cost to the Custodial Parent by the total number of minor dependents, including the children covered under the plan. The same formula is used to compute the cost for dental and vision insurance.

Example 1

In this example, you provide insurance coverage for yourself and your 3 children. The plan you selected is for Employee + Family. How do you calculate the cost for the 3 children?

Example:	Employee + Family	\$550.00 per month
	Subtract the cost for Employee only	<u>- 120.00</u>
	Your Cost for 3 Children	\$430.00 per month

Example 2

In this next example, you remarry and subsequently add your new spouse and the new child born to you and your new spouse. You now have 2 adults and 4 minor children on your health insurance plan. However, only 3 of the children are subject to reimbursement for costs.

Let's assume you selected the plan for Employee + Family. How do you calculate the cost for the 3 children?

Example:	Employee + Family	\$950.00 per month
	Subtract the cost for Employee +Spouse	<u>- 300.00</u>
	Equals the cost for 4 minor children	\$650.00 per month
	Divided that by total number of children	<u>÷ 4</u>
	Equals the cost per child	162.50
	Multiply by the number of the children on the court order	<u>x 3</u>
	YOUR COST FOR 3 SUBJECT CHILDREN	\$487.50

Tracking the amounts expended for the child(ren)'s insurance

Once you determine the actual cost of health insurance for the child(ren), keep track of the premium payments. You can use the Spreadsheet for Health Insurance Premiums provided.

Keep a separate spreadsheet listing any reimbursements you receive from the Non-Custodial Parent.

Methods for Notifying the Non-Custodial Parent of the cost for the child(ren)'s insurance:

It is important that you notify the Non-Custodial Parent of the cost for the child(ren)'s insurance and that you include proof of the coverage and cost. Proof should include a copy of the insurance policy or certification, cost list, schedule of benefits, insurance cards and any other forms necessary for the use of the insurance. Include a cover letter explaining how you computed the cost for the child(ren) coverage. Keep a copy of the following:

- a. A copy of the cover letter notifying the non-custodial parent of his/her portion;
- b. A copy of your Health Insurance Premium spreadsheet;
- c. Copies of the documentation listed above under the section entitled Required Documentation; and
- d. A copy of the post marked mail receipt, or any unopened/unclaimed mail. If the letter is returned to you please **do not open the unclaimed mail.**

[DATE] _____

Re: In the Interest of _____, Child(ren)
Cause No. _____

Dear _____:

As you are aware, the parent-child order requires that you reimburse me for the cost of health insurance for the children.

I am enclosing a copy of the notice of health insurance coverage from my employer. Please note that the cost due is \$ _____ per month, beginning on the 1st day of next month.

Please remit payment to me through the Texas State Child Support Disbursement Unit, P.O. Box 659791, San Antonio, Texas, 76265-9791.

Thank you for your cooperation in this matter.

Sincerely,

Address _____
