

State of Tennessee 田纳西州	Court _____ 法院 (Must Be Completed) (必填)	County _____ 县 (Must Be Completed) (必填)
Health Insurance Notice 医疗保险通知		File No. _____ 文档号 (Must Be Completed) (必填) Division _____ 分部 (Large Counties Only) (仅用于较大县)
Plaintiff _____ 原告 (Name: First, Middle, Last) of Spouse Filing the Divorce) (申请离婚配偶之(姓名:名、中间名、姓氏)) Defendant _____ 被告 (Name: First, Middle, Last of the Other Spouse) (另一方配偶之(姓名:名、中间名、姓氏))		

You must:

您必须:

- Fill out this form completely, **OR** ask the person in charge of employee benefits where you work to fill it out.
完整填写本表格, **或者**向负责办理您工作地员工福利的人员咨询如何填写本表格。
- File the copy with the Court.
将副本呈交法院。
- Mail a copy to your spouse by certified mail. Keep a copy of this form for your records.
以挂号邮件向您配偶邮寄一份副本, 自行保留一份副本备查。

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

重要! 您的配偶必须在保险期限结束前至少30日收到本通知。

To (Spouse's Name): _____

致 (配偶姓名):

(Spouse's Address): _____

(配偶地址):	Street address or P.O. Box	City	State	Zip
	街道地址或邮政信箱	城市	州	邮编

From (Your Name): _____

自 (您的姓名):

(Your Address): _____

(您的地址):	Street Address or P.O. Box	City	State	Zip
	街道地址或邮政信箱	城市	州	邮编

If you do not have health insurance, check here. 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.

如果您没有医疗保险, 请在此划勾: 填写下文的送达证内容, 向您配偶邮寄一份本表格, 并将本表格呈递给书记员办公室。

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

如果您有医疗保险, 请填写您的医疗保险单的有关信息, 这些保险覆盖您的配偶:

Health Insurance Company: _____ Policy Number: _____

医疗保险公司: _____ 保单号: _____

(Employee Benefits Contact Person): (Name/Phone #/Street Address/City/State/Zip)

(员工福利联系人): (姓名/电话号码/街道地址/城市/州/邮编)

Check one:

请选择一项:

- This policy has COBRA. That means the dependent 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.

该保单具有COBRA功能, 意思是被扶养配偶在离婚后可以保有该保险, 但其必须在期限届满前提出申请, 并支付保险费及管理费用。请向上文列明的员工福利负责人咨询更多信息。

- This is a group insurance policy. The dependent spouse may be able to continue coverage under TCA § 56-7-2312(d)(1). To learn more, speak to the employee benefits person listed above. The dependent spouse may also get insurance from another source.

本保单系集体保险单, 被扶养配偶可能可以按照TCA第56-7-2312(d)(1)条款的规定继续被覆盖。请向上文列明的员工福利负责人咨询更多信息。被扶养配偶也可以从其他渠道获得保险。

- This policy does not offer COBRA. That means the dependent spouse's coverage will end after the divorce. The dependent spouse must get other health insurance to be covered.

本保单不具有COBRA功能, 意思是被扶养配偶在离婚之后其保险将被终止。被扶养配偶必须另外投保以获得保险。

- My spouse is not covered by my policy.

我的配偶未被我的保单所覆盖。

Certificate of Service:

送达证:

I hereby certify that a true and exact copy of this **Health Insurance Notice** was mailed to my insured spouse on

(Date) _____ (MM/DD/YYYY) I sent it to the address listed above by certified mail.

我特此确认, 本《医疗保险通知》的真实完整副本已经邮寄给我的被保险配偶, 邮寄日期为:

(日期) _____ (月/日/年)。我以挂号邮件方式将其邮寄给上文所列地址。

Sign Here: ▶ _____ Date (MM/DDD/YYYY) _____

在此签字:

日期(月/日/年)