

STATE OF TENNESSEE	COURT: _____	COUNTY: _____
NOTICE REGARDING INSURANCE COVERAGE OF SPOUSES AND FORMER SPOUSES		FILE #: _____
		DIVISION: _____
PLAINTIFF: _____		DEFENDANT: _____

To: _____
Insured Spouse

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/participant is the insured or policy holder, which provides medical and/or hospital insurance for your benefit:

Insurance Company

Policy Number

2. You are receiving this notice because your insurance coverage through your spouse's insurance provider will terminate as a result of a divorce, a legal separation or other separation.

3. Your spouse is hereby informing you that your insurance coverage through your spouse's insurance provider will terminate as a result of your divorce, legal separation or other separation.

Unless you pursue alternative coverage options, you will be without health insurance coverage.

CHECK IF APPLICABLE:

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/Plan Administrator

Address

Address/Phone Number

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/Plan Administrator

Address

Address/Phone Number

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

Dated this _____ day of _____, 20_____

Insured spouse/participant or policy holder

Address

Attorney for insured spouse/participant or policy holder (if applicable)

Attorney Address/Phone

CHECK IF APPLICABLE:

A DIVORCE OR LEGAL SEPARATION HAS BEEN FILED IN THE ABOVE-CAPTIONED COURT.

CERTIFICATE OF SERVICE

(Dependent Spouse has legal representation)

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:

Attorney

Attorney Address/Phone

by hand delivery or first class mail with sufficient postage.

This _____ day of _____, 20_____

By: _____

Attorney for Insured/Participant/Policy Holder OR Insured/Policy Holder

CERTIFICATE OF SERVICE

(Dependent Spouse does not have legal representation)

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

This _____ day of _____, 20_____

By: _____

Attorney for Insured/Participant/Policy Holder OR Insured/Policy Holder

CHECK IF APPLICABLE:

A DIVORCE OR LEGAL SEPARATION HAS NOT BEEN FILED IN THE ABOVE-CAPTIONED COURT.

CERTIFICATE OF SERVICE

(Dependent Spouse has legal representation)

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:

Attorney

Attorney Address/Phone

by hand delivery or first class mail with sufficient postage.

This _____ day of _____, 20_____

By: _____

Attorney for Insured/Participant/Policy Holder OR Insured/Policy Holder

CERTIFICATE OF SERVICE

(Dependent Spouse does not have legal representation)

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

This _____ day of _____, 20_____

By: _____

Attorney for Insured/Participant/Policy Holder OR Insured/Policy Holder