ENFORCEMENT OF UNREIMBURSED HEALTH INSURANCE PREMIUMS

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.**

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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 Legal Enforcement unit (hereinafter Legal Enforcement) 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 subject child(ren) covered by 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 the names of the dependents and effective dates of coverage
2. Copy of the Cost List verifying the cost for the 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 <u>each</u> 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 cancelled checks <u>OR</u> copies of your bank statements if payments are made via automatic debit <u>OR</u> 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, §154.182 (b)(3)(b-1), requires the Court to calculate the actual cost of health insurance for the subject 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 subject child(ren) 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 3 subject children. The plan you selected is for Employee + Family. How do you calculate the cost for the 3 subject children?

Referring to the Cost List provided by your employer, subtract the amount you would be required to pay if you had selected the plan for Employee Only. [NOTE: If the Cost List is given in monthly amounts but you are actually paid semi-monthly, bi-weekly or weekly, you will need to convert the monthly amount on the Cost List to semi-monthly, bi-weekly or weekly, depending on how the premiums are being deducted from your wages]:

Employee + Family	$ 800.00 per month
Subtract the cost for Employee Only	- 168.00
YOUR COST FOR 3 SUBJECT CHILDREN	$ 632.00 per month

EXAMPLE 2

In the first example, your insurance plan covered yourself plus 3 subject children. In this 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 the subject of reimbursements for costs. Let's assume you selected the plan for Employee + Family. How do you calculate the cost for the 3 subject children?

Referring to the Cost List for the different plans provided by your employer, start with the cost for Employee + Family. From there, subtract the cost for Employee + Spouse. The difference is the cost for the 4 minor children. Take that amount and divide it by the number of minor children to get the "per child" cost of health insurance. Then, take the "per child" amount and multiply that by the number of subject children. [NOTE: If the Cost List is given in monthly amounts but you are actually paid semi-monthly, bi-weekly or weekly, you will need to convert the monthly amount on the Cost List to semi-monthly, bi-weekly or weekly, depending on how the premiums are being deducted from your wages]:

Employee + Family	$ 800.00 per month
Subtract the cost for Employee + Spouse	- 375.00
Equals the cost for 4 minor children	425.00 per month
Divided that by total number of children	÷ 4
Equals the cost per child	106.25 per month
Multiply by the number of subject children	x 3
YOUR COST FOR 3 SUBJECT CHILDREN	$ 318.75 PER MONTH

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

Once you determine the actual cost of health insurance for the subject child(ren), keep track of the premium payments. You can use the spreadsheet provided at the end of this section or re-create the following spreadsheet on your own computer using either Excel or Word. If you set up the spreadsheet on your computer you must set it up to look exactly like the example shown below. **List only the amounts paid for the subject child(ren). List each premium payment separately. DO NOT lump an entire year's worth of premium payments together.**

Date Paid	Amount Paid for Health Insurance	Amount Paid for Dental Insurance	Amount Paid for Vision Insurance

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

Insurance Reimb. Date Paid	Insurance Reimb. Amount Paid

Methods for Notifying the Non-Custodial Parent of the Cost for the Subject Child(ren)'s Insurance

It is important that you notify the Non-Custodial Parent of the cost for the subject 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 subject child(ren)'s coverage. Keep a copy of your letter as proof that you notified the Non-Custodial Parent of the amounts due. Below are several methods for notifying the Non-Custodial Parent:

1. Our Family Wizard – this method must be ordered by the court
2. If the court did not order the parties to use Our Family Wizard, Legal Enforcement requires you to send the following items to the Non-Custodial Parent by **certified mail, return receipt requested:**
    a. A copy of the spreadsheet;
    b. A cover letter notifying the Non-Custodial Parent of his/her portion; and
    c. Copies of the documentation listed above under the section entitled Required Documentation

If the certified mail is returned to you unclaimed, DO NOT open it. You may follow-up by providing additional copies using, either first class mail, email or hand-delivery.

Documents provided to Legal Enforcement along with your Application to Enforce Child and Medical Support

When submitting your Application to Enforce Child and Medical Support, you must include the following items if you want Legal Enforcement to address the issue of reimbursement for the cost of health insurance:

1. If you were ordered to use Our Family Wizard, send the copies of any notices sent to the Non-Custodial Parent regarding insurance reimbursements, including any attachments (proof).

2. If you are not ordered to use Our Family Wizard, send the following documents:

    a. Copy of your cover letter to the Non-Custodial Parent;
    b. Copy of your spreadsheet;
    c. Copies of the documentation listed above under the section entitled Required Documentation
    d. Copies of the postmarked Certified Mail receipt and corresponding return receipt (green card) and/or any unopened, unclaimed certified mail.

******** NOTICE TO THE CUSTODIAL PARENT ********

To obtain an Application to Enforce Child (and Medical) Support, the Non-Custodial Parent must be delinquent in child support.

It is imperative that you keep records of the subject child(ren)'s cost for health/dental/vision insurance up-to-date at all times, even if you are not presently considering legal action. Failure to keep records up-to-date will cause unnecessary delays when you are ready to initiate a lawsuit.

Medical packets must be submitted in the exact format shown below. Any medical packets that are not properly prepared will be returned to you and Legal Enforcement will NOT include any requests for reimbursement in its legal proceedings.

If a final order is signed without addressing insurance premium reimbursements existing at the time of the order, the Court may later rule you WAIVED your right to collect reimbursement from the Non-Custodial Parent.

These are some of the minimum requirements. Our staff will discuss additional requirements upon your request for an application.

READ ONLY - You must call Legal Enforcement to request an Application to Enforce Child (and Medical) Support

NCP Name: _____ CP Name: _____

Child Support Account No.: _____ Cause No.: _____

**** List only the amounts paid for the subject child. List each premium payment separately ****

Date Premium Paid by Custodial Parent	Amount Paid Medical Insurance	Amount Paid Dental Insurance	Amount Paid Vision Insurance	Date Notice Last Sent to Non-Custodial Parent

Total amount paid by the Custodial Parent $ _____

Minus reimbursements made by Non-Custodial Parent _____

Balance owed to Custodial Parent: $_____ as of _____, 20_____