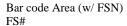
Office of the Attorney General MEDICAL SUPPORT UNIT P.O. BOX 1328 AUSTIN, TX 78767-13285 Toll-Free (800) 522-2421 Fax (855) 329-6676





Date: Custodial Parent Non-Custodial Parent: Attorney General Case # Cause #

HEALTH INSURANCE STATUS CHANGE FORM

Employers are required to notify the Office of the Attorney General of a change of status of an employee [Texas Family Code, 154.187 and 158.211. Please keep this form for use as needed. If there is a change in the employee's health insurance or employment status, please complete this form and return it to:

Medical Support Unit P.O. Box 1328 Austin, TX 78767-1328

If you have any questions, please call (800) 522-2421. For information about providing this information via the Internet, please visit www.employer.texasattorneygeneral.gov.

Obligor:	Social Security Number:
Date of occurrence: This is to advise of a change in employment status between	Attorney General Case #: en the above obligor and this employer
[] The obligor is no longer employed by this employer; income withholding will stop on	
The obligor's last known home address:	The obligor's new employer name and address if known:
Telephone Number:	
[] Health insurance coverage has lapsed. Notification of insurance interruption must be within 15 days of occurrence. If the obligor is eligible for health insurance conversion privileges (COBRA), please enclose information.	
Signature of Person Completing Form	Date Form Completed
Position/Title	(Area Code) Telephone Number
Internet/Web Address	

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