

**IN THE CIRCUIT COURT OF TENNESSEE FOR THE THIRTIETH JUDICIAL
DISTRICT AT MEMPHIS**

DOCKET NUMBER _____

**COMPLIANCE WITH NOTIFICATION OF LOSS OF INSURANCE
COVERAGE PURSUANT TO T.C.A. SECTION 56-7-2366**

I certify that the undersigned has complied with notice pursuant to T.C.A. Section 56-7-2366 as follows:

_____ My spouse _____ is not covered under Medical or Hospital insurance coverage as a dependent under any insurance policy to which I am covered or a member of a group policy.

OR

_____ I have given notice by certified mail to _____
on the _____ day of _____, _____

OR

_____ I understand that if I am covered as a beneficiary under my spouse's insurance coverage that I will no longer have medical insurance coverage under the policy 30 days after my divorce decree is entered. I have the obligation to inquire as to COBRA or other coverage or determine if I am or will be covered under any insurance policy benefits after my divorce decree is entered.

OR

_____ Neither my spouse nor I are covered under medical insurance benefits.

PLAINTIFF/DEFENDANT

ATTORNEY OF RECORD

MUST BE FILED IN ROOM 224 (FILING COUNTER)