

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 _____, 20__.

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 is entered.

OR:

_____ Neither my spouse or I are covered under medical insurance benefits.

PLAINTIFF/DEFENDANT

ATTORNEY OF RECORD