

Address: _____

- 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: _____

Phone Number: _____

Address: _____

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

CHECK IF APPLICABLE:

- A divorce or legal separation has been filed in the above-captioned court.

Respectfully submitted,

Xxxx Law Firm

By _____

xxxxxx, #xxxxxx
Attorney for Plaintiff
Address
City, State Zip Code

OATH

STATE OF TENNESSEE
COUNTY OF SHELBY

I, Party Providing Insurance, having been duly sworn, make oath that the statements contained in the foregoing Notice are true to the best of my information and knowledge and belief.

PARTY PROVIDING INSURANCE

Sworn and subscribed before me, this the ____ day of _____, 20__.

NOTARY PUBLIC

My Commission Expires:

CERTIFICATE OF SERVICE

I, Attorney for Plaintiff, hereby certify that a true copy of the foregoing document has been forwarded to the [Party Covered by Insurance], xxxx, Address, City, State Zip Code by hand delivery or first class mail with sufficient postage.

xxxxxx, #xxxxx
Attorney for Plaintiff
Address
City, State Zip Code

Date _____