



## NATIONAL MEDICAL SUPPORT NOTICE

### Instructions to Employer

The National Medical Support Notice serves as legal notice that the employee identified in the Notice is obligated by a child support court order to provide health care coverage for the child identified in the Notice. This National Medical Support Notice replaces any Medical Support Notice that the Issuing Agency has previously served on you with respect to the employee and the child (children) listed in this Notice. If the employee already has enrolled the child in health care coverage, the employer should contact the Issuing Agency to provide coverage information.

The document consists of **Part A - Notice to Withhold for Health Care Coverage** for the employer to withhold any employee contributions required by the group health plan in which the child is enrolled; and **Part B - Medical Support Notice** to the Plan Administrator, which must be forwarded to the administrator of each group health plan identified by the employer to enroll the eligible child.

An employer receiving this legal Notice is required to complete and return Part A if appropriate. If group health coverage is not available to the named employee, or the employee was never or is no longer employed, the employer is still required to complete Part A - Employer Response and return it to the Issuing Agency with the appropriate response checked. If you, the employer, provide the health care benefits to the employee, forward Part B - Plan Administrator Response to the health plan administrator of your organization. If the employee's health care benefits are administered through another organization, including a labor union, forward Part B of the Notice to the labor union or other organization acting as the plan administrator for completion. If the employee has already enrolled the child in health care coverage, the employer must forward Part B to the plan administrator for completion and submittal to the Issuing Agency.

Keep a copy of Part A as it may be used to notify the Issuing Agency at anytime in the future if the employee separates from service for any reason including retirement or termination.

### Employer Responsibilities

1. If the individual named in this Notice is not your employee, or if the family health care coverage is not available, please complete item 1, 2, 3, 4 or 6 of the Employer Response as appropriate, and return it to the Issuing Agency. **No further action is necessary.**

2. If family health care coverage is available for which the child identified above may be eligible, you are required to:

a. Transfer, not later than 20 business days after the date of this Notice, a copy of Part B - Medical Support Notice to the Plan Administrator to the administrator of each appropriate group health plan for which the child may be eligible, and

b. Upon notification from the plan administrator that the child is enrolled, either:

(1) Withhold from the employee's income any employee contributions required under each group health plan, in accordance with the applicable law of the employee's principal place of employment and transfer employee contributions to the appropriate plan, or

(2) Complete item 5 of the Employer Response to notify the Issuing Agency that enrollment cannot be completed because of prioritization or limitations on withholding.

c. If the plan administrator notifies you that the employee is subject to a waiting period that expires more than 90 days from the date of its receipt of Part B of this Notice, or whose duration is determined by a measure other than the passage of time (for example, the completion of a certain number of hours worked), notify the Issuing Agency of the enrollment timeframe and notify the plan administrator when the employee is eligible to enroll in the plan and that this Notice requires the enrollment of the child in the plan.

### Limitations on Withholding

The total amount withheld for both cash and medical support cannot exceed the percentage of the employee's aggregate disposable weekly earnings as listed on the income withholding notice for that employee. The employer may not withhold more under this National Medical Support Notice than the lesser of:

1. The amounts allowed by the federal Consumer Credit Protection Act;

2. The amounts allowed by the State of the employee's principal place of employment; or

3. The amounts allowed for health insurance premiums by the support order, as indicated here: Reasonable cost, which is generally interpreted to mean that the employee's share to add the children to an existing policy or the difference between the self-only and family plan does not exceed 5% of the employee's gross monthly income **or** an amount specified by the court.

The federal limit applies to the aggregate disposable weekly earnings (i.e., the net income left after making mandatory deductions such as state, federal, local taxes, Social Security taxes, and Medicare taxes). As required under the Employer Responsibilities section, complete item 5 of the Employer Response to notify the Issuing Agency that enrollment cannot be completed because of prioritization or limitations on withholding.

### Priority of Withholding

If withholding is required for employee contributions to one or more plans under the Notice and for a support obligation under a separate notice and available funds are insufficient for withholding for both cash and medical support contributions, the employer must withhold amounts for purposes of cash support and medical support contributions in accordance with the law, if any, of the State of the employee's principal place of employment requiring prioritization between cash and medical support, as described here for Wisconsin: 1. current support, 2. spousal support, 3. medical support. For more information, visit: [childsupport.wisconsin.gov](http://childsupport.wisconsin.gov). As required under the Employer Responsibilities section, complete item 5 of the Employer Response to notify the Issuing Agency that enrollment cannot be completed because of prioritization or limitations on withholding.

### Duration of Withholding

The child shall be treated as a dependent under the terms of the plan. Coverage of a child as a dependent will end when conditions for eligibility for coverage under terms of the plan no longer apply. However, the continuation coverage provisions of ERISA may entitle the child to continuation coverage under the plan. The employer must continue to withhold employee contributions and may not disenroll (or eliminate coverage for) the child unless:

1. The employer is provided satisfactory written evidence that:

a. The child support court order referred to in this Notice is no longer in effect, or

b. The child is or will be enrolled in comparable coverage which will take effect no later than the effective date of disenrollment from the plan; or

2. The employer eliminates family health coverage for all of its employees.

### Possible Sanctions

An employer may be subject to sanctions or penalties imposed under state law and/or ERISA for discharging an employee from employment, refusing to employ, or taking disciplinary action against any employee because of medical child support withholding, or for failing to withhold income, or transmit such withheld amounts to the applicable plan as the Notice directs. Sanctions or penalties may be imposed under State law against an employer for failure to respond and/or for non-compliance with this Notice.

### Notice of Termination of Employment

In any case in which the employee's employment terminates, the employer must promptly notify the Issuing Agency listed on the Notice of such termination. This requirement may be satisfied by sending to the Issuing Agency a copy of Part A with response 4 checked or any notice the employer is required to provide under the continuation coverage provisions of Employee Retirement Income Security Act (ERISA) or the Health Insurance Portability and Accountability Act.

### Employee Liability for Contribution to Plan

The employee is liable for any employee contributions that are required under the plan(s) for enrollment of the child and is subject to appropriate enforcement. The employee may contest the withholding under this Notice based on a mistake of fact (such mistake in the identity of the support obligor). Should an employee contest the withholding under this Notice, the employer must proceed to comply with the employer responsibilities in this Notice until notified by the Issuing Agency to discontinue withholding. To contest the withholding under this Notice, the employee should contact the Issuing Agency at the address and telephone number listed on the Notice. With respect to plans subject to ERISA, it is the view of the Department of Labor that Federal Courts have jurisdiction if the employee challenges a determination that the Notice constitutes a Qualified Medical Child Support Order.



# NATIONAL MEDICAL SUPPORT NOTICE

## Instructions to Plan Administrator

The National Medical Support Notice has been forwarded from the employer identified in the Notice to you as the plan administrator of a group health plan maintained by the employer (or a group health plan to which the employer contributes) and in which the identified participant is enrolled or is eligible for enrollment.

This Notice serves to inform you that the participant is obligated by an order issued by the court or agency identified in the Notice to provide health care coverage for the child (children) under the group health plan(s) as described in Part B.

If the participant and child and their mailing addresses (or that of a Substituted Official or Agency) are identified in the notice, and if coverage for the child is or will become available, this Notice constitutes a "qualified medical child support order" (QMCSO) under the Employee Retirement Income Security Act (ERISA) or the Child Support Performance and Incentive Act (CSPIA), as applicable. (If a mailing address is not present, but it is reasonably accessible, this Notice will not fail to be a QMCSO on that basis.) You must, within 40 business days of the date of this Notice, or sooner if reasonable:

### 1. Complete Part B - Plan Administrator Response - and send it to the Issuing Agency:

#### a. If you checked Response 2:

1) Notify the participant named above, each named child, and the custodial parent that coverage of the child is or will become available (notification of the custodial parent will be deemed notification of the child if they reside at the same address);

2) Furnish the custodial parent a description of the coverage available and the effective date of the coverage, including, if not already provided, a summary plan description and any forms, documents, or information necessary to effectuate such coverage, as well as information necessary to submit claims for benefits;

#### b. If you checked Response 3:

1) If you have not already done so, provide to the Issuing Agency copies of applicable summary plan descriptions or other documents that describe available coverage including the additional participant contribution necessary to obtain

coverage for the child under each option and whether there is a limited service area for any option.

2) If the plan has a default option, you are to enroll the child in the default option if you have not received an election from the Issuing Agency within 20 business days of the date you returned the Response. If the plan does not have a default option, you are to enroll the child in the option selected by the Issuing Agency.

c. If the participant is subject to a waiting period that expires more than 90 days from the date of receipt of this Notice, or has not completed a waiting period whose duration is determined by a measure other than the passage of time (for example, the completion of a certain number of hours worked), complete Response 4 on the Plan Administrator Response and return to the employer and the Issuing Agency, and notify the participant and the custodial parent; and upon satisfaction of the period or requirement, complete enrollment under Response 2 or 3, and

d. Upon completion of the enrollment, transfer the applicable information on Part B - Plan Administrator Response to the employer for a determination that the necessary employee contributions are available. Inform the employer that the enrollment is pursuant to a National Medical Support Notice.

If within 40 business days of the date of this Notice, or sooner if reasonable, you determine that this Notice does not constitute a QMCSO, you must complete Response 5 of Part B - Plan Administrator Response and send it to the Issuing Agency, and inform the participant, custodial parent, and child of the specific reasons for your determination.

Any required notification of the custodial parent, child, and/or participant that is required may be satisfied by sending the party a copy of the Plan Administrator Response, if appropriate.

### Unlawful Refusal to Enroll

Enrollment of a child may not be denied on the grounds that:

1. The child was born out of wedlock;
2. The child is not claimed as a dependent on the participant's Federal income tax return;
3. The child does not reside with the participant or in the plan's service area; or
4. Because the child is receiving benefits or is eligible to receive benefits under the State Medicaid plan.

If the plan requires that the participant be enrolled in order for the child to be enrolled, and the participant is not currently enrolled, you must enroll both the participant and the child. All enrollments are to be made without regard to open season restrictions.

### Payment of Claims

A child covered by a QMCSO, or the child's custodial parent, legal guardian, or the provider of services to the child, or a State agency to the extent assigned the child's rights, may file claims and the plan shall make payment for covered benefits or reimbursement directly to such party.

### Period Of Coverage

The alternate recipients (children) shall be treated as dependents under the terms of the plan. Coverage of an alternate recipient as a dependent will end when similarly situated dependents are no longer eligible for coverage under the terms of the plan. However, the continuation coverage provisions of ERISA or other applicable law may entitle the alternate recipient to continue coverage under the plan. Once a child is enrolled in the plan as directed above, the alternate recipient may not be disenrolled unless:

1. The plan administrator is provided satisfactory written evidence that either:
  - a. The court or administrative child support order referred to above is no longer in effect, or
  - b. The alternate recipient (child) is or will be enrolled in comparable coverage which will take effect no later than the effective date of disenrollment from the plan;
2. The employer eliminates family health coverage for all of its employees; or
3. Any available continuation coverage is not elected, or the period of such coverage expires.

### Online Calculators

Employers may use the online calculators to determine whether an insurance premium amount exceeds the withholding limits and priorities.

Please go to:

**childsupport.wisconsin.gov**  
(requires MS Excel)

## Employers and Plan Administrators

### Contact for Questions

Employers and Plan Administrators should contact the Issuing Agency listed in the upper left hand corner on page 1 of the Notice.

### Paperwork Reduction Act Notice

The Issuing Agency asks for the information on this form to carry out the law as specified in the Employee Retirement Income Security Act or the Child Support Performance and Incentive Act, as applicable. You are required to give the Issuing Agency the information. You are not required to respond to this collection of information unless it displays a currently valid OMB control number. The Issuing Agency needs the information to determine whether health care coverage is provided in accordance with the underlying child support order. The average time needed to complete and file the form is estimated below. These times will vary depending on the individual circumstances.

Learning about the law or the form

First Notice: 1 hour

Preparing the form

First Notice: 1 hour, 45 minutes

Subsequent Notices: 35 minutes

### More Information

The Wisconsin Employer Guides below are available free from your child support agency and are online at **childsupport.wisconsin.gov**. Child support agencies are listed in the phone book under "county government" or tribal name and online at **childsupport.wisconsin.gov**.

- Employers' Guide to the Wisconsin Child Support Program
- Guide to Submitting Withholding Payments
- Guide to Income Withholding

### Online

- Employers Guide to Child Support and withholding calculators at **childsupport.wisconsin.gov**
- New Hire Reporting for Wisconsin Employers at **dwd.wisconsin.gov/uinh/**

DCF is an equal opportunity employer and service provider. If you have a disability and need to access this information in an alternate format, or need it translated to another language, please contact (608) 266-9909 or (800) 947-3529 WTRS.