

## NOTICE AND GENERAL INSTRUCTIONS TO EMPLOYER

This document serves as legal notice that the employee identified on this National Medical Support Notice is obligated by a court or administrative child support order to provide health care coverage for the child(ren) identified on this 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(ren) listed on this Notice.

The document consists of

1. **Part A - Notice to Withhold for Health Care Coverage** for the employer to withhold any employee contributions required by the group health care plan(s) in which the child(ren) is/are enrolled; and
2. **Part B - Medical Support Notice to the Plan Administrator**, which **must** be forwarded to the Administrator of each group health care plan identified by the employer to enroll the eligible child(ren), or completed by the employer, if the employer serves as the health care Plan Administrator.

**An employer receiving this legal Notice is required to complete and return Part A – Employer Response.** If group health care coverage is not available to the employee named herein, or the employee was never or is no longer employed, the employer is 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— Medical Support Notice to Plan Administrator – Plan Administrator Response to the health care Plan Administrator of your organization.** If the employee's health care benefits are administered through another organization, including a labor union, forward Part B - Medical Support Notice to Plan Administrator to the labor union or other organization acting as the Plan Administrator for completion. **If the employee has already enrolled the child(ren) in health care coverage, the employer must forward Part B – Medical Support Notice to Plan Administrator to the Plan Administrator for completion and submittal to the Issuing Agency.**

Keep a copy of **Part A – Notice to Withhold for Health Care Coverage** to notify the Issuing Agency if the employee separates from service for any reason including retirement or termination. You may also use Part A to notify the Issuing Agency of any changes or lapses in health care coverage.

**For step-by-step supplemental instructions, see**

[https://www.acf.hhs.gov/sites/default/files/documents/ocse/omb\\_0970-0222\\_a\\_instructions.pdf](https://www.acf.hhs.gov/sites/default/files/documents/ocse/omb_0970-0222_a_instructions.pdf)

### EMPLOYER RESPONSIBILITIES

1. If dependent health care coverage is available for which the child(ren) 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 care plan for which the child(ren) may be eligible, complete Section 3, item 9, and
  - b. Upon notification from the Plan Administrator(s) that the child(ren) is/are enrolled, or cannot be 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(s), or
    - 2) complete Section 1, 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 – Medical Support Notice to the Plan Administrator**, 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), complete Section 2, item 7, of the Employer Response to 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(ren) named in the Notice in the plan.
2. If the Termination Order/Notice checkbox is checked, you are required to terminate the NMSN/Qualified Medical Child Support Order (QMCSO) and health care coverage for the child(ren) identified in the order **unless the employee has indicated that they want to continue coverage voluntarily.** If this employee is also under a wage withholding order for payment of child support, release of this health care insurance order may result in an increase in the amount of earnings available to remit to the state disbursement unit as child support. Release of this health care insurance order does not negate your obligation to comply with wage withholding and/or other health care insurance orders for this employee.

NMSN – Part A

RE: <employee name>, <case identifier>

## DURATION OF WITHHOLDING

The child(ren) shall be treated as dependents 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(ren) unless:**

1. The employer is provided satisfactory written evidence that:
  - a. The court or administrative child support order referred to in this Notice is no longer in effect; or
  - b. The child(ren) 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 or
3. Any available continuation coverage is not elected, or the period of such coverage expires.

## 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(s) 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 above employee's employment terminates, the employer must promptly notify the Issuing Agency listed above of such termination.** This requirement may be satisfied by sending to the Issuing Agency a copy of **Part A – Notice to Withhold for Health Care Coverage**, with Section 1, item 4, checked or any notice the employer is required to provide under the continuation coverage provisions of 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(ren) and is subject to appropriate enforcement. The employee may contest the withholding under this Notice based on a mistake of fact (such as the identity of the 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 page 1 of 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.

## CONTACT FOR QUESTIONS

If you have any questions regarding this Notice, you may contact the Issuing Agency at the address and telephone number listed on page 1 of this Notice.

PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: Through this information collection ACF, pursuant to 45 U.S.C. § 303.32, the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PWRORA) Pub. L. 104-193 and the Child Support Performance and Incentives Act of 1998 (CSPIA) Pub. L. 105-200, Sec. 401(c), § 609, is gathering information from states to expedite employer processing of health care coverage in child support cases. Public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, gathering, maintaining the data needed, and reviewing the collection of information. The NMSN does collect confidential information in order to identify health care recipients. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, unless it displays a currently valid OMB control number. The OMB # is 0970-0222 and the expiration date is 11/30/2025. If you have any comments on this collection of information, please contact [OCSEFedSystems@acf.hhs.gov](mailto:OCSEFedSystems@acf.hhs.gov).

**For Frequently Asked Questions (FAQs) about the NMSN, see [Resource Library](#) | [The Administration for Children and Families \(hhs.gov\)](#)**

NMSN – Part A

RE: <employee name>, <case identifier>

HFS 3554B (R-03-23)

<https://hfs.illinois.gov>

## INSTRUCTIONS TO PLAN ADMINISTRATOR

This Notice has been forwarded from the employer identified above 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 non-custodial parent/participant identified above is enrolled or is eligible for enrollment.

This Notice serves to inform you that the non-custodial parent/participant is obligated by an order issued by the court or agency identified above to provide health care coverage for the child(ren) under the group health plan(s) as described on **Part B**.

(A) If the participant and child(ren) and their mailing addresses (or that of a Substituted Official or Agency) are identified above, and if coverage for the child(ren) is or will become available, this Notice constitutes a “qualified medical child support order” (QMCSO) under ERISA or CSPIA, as applicable. (If any 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, complete Addendum Section 1 and:

- (i) notify the non-custodial parent/participant named above, each named child, and the custodial parent that coverage of the child(ren) is or will become available (notification of the custodial parent will be deemed notification of the child(ren) if they reside at the same address); and
- (ii) 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:

- (i) 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(ren) under each option and whether there is a limited service area for any option;
- (ii) if the plan has a default option, you are to enroll the child(ren) 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(ren) in the option selected by the Issuing Agency. You must complete Addendum Section I.

(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.

(2) **Complete the plan information on the enclosed HFS 1442a, Health Insurance Report, and return to Issuing Agency.**

(B) 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 non-custodial parent/participant, custodial parent, and child(ren) of the specific reasons for your determination. Identify child(ren) at or above the age at which dependents are no longer eligible for coverage under the plan in Addendum Section 2.

(C) Any required notification of the custodial parent, child(ren) and/or participant may be satisfied by sending the party a copy of the Plan Administrator Response, if appropriate. You may choose to furnish these notifications electronically in accordance with the requirements of the Department of Labor’s electronic disclosure regulation codified at 29 C.F.R. 2520.104b-1(c).

NMSN – Part B

RE: <employee name>, <case identifier>

HFS 3554B (R-03-23)

<https://hfs.illinois.gov>

## UNLAWFUL REFUSAL TO ENROLL

Enrollment of a child may not be denied on the ground 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(ren) to be enrolled, and the participant is not currently enrolled, you must enroll both the participant and the child(ren) regardless of whether the participant has applied for enrollment in the plan. 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 recipient(s) 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 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.

## CONTACT FOR QUESTIONS

If you have any questions regarding this Notice, you may contact the Issuing Agency at the address and telephone number on page 1 of Part B.

For more information, including Medical Support - FAQs for answers to employers' common questions, see <https://www.acf.hhs.gov/css/form/national-medical-support-notice-forms-instructions>. See also Medical Support Enforcement Policy Clarifications, <https://www.acf.hhs.gov/css/policy-guidance/medical-support-enforcement-policy-clarifications>.

## Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately 30 minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Office of Research and Analysis, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email [ebssa.opr@dol.gov](mailto:ebssa.opr@dol.gov) and reference the OMB Control Number 1210-0113. OMB Expiration Date: **11/30/2025**. Please do not send the National Medical Support Notice (NMSN) response to these DOL addresses. **You must return the response to the child support agency that issued the NMSN to your organization. The child support agency's contact information is on Page 1, Part B.**

NMSN – Part B

RE: <employee name>, <case identifier>