

**Changes to the National Medical Support Notice - PART A
October 29, 2010**

GENERAL CHANGES – All Pages

- 1) At the bottom of each page, added the page number.

NOTICE TO WITHHOLD FOR HEALTH CARE COVERAGE – Page 1

- 2) In the Header Paragraph, changed the word “noncustodial parent” to “employee” in the third sentence. The third sentence now reads, “The information on the custodial parent and child(ren) contained on this page is confidential and should not be shared or disclosed with the employee.”
- 3) In the Header Paragraph, clarified instructions with regard to the term “employee” by adding a new fourth sentence in the Header Paragraph that reads, “NOTE: For purposes of this form, the custodial parent may also be the employee when the state opts to enforce against the custodial parent.”
- 4) In the agency information box, changed the data field from “Date of Notice” to “Notice Date”.
- 5) In the agency information box, changed the data field from “Case Number” to “CSE Agency Case Identifier”.
- 6) In the agency information box, change the data field from “Date of Support Order” to “Order Date”.
- 7) In the agency information box, added data field for the “Order Identifier”.
- 8) In the agency information box, added data field for the “Document Tracking Number.”
- 9) In the agency information box, added data field “See NMSN Instructions: www.acf.hhs.gov/programs/cse/forms/”
- 10) Added additional space for substituted official/agency name and address.
- 11) Added additional space for name, telephone number, and mailing address of a representative of the child(ren).
- 12) In the section where the child(ren)’s name(s) are listed, added a column to include the child(ren)’s gender.
- 13) In the section where the order identifies the coverage for the children, changed the word “any” to “all”. The new sentence now reads, “The order requires the child(ren) to be enrolled in all health coverages available;”
- 14) In the section where the order identifies the coverage for the children, added check boxes.
- 15) At the bottom of the page, added the new expiration date: 03/31/2014.

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NOTICE TO WITHHOLD FOR HEALTH CARE COVERAGE – Page 2

- 16) Moved “Limitations on Withholding” section previously provided within the “Instructions to Employer” section to page 2 of the Notice.
- 17) Moved “Priority for Withholding” section previously provided within the “Instructions to Employer” section to page 2 of the Notice.

EMPLOYER RESPONSE – Page 3

- 18) Revised first paragraph to read: If 1, 2, 3, 4 or 5 below applies, check the appropriate box and return this Part A to the Issuing Agency within 20 business days after the date of the Notice, or sooner if reasonable. **NO OTHER ACTION IS NECESSARY.** If 1 through 5 does not apply, complete item 7 and forward Part B to the appropriate Plan Administrator(s) within 20 business days after the date of the Notice, or sooner if reasonable. This includes any organization or labor union that provides group health care benefits to the employee. Check number 5 and return this Part A to the Issuing Agency if the Plan Administrator informs you that the child(ren) would be enrolled in or qualify(ies) for an option under the plan for which you have determined that the employee contribution exceeds the amount that may be withheld from the employee’s income due to State or Federal withholding limitations and/or prioritization. You are required to respond to the Issuing Agency by returning this Employer Response regardless of whether you provide group health benefits or the employee named herein is no longer employed by your organization. Information for the Plan Administrator and the Employer Representative at the bottom of this section is required.
- 19) Under the Employer Response section changed check box # 2. The new check box now reads, “We, the employer, do not offer our employees the option of purchasing dependent or family health care coverage as a benefit of their employment.”
- 20) Under the Employer Response section, added a new check box # 6 that reads, “The participant is subject to a waiting period that expires _____ (more than 90 days from the date of the receipt of this Notice), or has not completed a waiting period which is determined by some measure other than the passage of time, such as the completion of a certain number of hours worked (describe here:_____). At the completion of the waiting period, the Plan Administrator will process the enrollment.”
- 21) Under the Employer Response section, added a new check box # 7 that reads, “Employer forwarded to Plan Administrator on _____.”
MM/DD/YY
- 22) Under the Employer Response section, added a new section, “Contact for Questions” which includes the following data fields:
 - o Plan Administrator Name
 - o Fax Number
 - o Contact Person

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- o Telephone Number
- o Employer Name
- o Telephone Number
- o Employer Representative Name/Title
- o Federal EIN
- o Employee Name
- o Date

INSTRUCTIONS TO EMPLOYER – Page 4

- 23) Under the “Instructions to Employer” section deleted “if appropriate” from the first sentence of the third paragraph. The sentence now reads, “An employer receiving this legal Notice is required to complete and return Part A.”
- 24) Under the “Instructions to Employer” section deleted “at anytime in the future” from the fourth paragraph. The sentence now reads, “Keep a copy of Part A as it may be used to notify the Issuing Agency if the employee separates from services for any reason including retirement or terminations.”
- 25) Under the “Instructions to Employer” section, within the “Employer Responsibilities” added “5” to the sentence. The sentence now reads, “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 5 of the Employer Response as appropriate, and return it to the Issuing Agency. **NO OTHER ACTION IS NECESSARY.**”
- 26) Under the “Instructions to Employer” section, within the “Employer Responsibilities” added “complete item 7” to sentence 2a. The sentence now reads, “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(ren) may be eligible, complete item 7, and”
- 27) Under the “Instructions to Employer” section, within the “Employer Responsibilities” added “complete item 6 of the Employer Response to” to sentence 2c. The sentence now reads, “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), complete item 6 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.”
- 28) Moved the “Limitations on Withholding” section from “Instructions to Employer” section to the “NOTICE TO WITHHOLD FOR HEALTH CARE COVERAGE – page 2.”

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- 29) Moved the “Priority of Withholding” section from “Instructions to Employer” section to the “NOTICE TO WITHHOLD FOR HEALTH CARE COVERAGE – page 2.”

INSTRUCTIONS TO EMPLOYER – Page 5

- 30) Under “Contact for Questions” section, changed the word “at” to “on”. The sentence now reads, “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.”
- 31) Deleted the following information from the “Contact for Questions” section:
“Indicate below to the Issuing Agency the requested information on your Plan Administrator to whom Part B – Plan Administrator Response is forwarded for completion.
Plan Administrator (Required)
Name
Telephone Number
Contact Person
Fax Number