National Medical Support Notice - Part A
Notice to Withhold for Health Care Coverage

SUPPLEMENTAL INSTRUCTIONS FOR EMPLOYERS, EMPLOYER PARTNERS, AND CHILD SUPPORT AGENCIES

General Information

1. The National Medical Support Notice (NMSN) is a mandated federal form by the Office of Management and Budget (OMB) used to enforce medical support orders in:
   - Intrastate and interstate cases enforced under Title IV-D of the Social Security Act
   - All child support orders initially issued in the state on or after January 1, 1994
2. This Notice is issued under §466(a)(19) of the Social Security Act, section 609(a)(5)(C) of the Employee Retirement Income Security Act of 1974 (ERISA), and for State and local government and church plans, sections 401(e) and (f) of the Child Support Performance and Incentive Act of 1998.
3. The NMSN serves as legal notice that the employee identified on the form 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 (child support agency [CSA]) has previously served on you with respect to the employee and the children listed on this Notice.
4. For the history of the NMSN, see the Federal Register for the Final Rule effective January 26, 2001, that promulgated the NMSN.
5. 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 care plan(s) in which the child(ren) is/are enrolled; and
   - **Part B - Medical Support Notice to 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.
6. The federal Office of Child Support Enforcement (OCSE) maintains Part A; the U.S. Department of Labor (DOL) maintains Part B.
7. The OMB expiration date is printed on the NMSN Parts A and B forms:
   a. However, the NMSN sent on a case does not expire on the OMB expiration date—once the NMSN has been sent to the employer and the employer determines that it is a qualified medical child support order (QMCSO), then the NMSN is in effect until it is terminated by the Issuing Agency or other criteria of disenrolling the alternate recipient(s) is met.
   b. The Issuing Agency should generate the NMSN on the current iteration. However, OCSE has historically given the child support agencies additional time for programming the new form so that the Issuing Agency may use the expired version until the effective date specified by OCSE policy.

8. Legal authority:

    a. States must have laws to enforce the provision of health care coverage for children of noncustodial parents and, at State option, custodial parents who are required to provide health care coverage through an employment-related group health care plan pursuant to a child support order and for whom the employer is known to the State agency. 45 CFR § 303.32(a).

    b. The State agency must use the NMSN to transfer notice of the provision for health care coverage of the child(ren) to employers. 45 CFR § 303.32(c)(1).

    c. If the Notice is appropriately completed and satisfies paragraphs (3) and (4) of section 609(a) of the Employee Retirement Income Security Act (ERISA), the Notice is deemed to be a qualified medical child support order (QMCSO) pursuant to ERISA section 609(a)(5)(C). Section 609(a) of ERISA delineates the rights and obligations of the alternate recipient (child), the participant, and the group health care plan under a QMCSO. 29 CFR §2590.609-2 as mandated by section 401(b) of the Child Support Performance and Incentive Act of 1998 (Pub. L. 105-200).

Please note:

- For the NMSN form and instructions, "state" is defined as a state or a territory. 29 CFR 2590.701-2
- Find these instructions at https://acf.gov/sites/default/files/documents/ocse/omb_0970-0222_a_instructions.pdf
- Find the FAQs for NMSN and e-NMSN at https://acf.gov/css/faq/medical-support-answers-employers-questions#G1
- **TIP**: Keep a copy of Part A 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.

Employer Responsibilities

9. An employer receiving this legal Notice is required to complete and return **Part A – Employer Response**, no later than **20** days from the date of receipt of the NMSN**.**

    - If group health care coverage is not available to the employee named herein, or the employee was never or is no longer employed by this employer, the employer is required to complete **Part A – Employer Response** and return it to the Issuing Agency with the appropriate response checked (select from #1-6) from the date of receipt of the NMSN. Skip to Instruction 8 on page 10.

10. If the employer offers dependent health care benefits to the employee (whether currently enrolled or not), forward **Part B – Medical Support Notice to Plan Administrator** to the health care Plan Administrator of your organization not later than **20** business days from the date of this Notice (date in field 2a).

    - If the employee's health care benefits are not handled in-house and 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.

- You must also complete item 9 in Section 3 of the "Employer Response" (field 7n), with the date you forwarded **Part B - Medical Support Notice to Plan Administrator** to the Plan Administrator/Union.
- **TIP**: It may be helpful to give the plan administrator/union partner the amount of earnings that the employee has available to pay for health care coverage to help with determining which, if any, health care coverages the plan administrator can enroll the alternate recipients. This amount also depends upon the Issuing Agency's law or policy that sets the priority of support.

11. Upon notification from the Plan Administrator(s) whether the child(ren) is/are enrolled or cannot be enrolled, the employer will either:
    - Withhold from the employee's income any employee contributions required under each group health care 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
    - Complete item 5 in Section 1 of the "Employer Response" to notify the Issuing Agency that enrollment cannot be completed because of prioritization or limitations on withholding.
12. 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 Plan Administrator** 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 7 of Section 2 of the "Employer Response" (fields 7k-7l) to notify the Issuing Agency of the enrollment timeframe. Indicate in field 7n the date the employer forwarded **Part B - Medical Support Notice to Plan Administrator** to the plan administrator.
13. If the Termination Order/Notice checkbox is checked, you are required to terminate the NMSN/QMCSO and health care coverage for the child(ren) identified in the order **unless the employee has indicated that they want to voluntarily continue coverage.**
14. **Duration of Withholding.** The child(ren) (alternate recipient) 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 Consolidated Omnibus Budget Reconciliation Act (COBRA) amendment 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 one of these occurs:
    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 and the employee does not wish to voluntarily continue the coverage;
        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;
    2. The employer eliminates dependent health care coverage for all its employees; or
    3. Any available continuation coverage is not elected, or the period of such coverage expires.

    (The third exception above refers to COBRA continuation coverage—a continuation of Plan coverage that would otherwise end because of a life event known as a "qualifying event." See Appendix to 29 CFR §2590.606-1, Model General Notice of COBRA Continuation Coverage Rights.)

15. **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.

16. **Notice of Termination of Employment.** In any case in which the employee's employment terminates, the employer must promptly notify the Issuing Agency listed above of such termination. 45 CFR 303.32(c)(6). This requirement may be satisfied by sending to the Issuing Agency a copy of Part A, with item 4 checked in Section 1 of the "Employer Response," and fields 7e through 7h completed to the best of the employer's knowledge or belief. If the former employee's new employment information is known, please include that information in item 6 "Other" in field 7j. The employer may also submit any notice the employer is required to provide under the continuation coverage provisions of ERISA or the Health Insurance Portability and Accountability Act.

17. **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. 45 CFR 303.32(c)(5). **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 QMCSO.

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.

For Frequently Asked Questions (FAQs) about the NMSN, see
https://acf.gov/css/faq/medical-support-answers-employers-questions#G1

For more information from the Department of Labor about NMSNs and QMCSOs, see
https://www.dol.gov/agencies/ebsa/about-ebsa/our-activities/resource-center/publications/qualified-medical-child-support-orders

INSTRUCTIONS FOR FIELDS OF THE NATIONAL MEDICAL SUPPORT NOTICE - PART A

Please see the accompanying document, Sample Form: NMSN-Part A, Notice to Withhold for Health Care Coverage (Sample Form), for referencing the sections and numbered instructions below for the National Medical Support Notice (NMSN)-Part A.

Page 1 of the NMSN: These fields are to be completed by the Issuing Agency.

Note: For this NMSN to also be a Qualified Medical Child Support Order (QMCSO), **the NMSN must state: 1) each child's name, 2) each child's address** (whether it is associated with the custodial parent, another caretaker, or the substituted official/agency), **and 3) the type of health care coverage ordered.**
ERISA § 609(a)(2), 609(a)(5)(C)

1a. National Medical Support Order/Notice (NMSN). Check the box to indicate this is an order to enroll for health care insurance/coverage.

1b. **Termination Order/Notice (Optional).** Check the box to tell the employer to terminate the NMSN/(QMCSO) and health care coverage. This does not automatically require the employer to end the coverage before confirming whether the employee wishes to voluntarily continue the coverage.

2a. Notice Date. Date the NMSN was generated by the child support agency.

2b. Issuing Agency. Name of the child support agency issuing the NMSN. For the purposes of this section, an "Issuing Agency" is a State agency that administers the child support enforcement program under Part D of Title IV of the Social Security Act. 29 CFR §2590.609 2(e). This field is required under 29 CFR §2590.609-2(b).

2c. Address. Child support agency's mailing address including street/PO box, city, state, and zip code.

2d. Case Identifier. Unique identifier associated with a specific child support obligation. It could be a IV-D automated system number, court case number, docket number, or another identifier designated by the child support agency.

2e. Telephone Number. The 10-digit telephone number of the child support agency issuing the NMSN.

2f. Email Address. Individual or group email address of the child support agency issuing the NMSN. *Optional*

2g. Fax Number: The fax number of the child support agency issuing the NMSN.

2h. Court or Administrative Authority. The name of the court or administrative authority in the state that issued the NMSN. Required under 29 CFR §2590.609-2(b).

2i. Order Date. The date upon which the court or agency ordered the employee to provide health care coverage for the child(ren). Required under 29 CFR §2590.609-2(b).

2j. Order Identifier. The court, cause, or Issuing Agency docket number of the order that includes the medical support order.

2k. Document Tracking Identifier. Unique identifier for this form assigned by the Issuing Agency to help track the notice through processing. *Optional for paper NMSN; mandatory for e-NMSN.*

2l. Employer website. Website of the employer. *Optional*

3a. Employer/Withholder's Federal EIN Number. FEIN of the employer/professional employer organization.

3b. Employer/Withholder's Name. Name of the employer/professional employer organization.

3c. Employer/Withholder's Address. Address of the employer/professional employer organization.

3d. Custodial Parent's Name (Last, First, MI). The last name, first name, and middle initial of the custodial parent. This may be the employee.

3e. Custodial Parent's Mailing Address. The mailing address of the custodial parent. This may be the employee. If this field is blank, then you must complete the Substituted Official/Agency Name and Address in fields 3o and 3p described below.

3f. Child(ren)'s Mailing Address. If the children have a different address than the custodial parent, insert the children's address.

3g. Name and Telephone Number of a Representative of the Child(ren). If the children have a different representative than the custodial parent, insert the name and 10-digit telephone number of that representative.

3h. Child(ren)'s Name(s). The last name, first name, and middle initial of each child for this order/notice. There are 8 lines available. Required under 29 CFR §2590.609-2(b).

3i. Sex If available, enter the sex of the child: M for male; F for female. The insurance companies may require this information to enroll a child.

3j. DOB. Enter the day, month and four-digit year the child was born.

3k. SSN. If available, enter the child's Social Security number. The insurance companies may need this information to enroll a child.

3l. Employee's Name (Last, First, MI). The last name, first name, and middle initial of the employee (parent ordered to provide insurance). Required under 29 CFR §2590.609-2(b).

3m. Employee's Social Security Number. The Social Security number of the employee (parent ordered to provide insurance).

3n. Employee's Mailing Address. The mailing address of the employee (parent ordered to provide insurance). Three lines are available: 1) C/O designation and/or street address, 2) apartment/lot number (optional), and 3) city/state/zip. Required under 29 CFR §2590.609-2(b).

3o. Substituted Official/Agency Name. The name of the official/agency that is being substituted as the contact for the custodial parent and the children for whom the order/notice is sent. For example, a court or administrative agency may use the name and address of the IV-D agency instead of the custodial parent in the QMCSO section of the paternity and/or support order for family violence or other reasons.

3p. Substituted Official/Agency Address. The address of the official/agency that is being substituted as the contact for the custodial parent and the children for whom the order/notice is sent.

3q. **Mailing Address of a Representative of the Child(ren).** The address of the representative of the children for whom the order/notice is sent, who is different from the custodial parent. There are three lines: 1) C/O designation and/or street address, 2) apartment/lot number (optional), and 3) city/state/zip. If used: this is a different contact from the substituted official or agency.

4. Types of Coverage Ordered. Check the box for the types of medical coverage that were ordered by the court or administrative agency. Note that the prescription drug and mental health care coverages may require that the recipient or alternate recipient(s) be enrolled for medical coverage. The Notice satisfies ERISA section 609(a)(3)(B) by having the Issuing Agency identify either the specific type of coverage or all available group health care coverage. If an employer receives a Notice that does not designate specific coverage type(s) or all available coverage, the employer and plan administrator should assume that all are designated. If the Issuing

Agency does not respond within 20 days, the child will be enrolled under the plan's default option (if any). 29 29 CFR §2590.609 2(c)(3).

4a. Other (specify). If the court or administrative agency ordered the employee to enroll in a health care coverage that is not listed, enter the other type of coverage.

LIMITATIONS ON WITHHOLDING

5a. Medical Support Income Withholding. Based on the employee's principal state of employment, the Issuing Agency will insert the maximum percentage of income that the employee has available to pay support. This percentage may reflect the Issuing Agency's policy for the percentage available to pay:

1. Only the ordered health care coverage premiums (e.g., 5% of gross, 45 CFR 303.31(a)(3)) (**5% of gross is the maximum**) or
2. All support, including current child support, ordered health care coverage premiums, payments toward the child support arrears, and interest payments (**maximum is 50% to 65%, depending upon the state's policy or the CCPA criteria)**.

5b. Allowable Insurance Premium Amount. If the court or administrative agency has made an order that limits the amount of money that is reasonable for the employee to pay for cash or medical support, then the Issuing Agency inserts the maximum dollar or percentage amount of disposable income that the court has ordered. If there is no court-ordered limit, the Issuing Agency inserts "not applicable" or "n/a."

The employer may not withhold more under this National Medical Support Notice than the lesser of:

1. The amounts allowed by the CCPA;
2. The amounts allowed by the State of the employee's principal place of employment; or
3. The amounts allowed for health care insurance premiums by the child support order.

The First 4 Steps to Enrollment. To calculate whether the employee earns enough to pay for the ordered coverage under this NMSN, the employer must know: 1) the amount of the employee's gross and disposable earnings; 2) the amount of the health care coverage expense; 3) the priority of support types for the employee to pay; and 4) whether the employer can enroll the alternate recipients in any coverage if all the coverage ordered exceeds the income withholding maximum amount.

1) The Amount of The Employee's Gross and Disposable Earnings. The employer must know the maximum amount of earnings available to pay ordered cash and medical support. If the Issuing Agency gives a limitation amount that is for the health care coverage only, then the employer must know the employee's gross wages to calculate the maximum withholding. If the Issuing Agency gives a CCPA or lesser policy amount for total support, then the employer must know the allowable disposable earnings amount. **The employer must add together all support orders received for the employee.** See the following instructions about disposable earnings:

a) **Disposable earnings** = gross pay - mandatory deductions:
   i. Disposable earnings are the amount that is left after subtracting mandatory deductions from gross pay.
   ii. Mandatory deductions include federal, state, local taxes, the employee's share of FICA taxes, and other legally required withholding pursuant to each state's law. Health care insurance premiums may be included in a state's mandatory deductions; they are mandatory deductions for federal employees. For state-specific information, including contact information for the issuing agency, see the **State Medical Support Contacts and Program Requirements**

(Medical Support matrix) at https://acf.gov/css/contact-information/state-medical-support-contacts-and-requirements

iii. Disposable earnings are not necessarily the same as net pay. An employee may have a deduction taken from his or her pay that is not mandatory, such as union dues or a car loan payment.

b) **Allowable disposable earnings** = disposable earnings x CCPA or lesser policy % limit:

i. Allowable disposable earnings are the maximum available for child support withholding (child support and medical support).

ii. The federal CCPA sets limits on withholding from an employee's or obligor's disposable earnings based on the current family situation and child support payment history. The CCPA protects an employee from having too much withheld. Some states have enacted laws that provide even more protection to the employee's earnings.

The Issuing Agency or state law has determined whether the CCPA limits apply or if a lower percentage is to be used. For state-specific information, including contact information for the Issuing Agency, see the **Medical Support matrix**, https://acf.gov/css/contact-information/state-medical-support-contacts-and-requirements

The next 3 steps to enrollment are explained in the Medical Support matrix. The matrix displays each state's answers so that the employer can correctly calculate the amount of health care coverage expenses and the priority of the health care coverage types:

2) The amount of the health care coverage expense to be compared against the reasonable cost. This is the cost that the employer partner or plan administrator uses for the ordered health care coverage and may be a combination of some of the coverages, but not all. It may also be zero if the employee already has dependents enrolled in coverage that would meet the requirements of the medical order.

3) The priority of support types for the employee to pay. This is the ranking 1-4 of current, medical, arrears, and interest.

4) Whether the employer can enroll the alternate recipients in any coverage if all the ordered coverage exceeds the income withholding maximum amount. The employers need to know whether the Issuing Agency has a policy about enrolling when the total cost of all health care coverages exceeds the maximum amount of income that can be withheld. If the employer is to enroll the child(ren) when the amount of withholding available is less than the total cost of all ordered heath care coverages, then the Issuing Agency should give the ranking of the types of coverage so that the employer knows the hierarchy of coverage—see Priority of Withholding next.

PRIORITY OF WITHHOLDING

In addition to the limitations on withholding that determine the maximum amount of earnings the employer may withhold for paying support, each state has policy or law which prioritizes the kinds of support to be paid. **If the employee does not earn enough to pay all ordered support, then the employer should consult the state's priority of withholding to determine the order of importance between all orders for current support, medical support, support arrears, and interest on the support arrears.**

For more information about specific state and territory limitations and priority of withholding, see the OCSES Medical Support Matrix at https://acf.gov/css/contact-information/state-medical-support-contacts-and-requirements

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 withholdings.

ADDITIONAL INFORMATION FOR TERMINATION ORDER/NOTICE (FILLED OUT BY ISSUING AGENCY)

6a. Effective date of medical support order/notice termination. The effective date of the order that terminated the medical support order/notice. This will be the date a judicial order is filed or an administrative decision is entered.

6b. **Reason for termination of order/notice.** The reason for the order/notice termination (for example, order terminated by the Court or agency, the Issuing Agency no longer enforcing the order). If the NMSN was sent in error on this case, insert reason as "sent in error." If the Issuing Agency uses the NMSN Part A to terminate the NMSN/QMCSO for a child that has emancipated, and there are other children remaining on the order, then the Issuing Agency should state the reason as emancipation and state the emancipation statute and citation.

6c. **Child(ren) for whom the order/notice is terminated.** The children for which the medical support order is now terminated/notice given to terminate. List children individually by last name, first name, and middle initial. There are eight lines available. If not all children need the NMSN/QMCSO terminated, the Issuing Agency should list only those that do need termination.

6d. DOB. Enter the day, month, and four-digit year the child was born on the same line as the name for whom the NMSN is terminated.

6e. Footer. There are two fields included in the footer for document identification if form pages are separated. The first is the "employee's name" who is the parent ordered to provide health insurance for the child(ren), and the second field is the "case identifier" that the agency assigns (see **2d** above). The footer already contains "NMSN – Part A" and the page number that begins on page 2 and runs consecutively through page 5. *Optional*

EMPLOYER RESPONSE

Section 1 – No Enrollment Possible

In Section 1, options 1-6 are allowable REASONS why the employer could not enroll the child(ren) in health care coverage. The employer should review each of these statements and check all applicable reasons.

7a. Check this box to indicate that the employer has never employed the named employee in this Notice.

7b. Check this box to indicate the employer does not offer dependent or family health care coverage as a benefit to its employees.

7c. Check this box to indicate that the employee is among a class of employees not eligible for family health care coverage under any group health care plan maintained by the employer or to which the employer contributes. **This does not apply to an employee on probation.** It applies while an employee remains in an employment classification that is not eligible (ineligible) for health coverage with this employer.

7d. Check this box to indicate health care coverage is not available because the employee is no longer employed with the employer.

7e. Effective date of separation. The employee's last date of employment.

7f. Reason for separation. The reason the employee was separated from employment.

7g. Last known telephone number. The employee's last known 10-digit telephone number.

7h. Last known address. The employee's last known address.

7i. Check this box to indicate that state or federal withholding limitations or prioritization prevent withholding the amount required from the employee's income to obtain coverage under the terms of the plan.

7j. Other. Add the employee's new employment information, if known; otherwise, state the other reason for no coverage.

If any reason above applies for not enrolling dependents, skip to Instruction #8 on page 10 and return Part A to the Issuing Agency.

Section 2 – Dependent Enrollment Not Yet Available

7k. Waiting period. Check this box and enter the waiting period expiration date if the waiting period lasts more than 90 days from receipt of this NMSN.

7l. Waiting period dependent on action, not time. State the employee's requirements not related to the passage of time to be eligible for health care coverage benefits for dependents.

7m. If the employee is on an unpaid leave of absence and cannot pay the health care coverage currently, enter the expected date of return to paid employment.

Section 3 – Dependent Coverage Available

7n. When dependent coverage is available, enter the date the Employer forwarded **Part B - Medical Support Notice to Plan Administrator** to the Plan Administrator. This may be in-house with the employer or a third party. Part B must be forwarded to the plan administrator to share the insurance plan information for which the child(ren) are already enrolled or will be enrolled.

COMPLETED BY:

8a. Employer Company Name. The name of the employer company that completed the form.

8b. Contact Name. The name of the person who completed the form.

8c. Title. The job title of the employer contact.

8d. Email. The email address of the employer contact.

8e. Telephone. The 10-digit telephone number of the employer contact.

8f. FAX. The fax number of the employer company/contact.

8g. FEIN. The federal employer identification number of the employer company.

8h. Plan Administrator Company/Union Name. The name of the Plan Administrator or Union to contact for questions.

8i. Plan Administrator Company/Union Contact Name. The name of the contact person for the Plan Administrator or Union to contact for questions.

8j. Title. The job title of the contact person for the Plan Administrator or Union.

8k. Email. The email address of the contact person for the Plan Administrator or Union.

8l. Telephone. The 10-digit telephone number of the contact person for the Plan Administrator or Union.

8m. FAX. The fax number of the Plan Administrator or Union.

8n. FEIN. The federal employer identification number of the Plan Administrator or Union.

THE PAPERWORK REDUCTION ACT OF 1995 (P.L. 104-13) Public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. **OMB control number: 0970-0222. OMB Expiration Date: XX/XX/XXXX**