

National Medical Support Notice

Child Support Helpline: (888) 208-4485
childsupport.ny.gov

TTY: (866) 875-9975 - Relay Service
<http://www.fcc.gov/encyclopedia/trs-providers>

The National Medical Support Notice (NMSN) advises the employer/income withholder of an order of support requiring the employee to enroll his or her children in available dependent health care coverage. Employers/income withholders help support the well-being of children by withholding health insurance premiums from noncustodial parents' income.

Employer/Income Withholder Responsibilities:

The NMSN consists of two parts: Part A is the "Notice to Withhold for Health Care Coverage," and Part B is the "Medical Support Notice to Plan Administrator." The employer/income withholder must complete and **return Part A to the Issuing Agency within 20 business days** after the date of the NMSN. The plan administrator must complete and return Part B to the Issuing Agency within 40 business days after the date of the NMSN.

Part A

To complete Part A, the employer/income withholder must:

- Review the numbered items in Part A, "Employer Response," on page 3 of the NMSN.
 - **If the individual named on the NMSN is not an employee, dependent or family health care coverage is not available**, or withholding limitations and/or prioritization prevent withholding, the employer/income withholder must check the appropriate box (items 1, 2, 3, 4, or 5).
 - **If the individual named on the NMSN is an employee and dependent health care coverage is or will become available for the children listed on the Notice**, the employer/income withholder must complete item 7 and forward a copy of Part B to the plan administrator within 20 business days after the date of the Notice.
 - **If the plan administrator indicates that enrollment cannot be completed until after a waiting period of more than 90 days from the date of receipt of the NMSN or the waiting period depends on another requirement**, the employer/income withholder must complete item 6.
- Complete the "Contact for Questions" section at the bottom of page 3.

The employer/income withholder must send the completed Part A to the **Medical Support Unit, PO Box 15369, Albany NY 12212-5369**. In addition, the employer/income withholder should keep a copy of Part A.

Part B

The actions taken by the employer/income withholder depend on the information provided by the plan administrator:

- **When the plan administrator indicates that the children have been enrolled**, the employer/income withholder must begin to withhold any employee contributions to the group health plan, to the extent allowed by law (see "Limitations on Withholding," below).
- **When the plan administrator indicates that the enrollment cannot be completed until after a waiting period of more than 90 days from the date of receipt of the NMSN or the waiting period depends on another requirement**, the employer/income withholder must notify the plan administrator when the employee is eligible to enroll. The plan administrator will then process the enrollment. Enrollment is to be made without regard to open enrollment season restrictions.

Limitations on Withholding:

The employer/income withholder may not withhold more under the NMSN than the lesser of the amounts allowed by the:

- Federal Consumer Credit Protection Act (15 U.S.C., § 1673 (b));
- State of the employee's principal place of employment; or
- Order of support for health insurance premiums

The federal limit applies to the aggregate disposable weekly earnings (ADWE). ADWE is the net income left after making mandatory deductions such as state, federal, local taxes; Social Security taxes; and Medicare taxes.

Note: New York State regulation (18 NYCRR §347.9[2][h][12]) limits deductions for child and medical support combined to 50% for all cases with arrears of 12 weeks or less and 55% for all cases with arrears greater than 12 weeks.

Priority of Withholding:

An employee may be required to contribute to one or more group health plans under this Notice and may also have a support obligation under a separate Notice. If the available funds are insufficient for withholding for both cash and medical support contributions, the employer/income withholder must prioritize the deductions according to the law, if any, of the state of the employee's principal place of employment. In New York State, deductions to satisfy

- Current support obligations have priority over the employee's contribution for health insurance premiums.
- The employee's contribution for health insurance premiums has priority over additional deductions for support arrears.
- Support arrears are withheld if within the limitation guidelines.

Withholding Limitations Worksheet and Online Calculator:

For employees whose principal place of employment is New York State, the employer/income withholder can use the Withholding Limitations Worksheet (PDF) or the online calculator, available at childsupport.ny.gov, to help determine whether the health insurance premium can be withheld. The full amount of the health insurance premium must be able to be withheld; the premium cannot be paid in part.

Duration of Withholding:

Coverage of a child as a dependent will end when conditions for eligibility for coverage under the terms of the plan no longer apply. However, the child may be entitled to continuation coverage under the plan pursuant to the continuation coverage provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The employer/income withholder will receive a termination notice from the agency that issued the NMSN when it is no longer necessary to withhold employee contributions and provide coverage for the children.

Termination of Employment:

The employer/income withholder must promptly notify the agency that issued the NMSN if the employee is terminated from employment. The employer/income withholder may send a copy of Part A, with item 4 of the "Employer Response" on page 3 of the NMSN completed, to the Medical Support Unit, PO Box 15369, Albany NY 12212-5369.

Contact Information

Child Support Helpline
Toll free: (888) 208-4485
Hours: Monday – Friday 8:00 am – 7:00 pm

Fax: 518-320-1081
Email: nysdcse@otda.ny.gov