

MEDICAL SUPPORT UNIT
PO BOX 15369
ALBANY NY 12212-5369

DATE:

**REMINDER NOTICE TO RESPOND TO
NATIONAL MEDICAL SUPPORT NOTICE**

**New York Case Identifier:
Worker Code:
Employer No.**

SUBJECT: National Medical Support Notice

RE:
SSN:

WARNING
**You may be held liable for any medical costs that incur for the period of time
during which the employee's dependent(s) should have been enrolled.**

Dear Employer/Withholder:

On _____ a National Medical Support Notice was issued to you pursuant to NY Civil Practice Law and Rules Section 5241, on behalf of the above named employee. This employee is required by court order or administrative order to provide group health insurance coverage for dependent(s) as provided through their employer or organization. The National Medical Support Notice consists of:

Part A – Notice to Withhold for Health Care Coverage, directing you to withhold any employee contributions required by the group health plan(s) in which the participant is enrolled, or is eligible to be enrolled; and

Part B – Medical Support Notice to Plan Administrator that you must forward to each health plan administrator of a group health plan for which the employee is or may be enrolled. The notice issued to you (Part A and Part B) is deemed to be a “qualified medical child support order” as defined in section 609(a)(5)(C) of the Employee Retirement Security Act (ERISA).

You have been directed to respond to the Issuing Agency with Part A - Notice to Withhold for Health Care Coverage, **within 20 business days from the date of the notice** in the event the dependent(s) named on the notice is/are not eligible for health insurance coverage, or; forward Part B - Medical Support Notice to Plan Administrator, to the plan administrator who then shall have **40 business days** from the date of the Notice to enroll the specified dependent(s) named in the Notice in the group health care plan and respond to the Issuing Agency with verification of that enrollment.

It has been in excess of 60 days since date of issuance of the National Medical Support Notice and there is no record of response from you to either Part A or Part B of the notice as required by the Notice and applicable law.

You must take action immediately and submit the appropriate response to the Issuing Agency. If you fail to do so, legal action may be brought against you in court. You may be held liable for any medical costs that incur for the period of time during which the employee's dependent(s) should have been enrolled.

Note: Please be advised that a response to the Notice must be submitted to verify the health care benefits even if they have already been extended to the named dependent(s) prior to the Notice. Also note that Medicaid and Child Health Plus do not qualify as alternative coverage options and may not replace the requirement for employer based coverage for dependents under Federal and State law.

If you have any questions regarding this reminder notice or the National Medical Support Notice please contact the Child Support Helpline at 888-208-4485 (toll free).

Supervisor,
Support Collection Unit

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