

## Vermont Specific Resources

<b>State/Employer Contact and Program Information</b> <b>State Medical Support</b> <a href="https://ocsp.acf.hhs.gov/irg/irgpdf.pdf?geoType=OGP&amp;groupCode=EMP&amp;addrType=NMS&amp;addrClassType=EMP" style="color: white; font-size: small;">https://ocsp.acf.hhs.gov/irg/irgpdf.pdf?geoType=OGP&amp;groupCode=EMP&amp;addrType=NMS&amp;addrClassType=EMP</a>	
<b>Vermont</b> Jennifer Lyford Phone: 802-241-6522 Fax: 802-241-6534 Email: <a href="mailto:jennifer.lyford@vermont.gov">jennifer.lyford@vermont.gov</a>	<p>The court shall order either or both parents owing a duty of support to provide a cash contribution or medical coverage for a child, provided that medical coverage is available to the parent at a reasonable cost. Medical coverage is presumed to be available to a parent at a reasonable cost only if the amount payable for the individual's contribution to the insurance or health benefit plan premium is five percent or less of the parent's gross income. The court, in its discretion, retains the right to order a parent to obtain medical coverage even if the cost exceeds five percent of the parent's gross income if the cost is deemed reasonable under all the circumstances after considering the factors pursuant to section 659 of this title.</p> <p>If private health insurance or an employer-sponsored health benefit plan is not available at a reasonable cost, the court may order one or both parents owing a duty of support to contribute a cash contribution of up to five percent of gross income toward the cost of health care coverage of a child under public or private health insurance or a health benefit plan. A cash contribution under this section shall be considered child support for tax purposes. When calculating the contribution of a parent whose child receives coverage under Medicaid, a Medicaid waiver program, or Dr. Dynasaur, the court shall not order a contribution greater than the premium amount charged by the agency of human services for the child's coverage.</p>
<b>State/Employer Contact and Program Information</b> <b>State Income Withholding Requirements</b> <a href="https://www.acf.hhs.gov/programs/css/resource/state-income-withholding-contacts-and-program-requirements" style="color: white; font-size: small;">https://www.acf.hhs.gov/programs/css/resource/state-income-withholding-contacts-and-program-requirements</a>	
<b>State Contact Information</b>	Vermont Customer Service Unit Phone: 800-786-3214 Fax: 802-241-6534 E-mail: <a href="mailto:ocscsu@vermont.gov">ocscsu@vermont.gov</a>
<b>Other Information</b>	
<b>When to Start Withholding</b>	10 days after receipt or next payday
<b>When to send payment (within a certain number of days stated, after payday)</b>	7 business days
<b>Mandatory deductions</b>	Federal, state, city taxes, FICA
<b>Priority for withholding</b>	Current child support, medical support, child support arrears, medical support arrears, surcharge
<b>Withholding limit(s) applied to payments to employees</b>	Follow CCPA limits
<b>Withholding limit(s) applied to payments to non-employees</b>	None

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<b>Allocation of orders</b>	Prorate
<b>When to send termination notice (for employees with orders only)</b>	Within 10 days of the date employment is terminated
<b>How long to retain order after employee's termination</b>	No law or policy
<b>Maximum administrative fee allowed to be taken by employer (optional)</b>	\$5 per month
<b>Legislative cite</b>	15 V.S.A. §§787, 789