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| Employer’s Guide to Qualified Medical Child Support Orders  Sample Procedures and Model Documents  2021 – 2022Date |

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1. Determination and Handling of Qualified Medical Child Support Order (QMCSO)
   1. Individuals Authorized to Make QMCSO DeterminationsThe Plan Administrator designated the following individuals as authorized to determine whether an Order is a QMCSO and conduct any necessary actions to fulfill the Plan’s obligations with respect to a QMCSO:

***[Insert job title of employee(s) fulfilling obligation such as Director of Human Resources, Benefits Administrator, etc.]***

* 1. Upon receipt of a National Medical Support Notice:
     1. Upon receipt of the Notice, provide written acknowledgment of receipt of the Notice to the participant (employee) and alternate recipient (child) named in the order (and their legal representatives, if applicable); and  
          
        ***[Insert method to acknowledge (e.g., Use Form Letter Acknowledging Receipt of an Order or Notice)]***  
          
        Also provide a copy of the Plan’s written QMCSO procedures to the participant and alternate recipient named in the Notice (and their legal representatives, if applicable).***[Insert method (e.g., Attach a copy of these procedures to the Letter)]***
     2. Determine if the Notice qualifies as a QMCSO. It should include the following:
        1. The name and address of the child (or a state official’s name and address);
        2. The name and address of an employee enrolled in or eligible for enrollment in the plan; and
        3. The name of the agency issuing the NMSN.

Note: A properly completed National Medical Support Notice always qualifies as a QMCSO.

* + 1. If the named “employee” is not an employee of the Organization, or if the Plan does not have dependent coverage, or if the named employee is not in a class of employees eligible for coverage, check the appropriate boxes on the Employer’s Response (Part A) and return to the appropriate state agency within 20 business days.

*If none of the above apply, forward Part B of the Notice to the Plan Administrator.*

* + 1. Within a reasonable time after the date on the Notice (the time limit of 40 business days should be used as the outside window for notification), notify the participant, alternate recipient, state agency, and any other parties identified in the Notice (legal representatives, etc.) that:  
         
       The Notice qualifies as a QMCSO, or  
       The Notice does not qualify as a QMCSO.  
         
       *Use the spaces indicated on the Notice (The Plan Administrator Response to Part B) to provide this information. Please note that the NMSN form was revised in 2011 to include a new section addressing waiting periods longer than 90 days or waiting periods based on a requirement other than elapsed time (e.g., an hours worked requirement).*
    2. If the Notice qualifies as a QMCSO, ***[insert applicable procedures (e.g., HR Administrator will fill out a Benefits Change Form on behalf of the participant to add the alternate recipient. (If reasonable, request that the participant sign the change form; if unable to obtain signature, attach the Notice to the change form as documentation for the participant’s file.))]***
    3. Provide the applicable parties with the following information:
* The effective date of the child’s coverage;
* A description of the coverage (e.g., medical summary, dental summary, vision summary, EAP summary and SPDs) (as applicable);
* Any forms necessary to enroll in the plan (and any necessary steps to enroll); and
* ID card(s) – (if applicable).
  1. Handling any Order other than a National Medical Support Notice.

1. Upon receipt of the Order, provide written acknowledgment of receipt of the Order to the participant (employee) and alternate recipient (child) named in the order (and the legal representative(s), if applicable); and  
  
***[Insert process to respond (e.g., Use Form Letter Acknowledging Receipt of an Order)]***

Also provide a copy of the Plan’s written QMCSO procedures to the participant and alternate recipient named in the Order (and their legal representatives, if applicable).  
  
***[Attach a copy of these procedures to the letter.]***

2. Determine if the Order qualifies as a QMCSO (use the Checklist for Completing QMCSO Procedures):

* Is the order a court judgment, order or decree that (1) provides for child support or a health benefit coverage for a child of a participant under a group health plan pursuant to a state domestic relations law, which relates to benefits under the plan; or (2) that enforces a state law related to medical child support under Section 1908A of the Social Security Act?
* Does it include the name and last-known mailing address of each alternate recipient? (The order may substitute the name of a state official or name a guardian or other representative to receive notices.)
* Does it provide a reasonable description of the coverage to be provided?
* Does the order state the period of coverage?
* Is the child eligible for coverage under the eligibility terms of the plan?
* Does it require the plan to pay benefits that are not available?
* Do any required employee contributions exceed applicable state and federal withholding limits?

3. Within a reasonable time after the date on the Order (the time limit of 40 business days should be used as the outside window for notification), notify the participant, alternate recipient, and any other parties identified in the Order (legal representatives, etc.) that:

* The Order qualifies as a QMCSO, or
* The Order does not qualify as a QMCSO

***[Insert process (e.g., Use Organization’s Letter Accepting Medical Child Support Order as a QMCSO, or the Organization’s Letter Rejecting Medical Child Support Order as a QMCSO, to provide this information.)]***

4. If the Order qualifies as a QMCSO, ***[insert job title]*** will ***[insert action to be taken (e.g., fill out a Benefits Change Form on behalf of the participant to add the alternate recipient, or an Enrollment form if the employee is eligible but not currently participating. (If reasonable, request that the participant sign the change form; if unable to obtain signature, attach the Order to the change form or enrollment form, as appropriate, as documentation for the participant’s file.))]***

5. If the Order qualifies as a QMCSO, provide the applicable parties with the following information:

* The effective date of the child’s coverage;
* A description of the coverage (e.g., medical summary, dental summary, vision summary, EAP summary (as applicable) and SPDs);
* Any forms necessary to enroll in the plan (and any necessary steps to enroll); and
* ID card(s) – (if applicable).

1. Handling Designated Representatives

If an alternate recipient designates a representative to receive copies of notices that are sent to him or her with respect to an Order or coverage under the health plan, include them in all mailings as required by the QMSCO.

When adding the child as a dependent under the employee’s record, if the address for the child defaults to the employee’s address – change the child’s address to reflect the proper address for which requested materials should be sent. Any other designated representatives should be sent any requested materials manually.

1. Handling Disputes

The parties, or their legal counsel, have the right to submit written comments regarding the determination of an Order’s or a Notice’s status as a QMCSO within 30 days of the date of the determination. The Plan Administrator shall consider the written comments and make a final determination as to the status of the Order or Notice. If the Plan Administrator does not receive any written comments within the 30-day period, the determination will become final.

1. Handling Resubmitted Orders and Notices

If the Plan Administrator determines that an Order or a Notice does not meet the requirements of a QMCSO, the parties or applicable state agency may submit a revised Order or Notice to attempt to correct any deficiencies. If a revised Order or Notice is submitted, the Plan Administrator will review the Order or Notice as if it were a newly submitted Order or Notice. If an order was initially found to be nonqualified and the parties later corrected any deficiencies, the Order may be resubmitted to the Plan. The corrected Order must be approved again by the court or administrative agency in order for it to be qualified.

1. Obtaining Additional Information

The Plan Administrator should also seek the following information:

* The name and address of the alternate recipient’s custodial parent, legal guardian, or other legal representative to whom SPDs and other plan-related information should be provided.
* A completed enrollment form (if required under the plan(s)).
* A Change in Status form if required under the plan(s)).
* The name and address of any individual the Plan may have to reimburse for the alternate recipient’s expenses.
* The name and address of any person other than the participant responsible for paying for the alternate recipient’s coverage.

1. Providing Additional Information

If someone other than the plan participant must pay for the alternate recipient’s coverage, the Plan Administrator shall communicate how and when payments should be made.

1. Providing Coverage for the Alternate Recipient
   1. Alternate Recipient entitled to same coverage as other dependent children.

Unless the QMCSO provides otherwise, an alternate recipient should be given the same coverage provided to other dependent children under the plan(s). For example, if dependent children are covered under a medical plan and a dental plan, alternate recipients are entitled to coverage under both the medical and dental plan.

* 1. Alternate Recipient entitled to receive applicable required disclosures.

The alternate recipient should also be provided with all applicable required disclosures such as an SPD, an SBC, a summary of material modifications, a summary annual report, and all required group health plan notices (e.g., an annual Women’s Health and Cancer Rights Act notice, Medicare Part D Notice, etc.).

These items should be provided to the alternate recipient’s custodial parent, guardian, or other authorized representative. If the alternate recipient is an adult or emancipated minor under state law, any such items should be provided to both the alternate recipient and, as applicable, the alternate recipient’s custodial parent, guardian, or other authorized representative.

* 1. Handling enrollment.

1. Effective date of coverage.

After the Plan Administrator approves a QMCSO, the alternate recipient will be enrolled in the plan(s) ***[insert appropriate date (e.g., the first of the following month)]***, or as of a later date if so required by the QMCSO. If the participant is not yet eligible for coverage (waiting period not fulfilled), then the coverage for the alternate recipient will be effective as soon as the participant is eligible for coverage. Upon the effective date of coverage, the Employer will then change, if necessary, the participant’s payroll deductions corresponding to the new level of coverage for including the alternate recipient under the Plan.

2. Handling enrollment when necessary forms not provided.

The Plan Administrator will enroll the alternate recipient in the coverage indicated by the QMCSO. If the QMCSO does not specify, the Plan Administrator will enroll the alternate recipient in the same coverage as the Plan participant, or the default coverage (as described below) if the participant is not currently enrolled.

The Plan Administrator shall provide the appropriate parties with enrollment/election forms. The Plan Administrator shall also notify the parties that if a response is not received within a specified time period (e.g., twenty (20) business days), the alternate recipient will be enrolled in the default option (as described below).

Upon the effective date of coverage, the Employer will then change, if necessary, the participant’s payroll deductions corresponding to the new level of coverage for including the alternate recipient under the Plan.

3. Handling enrollment when participant is not already enrolled in the plan(s).

If an employee is eligible for coverage under the Plan(s), but is not enrolled, in the case of a QMCSO that is not an NMSN, the employee will also be enrolled in the coverage indicated in the QMCSO, or if the QMCSO does not specify coverage, the employee and the alternate recipient will be enrolled in a default level of coverage. The default level of coverage shall be ***[insert level of coverage such as Core PPO Plan, medical plus dental, etc.]***.

Upon the effective date of coverage, the Employer will then change, if necessary, the participant’s payroll deductions corresponding to the new level of coverage for including the alternate recipient under the Plan.

4. Handling election changes at annual enrollment.

Neither the statute nor DOL guidance prohibits an employee from dropping coverage for themselves or their dependents at open enrollment. However, the plan’s responsibility is to comply with the court or state order and ensure the alternate recipient is enrolled for the period specified in the order, regardless of the employee’s wishes. Therefore, the employee should not be allowed to drop coverage if the employee’s enrollment is required to permit coverage for the alternate recipient.

* 1. Determining coverage when multiple plan options exist.

If the QMCSO is not a National Medical Support Notice and the applicable plan(s) has more than one level of coverage (e.g., PPO vs. HMO, etc.), but the QMCSO does not specify the level of coverage or the manner in which coverage should be determined, the Plan Administrator shall enroll the alternate recipient in the same option(s) that the participant is enrolled in. If the participant is not enrolled in an option, the Plan Administrator shall enroll the alternate recipient (and employee if necessary) in the default option.

If the QMCSO is a National Medical Support Notice, the Plan Administrator shall follow the instructions regarding plans with multiple coverage options in the Notice to determine the appropriate coverage. The Plan Administrator shall provide the appropriate parties with information about the options and provide them with any necessary forms to make an election. The Plan Administrator shall also notify the parties that if a response is not received within a specified time period (e.g., twenty (20) business days), the alternate recipient will be enrolled in the default option as follows: ***[insert default option such as PPO Medical Plan Option #1 and dental coverage]*.**

1. Handling required employee contributions when the contribution withholding would exceed applicable state and federal withholding limits.

When the Employer must increase a plan participant’s required contributions to provide coverage for an alternate recipient, the Employer must determine whether the additional (or new) required contribution will exceed applicable state or federal limits.

If the QMCSO is a National Medical Support Notice, the Notice should specify the limitations.

If the QMCSO does not specify the limits, the Employer must be certain that withholdings do not exceed the limits under the Consumer Credit Protection Act (CCPA). Under this Act, if an employee is supporting a spouse or dependent child (other than the alternate recipient), the Employer may not withhold more than 50% of the employee’s disposable weekly earnings. If the employee is not supporting a spouse or dependent child (other than the alternate recipient), the Act prohibits the employer from withholding more than 60% of the employee’s disposable weekly earnings.

The Employer must also review applicable state wage withholding limitations and comply accordingly with those limitations.

If the cost of coverage is more than the amount that can be withheld, coverage need not and should not be extended unless contributions are made from another source – such as the custodial parent or a state agency.

If the required contribution cannot be withheld because of the above limitations, the custodial parent and any applicable child support agency must be notified. (If the QMCSO is a National Medical Support Notice, the Notice will contain a form in Part A of the NMSN for these purposes.)

However, the participant may voluntarily agree to withholding in excess of the federal and state limitations. Any such agreement must be in writing and signed by the participant.

1. Handling COBRA for an Alternate Recipient

If a COBRA Qualifying Event occurs, an alternate recipient should be treated the same as any other Qualified Beneficiary and offered COBRA continuation coverage.

The appropriate notices should be sent to both the alternate recipient and the alternate recipient’s custodial parent or other legal representative. As applicable, appropriate notices shall include an Election Notice, a notice of ineligibility for COBRA, a notice of early termination, and any other relevant form. It is not necessary to provide the alternate recipient (or the alternate recipient’s representative) with an Initial (General) Notice, but the Plan Administrator may do so as a best practice.

If the only available address for the alternate recipient is a state or local agency, the Plan Administrator should contact the agency to determine where applicable notices should be sent.

1. Checklist for Completing QMCSO Procedures
   1. Initial Receipt of Order or Notice:

|  |  |
| --- | --- |
| Employee’s Name (Last, First, Middle) |  |
| Employee’s Soc. Sec. Number |  |
| Date Order or Notice Received |  |
| Date Acknowledgement Sent |  |
| Coverage employee currently enrolled in | Medical \_\_\_\_\_ Vision\_\_\_\_\_\_\_  Dental \_\_\_\_\_\_ Other \_\_\_\_\_\_\_ (specify) |

Alternate Recipient(s):

| **Name** | **Date of Birth** | **Address** | **Social Security Number** | **Time Period for Which Order Applies** |
| --- | --- | --- | --- | --- |
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|  |  |  |  |  |

* 1. Determination of whether the Document qualifies as a Medical Child Support Order

1. Determine the following

| **Item** | **Yes** | **No** |
| --- | --- | --- |
| Is the document a court order, judgment, or decree (may include an approval of a settlement agreement)? |  |  |
| Does the order, judgment, or decree provide for child support or health benefit coverage for an employee covered under a group health plan, or an employee eligible for coverage under a group health plan? |  |  |
| Is the order, judgment, or decree made subject to state domestic relations law? |  |  |
| Does the order, judgment, or decree relate to benefits under organization health plan (e.g., medical, dental, vision, hearing, prescription drugs, etc.)? |  |  |

2. If the answer to all of the questions above is “yes” or if it is a NMSN, continue to Section C. If the answer to any of the questions is “no” and it is not an NMSN, seek review by legal counsel.

If review by legal counsel is necessary:

|  |  |
| --- | --- |
| Date sent to legal counsel for review: |  |
| Date legal review received: |  |
| Legal counsel’s determination: | QMCSO \_\_\_\_\_\_  Not a QMCSO \_\_\_\_\_\_\_ |

* 1. Assessment of Order:

Is the Order a National Medical Support Notice? Yes \_\_\_\_\_\_\_ No \_\_\_\_\_\_

*(If “yes” complete section “a” below. If “no,” skip to section “b” below*.

1. Determine the following:

| **Item** | **Yes** | **No** |
| --- | --- | --- |
| Does the Notice contain the name and address of the child, or name and address of a state official? |  |  |
| Does the Notice contain the name and address of an employee who is enrolled in the Plan, or the name and address of an employee who is eligible for enrollment in the Plan? |  |  |
| Does the Notice contain the name of the issuing agency? |  |  |
| Does the Notice contain all other information required by the instructions on the Notice? |  |  |
| Does the Notice identify the underlying child support order? |  |  |
| Do any required employee contribution withholdings exceed federal or state limits (when considering other current withholdings such as child support)? |  |  |
| If any required employee contributions will exceed federal or state limits, will the employee voluntarily agree to excess withholding? |  |  |

2. If the Order is not a National Medical Support Notice, determine the following:

| **Item** | **Yes** | **No** |
| --- | --- | --- |
| Does the Order include the name and last-known mailing address of each alternate recipient (or state official)? |  |  |
| Does the Order include the name and last-known address of an employee who is enrolled in the Plan, or name and last-known address of an employee who is eligible for enrollment in the Plan? |  |  |
| Does the Order name a guardian or other representative for the alternate recipient(s) who is to receive copies of notices for alternate recipients? *(optional)* |  |  |
| Does the Order provide a reasonable description of the coverage to be provided? |  |  |
| Does the order state the time period for which the Order applies? |  |  |
| Is the child eligible for coverage under the Plan(s)? |  |  |
| Does the order require the Plan to provide benefits not available under the Plan(s)? |  |  |
| Do any required employee contribution withholdings exceed federal or state limits (when considering other current withholdings such as child support)? |  |  |
| If any required employee contributions will exceed federal or state limits, will the employee voluntarily agree to excess withholding? |  |  |

3. Upon completion of the items above, prepare a Response to the Parties

For National Medical Support Notices, complete the Plan Administrator Response portion (Part B) of the Notice. For Orders other than National Medical Support Notices, complete either the Letter Accepting a Court Order as a QMCSO or the Letter Rejecting a Court Order as a QMCSO, as appropriate. Also, the Plan Administrator shall provide a copy of the Plan SPDs, SBC, any forms or documents necessary for coverage to begin, and information regarding submission of claims to the custodial parent, other designated representative of the alternate recipient, or appropriate state agency. Use the charts that follow to document actions taken.

| **Item** | **Date** | **N/A** | **Yes** | **No** |
| --- | --- | --- | --- | --- |
| National Medical Support Notice Employer Response |  |  |  |  |
| Letter Accepting a Court Order as a QMCSO |  |  |  |  |
| Letter Rejecting a Court Order as a QMCSO |  |  |  |  |
| SPD(s) provided? |  |  |  |  |
| Enrollment/change of status form provided? |  |  |  |  |
| Information regarding submission of claims provided? |  |  |  |  |

|  |  |
| --- | --- |
| Response completed by: |  |
| Party(ies) to whom SPDs sent: |  |
| Date of receipt of response, if any, from party(ies): |  |
| Description of further action, if any: |  |

4. Enrollment of Alternate Recipient:

| **Item** | **Date** | **N/A** | **Yes** | **No** |
| --- | --- | --- | --- | --- |
| Was alternate recipient enrolled in Plan prior to receipt of QMCSO? |  |  |  |  |
| Has participant’s employee contribution been changed? |  |  |  |  |
| If withholding will exceed federal and/or state limitations, have the parties been notified? |  |  |  |  |
| Is employee currently enrolled in the Plan? |  |  |  |  |
| If employee is not currently enrolled in the Plan, when will employee be eligible to enroll? |  |  |  |  |
| Have all appropriate enrollment/change in status forms been received? |  |  |  |  |

5. Additional Information:

|  |  |  |
| --- | --- | --- |
| **Alternate Recipient** | **Date of Enrollment** | **Name and address of person to whom reimbursements may be made/Plan information furnished** |
|  |  |  |
|  |  |  |
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Copies of the National Medical Support Notice forms and additional information on QMCSOs are available on the Department of Labor’s website at: <https://www.dol.gov/sites/default/files/ebsa/about-ebsa/our-activities/resource-center/publications/qualified-medical-child-support-orders.pdf>.

1. Model Documents

**Letter Acknowledging Receipt of Medical Child Support Order**

**[You must customize any items marked in red font; delete any items that do not apply.]**

[Date]

[Plan Participant]

[Address]

[Alternate Recipient (Child) and/or Designated Representative named in QMCSO (may be custodial parent, guardian, or state agency)] [include each Alternate Recipient]

[Address]

Dear [Plan Participant] and [Alternate Recipient and/or Designated Representative]:

On [insert date], we received a [(medical child support order) (National Medical Support Notice)] relating to coverage for (Alternate Recipient(s) under the [insert name of applicable health plan or plans] as (a child) (children) of (Plan Participant). We are reviewing this [insert (order) if the document is a medical child support order; insert (Notice) if the document is a National Medical Support Notice] to determine if it is a “qualified medical child support order” (QMCSO), as defined under a federal law often referred to as “ERISA.” During our review, we will determine whether [Plan Participant] is eligible for health benefits under the [insert name of Plan/s] and review the terms of the [(order) (Notice)] to determine if it meets the Plan’s(s’) requirements and applicable law. We have enclosed a copy of our procedures used to determine whether orders are QMCSOs and to administer benefits under QMCSOs.

We will provide you with written notice of our preliminary determination, and if we find that the [order] [Notice] is not a QMCSO, we will advise you as to what corrective steps are necessary. Within 30 days after the date of the notice providing you with our preliminary determination, you (or your attorney) may submit written comments regarding our preliminary determination. After considering any comments received, we will make a final determination as to whether the [order] [Notice] is qualified. If we do not receive any comments within that 30-day period, the preliminary determination will become final without further notice from us.

Please advise us if your current mailing address changes. In addition, please advise us if [Alternate Recipient(s)] wish(es) to designate a representative to receive copies of notices that are sent to him/her/them relating to this order or benefits are provided subject to qualification of the applicable (order)(Notice). Your cooperation is appreciated.

Sincerely,

[Insert representative for Plan]

Plan Administrator

[Name of Plan/s]

Enclosure (copy of QMCSO procedures)

cc: (Participant’s Attorney, if any)

(Alternate Recipient’s Attorney, if any)

(State Agency, if any)

**Letter Accepting Medical Child Support Order as Qualified**

**[You must customize any items marked in red font; delete any items that do not apply. Replace items in blue font with the appropriate information.]**

[Date]

[Plan Participant]

[Address]

[Alternate Recipient (Child) and/or Designated Representative named in QMCSO (may be custodial parent, guardian, or state agency)] [include each Alternate Recipient]

[Address]

Dear [Plan Participant] and [Alternate Recipient and/or Designated Representative]:

The [insert name of Plan(s)] reviewed the medical child support order received on [insert date] related to coverage for [insert names of all Alternate Recipients]. We have determined that the order is a valid Qualified Medical Child Support Order (QMCSO) as defined under a federal law called ERISA.

[Insert appropriate paragraph (Choice #1 or Choice #2) based upon whether child is currently enrolled.]

[Choice # 1: Child not currently enrolled.]

Coverage for [insert names of all Alternate Recipients] will [begin on \_\_\_\_\_\_\_\_\_\_\_\_ (insert date)] [not begin until a completed enrollment form has been received by the Plan Administrator and any other requirements for plan coverage have been met].

[Choice # 2: Child already enrolled in plan coverage.]

According to our records, [insert names of Alternate Recipients] (is) (are) currently covered under the [insert name of Plan(s)] as (an) eligible (dependent) (dependents) of [insert name of employee]. No changes to coverage will occur at this time. Please note that coverage under the [insert name of Plan(s)] will only continue to be effective for the period of time and under the conditions established by the Plan terms.

If your contact information changes, please let us know by contacting [insert Plan Administrator contact information]. Also, please let us know if information related to [insert names of all Alternate Recipients] should be forwarded to any additional parties such as a designated representative or state official.

Sincerely,

[Insert representative for Plan]

Plan Administrator

[Name of Plan/s]

Enclosure (copy of QMCSO procedures)

cc: (Participant’s Attorney, if any)

(Alternate Recipient’s Attorney, if any)

(State Agency, if any)

**Letter Rejecting Medical Child Support Order as Invalid**

**[You must customize any items marked in red font; delete any items that do not apply. Replace items in blue font with appropriate information.]**

[Date]

[Plan Participant]

[Address]

[Alternate Recipient (Child) and/or Designated Representative named in QMCSO (may be custodial parent, guardian, or state agency)] [include each Alternate Recipient]

[Address]

Dear [Plan Participant] and [Alternate Recipient and/or Designated Representative]:

The [insert name of Plan(s)] reviewed the medical child support order received on [insert date] related to coverage for [insert names of all Alternate Recipients]. We have determined that the order is not a valid Qualified Medical Child Support Order (QMCSO) as defined under a federal law called ERISA.

The order is not qualified as a QMCSO for the following reasons:

[Insert reasons order is not qualified (e.g., The Order does not provide a reasonable description of the benefits to be provided; The Order requires benefits that the Plan does not provide).]

Because the order does not meet the requirements of a QMCSO, [insert names of all Alternate Recipients] will not be added to coverage under the Plan at this time. You have the right to submit written comments in response to this determination. You must submit your comments within (30) days of the date of this letter. Comments must be submitted to: [Insert contact information for Plan Administrator, including mailing address and/or email address].

If the Plan Administrator does not receive comments from you within (30) days of the date of this letter, the determination that the order is not a QMCSO will become final. If you do not intend to make any comments, you may notify the Plan Administrator at the address noted above. If you provide comments, the Plan Administrator will consider those comments and provide a final determination upon the conclusion of the comment review.

If your contact information changes, please let us know by contacting [insert Plan Administrator contact information]. Also, please let us know if information related to [insert names of all Alternate Recipients] should be forwarded to any additional parties such as a designated representative or state official.

Sincerely,

[Insert name of representative for Plan]

Plan Administrator

[Name of Plan/s]

Enclosure (copy of QMCSO procedures)

cc: (Participant’s Attorney, if any)

(Alternate Recipient’s Attorney, if any)

(State Agency, if any)