**[Date]**

|  |  |
| --- | --- |
| **[Participant]**  **[Address]** | **[Alternate Recipient (Child) or Designate Named in QMCSO]**  **[Address]** |

Dear **[participant]** and **[alternate recipient(s) or designate]**:

This is to advise you that on **[date]**, we received **[a court order]** ***or*** **[a** **National Medical Support** **Notice]** relating to the coverage of **[alternate recipient(s)]** under the **[enter name of plan(s)]** as a **child (children)** of **[Participant]**.

We are in the process of reviewing this **[court order]** or **[Notice]** to determine if it is a "qualified medical child support order" (QMCSO), as defined under federal law. Our review process will include an inquiry as to the **[participant]'s** eligibility for medical benefits under the **[enter name of group health plan(s)]**, as well as a review of the terms of the **[court order]** or **[Notice]** to determine if it complies with the provisions of the plan or plans listed above and applicable federal law. We have enclosed a copy of the procedures used by **[name of organization's group health plan(s)]** to determine whether orders are QMCSOs and to administer the provision of benefits under QMCSOs.

We will notify you in writing of our preliminary determination, and if we find that this **[court order]** or **[Notice]** is not a QMCSO, we will advise you as to what corrective steps are necessary. You (or your attorney) will have 30 days after the date of that notification to submit written comments regarding our determination. After considering any comments received, we will make a final determination as to the qualified status of the **[court order]** or **[Notice]**. If no comments are received during the 30-day period, the determination will become final.

Please keep us advised as to your current mailing address while these procedures are pending. 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. Your cooperation is appreciated.

Sincerely,

**[Name]**

**[Title]**

**[Employer Name]**

**[enter name of group health plan(s)]**

Enclosure (copy of QMCSO procedures)

cc: **[participant's attorney, if any]**

**[alternate recipient's Attorney, if any]**

**[State Agency, if any]**