



**Office of Temporary
and Disability Assistance**

**National Medical
Support Notice
(NMSN)**

National Medical Support Notice (NMSN)

NMSN consists of four documents and instructions:

- Part A – Notice to Withhold for Health Care Coverage
 - Employer Response
- Part B – Medical Support Notice to Plan Administrator
 - Plan Administrator Response

Part A – Notice to Withhold for Health Care Coverage

- Review the information on the NMSN
- Complete the Employer Response
- Forward Part B to the Plan Administrator if necessary
- Withhold premiums as appropriate
- Determine the limitations on withholding
- Consider the priority of withholding

Employer Plan Administrator Response

Section 1 – No Enrollment Possible

The employer knows that the plan administrator cannot enroll dependents in employer-provided health care coverage for the employee named on page 1, because: (select all that apply)

- 1. The employee named in this Notice has never been employed by this employer.
- 2. We, the employer, do not offer our employees the option of purchasing dependent or family health care coverage as a benefit of their employment.

Employer Plan Administrator Response - continued

3. The employee is among a class of employees (for example, part-time or non-union) that are not eligible for family health care coverage under any group health care plan maintained by the employer or to which the employer contributes. **If the employee is only temporarily ineligible for health care coverage, do not check this box, and advance to Section**

4. Health care coverage is not available because the employee is no longer employed here:

Effective date of separation: _____

Reason for separation: _____

Last known telephone number: _____

Last known address: _____

(If new employment information is known, add at #6)

Employer Plan Administrator Response - continued

5. State or Federal withholding limitations and/or prioritization prevent the withholding from the employee's income of the amount required to obtain coverage under the terms of the plan (*See page 2 for description and instructions.*)

Amounts to Withhold and Remit ?

Remit amount of withholding for child support only. Do not include health insurance premium.

Withhold for Health Insurance

0.00

Total Amount to Withhold

25.00

Total Amount to Remit

25.00

Employer Plan Administrator Response - continued

6. Other (new job information for employee, child adequately covered by 3rd party, other reason for no coverage):

Section 2 – Dependent Enrollment Not Yet Available

7. The participant is subject to a waiting period that expires _____ (more than 90 days from the date of receipt of this Notice), or has not completed a waiting period, which is determined by some measure other than the passage of time, such as the completion of a certain number of hours worked (describe here: _____). At the completion of the waiting period, the Plan Administrator will process the enrollment.
8. Employee is on an unpaid leave of absence. Expected date of return: _____

Employer Plan Administrator Response - continued

Section 3 – Dependent Coverage Available

9. Employer forwarded Part B – Medical Support Notice to Plan Administrator on this date: _____
- You, the employer, provide the health care benefits to the employee, and forward Part B – The Plan Administrator Response to the health Plan Administrator of your organization to enroll the child(ren).
 - The employee has already enrolled the child(ren) in health care coverage, the employer must forward Part B to the Plan Administrator for completion and submittal to the Issuing Agency.
 - The employee's health care benefits are administered through another organization, including a labor union, forward Part B of the Notice to the labor union or other organization acting as the Plan Administrator for completion.

Employer Plan Administrator Response - continued

COMPLETED BY:

Employer Company Name

Contact Name: _____

Title: _____

Email: _____

Telephone: _____

FAX: _____

FEIN: _____

Plan Administrator Company / Union Name

Contact Name: _____

Title: _____

Email: _____

Telephone: _____

FAX: _____

FEIN: _____

Part B – Medical Support Notice to Plan Administrator

Plan Administrator:

- Enrolls the child and notifies the employer of the amount of the premium
- Notifies the employee and the custodial parent of the child's enrollment
- Notifies the child support agency

Plan Administrator Response

PLAN ADMINISTRATOR RESPONSE

(To be completed and returned to the Issuing Agency within 40 business days after the date of the Notice,
or sooner if reasonable)

Case # _____ (to be completed by the issuing agency)

This Notice was received by the plan administrator on this date _____.

1. This Notice was determined to be a “qualified medical child support order,” on this date _____ . Complete **Response 2 or 3, and 4**, if applicable.

Plan Administrator Response - continued

2. The participant (employee) and alternate recipient(s) (child(ren)) are or will be enrolled in the following family coverage.
- a. The child(ren) is/are currently enrolled in the plan as a dependent of the participant.
 - b. There is only one type of coverage provided under the plan. The child(ren) is/are included as dependents of the participant under the plan.
 - c. The participant is enrolled in an option that is providing dependent coverage and the child(ren) will be enrolled in the same option.
 - d. The participant is enrolled in an option that permits dependent coverage that has not been elected; dependent coverage will be provided.

Coverage is effective as of ____/____/____ (includes waiting period of less than 90 days from date of receipt of this Notice). The child(ren) has/have been enrolled in the following option:

_____ (if plan is insured, provider, policy and group numbers, and addresses for submitting claims, are provided in Addendum Section 1). Any necessary withholding should commence if the employer determines that it is permitted under State and Federal withholding and/or prioritization limitations.

Plan Administrator Response - continued

3. There is more than one option available under the plan and the participant is not enrolled. The Issuing Agency must select from the available options. Each child is to be included as a dependent under one of the available options that provide family coverage. If the Issuing Agency does not reply within 20 business days of the date this Response is returned, the child(ren) and the participant, if necessary, will be enrolled in the plan's default option, if any: _____ (if plan is insured, see Addendum Section 1).
4. The participant is subject to a waiting period that expires ____/____/____ (more than 90 days from the date of receipt of this Notice), or has not completed a waiting period which is determined by some measure other than the passage of time, such as the completion of a certain number of hours worked (describe here _____). At the completion of the waiting period, the plan administrator will process the enrollment.

Plan Administrator Response - continued

5. This Notice does not constitute a "qualified medical child support order" because:
- The name of the child(ren) or participant is unavailable.
 - The mailing address of the child(ren) (or a substituted official) or participant is unavailable.
 - The child(ren) identified in the Addendum Section 2 is/are at or above the age at which dependents are no longer eligible for coverage under the plan.

Plan Administrator or Representative:

Name: _____ Telephone Number: _____

Title: _____ Date: ____/____/____

Address: _____ Email Address _____
No. Street or PO Box City State Zip

Questions?

- Employer Helpline
(888) 208-4485 or (800) 846-0773
- NYS Child Support Website
childsupport.ny.gov
- Email
nysdcse@otda.ny.gov



**Office of Temporary
and Disability Assistance**