

NATIONAL MEDICAL SUPPORT NOTICE OMB NO. 1210-0113

PART B

MEDICAL SUPPORT NOTICE TO PLAN ADMINISTRATOR

This Notice is issued under section 466(a)(19) of the Social Security Act, section 609(a)(5)(C) of the Employee Retirement Income Security Act of 1974, and for State and local government and church plans, sections 401(e) and (f) of the Child Support Performance and Incentive Act of 1998. Receipt of this Notice from the Issuing Agency constitutes receipt of a Medical Child Support Order under applicable law. The rights of the parties and the duties of the plan administrator under this Notice are in addition to the existing rights and duties established under such law.

Issuing Agency: _____	Court or Administrative Authority: _____
Issuing Agency Address: _____	Date of Support Order: _____
Date of Notice: _____	Support Order Number: _____
Case Number: _____	
Telephone Number: _____	
FAX Number: _____	

_____) RE* _____
 Employer/Withholder's Federal EIN Number Employee's Name (Last, First, MI)

_____) _____
 Employer/Withholder's Name Employee's Social Security Number

_____) _____
 Employer/Withholder's Address Employee's Address

_____) _____
 Custodial Parent's Name (Last, First, MI)

_____) _____
 Custodial Parent's Mailing Address Substituted Official/Agency Name and Address

_____) _____
 Child(ren)'s Mailing Address (if Different from Custodial Parent's)

_____) _____
 _____)

_____) _____
 Name(s), Mailing Address, and Telephone Number of a Representative of the Child(ren)

Child(ren)'s Name(s)	DOB	SSN	Child(ren)'s Name(s)	DOB	SSN
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

The order requires the child(ren) to be enrolled in any health coverages available; or only the following coverage(s): medical; dental; vision; prescription drug; mental health; other (specify): _____