

Parent Health Care Coverage Explanation Sheet

To: JOHN JAMES DOE SR

Date of Notice: August 11, 2020

On August 11, 2020, the National Medical Support Notice (NMSN) was sent to the employer of JOHN JAMES DOE SR (referred to as "parent" or "employee" in this document) on court case number 2020-888888-DM. You may see a sample of the NMSN online at <http://www.acf.hhs.gov/programs/cse/> by selecting the link for "Forms" and then selecting the link for "National Medical Support Notice."

The NMSN:

- Directs an employer who has a family health care coverage option available to the parent/employee to enroll the child(ren) from this court case. The employer may withhold from the employee's income an amount necessary to satisfy the employee's portion of the coverage premium.
- Is sent to the employer within two business days of the Friend of the Court learning of new employment for the parent if the court orders health care coverage.
- Takes immediate effect.
- Will be sent to the parent's subsequent employers.
- May be objected to (contested) by the parent named above. The parent may request a review by the Friend of the Court **based on a mistake of fact**. NOTE: There is no need to object if the employer does not provide coverage.
- Requires the insurance plan administrator to notify the parent/employee of the enrollment and advise the custodial party of the coverage and how to use it. If you have reason to believe that insurance coverage is available and you do not receive insurance coverage information from the plan administrator within 60 days of this notice, please contact the Friend of the Court.

Frequently Asked Questions

1. What is the NMSN?

Federal and state law require the Friend of the Court to notify parents' employers that they must enroll the dependent child(ren) in health care coverage (medical insurance) when ordered by the court. The NMSN is the form sent to the employer; it is sent whenever the parent changes employment.

2. What is a mistake of fact?

Some reasons the above-named parent may object to the NMSN or request a review include:

- A) Mistake in identity.
- B) The order does not require the above-named parent to maintain health care coverage.
- C) The cost of the coverage is unreasonable as determined by the order. According to the Friend of the Court's records, reasonable cost for your order is \$159.00 or 5% of your gross income.
- D) The health care coverage is not accessible to the child(ren) because the parent(s) must travel too far to obtain the health care services for the child(ren).

3. How do I change the health care provisions of the court order?

You may seek a change to the court order by filing a motion with the court. You may ask your attorney to file a motion or request forms and instructions from the Friend of the Court. Parents may wish to ask the court to change the requirement that parents maintain health care coverage through employment. A new spouse may be maintaining coverage or, if both parents are required to provide health care coverage, the parents may agree that only one needs to maintain coverage at the present time.

4. How does the above-named parent object to the NMSN?

A parent may use the attached form to file a written objection with the Friend of the Court within 21 days from the date of this notice.

Special Note to Parents

Parents working together can control health care costs, make health care decisions in the best interest of their child(ren) and reduce disputes over health care. Health care insurance can reduce risk and reduce the portion both parents have to pay for uninsured expenses. Mutual decisions on health care coverage are necessary to assure favored doctors are in the plan and that the child(ren) can receive care in the area where they live.

**OBJECTION TO THE
NATIONAL MEDICAL SUPPORT NOTICE**

I, _____ (print name), object to the **National Medical Support Notice (NMSN)** that was sent to HORTON COUNTY GOVERNMENT for JOHN JAMES DOE SR on August 11, 2020.

It costs \$ _____ per _____ (week, bi-week, month, etc.) for me to provide health care coverage (i.e., insurance) for my child(ren) through this employer.

The **specific reason** for the objection is (select only one):

- I am not ordered to provide insurance for the child(ren).
- The cost to provide insurance for the child(ren) is too much; it exceeds the reasonable cost determined by your order.

Provide 3 pay stubs and the cost of benefits information from your employer

- I am providing health care coverage for the child(ren) through other means (e.g., I have the child[ren] on Medicaid, my spouse is covering the child[ren] on his/her insurance, I have insurance for the child[ren] through another employer, etc.).

Provide a copy of both sides of the health care coverage card.

If you are not the subscriber (sponsor) of the health care coverage for the child(ren), print the name of the individual who is the subscriber (sponsor) for the coverage:

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- The NMSN was sent for the wrong person; there is a mistake of identity.
Explain and attach any proof that you have.
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- The health care coverage is not accessible to the child(ren) because the parent(s) must travel too far to obtain health care services for the child(ren).

- Other:
Be specific and provide any documentation that supports your objection.
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Date (required)

Signature (required)

Phone Number

Return form to: Ingham County Friend of the Court
 P O Box 433333
 Lansing, MI 48933