

COURT ORDER #3

IN THE COURT OF COMMON PLEAS OF \_\_\_\_\_ COUNTY, OHIO

- DOMESTIC RELATIONS DIVISION
- JUVENILE DIVISION

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

CASE NUMBER: \_\_\_\_\_

JUDGE \_\_\_\_\_

**QUALIFIED MEDICAL SUPPORT ORDER**

\* \* \* \* \*

1. It is intended that this Order constitute a Qualified Medical Support Order as defined in Section 609 of the Employee Retirement and Income Security Act of 1974, as amended, and R.C.3113.217.

2. This Order applies to the \_\_\_\_\_ (the "Plan") which the court has determined to be the only group health insurance and health care policy, contract, or plan that is available to \_\_\_\_\_ (hereinafter referred to as the "Obligor") and \_\_\_\_\_ (hereinafter referred to as the "Obligee"), at reasonable cost. **(You would substitute the name of the plan for each instance).**

3. The Obligor is a participant in the Plan. The last-known mailing address and telephone number of the Obligor is \_\_\_\_\_, phone #\_\_\_\_\_.

4. Pursuant to the terms of a Judgment Entry filed \_\_\_\_\_, 20\_\_\_\_, the Obligor was ordered to maintain his/her minor child(ren) on Obligor's health insurance plan.

5. The minor child(ren) referred to in Section 4, above, hereinafter designated the "Alternate Recipient(s)", is/are \_\_\_\_\_ (name, address, SS#, DOB). The Obligor is hereby ordered to secure coverage for the Alternate Recipient(s) from the Plan, or, in the event the Obligor is no longer eligible to participate in the Plan, from a health insurance

policy, contract, or plan that provides coverage similar to that provided by the Plan. The Obligor shall, within thirty (30) days of the date of the Order, furnish written proof to the Child Support Enforcement Agency that the coverage has been obtained. The Obligor is directed to execute the necessary documents or comply with any directions or instructions issued by the Plan Administrator to facilitate the provision of coverage to the Alternate Recipients.

6. The Obligor shall supply the other parent with the information regarding the benefits, limitations, and exclusions of the health insurance coverage, copies of any insurance forms necessary to receive reimbursement, payment or other benefits under the health insurance coverage, and a copy of any necessary insurance cards. In addition, the Obligor shall submit a copy of this Order to the insurer at the time the Obligor make application to enroll the Alternate Recipient(s) for coverage. The Obligor shall furnish written proof, within thirty (30) days of the issuance of this Order that he has complied with the requirements of this paragraph.

7. The Plan Administrator is directed to provide coverage to the Alternate Recipient(s) as soon as is administratively feasible after it has been determined that the Order satisfies the requirements of Section 609 of ERISA and R.C. §3113.217.

8. It is the intent of this Order that medical plan coverage for the Alternate Recipient(s) is subject to all terms and conditions of the Plan in the same manner as if the Alternate Recipient(s) qualified as (a) dependent(s) under the terms of the Plan.

9. The Obligor, \_\_\_\_\_ (name, address, SS# and phone #), shall be reimbursed for out-of-pocket medical, optical, hospital, dental or prescription expenses paid for each child who is subject of the Order. The Plan, or any successor plan, may continue making payment for medical, optical, hospital, dental or prescription expenses paid for each child who is the subject of the Order. The Plan, or any successor plan, may continue making payment for medical, optical, hospital, dental or prescription services directly to any health care provider in accordance with the applicable provisions of the Plan.

10. The Obligor and Obligee shall designate the child(ren) who are the subject of this Order as covered dependents under any health insurance or health care policy, contract or plan for which they contract no later than thirty (30) days after the issuance of the Order.

11. **OPTIONAL PARAGRAPH** – The Obligor and Obligee shall be responsible for any co-payment or deductible costs required under the applicable provisions of the Plan in accordance with the following formula: Obligor \_\_\_\_%; Obligee \_\_\_\_%.

12. If the Obligor fails to comply with the requirements of this Order, the Child Support Enforcement Agency shall comply with the procedures specified in R.C.§3113.217(F) to obtain a court order requiring the Obligor to obtain the health insurance coverage required under the terms of this Order.

13. During the time that this Order is in effect, the employer of the Obligor is required to release to the other parent or the Child Support Enforcement Agency, upon request, any necessary information on the health insurance coverage, including, but not limited to, the name and address of the insurer and any policy, contract, or plan number, and to otherwise comply with this Order and any Court Order issued under this section.

14. If the person required to obtain health insurance coverage for the child(ren) subject to this child support order obtains new employment and the health insurance coverage for the child(ren) is provided through the previous employer, the Child Support Enforcement Agency shall comply with the requirements of division (E) of R.C.§3113.217 which may result in the issuance of a notice requiring the new employer to take whatever action is necessary to enroll the children in health insurance coverage provided by the new employer.

15. The Obligor and the Obligee shall comply with any requirements set forth in this Order no later than thirty (30) days after the issuance of this Order.

16. The Order shall be binding upon the Obligor and the Obligee, their employers, and any insurer that provides health insurance coverage for either of them or their child(ren).

17. Any employer who receives a copy of this Order shall notify the Child Support Enforcement Agency of any change or the termination of the Obligor's health insurance coverage that is maintained pursuant to this Order.

18. Coverage for the Alternate Recipient(s) shall continue until such times as the Alternate Recipient(s) would no longer be entitled to coverage as dependents under the terms of the Plan, had their parents not divorced.

19. This Medical Child Support Order is not intended to require the Plan to provide any type or form of benefit, or any option, not otherwise provided under the Plan.

20. To the extent necessary, this Court retains jurisdiction to modify this Order for the purpose of satisfying the provisions of Section 609 ERISA and R.C. §3113.217.

IT IS SO ORDERED.

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Judge