

F.C.A. § § 416, 545, Art 5-B;
D.R.L. §240(1).

Form 4-10
(Qualified Medical Child Support Order--
Non-IV-D Cases)
8/2010

At a term of the Family Court of the
State of New York, held in and for the
County of _____
at _____, New York
on _____

PRESENT: Hon. _____
Judge/Support Magistrate

In the Matter of a Proceeding for Support
under Article _____ of the Family Court Act

Docket No. _____

QUALIFIED MEDICAL
CHILD SUPPORT ORDER
(Non-IV-D Cases)

Petitioner

S.S.#: xxxx-xx- _____
Address: _____

-against-

Respondent

S.S.#: xxxx-xx _____

NOTICE: YOUR WILLFUL FAILURE TO OBEY THIS ORDER MAY, AFTER A COURT HEARING, RESULT IN YOUR COMMITMENT TO JAIL FOR A TERM NOT TO EXCEED SIX MONTHS, FOR CONTEMPT OF COURT.

IF THIS ORDER WAS ENTERED BY A JUDGE, THE ORDER MAY BE APPEALED PURSUANT TO SECTION 1113 OF THE FAMILY COURT ACT. THAT SECTION PROVIDES THAT AN APPEAL FROM THAT ORDER MUST BE TAKEN WITHIN 30 DAYS OF RECEIPT OF THE ORDER BY THE APPELLANT IN COURT, OR 30 DAYS AFTER SERVICE BY A PARTY OR THE ATTORNEY FOR THE CHILD UPON THE APPELLANT, OR 35 DAYS FROM THE DATE OF MAILING OF THE ORDER TO THE APPELLANT BY THE CLERK OF COURT, WHICHEVER IS EARLIEST.

IF THIS ORDER WAS ENTERED BY A SUPPORT MAGISTRATE, SPECIFIC WRITTEN OBJECTIONS TO THIS ORDER MAY BE FILED WITH THIS COURT WITHIN 30 DAYS OF THE DATE THE ORDER WAS RECEIVED IN COURT OR BY PERSONAL SERVICE, OR IF THE ORDER WAS RECEIVED BY MAIL, WITHIN 35 DAYS OF THE MAILING OF THE ORDER.

This Qualified Medical Child Support Order (QMCSO) orders and directs that the minor child(ren):

Name: _____ Date(s) of Birth _____ Last 4 Digits of Soc. Sec.#: _____ Mailing Address: _____

are entitled to be enrolled in and receive the benefits for which the legally responsible relative named below is eligible, under the group health plan specified below in accordance with Section 609 of the Federal Employee Retirement Income Security Act.

The Participant (legally responsible relative) is:

Name: _____ Last 4 Digits of Soc. Sec.# : _____ Mailing Address: _____

The custodial parent is:

Name: _____ Last 4 Digits of Soc. Sec. #: _____ Mailing Address: _____

The group health plan subject to this order is:

ORDERED that coverage shall include all plans covering any medical, dental, optical and prescription drugs and health care services or other health care benefits that may be provided for the dependent(s) named above for which the Participant is eligible.

ORDERED that the above-named minor children shall be enrolled immediately and the coverage shall continue as available until [specify]: _____.

ENTER:

DATED _____

Judge/Support Magistrate

Check applicable box:

- Order mailed on [specify date(s) and to whom mailed]: _____
- Order received in court on [specify date(s) and to whom given]: _____

TO: [Health Insurer]

NOTICE: Pursuant to Section 5241 of the Civil Practice Laws and Rules, if an employer, organization or group health plan fails to enroll eligible dependents or to deduct from the debtor's income the debtor's share of the premium, such employer, organization or group health plan administrator shall be jointly and severally liable for all health-related or health care expenses incurred on behalf of the debtor's dependents named in the execution while such dependents are not so enrolled to the extent of the insurance benefits that should have been provided under such execution.

The group health plan is not required to provide any type or form of benefit or option not otherwise provided under the group health plan except to the extent necessary to meet the requirements of Section 1396(g-1) of Title 42 of the United States Code.