

P-6  
MCSX

NO. \_\_\_\_\_

IN THE MATTER OF  
THE MARRIAGE OF

\_\_\_\_\_  
(Petitioner)

AND

\_\_\_\_\_  
(Respondent)

AND IN THE INTEREST OF

\_\_\_\_\_

\_\_\_\_\_, CHILD(REN)

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IN THE DISTRICT COURT

245<sup>th</sup> JUDICIAL DISTRICT

HARRIS COUNTY, TEXAS

**MEDICAL CHILD-SUPPORT ORDER**

To: \_\_\_\_\_ (Obligor) and any employer of Obligor:

**JURISDICTION**

This Court has jurisdiction over the parties and the subject matter and has continuing, exclusive jurisdiction in this case. After hearing, this Court ordered \_\_\_\_\_ Obligor, to provide health insurance for Obligor's children, in accordance with sections 154.181-.192 of the Texas Family Code.

**PARTIES**

Participant in the Plan (hereinafter referred to as Participant or Obligor):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Alternate Recipients (minor beneficiaries):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Birth date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Birth date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Birth date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Birth date: \_\_\_\_\_

Representative of Alternate Recipients for Notices:

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Relationship to Alternate Recipients: [CHECK ONE]    [    ]    Joint Managing

Conservator

[    ] Sole Managing Conservator

To the extent that the employer is the plan administrator, all references in this order to the plan administrator shall also mean the employer when acting in that capacity. If the employer has delegated the authority to administer the Plan to another person or persons, the actions required of the plan administrator under this order shall be deemed to first apply to the employer. This order is binding on the employer on receipt.

## DESCRIPTION OF COVERAGE

Any and all health insurance plans under which Obligor, as an employee of the employer, is eligible to be covered and under which Obligor may enroll Obligor's children as dependents. Each Alternate Recipient shall be considered a dependent of Participant for purposes of the Plan and shall be covered by the same plan and coverage options under which Participant is currently covered or any other or successor health insurance plan available to Participant with Participant's current or subsequent employer. Receipt of this order shall be considered a change in the family circumstances of the employee, for health insurance purposes, equivalent to the birth or adoption of a child. To the extent permitted by law, upon receipt this order is binding on a current or subsequent employer without regard to the date the order was rendered.

## QUALIFIED MEDICAL CHILD-SUPPORT ORDER

If the Plan provides benefits covered by 29 U.S.C § 1169 (1993), as amended, this order shall also be a qualified medical child-support order pursuant to the statute. This order pertains to the right of Alternate Recipients to receive benefits for which Obligor is eligible under the group health plan provided by the employer.

## ORDER TO EMPLOYER

1. *Plans Covered by 29 U.S.C. section 1169.* If the Plan provides benefits covered by 29 U.S.C. section 1169, the Court ORDERS you, the employer of Obligor, to enroll the children named in this order as Alternate Recipients in a health insurance plan available to Obligor through Obligor's employment as soon as administratively feasible after the plan administrator determines that this order is a qualified medical child-support order. If dependent coverage is not available to Obligor through the employer's health insurance plan, or if you, the employer, are not responsible or otherwise liable for providing coverage, you, the employer, shall provide notice of this fact to the Representative of Alternate Recipients and the Obligor as provided below.

2. *Plans Not Covered by 29 U.S.C. section 1169.* If the Plan provides benefits not covered by 29 U.S.C. section 1169, the Court ORDERS you, the employer of Obligor, to provide health insurance coverage for the children as directed below:

a. Obligation To Enroll Children. If the employee or member is eligible for dependent health coverage for the children, you, the employer of Obligor, shall immediately enroll the children named in this order as Alternate Recipients in a health insurance plan available to Obligor through Obligor's employment. If dependent coverage is not available to Obligor through the employer's health insurance plan or if you, the employer, are not responsible or otherwise liable for providing coverage, you, the employer, shall provide notice of this fact as provided below. The children shall be automatically enrolled for the first thirty-one days after the receipt of the order by the employer on the same terms and conditions as apply to any other dependent child. The employer shall notify the insurer of the automatic enrollment. During the thirty-one day period, the employer and the insurer shall complete all necessary forms and procedures to make the enrollment permanent or shall report, according to the procedures set out below, the reasons the coverage cannot be made permanent.

b. Notice Requirement. You, the employer, shall provide to Representative of Alternate Recipients, by first-class mail and not later than the thirtieth day after the date you receive this medical child-support order, a statement that:

- i. the children have been enrolled in a health insurance plan; or
- ii. the children cannot be enrolled in a health insurance plan and provide the reason why coverage cannot be provided.

c. Termination of Coverage. If Obligor ceases to be employed by the employer or if the health insurance coverage lapses, the employer shall provide to Obligor and Representative of Alternate Recipients, by first-class mail not later than the fifteenth day after the date of the termination of the employment relationship or the lapse of the health insurance policy, notice of conversion privileges, if any.

3. COBRA Continuation. You, the employer, shall notify Representative of Alternate Recipients, representative for notices, as required for continuation coverage under 29 U.S.C. § 1161, et seq., within the times stated in the COBRA statute.

4. Additional Premiums. If additional premiums are incurred as a result of adding the children to the health insurance plan, you, the employer, shall deduct the health insurance premiums from the disposable earnings of Obligor but shall apply the amounts withheld to payment of the insurance premiums, and not as a credit to Obligor's child-support obligation.

5. Additional Obligations of Obligor. If the health insurance coverage of the children lapses or terminates, Obligor is ORDERED to notify Representative of Alternate Recipients of the termination or lapse of coverage not later than the fifteenth day after the date of termination or lapse. If additional health insurance is available or becomes available to Obligor for the children, Obligor must notify Representative of Alternate Recipients of the availability not later than the fifteenth day after the date the insurance becomes available. Obligor must enroll the children in a health insurance plan at the next available enrollment period.

6. Release of Information. On request, the employer shall release to Obligor and the Representative of Alternate Recipients information concerning the available health insurance coverage, including the name of the health insurance carrier, the policy number, a copy of the policy and schedules of benefits, a health insurance membership card, and claim forms.

7. Restrictions. 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, except to the extent necessary to meet the requirements of a law relating to medical child support described in section 1908 of the Social Security Act (42 U.S.C.S. § 1396g).

8. Duration of Obligation. You, the employer of Obligor, shall continue to be subject to this order for as long as Obligor is employed by you, or until the youngest child reaches the age of eighteen, whichever is earlier, or until a later date if requested in writing by Obligor.

9. Address To Send Notices. All notices to Alternate Recipients (minor beneficiaries) shall be

sent to the Representative of Alternate Recipients at the following address or at any other address designated in writing by the Representative of Alternate Recipients:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

10. *Direct Provision of Benefits.* Any payment of benefits made by a group health plan in accordance with this order in reimbursement for expenses paid by an Alternate Recipient or the Representative of Alternate Recipients shall be made to the Alternate Recipient or the Representative of Alternate Recipients.

**PROVISIONS SEVERABLE**

If any provision of this order is deemed to be preempted by federal law, federal law shall control, and this order shall be construed as if the preempted provision was not included in this order and all other provisions of this order shall remain in full force and effect.

**CONTINUED JURISDICTION**

IT IS ORDERED that this Court shall retain jurisdiction of this case for the purpose of making any clarifying orders that are necessary to proper enforcement of the orders contained in this order and that may be necessary to ensure acceptance of this order as a qualified medical child-support order under the terms of 29 U.S.C. section 1169. This order shall be enforceable against the administrator of the policy with the employer or any other successor plan administrator of any other or successor health insurance plan available to the employee participant in the Plan.

**WARNINGS**

**AN EMPLOYER WHO FAILS TO ENROLL A CHILD, FAILS TO WITHHOLD OR REMIT PREMIUMS OR CASH MEDICAL SUPPORT, OR DISCRIMINATES IN HIRING OR EMPLOYMENT ON THE BASIS OF THIS ORDER IS SUBJECT TO THE PENALTIES AND FINES SET FORTH IN SECTIONS 158.209 AND 158.210 OF THE TEXAS FAMILY CODE. IN ACCORDANCE WITH SECTIONS 154.187(g) AND 158.206(b) OF THE TEXAS FAMILY CODE, AN EMPLOYER WHO RECEIVES THIS ORDER AND WHO DOES NOT COMPLY WITH THIS ORDER IS LIABLE TO THE ALTERNATE RECIPIENTS THROUGH THEIR REPRESENTATIVE FOR THE AMOUNT NOT PAID IN COMPLIANCE WITH THE ORDER, INCLUDING THE AMOUNT REQUIRED TO BE PAID FOR HEALTH INSURANCE; TO THE EMPLOYEE PARTICIPANT FOR THE AMOUNT WITHHELD AND NOT PAID; AND FOR REASONABLE ATTORNEY'S FEES AND COURT COSTS.**

**IN ACCORDANCE WITH SECTION 154.192 OF THE TEXAS FAMILY CODE, UNLESS THE EMPLOYEE OR MEMBER CEASES TO BE ELIGIBLE FOR DEPENDENT COVERAGE OR THE EMPLOYER HAS ELIMINATED DEPENDENT HEALTH COVERAGE FOR ALL OF THE EMPLOYER'S EMPLOYEES OR MEMBERS, THE EMPLOYER MAY NOT CANCEL OR ELIMINATE COVERAGE OF A CHILD ENROLLED UNDER THIS ORDER UNTIL THE**

**EMPLOYER IS PROVIDED SATISFACTORY WRITTEN EVIDENCE THAT THIS COURT ORDER IS NO LONGER IN EFFECT OR THAT THE CHILD IS ENROLLED IN COMPARABLE COVERAGE THAT WILL TAKE EFFECT NOT LATER THAN THE EFFECTIVE DATE OF THE CANCELLATION OR ELIMINATION OF THE EMPLOYER'S COVERAGE.**

This order shall be effective until further order of this Court.

SIGNED on \_\_\_\_\_

\_\_\_\_\_  
JUDGE PRESIDING