



# State of New Jersey

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DIVISION OF PENSIONS AND BENEFITS  
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**TO:** Certifying Officers participating in the State Health Benefits Program (SHBP) and School Employees' Health Benefits Program (SEHBP)

**FROM:** New Jersey Division of Pensions and Benefits

**SUBJECT: National Medical Support Notice (NMSN)**

The State Health Benefits Program (SHBP) and School Employees' Health Benefits Program (SEHBP) are required to enroll a dependent child in health care coverage when identified by a National Medical Support Notice (NMSN). N.J.S.A. 2A:17-56.11a states that the employer must permit enrollment and provide medical coverage for the dependent(s) when available.

A NMSN is a document child support agencies send to employers to help ensure that children receive health care coverage when it is available and is required as part of a child support order.

A NMSN that is properly completed by the child support agency also meets the requirements for a Qualified Medical Child Support Order (QMCSO). A QMCSO must contain the following information:

- The name and last known mailing address of the participant and each alternate recipient. The order may substitute the name and mailing address of a State or local official for the mailing address of any alternate recipient;
- A reasonable description of the type of health care coverage to be provided to each alternate recipient (or the manner in which such coverage is to be determined); and
- The period to which the order applies.

## EMPLOYER RESPONSIBILITY

The NMSN serves as legal notice that an employee is obligated by a court or through an administrative child support order to provide health care coverage for the child(ren) identified on the notice.

The document consists of:

- Part A - Notice to Withhold for Health Care Coverage for the employer to deduct any employee contributions required by the group health plan(s) in which the child(ren) is/are enrolled; and
- Part B - Medical Support Notice to the Plan Administrator, which must be forwarded to the SHBP or SEHBP to enroll the eligible child(ren). NOTE: Additional documentation such as a birth certificate is not required by the SHBP/SEHBP in order to process the enrollment of a dependent child listed on a NMSN.

If the employee listed on the NMSN does not have health care coverage because he or she has waived enrollment or the employee is listed as a “dependent” on another SHBP/SEHBP member’s account (such as that of a spouse or a parent), **the SHBP/SEHBP will enforce the NMSN by automatically enrolling the employee and his or her dependent child(ren) in the least expensive health plan.** If a child currently has health care coverage under the SHBP/SEHBP from another parent or guardian, the child will be reenrolled as a dependent covered by the parent that is identified on the NMSN.

The SHBP/SEHBP will notify the employer of the enrollment and the health benefits premium deduction. The employee may select a different health plan within 30 days of enrollment.

#### **ADDITIONAL INFORMATION**

For additional information, contact the Division of Pensions and Benefits’ Office of Client Services at (609) 292-7524 or by e-mail at: [pensions.nj@treas.nj.gov](mailto:pensions.nj@treas.nj.gov)