



National Medical Support Notice (NMSN) basics

Efficiently managing wage garnishments and medical support for children is vital for financial stability, legal compliance and business growth.



The NMSN adheres to the guidelines outlined in section 609 (a)(3) and (4) of the Employee Retirement Income Security Act concerning the requirements and restrictions for introducing new benefit types or forms. It provides essential information, including:

- ✓ Relevant state law provisions for withholding employee contributions in connection with required coverage under any group health plan
- ✓ The duration of the withholding requirement
- ✓ Applicability of the Consumer Credit Protection Act (CCPA) limits for these withholdings under title III or corresponding state laws
- ✓ Guidance on prioritizing between withholding for cash support and medical support under state law when there are insufficient funds to cover both
- ✓ Contact information for inquiries about the NMSN at the child support agency



The Notice has two parts

A Notice to Withhold for Health Care Coverage (OMB 0970-0222)

+

B Medical Support Notice to the Plan Administrator (OMB 1210-0113)

For the employer to withhold any employee contributions required by the group health plan(s) in which the child(ren) is/are enrolled.

Must be forwarded to the administrator of each group health plan identified by the employer to enroll the eligible child(ren), or completed by the employer if the employer serves as the health plan administrator.

NATIONAL MEDICAL SUPPORT NOTICE PART A
NOTICE TO WITHHOLD FOR HEALTH CARE COVERAGE

This Notice is issued under section 406(a)(1)(B) of the Social Security Act, section 609(a)(3)(C) of the Employee Retirement Income Security Act of 1974 (ERISA), and for State and local government and church plans, sections 401(a) and (d) of the Child Support Performance and Incentive Act of 1998. Receipt of this Notice from the Issuing Agency constitutes receipt of a Medical Child Support Order under applicable law. The information on the Custodial Parent and Child(ren) contained on this page is confidential and should not be shared or disclosed with the employee. [CCPA](#)

For purposes of this form, the Custodial Parent may also be the employee when the State opts to have policies to enforce against custodial parents.

National Medical Support Order/Notice (NMSN) Termination Order/Notice - If checked, see page 2

Notice Date: _____ Court or Administrative Authority: _____
 Issuing Agency: _____ Order Date: _____
 Address: _____ Order Identifier: _____
 Case Identifier: _____ Document Tracking Identifier: _____
 Telephone Number: _____ Employer website: _____
 Email Address: _____ See NMSN instructions: <https://www.adp.com/child-support/medical-support-notice>
 FAX Number: _____ <https://www.adp.com/child-support/medical-support-notice>

Employee/Withholder's Federal EIN Number: _____ Employee's Name (Last, First, MI): _____
 Employee/Withholder's Name: _____ Employee's Social Security Number: _____
 Employee/Withholder's Address: _____ Employee's Mailing Address: _____
 Custodial Parent's Name (Last, First, MI): _____ Substituted Official/Agency Name: _____
 Custodial Parent's Mailing Address: _____ Substituted Official/Agency Address: _____
 (Required if Custodial Parent's mailing address is left blank)

Child(ren)'s Mailing Address (if different from Custodial Parent's): _____ Mailing Address of a Representative of the Child(ren): _____
 Name and Telephone of a Representative of the Child(ren): _____

Children's Name(s) Gender DOB SSN Children's Name(s) Gender DOB SSN

The order requires the child(ren) to be enrolled in all health coverage available, or only the following coverage(s):
 Medical Dental Vision Prescription drug Mental health Other (specify): _____

THE PAPERWORK REDUCTION ACT OF 1995 (P.L. 104-13) Public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. An agency may not conduct or sponsor a collection of information unless it displays a valid OMB control number. OMB control number: 0970-0222. OMB Expiration Date: 11/30/2025.

Notice - Part A Page 1 of 4

NATIONAL MEDICAL SUPPORT NOTICE PART B
MEDICAL SUPPORT NOTICE TO PLAN ADMINISTRATOR

This Notice is issued under section 406(a)(1)(B) of the Social Security Act, section 609(a)(3)(C) of the Employee Retirement Income Security Act of 1974 (ERISA), and for State and local government and church plans, sections 401(a) and (d) of the Child Support Performance and Incentive Act of 1998 (CSPIA). Receipt of this Notice from the Issuing Agency constitutes receipt of a Medical Child Support Order under applicable law. The rights of the parties and the duties of the plan administrator under this Notice are in addition to the existing rights and duties established under such law. The information on the Custodial Parent and Child(ren) contained on this page is confidential and should not be shared or disclosed with the employee. [CCPA](#)

NOTE: For purposes of this form, the Custodial Parent may also be the employee when the State opts to have policies to enforce against the custodial parent.

Notice Date: _____ Court or Administrative Authority: _____
 Issuing Agency: _____ Order Date: _____
 Address: _____ Order Identifier: _____
 Case Identifier: _____ Document Tracking Identifier: _____
 Telephone Number: _____ Employer website: _____
 Email Address: _____ See NMSN instructions: <https://www.adp.com/child-support/medical-support-notice>
 FAX Number: _____ <https://www.adp.com/child-support/medical-support-notice>

Employee/Withholder's Federal EIN Number: _____ Employee's Name (Last, First, MI): _____
 Employee/Withholder's Name: _____ Employee's Social Security Number: _____
 Employee/Withholder's Address: _____ Employee's Mailing Address: _____
 Custodial Parent's Name (Last, First, MI): _____ Substituted Official/Agency Name: _____
 Custodial Parent's Mailing Address: _____ Substituted Official/Agency Address: _____
 (Required if Custodial Parent's mailing address is left blank)

Child(ren)'s Mailing Address (if different from Custodial Parent's): _____ Mailing Address of a Representative of the Child(ren): _____
 Name and Telephone of a Representative of the Child(ren): _____

Children's Name(s) Gender DOB SSN Children's Name(s) Gender DOB SSN

The order requires the child(ren) to be enrolled in all health coverage available, or only the following coverage(s):
 Medical Dental Vision Prescription drug Mental health Other (specify): _____

THE PAPERWORK REDUCTION ACT OF 1995 (P.L. 104-13) No persons are required to respond to a collection of information unless it displays a valid OMB control number. The time required to complete this information collection is estimated to average 20 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete the review of the information collection. OMB Control Number: 1210-0113. OMB Expiration Date: 11/30/2025.

Notice - Part B Page 1 of 7

Efficiency in managing medical support for kids starts with a well-defined checklist

✓ Receive and document notices

Thoroughly document all income reduction notices and information provided.

✓ Act swiftly

Process the notice and responses within the established timeframes.

✓ Enrollment package

Complete the order package accurately when a national order to enroll a child in a healthcare plan is received.

✓ Open communication

Maintain open lines of communication with affected employees to avoid misunderstandings.

✓ Compliance

Stay compliant with federal and state laws and keep records of your compliance efforts.

✓ Review and audit

Regularly review and audit your procedures to ensure efficiency and accuracy.

✓ Seek expert assistance

Consider utilizing ADP's new service package for expert guidance and support.



Join the many less-stressed businesses that have improved their reputation and secured a positive future for their employees through efficient and compliant medical support management. ADP® provides top-notch services for processing National Medical Support Notices (NMSN), which can help reduce penalties and fines and the burden on staff.

Contact ADP today to learn more about how our **SmartCompliance Wage Garnishment module** can benefit your organization.

The information herein must not be copied, transmitted, or distributed in any form or by any means without the express written permission of ADP. The information and materials provided herein is for informational purposes only and not for the purpose of providing accounting, legal, or tax advice. The information and services ADP provides should not be deemed a substitute for the advice of any such professional. Such information is by nature subject to revision and may not be the most current information available.



Always Designing for People®

ADP, the ADP logo and Always Designing for People are trademarks of ADP, Inc. All other marks are the property of their respective owners. Copyright © 2024 ADP, Inc. All rights reserved.