

FORM 5B.

NOTICE TO EMPLOYER OR UNION OF MEDICAL SUPPORT

TO: _____, EMPLOYER OR UNION

Re: Employee, _____
Social Security Number: _____

You are being served with a medical support order pursuant to Minnesota Statutes, section 518.171, which requires you to enroll the minor children named in the order as a beneficiary in any health and dental insurance plan that is available to the employee on a group basis, and withhold any required premium from your employee's income or wages.

If more than one plan is offered by you, the children must be enrolled in the insurance plan in which your employee is enrolled, or the least costly plan otherwise available to your employee that is comparable to a number two qualified plan as prescribed by Minnesota Statutes, section 62E.06, subdivision 2.

Insurance coverage for the children cannot be terminated until the children are emancipated or until further order of the court.

If dependent health and dental insurance is available for the benefit of the employee's (ex-) spouse at no additional cost, you must also enroll that person.

When an order for dependent insurance is in effect, the employer must release, upon request, to the custodial parent, the county agency, or the state agency, information on the dependent coverage, including the name of the insurer.

You must comply with the order even if the obligor fails to execute necessary documents. Minnesota Statutes, section 518.171, subdivision 4.

You must forward a copy of the medical support order to the health and dental insurance plan in which the minor children and (ex-) spouse are to be enrolled. Minnesota Statutes, section 518.171, subdivision 3.

Dated: _____

Address: _____

Telephone # (____) _____