
- What is a Qualified Medical Child Support Order? -

The Omnibus Reconciliation Act of 1993 created section 609 of the Employee Retirement Income Security Act of 1974, as amended (ERISA), to allow benefits under a group health plan to be provided to a child of a group health plan participant. Section 609 requires plan administrators of group health plans to comply with a Qualified Medical Child Support Order (Qualified Medical Child Support Order).⁶

A Qualified Medical Child Support Order is a child support judgment, decree or order, including an order approving a settlement agreement, that creates or recognizes the existence of an alternate recipient's rights to receive benefits for which a participant or beneficiary is eligible under a group health plan. Only a child can be an alternate participant under a Qualified Medical Child Support Order. Qualified Medical Child Support Orders place responsibility on a plan administrator to enroll a child in the employee's health plan. They can require that the child of a participant be provided with health coverage even if the child is not otherwise eligible for coverage under the plan (for example, if the plan normally requires the child to be a tax dependent of the plan participant or if the child is required to reside with the participant).

Medical child support orders must be "qualified" before a plan is required to honor them. A Qualified Medical Child Support Order must clearly specify the following:

- (1) the name and last known mailing address of the plan participant;
- (2) the name and last known mailing address of each alternate recipient covered by the order;

(3) a reasonable description of the coverage to be provided by the plan or the manner in which the type of coverage is to be determined;

(4) the period to which the order applies; and (5) each plan the order covers. A Qualified Medical Child Support Order may order a child be covered by a plan even if the child would not otherwise be eligible for coverage. A Qualified Medical Child Support Order cannot require a plan to provide any type or form of benefit or option not otherwise provided under the plan, except to the extent necessary to meet the requirements of laws relating to medical child support orders as described in Section 908 of the Social Security Act (SSA). Section 908 of the Social Security Act provides that a child cannot be denied coverage on the grounds that he or she was born out of wedlock or is not the tax dependent of the plan participant or does not reside with the plan participant or in the insurer' s service area.

The plan participant and the alternate recipient must be promptly notified by the plan administrator of the receipt of a medical child support order and the plan' s procedures for determining whether the medical child support order is a Qualified Medical Child Support Order. Within a reasonable period after receipt of the order, the plan administrator must determine whether the medical child support order constitutes a Qualified Medical Child Support Order and notify the plan participant and the alternate recipient of the determination.

A child who is an alternate recipient under a Qualified Medical Child Support Order is considered a beneficiary under the plan for purposes of ERISA. Thus, the child is entitled to summary plan descriptions and other disclosures to which a plan participant is entitled and has standing to bring actions under ERISA. See 29 U.S.C.A. 1169.