

These materials do not provide legal advice. Parties should consult legal counsel to determine the appropriate approach under the circumstances.

STATE OF Illinois CASE # IL-2007ABC-1001

COUNTY OF Cook

IN THE Family COURT OF Cook County

IN RE TO THE MARRIAGE OF:

Joe Participant
Petitioner and

Mary Participant
Respondent

Qualified Medical Child Support Order

This order creates and recognizes the right of Michael Participant (alternate recipient), a child of Joe Participant (participant), an employee of **ABC Company**, who is eligible to participate in the group health plan described herein, to receive health benefits under such group health plan. This order is intended to constitute a Qualified Medical Child Support Order (QMCSO) under Section 609(a) of the Employee Retirement Income Security Act of 1974, as amended (ERISA), and is entered pursuant to the authority granted to the court in Section 123(x) of the applicable domestic relations law of the State of Illinois.

Participant

The name, address, Social Security number, and date of birth of the participant are as follows:

Name: Joe Participant

Address: 123 Main Street, Apartment 5C, Anytown, IL 99999

Social Security Number: 123-45-6789

Date of Birth: July 4, 1950

Alternate Recipient

The name, address, Social Security number, and date of birth of the participant's child are as follows:

Name: Michael Participant

Address: 101 Elm Street, Unit 1001, Anytown, IL 99999

Social Security Number: 234-56-7891

Date of Birth: January 5, 1999

Alternate Recipient's Representative

The name and address of the custodial parent or representative are as follows:

Name: Mary Participant

Address: 101 Elm Street, Unit 1001, Anytown, IL 99999

1. The group health plan is hereby ordered to provide the following health benefits to the alternate recipient (select all that apply) and to enroll the participant in such coverage, if necessary in order to provide dependent coverage for the alternate recipient:

- Medical
- Dental
- Vision
- QMCSO default coverage
- Other

2. The participant will pay all additional employee contributions associated with the coverage of the alternate recipient.

3. The coverage(s) described in Section 1 above shall begin on **the date the order is qualified** and shall continue from such date until the earlier of: (a) the date that the participant or alternate recipient would otherwise cease to be eligible for coverage under the group health plan in the absence of this order; or (b) January 4, 2015 (insert date).

4. The participant is hereby ordered to make, and the group health plan shall hereafter deem the participant to have made, all necessary and appropriate elections to secure and maintain the health benefits specified in this order during the period described. Without limiting the foregoing, the group health plan shall deem the participant to have elected any health benefits specified in this order and shall deem the participant to have made any elections for payment of applicable premiums for the coverage(s) specified in this order by means of wage withholding, before-tax salary reduction contributions, and/or other method of payment applicable to group health plan participants. The alternate recipient's right to continued health benefits shall remain subject at all times to the payment of applicable premiums, regardless of the method of payment.
5. If the participant and the alternate recipient, or either of them, cease to be eligible for the health benefits elected pursuant to Section 1, the participant shall cover the participant and the alternate recipient as a dependent under an option and coverage category for which the participant and the alternate recipient are otherwise eligible. Such coverage(s) shall continue for the remainder of the period described in Section 3 of this order.
6. Notwithstanding the provisions of Section 5 of this order, with respect to a participant who is or becomes a retiree eligible for health benefits under the group health plan, any election by the participant to assign benefits payable from a qualified plan for purposes of premium payments under the group health plan shall remain revocable to the extent required by law provided, however, that the alternate recipient's right to health benefits shall remain subject at all times to the participant's payment of applicable premiums, regardless of the method of payment.
7. This order shall be construed and interpreted to provide the alternate recipients with only the types and forms of health benefits, and only the options, that are provided for similarly situated individuals who are covered under the group health plan without the benefit of a QMCSO. Any benefits payable on behalf of an alternate recipient under such option shall be made payable to the alternate recipient's representative.
8. This order shall not require **ABC Company** to contribute any amount for coverage of an alternate recipient that exceeds the amount **ABC Company** contributes for similarly situated individuals who are covered under the group health plan without the benefit of a QMCSO.
9. The court shall retain jurisdiction to clarify this order in the event that the plan administrator raises questions regarding its interpretation or determines that this order does not meet the requirements of a QMCSO under Section 609(a) of ERISA, 29 U.S.C. 1189 in its present form or as hereafter amended.

10. Copies of the medical child support order shall be forwarded to the plan administrator. The plan administrator shall follow its procedures for determining the qualified status of this order.

Dated this _____ day of _____, _____.

By the court:

Judge's Signature

Note: This order must be signed by the judge and contain an original seal or stamp of the court, indicating that the document is a copy of the original on file with the court.

SAMPLE
—Don't use to draft orders—