



RESULT OF CONFERENCE REGARDING MEDICAL SUPPORT

Date Prepared: _____
Case Number: _____
Worker: _____

Child Support Recovery Unit

Tel. _____

You requested an informal conference with the Child Support Recovery Unit (Unit) regarding the enforcement of medical support because you believe:

- You are not the person responsible for providing health insurance coverage for this case.
- Your order does not require you to provide health insurance coverage.
- There is no dependent coverage available to you.
- The dependent coverage available to you is not accessible to the child because of where the child lives.
- You are already providing health insurance for the dependent(s).

You did not attend the conference. As a result, the Unit has rescheduled the conference for the following date, time, and place. This is your one opportunity for a rescheduled conference.

Date: _____ Time: _____
Place or telephone number: _____

You did attend the conference. As a result, the Unit has considered the information provided and reached the following decision.

The enforcement of health insurance is correct and remains in effect.

You did attend the conference. As a result, the Unit has considered the information provided and reached the following decision.

The enforcement of medical support is revoked.

NOTE: Even if the Unit is unable to enforce health insurance, you are financially responsible for the health insurance as stated in your order.

Policy on Nondiscrimination

The Iowa Department of Human Services (DHS) policy on non-discrimination, harassment, affirmative action, and equal employment can be viewed on the DHS website at the bottom of the page at: dhs.iowa.gov.

Sent copies to: _____

