



TERMINATION OF THE NATIONAL MEDICAL SUPPORT NOTICE

Date: _____

Case Number: _____

Child Support Recovery Unit

1-877-274-2580

Web site: <http://iowachildsupport.gov>

RE: _____

Attention: Employer/Benefits Plan Administrator

This notice terminates the National Medical Support Notice dated _____, which the Child Support Recovery Unit (Unit) sent to you for the employee named above. At this time the Unit is not requiring you to enroll the children in a health insurance plan. See Iowa Code section 252E.4.

If circumstances change, the Unit may send you a new National Medical Support Notice to enroll the children in a health insurance plan.

****Note**** This notice replaces any previous provisions for medical support sent to you for this person from the Child Support Recovery Unit ***only for the case number listed at the top of this notice***. Please continue to honor any other medical support notice you have for this person. **This notice does not change or stop other child support obligations for this case, such as an obligation to pay cash child support.**

If you have any questions please contact our office at 1-877-274-2580.

Sincerely,
