

**CHANGE IN MEDICAL SUPPORT ENFORCEMENT
DUE TO SATISFACTION**

Date: _____
Child Support Recovery Unit (CSRU)
501 SYCAMORE STE 500

WATERLOO, IA 50703-4651

EPICS
1-877-274-2580
Web Site: <http://iowachildsupport.gov>

Employee: _____
Date of Birth: _____
Social Security Number: _____
Case Number: _____
Court Order: _____

Attention: Employer/Benefits Plan Administrator

Starting _____ the Child Support Recovery Unit is no longer requiring _____ to provide employment related health insurance under the above court order because it's satisfied¹.

This notice does NOT mean you must terminate the enrollment of the child(ren). CSRU suggests you talk to _____ to make sure there is not an alternate requirement for health insurance to be provided. You may also want to discuss whether to continue the coverage.

This replaces any prior notice about health insurance that CSRU sent to you. If CSRU again requires _____ to obtain health insurance, you will receive form 470/3818, *National Medical Support Notice*. This form will tell you to enroll the children in a health insurance plan.

NOTE: This notice does not affect other children or medical support orders this employee may have.

¹ See Iowa Code 252E.2A