

A federal law called HIPAA requires that we notify you of your right to enroll in the plan under its "special enrollment provision" if you acquire a new dependent, or if you decline coverage under this plan for yourself or an eligible dependent while other coverage is in effect and later lose that other coverage for certain qualifying reasons. You

ERISA NOTICES

- Reporting adverse reactions to medications
Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

We can use or share your information for health research.

- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

We can share health information about you with organ procurement organizations.

- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

We can use or share health information about you:

For workers' compensation claims

For law enforcement purposes or with a law enforcement official

With health oversight agencies for activities authorized by law

For special government functions

IMPORTANT NOTICE:

ERISA NOTICES

For these purposes, the "date of the Notice" means the date that is indicated as such on the Notice.

If the Employer offers a number of different types of benefits (e.g., dental, prescription) through separate plans, and the issuing agency has not specified which or all are covered by the Notice, the Employer should assume all plans are covered by the Notice and send copies of Part B of the Notice to each Plan Administrator.

The application of a waiting period (such as one requiring that a new employee must be employed for a certain amount of time or work a certain number of hours) before an employee may enroll in the group health plan does not affect the employer's obligation to transfer Part B to the Plan Administrator(s).

When transferring Part B of the Notice, the Employer retains Part A. An Employer that transfers Part B of the Notice to a Plan administrator(s) may later need to use the Employer Response after it has been notified of the qualification of the Notice and has determined that necessary employee contributions cannot be withheld from wages.

[Social Security Act § 466(a)(19), 45 CFR § 303.32(c)]

A Plan Administrator who receives a National Medical Support Notice must review the Notice and determine whether it is appropriately completed. The administrator must complete the Plan Administrator Response (included with Part B of the Notice), indicating whether the Notice is a QMCSO, and return it to the State agency that issued the Notice within 40 business days after the date of the Notice.

If the Plan Administrator determines that the Notice is appropriately completed, the administrator is required to treat the Notice as a QMCSO. The Plan Administrator must in that case inform the State agency that issued the Notice when coverage under the plan of the child named in the Notice will begin and must provide the custodial parent of the child (or, in some cases, a named State official) with information about the child's coverage under the plan, such as the plan's summary plan description, any forms or documents necessary to make claims under the plan, etc. If the Participant is not enrolled and there is more than one option available under the plan for coverage of the child, the Plan Administrator must also use the Plan Administrator Response to notify the agency of that fact and inform them of the available options for coverage. If the agency does not then respond within 20 business days and the plan has a "default option," the Plan Administrator may enroll the child in the default option. The Department of Labor has issued a regulation, 29 CFR 2590.609-2, that provides guidance on how administrators of group health plans must deal with Notices they receive.

[ERISA § 609(a)(5)(C), 29 CFR § 2590.609-2]

An "appropriately completed" Notice satisfies the informational requirements of the QMCSO provisions by:

Providing the name and last known mailing address (if any) of the Participant and the name and mailing address of each child covered by the order;

Having the child support enforcement agency identify either the specific type of coverage or all available group health coverage;

Instructing the Plan Administrator that if a Notice does not designate either specific type(s) of coverage or all available coverage, it should assume that all are designated, and further instructing the Plan Administrator that if a group health plan has multiple options and the Participant is not enrolled, the agency will make a selection after the Notice is qualified and, if the agency does not respond within 20 business days, the child will be enrolled under the plan's default option if there is one; and

Specifying that the period of coverage may end for the named child only when similarly situated dependents are no longer eligible for coverage under the terms of the plan, or upon the occurrence of events specified in the Notice.

A Notice also requires the plan to provide to a named child those benefits that the plan provides to any dependent of a Participant who is enrolled in the plan, and any other benefits that are necessary to meet the requirements of the State laws relating to medical child support.

The following information about 1324.18(F44(R)-3(IS)4(A)6(§)4(609)-2(aans)

IMPORTANT NOTICE: This document contains general compliance information only and does not constitute legal advice. For advice specific to your situation, please consult your attorney or tax advisor.



ERISA NOTICES

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