

PLEASE TYPE

_____ County, Colorado <input type="checkbox"/> District Court Court address: Phone Number:		▲ COURT USE ONLY ▲
In Re: Petitioner: Respondent/Co-Petitioner:		
Attorney or Party Without Attorney (Name and Address): Phone Number: E-mail: FAX Number: Atty.Reg.#:		Case Number: Division Courtroom
NOTICE TO EMPLOYER TO DEDUCT FOR HEALTH INSURANCE		

TO: Name of Employer _____
 Address of Employer _____

Pursuant to §14-14-112, C.R.S., you are required to enroll the child, or children listed below, of the Obligor (and the Obligor, if required by the plan) in the health insurance plan offered by you for the Obligor's benefit.

Name of Obligor _____ Soc. Sec. No. _____
 Address _____

<u>Name of Child or Children</u>	<u>Birthdate</u>	<u>Soc. Sec. No.</u>
----------------------------------	------------------	----------------------

You are required to deduct from the wages due the Obligor an amount sufficient to provide for premiums for health insurance for the Obligor and his/her child. **PREMIUM PAYMENTS ARE TO BE MADE DIRECTLY TO THE INSURANCE CARRIER.** Please deduct for health insurance premiums before you deduct any amounts for child support pursuant to §14-14-111.5, C.R.S.

THE OBLIGOR'S CHILD SHALL BE ENROLLED IN THE HEALTH INSURANCE PLAN IN WHICH THE OBLIGOR IS ENROLLED IF THE CHILDREN CAN BE COVERED UNDER THE PLAN. If the Obligor is not enrolled in a plan, the child shall be enrolled in the least costly plan otherwise available to the child regardless of whether the child was born out of wedlock, is claimed as a dependent on the Obligor's federal or state income tax return, lives with the Obligor, or lives within the insurer's service area, notwithstanding any other provision of law restricting enrollment to persons who reside in an insurer's service area. Health insurance shall include medical insurance and dental insurance, if available.

This withholding shall take effect no later than the first pay period after 14 days from the date on which this Notice is mailed to you or from the date on which the Obligor submits an oral or written request to you, whichever occurs sooner. The deduction for health insurance is treated as a significant life change under open enrollment requirements.

IT IS YOUR RESPONSIBILITY to ensure the enrollment of the child of the Obligor in a health insurance plan and that premium payments are withheld and forwarded to the insurer. If you wrongfully fail to deduct health insurance premiums, you, the employer, may be liable for the amount of accumulated premiums that should have been withheld from the Obligor's wages. You shall not discharge, refuse to hire, or take disciplinary action against an employee because of the entry or service of this Notice. If you do, you may be found in contempt of court and the Obligor may bring a civil action against you for reinstatement, lost wages,

costs, and attorney's fees. Compliance with this Notice shall not subject you to liability to the Obligor for wrongful withholding. As long as the Obligor is employed by you, this Notice shall not be terminated or modified, except as follows: (a) upon written notice by the Court, Obligee, or the Delegate Child Support Enforcement Unit; or (b) you determine (and the Obligor verifies in writing) that the child is enrolled in a comparable health insurance plan that takes effect no later than the effective date on which the child is no longer enrolled under your plan; or (c) you eliminate family health coverage for all employees. When enrollment is terminated for any of these reasons, within 14 days, you shall send, to the location described on the health insurance premium notice, a written notice of cancellation or a copy of the verification that the child is enrolled in a comparable health plan.

If the Obligor is no longer employed by you or subsequently terminates employment, you must notify the Court, Obligee, or Delegate Child Support Enforcement Unit in writing within ten days after termination, and provide, if known, the Obligor's Social Security number, last known address, and the name of the Obligor's new employer. You must send a copy of the enrollment for insurance to the Delegate Child Support Enforcement Unit, if applicable.

The Obligor may file an objection to this Notice with the Court or Delegate Child Support Enforcement Unit if the premium amount does not meet the definition of reasonable cost as provided in §14-10-115(13.5)(g), C.R.S. A premium that results in a child support order of fifty dollars or less or that is 20 percent or more of the Obligor's gross income shall not be considered reasonable.

CERTIFICATE OF SERVICE

I certify that on _____ (date) I sent the original Notice to Employer to Deduct for Health Insurance to the Obligor's employer by United States Mail, first class postage prepaid, addressed as follows:

AND

I certify that I sent a copy of the Notice to Employer to Deduct for Health Insurance to the Obligor by United States Mail, first class postage prepaid, addressed as follows:

AND

I certify that I filed a copy of the Notice to Employer to Deduct for Health Insurance with the COURT.

Signature