

TERMINATION OF NATIONAL MEDICAL SUPPORT NOTICE

This termination notice is issued under 45 CFR 303.32(c)(7)

IMPORTANT: This document serves as notice there is no longer a judicially or administratively ordered obligation for your employee to provide health care coverage for the listed child(ren). Upon authorization by the employee, health care coverage for the child(ren) listed below may be cancelled. Any previous issuance of a National Medical Support Notice for any other child(ren) of this employee, subject to similar notices of termination, remains in full force and effect.

Child(ren)'s Name	DOB	SSN	Child(ren)'s Name	DOB	SSN
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Issuing Agency/Entity: Issuing Agency/Entity Address: Date of Notice: Case Number: Telephone Number: Fax Number:	Court or Administrative Authority: Date of Support Order: Support Order Number:
<u>EMPL EIN</u> Employer/Withholder's Federal EIN Number <u>EMPL NAME</u> Employer's/Withholder's Name EMPL PAYROLL ADDR 1 EMPL PAYROLL ADDR 2 EMPL PAYROLL ADDR 3 <u>EMPL PAYROLL CITY, STATE, ZIP CODE</u> Employer's/Withholder's Address <u>LAST NAME, CP FIRST MID</u> Custodial Parent's Name (Last, First, MI) Custodial Parent's Mailing Address	RE* <u>LAST NAME, FIRST MID</u> Employee's Name (Last, First, MI) Employee's Social Security Number <u>NCP ADDR LINE 1 NCP ADDR LINE 2, NCP ADDR LINE 3 NCP CITY, STATE, ZIP CODE</u> Employee's Mailing Address

CONTACT FOR QUESTIONS

If you have any questions regarding this Notice, you may contact the Issuing Agency/Entity at the address and telephone number listed below:

Figure: 1 TAC §55.120(c)

Issuing Agency/Entity:	
Issuing Agency/Entity Address:	
Telephone Number: Fax Number:	

FOR OFFICIAL IV-D AGENCY USE ONLY