

QMCSO Implementation Form

Introduction

Please complete this form for each Qualified Medical Child Support Order (QMCSO). This will enable UnitedHealthcare/Uniprise to comply with the requirements of the QMCSO. Return the completed form to:

UnitedHealthcare Eligibility
PO Box 30964
Salt Lake City, UT 84130-0964

Fax (248) 733-6062

IMPORTANT: If the dependent(s) covered by the court order are not already enrolled, you must also include a completed enrollment form.

Employer Name: _____

Contract/Policy/Group Number: _____

Employee Information

Name of Employee: _____

Employee ID Number: _____

Employee Address: _____

QMCSO Information

Name of Dependent(s)/Alternate Recipients Covered by QMCSO:

1. _____
2. _____
3. _____
4. _____

Name of Custodial Parent/Guardian/State or Local Government Official (as applicable):

Address of Custodial Parent/Guardian/State or Local Government Official:

QMCSO Effective Date: _____

Should all information, including Explanations of Benefits and other correspondence, for the dependent(s) covered by the court order, be mailed to the Custodial Parent/Guardian/State or Local Government Official?

Note: One ID card will always be mailed directly to the Custodial Parent/Guardian/State or Local Government Official when the QMCSO is processed, however, if you answer “no” to the above question, all other information will be mailed to the employee.

Additional Comments: _____

Employer Representative Name: _____

Employer Representative Signature: _____ Date: _____