STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF WELFARE AND SUPPORTIVE SERVICES
Child Support Enforcement Program

Date: _____

NCP Employer Name and Address

RE: CST v NCP

NEVADA CASE NUMBER: _____

Child Name: _____ Child SSN: _____/ /_____

Child Name: _____ Child SSN: _____/ /_____

This letter recalls the National Medical Support Notice (NMSN) previously sent to your company requiring health insurance coverage for the child(ren) listed above.

Effective immediately, the Child Support Enforcement Program is no longer responsible for enforcing medical support for the child(ren) listed above. As a result, your company is no longer required to provide health insurance coverage pursuant to the NMSN.

Continuing health insurance coverage is now at the option of your employee. Please discuss with your employee before discontinuing or changing existing coverage.

Sincerely,

_____
Caseworker Name

_____
Caseworker Title