

- 2. ~~THE POLICY NUMBER;~~
- 3. ~~THE EFFECTIVE DATE OF COVERAGE;~~
- 3. 4. ANY SCHEDULE OF BENEFITS;
- 4. 5. A MEMBERSHIP CARD; AND
- 5. 6. CLAIM FORMS.

(2) A PARENT SUBJECT TO AN ORDER TO OBTAIN HEALTH INSURANCE COVERAGE UNDER THIS SECTION SHALL PROVIDE ANY ADDITIONAL INFORMATION OR SIGNATURE NECESSARY FOR THE PROCESSING OF A CLAIM ON BEHALF OF THE CHILD WITHIN 30 DAYS OF NOTIFICATION OF THE NEED FOR THAT INFORMATION OR SIGNATURE.

(E) (1) IF A COURT ORDERS A PARENT TO PROVIDE HEALTH INSURANCE COVERAGE UNDER THIS SECTION, A PARENT OR THE SUPPORT ENFORCEMENT AGENCY SHALL SEND A COPY OF THE ORDER TO THE EMPLOYER BY MAIL SEPARATE FROM OR IN CONJUNCTION WITH AN EARNINGS WITHHOLDING ORDER.

(2) ON RECEIPT OF THE ORDER THE EMPLOYER SHALL:

(I) PERMIT THE PARENT, A CHILD SUPPORT ENFORCEMENT AGENCY, OR THE DEPARTMENT OF HEALTH AND MENTAL HYGIENE TO ENROLL THE CHILD IN ANY HEALTH INSURANCE COVERAGE AVAILABLE TO THE PARENT WITHOUT REGARD TO ANY ENROLLMENT SEASON RESTRICTIONS;

(II) PROVIDE A STATEMENT TO THE SUPPORT ENFORCEMENT AGENCY AND THE PARENT THAT THE CHILD:

- 1. HAS BEEN ENROLLED IN HEALTH INSURANCE COVERAGE;
- 2. WILL BE ENROLLED IN HEALTH INSURANCE COVERAGE AND THAT THE EXPECTED DATE OF ENROLLMENT WILL BE PROVIDED; OR
- 3. CANNOT BE ENROLLED IN HEALTH INSURANCE COVERAGE; AND

(III) PROVIDE INFORMATION CONCERNING THE AVAILABLE HEALTH INSURANCE COVERAGE, INCLUDING:

- 1. THE PARENT'S SOCIAL SECURITY NUMBER;
- 1. 2. THE NAME, ADDRESS, AND TELEPHONE NUMBER OF THE HEALTH INSURANCE INSURER;
- 2. 3. THE POLICY NUMBER;
- 4. THE EFFECTIVE DATE OF COVERAGE;
- 3. 5. ANY SCHEDULE OF BENEFITS;
- 4. 6. A MEMBERSHIP CARD; AND