

**Rule 1910.16-6. Support Guidelines. Adjustments to the Basic Support Obligation. Allocation of Additional Expenses.**

Additional expenses permitted pursuant to this Rule 1910.16-6 may be allocated between the parties even if the parties' incomes do not justify an order of basic support.

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(b) *Health Insurance Premiums.*

(1) A party's payment of a premium to provide health insurance coverage on behalf of the other party and/or the children shall be allocated between the parties in proportion to their net incomes, including the portion of the premium attributable to the party who is paying it, as long as a statutory duty of support is owed to the party who is paying the premium. If health insurance coverage for a child who is the subject of the support proceeding is being provided and paid for by a third party resident of the household, the cost shall be allocated between the parties in proportion to their net incomes. If the obligor is paying the premium, then the obligee's share is deducted from the obligor's basic support obligation. If the obligee is paying the premium, then the obligor's share is added to his or her basic support obligation. Employer-paid premiums are not subject to allocation.

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(3) Pursuant to 23 Pa.C.S.A. §4326(a), **[the non-custodial parent bears the initial responsibility of providing health care coverage for the children if it is available at a reasonable cost on an employment-related or other group basis]** in every support proceeding, the court must ascertain each parent's ability to provide medical support for the parties' children and the support "order shall include a requirement for medical support to be provided by either or both parents, provided that such medical support is accessible to the children."

(i) The non-custodial parent bears the initial responsibility of providing health care coverage for the children if it is available at a reasonable cost. "Reasonable cost" to an obligor shall be defined as an amount that does not exceed 5% of the obligor's net monthly income and, when added to the amount of basic child support plus additional expenses the obligor is ordered pay, does not exceed 50% of the obligor's net monthly income.

(ii) Unless health care coverage for the parties' children is provided by the obligee or a third party, the court shall issue the National Medical Support Notice required by 23 Pa.C.S.A. §4326(d.1) to the obligor's employer in response to notification that the obligor is employed. The notice shall direct the employer to enroll the children of the obligor who are the subject of the support proceeding if the coverage is available at a reasonable cost to the obligor. However, the notice shall direct that enrollment

shall not occur earlier than 25 days from the date of the National Medical Support Notice to allow the obligor time to object. Concurrent with the issuance of the National Medical Support Notice, the court shall provide notice to the obligor setting forth the process to object to the enrollment based upon unreasonable cost, mistake of fact or availability of alternative health care coverage for the children. If there is more than one employer-provided health care coverage option, the obligor shall select the plan, subject to the obligee's right to seek a court order designating a different option.

(iii) Absent the availability of health care coverage to the obligor for the parties' children at a reasonable cost, the court shall order the obligee to provide health care coverage for the children if it is available at a reasonable cost. "Reasonable cost" to the obligee shall be defined as an amount not to exceed 5% of the obligee's net monthly income.

(iv) If health care coverage is not available to either party at a reasonable cost, the court may order the custodial parent to apply for government-sponsored coverage, such as the Children's Health Insurance Program ("CHIP"), with any co-premium or other cost apportioned between the parties in proportion to their respective net monthly incomes.

(v) Within thirty days after the entry of the support order, the party ordered to provide health care coverage shall provide written proof to the other party that medical insurance has been obtained, including insurance cards and all other materials set forth in the form order in Rule 1910.27(e). There shall be a continuing obligation to provide the other party and the court with proof of any changes in coverage.

(vi) The court shall give preference to health care coverage that is readily accessible to the child, as defined by geographic coverage area, access to local treatment providers or other relevant factors.

**Note** The maximum amount of any attachment for child and medical support is set forth by the federal Consumer Credit Protection Act (Public Law 90-321, Section 303(b); 15 U.S.C. §1601 et seq.).

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**Explanatory Comment – 2008**

Federal and state statutes require clarification to subdivision (b) to ensure that all court orders for support address the children's ongoing need for medical care. In those instances where the children's health care needs are paid by the state's medical assistance program, and eligibility for the Children's Health Insurance Program ("CHIP") is denied due to the minimal income of the custodial parent, the obligor remains required to enroll the parties' children in health insurance that is, or may become, available that is reasonable in cost.

Government-sponsored health care plans represent a viable alternative to the often prohibitive cost of health insurance obtainable by a parent. Except for very low income children, every child is eligible for CHIP, for which the parent with primary physical custody must apply and which is based on that parent's income. A custodial parent may apply for CHIP by telephone or on the Internet. While co-premiums or co-pays increase as the custodial parent's income increases, such costs are generally modest and should be apportioned between the parties. Moreover, health care coverage obtained by the custodial parent generally yields more practical results, as the custodial parent resides in the geographic coverage area, enrollment cards are issued directly to the custodial parent, and claims may be submitted directly by the custodial parent.

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**Rule 1910.16-7 Support Guidelines. Awards of Child Support When There Are Multiple Families.**

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(d) When an obligor is subject to more than one order for child support, spousal support and/or alimony pendente lite, the priority for distribution of payments and/or collections for the obligor, without regard to the source of funds or method of collection, are as follows unless the court specifically orders a different distribution priority:

- (1) current child support.
- (2) medical, child care or other court-ordered child support-related expenses.
- (3) **[current spousal support or alimony pendente lite]** child support arrears.
- (4) **[child support arrears]** current spousal support or alimony pendente lite.
- (5) spousal support or alimony pendente lite arrears.

(6) court costs and fees.

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### **Explanatory Comment – 2008**

The order of priority of the distribution of payments is revised to reflect changes in federal law which presume that cash and medical-related child support are established and paid in that sequence, and that obligations to children take priority over spousal-only obligations. An unallocated order for child and spousal support has the same priority as a child support order.

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### **Rule 1910.21. Support Order. Enforcement. Withholding of Income.**

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(g) *Priority of Income Withholding.* If there are multiple support obligations in effect against the income of the obligor, the court shall allocate among the obligees the amount of income available for withholding, giving priority to current child support, child support-related expenses and child support arrears to the limit provided by law and stating the priority of payment to the obligee.

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### **Rule 1910.27. Form of Complaint. Order. Income Statements and Expense Statements. Health Insurance Coverage Information Form. Form of Support Order. Form Petition for Modification.**

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(d) The form used to obtain information relating to health insurance coverage from a party shall be in substantially the following form:

(Caption)  
HEALTH INSURANCE COVERAGE INFORMATION  
REQUIRED BY THE COURT

This form must be completed and returned to the domestic relations section. IF YOU FAIL TO PROVIDE THE INFORMATION REQUESTED, THE COURT MAY FIND THAT YOU ARE IN CONTEMPT OF COURT.

Do you provide insurance coverage for the dependents named below? (Check each type of insurance which you provide).

Full Name	SS #	Type of Coverage					Other
		Hospitalization	Medical	Dental	Eye	Prescription	
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Note: Before forwarding the form to the party, the domestic relations section should fill in the names and Social Security numbers of the dependents about whom the information is sought.

Provide the following information for all types of insurance you maintain, whether or not any of the above-named dependents is covered at this time:

Insurance company (provider): \_\_\_\_\_

Group #: \_\_\_\_\_ Plan #: \_\_\_\_\_ Policy #: \_\_\_\_\_

Effective coverage date: \_\_\_\_\_ Type of coverage: \_\_\_\_\_

Employee [C] cost of coverage for dependents: \_\_\_\_\_

Insurance company (provider): \_\_\_\_\_

Group #: \_\_\_\_\_ Plan #: \_\_\_\_\_ Policy #: \_\_\_\_\_

Effective coverage date: \_\_\_\_\_ Type of coverage: \_\_\_\_\_

Employee [Cost] cost of coverage for dependents: \_\_\_\_\_

Insurance company (provider): \_\_\_\_\_

Group #: \_\_\_\_\_ Plan #: \_\_\_\_\_ Policy #: \_\_\_\_\_

Effective coverage date: \_\_\_\_\_ Type of coverage: \_\_\_\_\_

Employee [C] cost of coverage for dependents: \_\_\_\_\_

Insurance company (provider): \_\_\_\_\_

Group #: \_\_\_\_\_ Plan #: \_\_\_\_\_ Policy #: \_\_\_\_\_

Effective coverage date: \_\_\_\_\_ Type of coverage: \_\_\_\_\_

Employee [C] cost of coverage for dependents: \_\_\_\_\_

If the above-named dependents are not currently covered by insurance, please state the earliest date coverage could be provided. \_\_\_\_\_

(e) The form of a support order shall be substantially as follows:

(Caption)

(FINAL) (TEMPORARY) (MODIFIED)  
ORDER OF COURT

AND NOW, \_\_\_\_\_, based upon the Court's determination that Payee's monthly net income is \$ \_\_\_\_\_, and Payor's monthly net income is \$ \_\_\_\_\_, it is hereby ordered that the Payor pay to the Domestic Relations Section, Court of Common Pleas, \_\_\_\_\_ Dollars (\$ \_\_\_\_\_) a month payable (WEEKLY/BI-WEEKLY/ SEMI-MONTHLY/MONTHLY) as follows: \_\_\_\_\_.  
Arrears set at \$ \_\_\_\_\_ as of \_\_\_\_\_ are due in full IMMEDIATELY. Contempt proceedings, credit bureau reporting and tax refund offset certification will not be initiated, and judgment will not be entered, as long as payor pays \$ \_\_\_\_\_ on arrears on each payment date. Failure to make each payment on time and in full will cause all arrears to become subject to immediate collection by all of the means listed above.

For the support of: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Said money to be turned over by the domestic relations section to: \_\_\_\_\_  
\_\_\_\_\_

Payments must be made (STATE ACCEPTABLE FORMS OF PAYMENT). All checks and money orders must be made payable to (NAME OF ENTITY TO WHOM CHECKS SHOULD BE MADE PAYABLE) and mailed to (NAME OF OFFICE) at (MAILING ADDRESS). Each payment must bear your (FILE/CASE/FOLIO/DOMESTIC RELATIONS) number in order to be processed. Do not send cash by mail.

Unreimbursed medical expenses are to be paid \_\_\_\_\_% by defendant and \_\_\_\_\_% by plaintiff. (PLAINTIFF/DEFENDANT/NEITHER) to provide medical insurance coverage. Within 30 days after the entry of this order, the **[(PLAINTIFF/DEFENDANT)]** the party ordered to provide medical insurance shall submit to the **[person having custody of the child(ren)]** other party written proof that medical insurance coverage has been obtained or that application for coverage has been made. Proof of coverage shall consist, at a minimum, of: 1) the name of the health care coverage provider(s); 2) any applicable identification numbers; 3) any cards evidencing coverage; 4) the address to which claims should be made; 5) a description

of any restrictions on usage, such as prior approval for hospital admissions, and the manner of obtaining approval; 6) a copy of the benefit booklet or coverage contract; 7) a description of all deductibles and co-payments; and 8) five copies of any claim forms.

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