



# QUALIFIED MEDICAL CHILD SUPPORT ORDER (QMCSO) DEPENDENT ADDRESS FORM

Information provided to Employees Retirement System of Texas (ERS) is maintained for managing your benefits. If you have questions about it, or believe that information provided to ERS may be incorrect, please notify your benefits coordinator or ERS.

### Instructions for the benefits coordinator:

- Confirm with the member that the dependent is eligible for coverage. **Note: The QMCSO is still subject to the dependent eligibility verification process.** If needed, refer to the eligibility requirements at <http://ers.texas.gov/PDFs/Dependent-eligibility-chart.pdf>.
- Complete and submit a QMCSO Dependent Address Form each time a Qualified Medical Child Support Order (QMCSO) is received from a court or state administrative agency. This form should also be used when QMCSO information needs to be updated (i.e. the QMCSO dependent has moved, etc.) or removed.
- Review the QMCSO and determine the requirements.
- Notify the enrollee and alternate recipient (i.e., custodial parent, local/state agency).
- Send the completed QMCSO form to the appropriate carrier address listed on page 2 of this form.  
**Please Note:** A copy of this QMCSO form must be sent to each carrier the member is enrolled in.
- Do NOT send this form to ERS.
- Retain the QMCSO and a copy of this form in employee files.

**Note:** Information provided in this form does not apply to Form 1095-B. The 1095-B is a tax form that will be sent only to the member who has the dependent enrolled in coverage, not necessarily the custodial parent.

### Employee/Retiree Information

Employee/Retiree Name		EmplID		
SSN	Agency No. (not applicable for retirees)			
XXX-XX-				
Address	City	State	ZIP Code	

### QMCSO Information

Name of Dependent(s)/Alternate Recipient(s) Covered by QMCSO as Listed in ERS OnLine.

- |          |          |
|----------|----------|
| 1. _____ | 5. _____ |
| 2. _____ | 6. _____ |
| 3. _____ | 7. _____ |
| 4. _____ | 8. _____ |

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

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Case Number: \_\_\_\_\_

QMCSO Effective Date: \_\_\_\_\_

Please confirm if this is a Full QMCSO Implementation and all information, including explanations of benefits (EOBs) and other correspondence, for the dependent(s) covered by the court order should be mailed to the Custodial Parent/Guardian/State or Local Government Official going forward. **Yes No**

**Note:** One ID card/Welcome Letter with ID Number will always be mailed directly to the Custodial Parent/Guardian/State or Local Government Official when this QMCSO is processed. However, if you answer "No" to the question above, all other information (such as EOBs, etc.) will always be mailed to the employee/subscriber going forward.

Please check here if this is a notification to **REMOVE** QMCSO information on file for the employee/retiree.

Additional Comments: \_\_\_\_\_

Employer Representative Name: \_\_\_\_\_

Employer Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Employees Retirement System of Texas

## Qualified Medical Child Support Order (QMCSO) Dependent Address Form

You must send this completed QMCSO form to each carrier the member is enrolled in, at the address listed below. For participants enrolled in HealthSelect<sup>SM</sup> of Texas or Consumer Directed HealthSelect<sup>SM</sup>, you must send a form to both Blue Cross and Blue Shield of Texas and OptumRx. As benefits coordinator, you are responsible for providing this form only for your active employees. ERS will send documentation for other participants, including retirees.

**HealthSelect of Texas<sup>®</sup>****BlueCross and BlueShield of Texas**

P.O. Box 660044

Dallas, TX 75266-0044

Phone: (800) 252-8039 TTY:711

Fax: (888) 378-1672

Email: ERS\_QMCSO@bcbstx.com

**Consumer Directed HealthSelect<sup>SM</sup>****BlueCross and BlueShield of Texas**

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Dallas, TX 75266-0044

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Email: ERS\_QMCSO@bcbstx.com

**HealthSelect<sup>SM</sup> Prescription Drug Program  
(Non-Medicare)****OptumRx**

Attn: Commitment and follow-up team

6860 West 115th Street

Mail Stop: KS015-1000

Overland Park, KS 66211-2457

Fax: (866) 889-2116

Email: optumrxpoa@optum.com

**State of Texas Dental Choice and DeltaCare USA**

P.O. Box 1870

Alpharetta, GA 30023

Attn: QMCSO

Phone: (770) 642-3584 TTY:711

Fax: (770) 641-5393 or (770) 641-5253

Email: Enrollment\_Court\_Order@delta.org