

Washington State's Child Support Program



# Supporting Child Support

The Basics of Child  
Support for Employers



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# Introduction

Did you  
KNOW

- *The Division of Child Support is responsible for managing more than **327,000** child support cases.*
- *The clients served by the Division of Child Support represent nearly **8%** of Washington citizens.*



## Introduction

### Four Things Employers Need to Know

**Employers** are a key partner in Washington State's child support program. Employers report new hires and rehires, withhold and remit child support and enroll employees and their children in health insurance plans:

#### 1 Report New Hires

**Employers must report all newly hired and rehired employees within 20 days of hire.** The Division of Child Support (DCS) uses this information to collect child support. Labor and Industries (L&I) and the Employment Security Department (ESD) also use New Hire information to detect and stop fraud. Preventing fraud helps keep tax and premium rates stable. To get started, go to [secureaccess.wa.gov](https://secureaccess.wa.gov) or call 1-800-562-0479.

#### 2 Withhold & Remit Earnings

DCS is required to issue an Income Withholding Order (IWO) even if the employee or independent contractor is not behind in child support payments. **A notice is effective the day you receive it. Employers must return the answer form within 20 days and send the withheld earnings to DCS within 7 business days.** In addition, employers can withhold a one-time setup fee of \$10 and can take a \$1 processing fee from each future paycheck. Don't forget to notify DCS immediately when an employee no longer works for you.

#### 3 Enroll in Medical Insurance

Employers who receive the National Medical Support Notice should **enroll the listed child(ren) in the employee's insurance plan.** Enroll in a plan that is available within the stated premium limit. The premium limit applies only to the extra cost of adding the children.

#### 4 Send Payments Electronically

**Most employers are required to send in payments electronically.** Electronic child support payments are cheaper, faster and safer than paper checks. DCS offers several free electronic payment options to meet the needs of any size employer. Go to <https://www.dshs.wa.gov/esa/division-child-support/payments>.



## New Hire Reporting

**In this section, you will learn about the following:**

- ▶ *The Purpose of the New Hire Reporting Program*
- ▶ *The Benefits of the New Hire Reporting Program*
- ▶ *Data Elements Required for New Hire Reporting*
- ▶ *How to Report Newly Hired Employees Electronically*

## New Hire Reporting

Washington State employers must report all newly hired and rehired employees to the Division of Child Support (DCS). A *newly hired employee* is one who has never worked for you before (or begins working for you under a different FEIN) and a *rehire* is a former employee who has come back after a separation of at least 60 consecutive days.

DCS uses this information to collect child support. The Departments of Employment Security (ESD) and Labor and Industries (L&I) use New Hire information to identify fraudulent unemployment and accident claims. Preventing fraud helps keep tax and premium rates stable and protects benefits for workers who are eligible for coverage.

### **Report all newly hired or rehired employees**

- Report within 20 days of the hire or rehire date.
- Report even if more than 20 days passed since you hired the employee.
- Report all hires regardless of age, gender, or hours worked.
- We encourage you to report independent contractors (1099).

### **Report Employee Information**

- Name
- Address
- Social Security Number
- Date of Birth
- Date of Hire (first day the employee works for pay)

### **Report Employer Information**

- Business Name
- Business Address
- Federal Employer Identification Number (FEIN)

### **Reporting Methods**

- Internet: [secureaccess.wa.gov](https://secureaccess.wa.gov) (Secure Access Washington Portal)
- Fax: 800-782-0624
- Phone: 800-562-0479

### **Multi-State Employer Registration**

Employers doing business in two or more states may register with the National New Hire Program and report all new hires to one state. Include business name, business address, business phone number, and Federal Employer Identification Number (FEIN).

- Internet: <https://ocsp.acf.hhs.gov/csp/home/employer>



DIVISION OF CHILD SUPPORT  
 PO BOX 9162  
 OLYMPIA WA 98507-9162

STATE OF WASHINGTON  
 DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
 DIVISION OF CHILD SUPPORT (DCS)



DATE:

TO:

Federal Employer ID Number:

### Introduction to New Hire Reporting

If you are reporting all of your new hires, thank you.

Federal and state laws require you to report all **newly hired or rehired employees** to the Division of Child Support (DCS) within 20 days of hire, regardless of the employee's age or number of hours worked. Report employees who have never worked for you before, employees who returned to work after a separation of at least 60 consecutive days, and employees who start work for you under a new FEIN. Enclosed are reporting instructions. For more information, e-mail [dcshire@dshs.wa.gov](mailto:dcshire@dshs.wa.gov) or call 800-562-0479.

Choose one of the following ways to report:

Internet: <https://secureaccess.wa.gov/>

*(This is the most efficient, cost-effective way to report. You will receive an e-mail telling you DCS received your report.)*

Telephone: (800) 562-0479

Fax: (800) 782-0624

Mail (forms / printouts / lists): NEW HIRE REPORTING  
 PO BOX 9023  
 OLYMPIA WA 98507-9023

**Reports must include:**

- Employee Name
- Employee Address
- Employee Social Security Number
- Employee Date of Birth
- Employee Date of Hire (the date on which the employee first performed services for pay, or returned to perform services for pay)
- Company Name
- Company Address
- Federal Employer Identification Number (FEIN) (Visit [www.irs.gov](http://www.irs.gov) to get an FEIN)

**New hire reporting helps DCS** collect child support efficiently, reduces dependence on the State for basic needs, and saves taxpayers money. Visit [childsupportonline.wa.gov](http://childsupportonline.wa.gov) for more information and a copy of the [Employer's Guide to Child Support](#).

**New hire reporting also helps the state of Washington** stop unemployment insurance, workers compensation, and public assistance fraud. Preventing fraud helps keep tax and premium rates stable and protects benefits for workers who are entitled to coverage.

**DCS recognizes Indian tribal sovereignty.** Indian tribes, tribally owned businesses, and Indian owned businesses located on reservations are exempt from new hire reporting requirements. However, voluntarily reporting of new or rehired employees is appreciated.

FG VER: (1.4)

INTRODUCTION TO NEW HIRE REPORTING  
 DSHS 18-464 (REV. 11/2021)





# Income Withholding

**In this section, you will learn about the following:**

- ▶ *Child Support Withholding Requirements*
- ▶ *Processing Income Withholding Orders*
- ▶ *Answering Income Withholding Orders*
- ▶ *Where and When to Send Payments*

## Did you KNOW

- *On average, **69%** of all incoming child support payments in 2018 were made electronically.*
- *Over **70%** of payments disbursed to families by the Division of Child Support are the result of employer withholdings.*
- *Employers can receive and answer IWOs and report employment terminations electronically. See page 57 for more information about e-IWO and eTerm!*



## Income Withholding

Income withholding is the court or administratively ordered deduction of a specified amount from a parent's income for payment of child support. Employers must honor income withholding orders from other states. DCS issues a wage or income withholding order (IWO) when an employee's child support order contains withholding language, even if the employee or independent contractor is not behind in child support payments.

### Important information regarding Income Withholding:

- Orders are effective the day they are received.
- Employers should return the answer form within 20 days after receiving the order.
- Employers must send withheld earnings to DCS within 7 business days of each payday.
- State law does not allow deductions of more than 50 percent of the employee's disposable earnings.
- Employers can deduct a one-time setup fee of \$10 and can take a \$1 processing fee from each future paycheck.
- DCS sends a copy of the IWO to the employee.

### Multiple Withholding Orders for the Same Employee:

- Federal law requires states to send one IWO for each case.
- You may combine the order amounts to be withheld.
- You may send in one combined payment.

The IWO tells employers to withhold a specific amount from each pay period (monthly, semi-monthly, biweekly, or weekly).

It's important to note that wages of an independent contractor or employee include bonuses, commissions and draws against earnings. Tips and gratuities under an employer's control are also subject to collection action.

Your failure to honor an order can result in a finding of liability for the child support owed and a fine. Do not stop taking payroll deductions until you receive an official written release from DCS. Notify DCS immediately when an employee no longer works for you.

Effective Jan. 1, 2019 most employers that receive an Income Withholding Order (IWO) from DCS, **must send payments electronically.**

Electronic transactions are cheaper, faster, and safer to send and receive than paper checks. DCS offers several free electronic payment options to meet the needs of any size employer. See page 51 for payment options.

Related Laws: RCW 26.23.060, RCW 26.23.080, RCW 26.23.090



STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
DIVISION OF CHILD SUPPORT (DCS)

## Income Withholding For Support Cover Letter

42 U.S.C. 666(b), RCW 26.23.060, and RCW 74.20A.080

ACME Consultants  
TO: 123 Main St  
Springfield, WA 98501

DATE: 12/27/2021

RE: John Smith

AKA: John Doe

AKA:

SSN: 123-45-6789

ACCOUNT NUMBER: IN 22334455

CASE NUMBER: 2345678

The Division of Child Support (DCS) is collecting child support from the noncustodial parent (parent) named above.  
The enclosed order / notice:  **Is a new order / notice.**  **Amends (changes) a previously served order / notice.**  
 **Terminates (stops) withholding.**  **Is a one-time lump-sum payment request.**

If you are located outside Washington State and the requirements listed in this letter conflict with the laws of the state where the parent works, follow the laws of the state where the parent works.

**If the parent has more than one case with DCS, then DCS sends an order / notice for each case number.** See page 3 for information about multiple orders / notices for one parent.

DCS summarized your responsibilities below. See pages 2 and 3 for more details. If you employ or otherwise pay the parent for personal or contracted services, you must comply with the items marked below.

Immediately begin withholding \$ 500.00 per month for case number 2345678 from all of the parent's disposable earnings. See page 2 for information about disposable earnings.

- Do not withhold more than 50 percent of the parent's disposable earnings in any pay period.

**Note:** If you receive more than one order / notice from DCS for the same parent, add all the amounts together to get the total amount to withhold from the parent's disposable earnings. The withholding amount for multiple orders / notices is limited to 50 percent in any pay period.

- If you do not pay the parent on a monthly basis, see the enclosed order / notice for alternative withholding methods.

**Note:** If you pay on a **weekly** or **bi-weekly** schedule, DCS prefers that you withhold equal payments as follows if your payroll system allows.

**For weekly payroll:** Withhold from the first **four** paydays each month (amount to withhold divided by 4).

**For bi-weekly payroll:** Withhold from the first **two** paydays each month (amount to withhold divided by 2).

You may skip the extra payday in those months with a fifth weekly payday or third bi-weekly payday **only if the full monthly withholding amount has been remitted.**

**Note: For daily payroll:** withhold up to 50% of wages each day until the weekly pay period amount is withheld each work week.

- Include the parent's name, case number and account number (listed above) on all payments and correspondence.

- Effective January 1, 2019, most employers and businesses must send all support payments to DCS by one of the following methods **within seven days** of withholding.
  - Online at: <https://secure.dshs.wa.gov/dcsonline/>.
  - Repetitive Automated Clearing House (ACH) Debit. More information at: <https://www.dshs.wa.gov/sites/default/files/SESA/publications/documents/22-069.pdf>
  - Electronic Funds Transfer / Electronic Data Interchange (EFT / EDI).
    - You can find formatting information at: <https://www.dshs.wa.gov/sites/default/files/ESA/cc/documents/UserGuide.pdf>
    - Remit EFT / EDI payments to:  
Bank Routing number 021052053, checking account number 46922337.

d. For more information about paying electronically, call 800-468-7422.

**Exception - You may pay by mail if all of the following are true:**

- If you have fewer than ten employees or contractors, **and**
- Only one employee or contractor with child support income withholding orders, **and**
- You do not use a payroll processor or your payroll processor cannot pay electronically, **and**
- You are not required by the Department of Revenue to file and pay taxes electronically.

Mail payment **within seven days** of withholding to:

WASHINGTON STATE SUPPORT REGISTRY  
 PO BOX 45868  
 OLYMPIA WA 98504-5868

Enroll the parent's children in a medical insurance program, if available. See the enclosed **National Medical Support Notice** for details and requirements.

**Instructions**

If DCS included one of the answer forms listed below, you also must answer the enclosed order / notice within 20 days. If DCS did not include one of the answer forms, you do not need to answer the enclosed order / notice. If you:

1. **Do not employ or have never employed** the parent, complete and return the enclosed **Employment Termination Notice** form.

2. **Employ** the parent, complete and return the enclosed **Answer to Order / Notice of Income Withholding for Support**.

If the order / notice is for a one-time lump-sum payment, do not withhold more than 50 percent of the parent's net pay for a pay period. If the lump-sum payment totals more than 50 percent of the parent's net pay, withhold 50 percent of the parent's net pay until you have withheld the full lump-sum amount.

If DCS enclosed a **National Medical Support Notice**, you must respond as required by the notice.

If the parent leaves your employment, call DCS at the number listed below or send DCS (if enclosed) the **Employment Termination Notice** form.

Call Support Enforcement Officer at 1-800-457-6202 if:

1. The parent participates in a work release program.
2. You receive a withhold order / notice from another court or child support agency.
3. You have any questions.

Visit the DCS web site at: [www.dshs.wa.gov/esa/division-child-support](http://www.dshs.wa.gov/esa/division-child-support) for more information about the child support enforcement program. Any over-collections which may occur in error will be refunded to the employee by DCS.

**Frequently Asked Questions**

**Does the enclosed order / notice apply to me?** The order / notice applies to all employers except Indian tribes, tribally-owned businesses, or Indian-owned businesses on a reservation. If you are a tribe, tribally-owned business, or Indian-owned business located on a reservation and choose to honor the enclosed order / notice, DCS appreciates your voluntary compliance. See the enclosed answer form.

**Does the enclosed order / notice have priority over other processes?** Yes. An order / notice to withhold and deliver for child support has priority over other wage assignments, garnishments or attachments, with the possible exception of those issued by the IRS.

**Can DCS require wage withholding when the parent is not behind in support payments?** Yes.

**What qualifies as earnings?** Earnings means (also see disposable earnings below):

1. Compensation (including payments to independent contractors) paid or payable for personal services. This includes wages, salaries, commissions, bonuses, or pay in other forms.
2. All gains from capital, labor, or both combined, and periodic payments for retirement, pensions, and insurance plans.

**What qualifies as disposable earnings?** Disposable earnings are earnings remaining after deductions required by law.

1. Required deductions **include** federal, state, and local income taxes, FICA taxes, mandatory pension plan contributions, Paid Family Medical Leave, and mandatory union dues.

2. Required deductions **do not include** processing fees, voluntary pension plan contributions, medical insurance costs or copayments, voluntary deductions requested by the parent, and other deductions not required by law.
3. Draws or advances against future earnings **are not deductions** required by law and do not affect the amount of disposable earnings. You cannot reimburse yourself for draws paid out prior to applying the terms of the income withholding order to what would otherwise be disposable earnings as defined above. Reimbursement for draws must be taken from that portion of disposable earnings that would be paid to the individual after the income withholding order is satisfied.
4. If the parent is an independent contractor, deduct the support payment from the parent's fee or commission for services.
5. Do not withhold more than 50 percent of the parent's disposable earnings in any pay period.

**Can I deduct a processing fee?** Possibly. Individual state laws define the amount and frequency of allowable processing fees, if any. If you do business:

1. **In** Washington State, you may deduct a processing fee from the balance of the parent's earnings after withholding under the order / notice. Your processing fee may not exceed \$10.00 for the first payment and \$1.00 for each following payment to the Washington State Support Registry.
2. **Outside** Washington State, contact the child support enforcement agency and follow the laws of the state where the parent works.

**How long must I keep the enclosed order / notice?** Individual state laws define the length of time you must keep the order / notice. If you do business:

1. **In** Washington State, the order / notice remains in effect until one of the following occurs:
  - a. DCS or a court tells you to stop withholding from the parent's earnings.
  - b. You no longer employ the parent and no longer owe the parent money. (Consider the parent employed if you might call the parent to work occasionally without the parent reapplying for work.)
2. **Outside** Washington State, contact the child support enforcement agency in and follow the laws of the state where the parent works.

**Does DCS send more than one order / notice for a parent if the parent has more than one case?** Yes. The orders / notices for the same parent will all have the **same remittance ID / account number**, but each one will have a **different case number**. An order / notice for a specific case is issued, amended, and terminated separately from those issued on the parent's other cases. Add amounts together to get the total withholding amount.

**Can the same child be listed on more than one order / notice?** Yes. A child may be listed on more than one order / notice because the parent may owe current support on one case, and owe back support to one or more custodial parties on other cases. There should be, however, only one order / notice for current support for a child. Contact DCS if you have any questions about an order / notice you received from us.

**What do I do if I receive multiple orders / notices for the same parent and I am already withholding 50% of the parent's disposable income?** Continue to withhold and remit 50% of the parent's disposable income. Keep all orders / notices on file until released or you no longer employ or owe the parent money. You must honor all orders / notices to the greatest extent possible.

**Can I combine payments when a parent has more than one order / notice from DCS?** Yes. You may combine the amounts withheld and send a single payment to the Washington State Support Registry. Clearly show the parent's name and account number on the payment. DCS will distribute your single payment between the parent's multiple cases based on federal and state regulations.

**Can I combine payments for more than one parent?** Yes. You may combine the amounts withheld and send a single payment to the Washington State Support Registry. However, you must clearly show each parent's name, account number, and portion of the payment. You may use the enclosed **Employer Payment Identification Instructions** form to list each parent's payment.

**What can happen if I do not comply with the enclosed order / notice?** Individual state laws define penalties for failure to comply with orders / notices for income withholding for support. If you do business:

1. **In** Washington State, you shall be liable for the amount of earnings you should have withheld plus costs, interest, reasonable attorney's fees, and reasonable staff costs if you:
  - a. Do not answer the order / notice (if DCS enclosed an answer form).
  - b. Refuse to withhold from earnings due the parent.
  - c. Refuse to send withheld earnings to the Washington State Support Registry within seven days of withholding.
2. **Outside** Washington State, contact the child support enforcement agency in and follow the laws of the state where the parent works.

**What can happen if I discipline, discharge, or refuse to hire a parent because of the enclosed order / notice?** Individual state laws define penalties for disciplining, discharging, or refusing to hire any person because of actions required in the order / notice. If you do business:

1. **In** Washington State, RCW 26.23.080 prohibits you from disciplining, discharging, or refusing to hire any person because of actions required in the order / notice. If you do so, the parent may take legal action against you. You shall be liable for double the amount of lost wages and any other damages suffered as a result of your violation. You shall be liable for costs and reasonable attorney's fees. You shall be subject to a civil penalty of not more than \$2,500.00 for each violation. A court also may require you to hire, rehire, or reinstate the parent.
2. **Outside** Washington State, contact the child support enforcement agency in and follow the laws of the state where the parent works.

**Can the parent hold me civilly liable for complying with the enclosed order / notice?** No.

**Does DCS prefer electronic payments?** Yes, DCS requires most employers to pay electronically.

**Must I make electronic payments?** Yes, unless you meet all of the following criteria:

1. You have fewer than ten employees or contractors, **and**
2. You have only one employee or contractor with a child support income withholding order, **and**
3. You do not use a payroll processor or your payroll processor cannot pay electronically, **and**
4. You are not required by the Department of Revenue to file and pay taxes electronically.

**What is DCS's federal tax identification number?** 91-600-1088.

**List of the parent's child support cases currently being enforced by DCS.** (Generally, DCS will issue an order / notice for each of these case numbers.)



**INCOME WITHHOLDING FOR SUPPORT**

OMB 0970-0154  
Expiration Date: 09/30/2023

**I. Sender Information: (Completed by the Sender)**

Date: 12/27/2021

- INCOME WITHHOLDING ORDER/NOTICE FOR SUPPORT (IWO)       AMENDED IWO  
 ONE-TIME ORDER/NOTICE FOR LUMP SUM PAYMENT       TERMINATION OF IWO

Child Support Enforcement (CSE) Agency     Court     Attorney     Private Individual/Entity (Check One)

**NOTE:** This IWO must be regular on its face. Under certain circumstances you must reject this IWO and return it to the sender (see IWO instructions [www.acf.hhs.gov/css/resource/income-withholding-for-support-instructions](http://www.acf.hhs.gov/css/resource/income-withholding-for-support-instructions)). If you receive this document from someone other than a state or tribal CSE agency or a court, a copy of the underlying support order must be attached.

State/Tribe/Territory Washington State      Remittance ID (include w/payment) **IN** 22334455  
 City/County/Dist./Tribe \_\_\_\_\_      Order ID \_\_\_\_\_  
 Private Individual/Entity \_\_\_\_\_      Case ID 2345678

**II. Employer and Case Information: (Completed by the Sender)**

|   |   |
|---|---|
| ACME Consulting<br>Employer/Income Withholder's Name                                | RE: <u>John Smith</u><br>Employee/Obligor's Name (Last, First, Middle)    |
| Employer/Income Withholder's Address<br>123 Main Street<br>Springfield, WA<br>98501 | <u>123-45-6789</u><br>Employee/Obligor's Social Security Number           |
| Employer/Income Withholder's FEIN <u>987654321</u>                                  | <u>1/1/1968</u><br>Employee/Obligor's Date of Birth                       |
| Child(ren)'s Name(s) (Last, First, Middle)<br><u>Smith, Robert</u>                  | <u>Jane Smith</u><br>Custodial Party/Obligee's Name (Last, First, Middle) |
| Child(ren)'s Birth Date(s)<br><u>2/2/2012</u>                                       |   |

**III. ORDER INFORMATION: (Completed by the Sender)** This document is based on the support order from Washington State (State/Tribe). You are required by law to deduct these amounts from the employee/obligor's income until further notice.

\$ 500.00 Per month current child support  
 \$ \_\_\_\_\_ Per month past-due child support - Arrears greater than 12 weeks?     Yes     No  
 \$ \_\_\_\_\_ Per month current cash medical support  
 \$ \_\_\_\_\_ Per month past-due cash medical support  
 \$ \_\_\_\_\_ Per month current spousal support  
 \$ \_\_\_\_\_ Per month past-due spousal support  
 \$ \_\_\_\_\_ Per month other (must specify) \_\_\_\_\_  
 for a **Total Amount to Withhold** of \$ 500.00 per month

**IV. Amounts to Withhold: (Completed by the Sender)**

You do not have to vary your pay cycle to be in compliance with the *Order Information*. If your pay cycle does not match the ordered payment cycle, withhold one of the following amounts:

\$ 115.38 per weekly pay period      \$ 250.00 per semimonthly pay period (twice a month)  
 \$ 230.76 per biweekly pay period (every two weeks)    \$ 500.00 per monthly pay period  
 \$ \_\_\_\_\_ **Lump Sum Payment:** Do not stop any existing IWO unless you receive a termination order.

PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: The purpose of this information collection is to provide uniformity and standardization. Public reporting burden for this collection of information is estimated to average two to five minutes per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. This is a mandatory collection of information in accordance with 45 CFR 303.100 of the Child Support Enforcement Program. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, unless it displays a currently valid OMB control number. If you have any comments on this collection of information, please contact the Employer Services Team by email at [employerservices@acf.hhs.gov](mailto:employerservices@acf.hhs.gov).

Employer/Income Withholder's Name: ACME Consulting Employer/Income Withholder's FEIN: 987654321  
 Employee/Obligor's Name: John Smith SSN: 123-45-6789  
 Case ID: 2345678 Order ID: 22334455

**V. Remittance Information: (Completed by the Sender except for the "Return to Sender" check box.)**

If the employee/obligor's principal place of employment is **Washington State** (State/Tribe), you must begin withholding no later than the first pay period that occurs **one** days after the date of 12/27/2021 of the order/notice. **Send payment within seven business days of the pay date. If you cannot withhold the full amount of support for any or all orders for this employee/obligor, withhold 50% of disposable income for all orders.** If the employee/obligor's principal place of employment is not **Washington State** (State/Tribe), obtain withholding limitations, time requirements, the appropriate method to allocate among multiple child support cases/orders and any allowable employer fees from the jurisdiction of the employee/obligor's principal place of employment.

State-specific withholding limit information is available at [www.acf.hhs.gov/css/resource/state-income-withholding-contacts-and-program-requirements](http://www.acf.hhs.gov/css/resource/state-income-withholding-contacts-and-program-requirements). For tribe-specific contacts, payment addresses, and withholding limitations, please contact the tribe at [www.acf.hhs.gov/sites/default/files/programs/css/tribal\\_agency\\_contacts\\_printable\\_pdf.pdf](http://www.acf.hhs.gov/sites/default/files/programs/css/tribal_agency_contacts_printable_pdf.pdf) or [www.bia.gov/tribalmap/DataDotGovSamples/tld\\_map.html](http://www.bia.gov/tribalmap/DataDotGovSamples/tld_map.html).

You may not withhold more than the lesser of: 1) the amounts allowed by the Federal Consumer Credit Protection Act (CCPA) [15 USC §1673 (b)]; or 2) the amounts allowed by the law of the state of the employee/obligor's principal place of employment if the place of employment is in a state; or the tribal law of the employee/obligor's principal place of employment if the place of employment is under tribal jurisdiction. The CCPA is available at [www.dol.gov/sites/dolgov/files/WHD/legacy/files/garn01.pdf](http://www.dol.gov/sites/dolgov/files/WHD/legacy/files/garn01.pdf). If the Order Information section does not indicate that the arrears are greater than 12 weeks, then the employer should calculate the CCPA limit using the lower percentage.

If there is more than one IWO against this employee/obligor and you are unable to fully honor all IWOs due to federal, state, or tribal withholding limits, you must honor all IWOs to the greatest extent possible, giving priority to current support before payment of any past-due support.

If the obligor is a nonemployee, obtain withholding limits from the **Supplemental Information** section in this IWO. This information is also available at [www.acf.hhs.gov/css/resource/state-income-withholding-contacts-and-program-requirements](http://www.acf.hhs.gov/css/resource/state-income-withholding-contacts-and-program-requirements).

**Remit payment to** WASHINGTON STATE SUPPORT REGISTRY (SDU/Tribal Order Payee)  
 at PO BOX 45868, OLYMPIA WA 98504-5868 (SDU/Tribal Payee Address)

Include the Remittance ID with the payment and if necessary this locator code of the SDU/Tribal order payee 53-000 on the payment.

To set up electronic payments or to learn state requirements for checks, contact the State Disbursement Unit (SDU). Contacts and information are found at [www.acf.hhs.gov/css/resource/sdu-eft-contacts-and-program-requirements](http://www.acf.hhs.gov/css/resource/sdu-eft-contacts-and-program-requirements).

**Return to Sender (Completed by Employer/Income Withholder).** Payment must be directed to an SDU in accordance with sections 466(b)(5) and (6) of the Social Security Act or Tribal Payee (see Payments to SDU below). If payment is not directed to an SDU/Tribal Payee or this IWO is not regular on its face, you *must* check this box and return the IWO to the sender.

If required by State or Tribal law:

Signature of Judge/Issuing Official: Not required by Washington State.

Print Name of Judge/Issuing Official: \_\_\_\_\_

Title of Judge/Issuing Official: Support Enforcement Officer

Date of Signature: 12/27/2021

If the employee/obligor works in a state or for a tribe that is different from the state or tribe that issued this order, a copy of this IWO must be provided to the employee/obligor.

If checked, the employer/income withholder must provide a copy of this form to the employee/obligor.

Employer/Income Withholder's Name: ACME Consulting Employer/Income Withholder's FEIN: 987654321  
Employee/Obligor's Name: John Smith SSN: 123-45-6789  
Case ID: 2345678 Order ID:

**VI. Additional Information for Employers/Income Withholders: (Completed by the Sender)**

**Priority:** Withholding for support has priority over any other legal process under State law against the same income (section 466(b)(7) of the Social Security Act). If a federal tax levy is in effect, please notify the sender.

**Payments:** You must send child support payments payable by income withholding to the appropriate State Disbursement Unit or to a tribal CSE agency within 7 business days, or fewer if required by state law, after the date the income would have been paid to the employee/obligor and include the date you withheld the support from his or her income. You may combine withheld amounts from more than one employee/obligor's income in a single payment as long as you separately identify each employee/obligor's portion of the payment. Child support payments may not be made through the federal Office of Child Support Enforcement (OCSE) Child Support Portal.

**Lump Sum Payments:** You may be required to notify a state or tribal CSE agency of upcoming lump sum payments to this employee/obligor such as bonuses, commissions, or severance pay. Contact the sender to determine if you are required to report and/or withhold lump sum payments. Employers/income withholders may use OCSE's Child Support Portal (ocsp.acf.hhs.gov/csp/) to provide information about employees who are eligible to receive lump sum payments and to provide contacts, addresses, and other information about their companies. Child support payments may not be made through the federal OCSE Child Support Portal.

**Liability:** If you have any doubts about the validity of this IWO, contact the sender. If you fail to withhold income from the employee/obligor's income as the IWO directs, you are liable for both the accumulated amount you should have withheld and any penalties set by state or tribal law/procedure. If your location is in Washington State, you shall be liable for the lesser amount of the child support owed or the amount of the earnings that you should have withheld plus costs, interest, and reasonable attorney fees. If your location is outside Washington State, contact your local Child Support Enforcement Agency for more information about your state's or tribe's laws/procedures.

**Anti-discrimination:** You are subject to a fine determined under state or tribal law for discharging an employee/obligor from employment, refusing to employ, or taking disciplinary action against an employee/obligor because of this IWO. If you are in Washington State, you shall be liable for double the amount of lost wages and any other damages suffered as a result of the violation and for costs and reasonable attorney fees, and shall be subject to a civil penalty of not more than two thousand five hundred dollars for each violation. You may also be ordered to hire, rehire, or reinstate the aggrieved individual.

**Supplemental Information:**

Additional child(ren)'s name(s) and birth date(s):

Child(ren)'s Name(s) (Last, First, Middle)

Child(ren)'s Birth Date(s)

Employer/Income Withholder's Name: ACME Consulting Employer/Income Withholder's FEIN: 987654321  
 Employee/Obligor's Name: John Smith SSN: 123-45-6789  
 Case ID: 2345678 Order ID: \_\_\_\_\_

**VII. Notification of Employment Termination or Income Status: (Completed by the Employer/Income Withholder)**

If this employee/obligor never worked for you or you are no longer withholding income for this employee/obligor, you must promptly notify the CSE agency and/or the sender by returning this form to the address listed in the **Contact Information** section below or using OCSE's Child Support Portal ([ocsp.acf.hhs.gov/csp/](http://ocsp.acf.hhs.gov/csp/)). Please report the new employer or income withholder, if known.

This person has never worked for this employer nor received periodic income.  
 This person no longer works for this employer nor receives periodic income.

Please provide the following information for the employee/obligor:

Termination date: \_\_\_\_\_ Last known phone number: \_\_\_\_\_  
 Last known address: \_\_\_\_\_  
 \_\_\_\_\_  
 Final payment date to SDU/tribal payee: \_\_\_\_\_ Final payment amount: \_\_\_\_\_  
 New employer's or income withholder's name: \_\_\_\_\_  
 New employer's or income withholder's address: \_\_\_\_\_  
 \_\_\_\_\_

**VIII. Contact Information: (Completed by the Sender)**

**To Employer/Income Withholder:** If you have any questions, contact Name of SEO (sender name)  
 by phone: 1-800-457-6202, by fax: 1-866-668-9518, by e-mail or website: DCS-CRU@DSHS.WA.GOV.

Send termination/income status notice and other correspondence to:

DIVISION OF CHILD SUPPORT, PO BOX 11520, TACOMA WA 98411-5520 (sender address).

**To Employee/Obligor:** If the employee/obligor has questions, contact Name of SEO (sender name)  
 by phone: 1-800-457-6202, by fax: 1-866-668-9518, by e-mail or website: DCS-CRU@DSHS.WA.GOV.

IMPORTANT: The person completing this form is advised that the information may be shared with the employee/obligor.

**Encryption Requirements:**

When communicating this form through electronic transmission, precautions must be taken to ensure the security of the data. Child support agencies are encouraged to use the electronic applications provided by the federal Office of Child Support Enforcement. Other electronic means, such as encrypted attachments to emails, may be used if the encryption method is compliant with Federal Information Processing Standard (FIPS) Publication 140-2 (FIPS PUB 140-2).

# Income Withholding Answer Form





STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
DIVISION OF CHILD SUPPORT (DCS)

**Answer to Order / Notice of Income Withholding for Support**

(Chapters 26.23 and 74.20A RCW)

TO: DIVISION OF CHILD SUPPORT  
PO BOX 11520  
TACOMA WA 98411-5520

RE:  
SSN:  
ACCOUNT NUMBER: **IN**  
CASE NUMBER:

FROM: \_\_\_\_\_ (Enter your mailing address if different from the one on the **Income Withholding for Support**.)  
\_\_\_\_\_

- A.  This is the first issuance of this form regarding the enclosed **Income Withholding for Support**. Please complete this form and return it to the Division of Child Support (DCS) within **20 days**. You may respond on one answer form for multiple case numbers. Please list each case number. Attach a separate sheet if necessary.
- B.  This is the second issuance of this form. The Division of Child Support (DCS) previously served your business an **Income Withholding for Support** regarding the above-named parent. Please complete this form and return it to DCS within 20 days. If you do not complete and return this form, you will be subject to the liabilities stated in the enclosed order / notice. You may be liable even if you do not possess money or property belonging or owing to the parent. You may respond on one answer form for multiple cases. Please list each case number. Attach a separate sheet if necessary.

**Employment / Payroll Information**

- 1.  We are a tribe, tribally-owned business, or Indian-owned business located on a reservation. (If you mark this box, enter your Federal Employer Identification Number (FEIN) and go to the Declaration section on page 2.)

Our FEIN is: \_\_\_\_\_

- 2.  We are responding to an **Income Withholding for Support** we received for each of the following case numbers:

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_,  
 \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_,  
 \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_,  
 \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_,  
 \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

- 3.  We **do not employ or owe money to the parent**. (If you mark this box, complete this section and go to the Declaration section on page 2.)

- a.  We never employed the parent.
- b.  We employed the parent from \_\_\_\_\_ until \_\_\_\_\_
  - (1)  We do not plan to rehire the parent.
  - (2)  We plan to rehire the parent on \_\_\_\_\_

FG VER: (1.8)

(3)  The parent was injured and receives a Department of Labor and Industries (L & I) disability benefit.

The L & I claim number is: \_\_\_\_\_

(4) The parent's new employer's name is: \_\_\_\_\_

4.  **We employ or owe money to the parent.** (If you mark this box, complete the remainder of this form.)

a. We will withhold \$ \_\_\_\_\_ per pay period from the parent's disposable earnings as required by the **Income Withholding for Support**. (If you are responding to more than one **Income Withholding for Support** on this answer form, add the amounts for each case number together.)

b. We pay the parent:  weekly  twice monthly  other: \_\_\_\_\_  
 monthly  every two weeks

(1) The gross pay per pay period is: \$ \_\_\_\_\_

(2) The net pay per pay period is: \$ \_\_\_\_\_

(3) The rate of pay is: \$ \_\_\_\_\_

c. The parent's employment start date is: \_\_\_\_\_

d. The parent  is a seasonal / temporary employee. We expect the job to end on / around \_\_\_\_\_  
 The parent  is not a seasonal / temporary employee.

e. The parent's next pay date is: \_\_\_\_\_

f. The parent's occupation is: \_\_\_\_\_

g. We  do  do not offer health insurance coverage for the parent's dependents.

h. We  do  do not pay the parent by direct deposit through Electronic Funds Transfer.

**Declaration**

The parent's last-known address is: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

The parent's last-known telephone number is (include area code): ( \_\_\_\_\_ ) \_\_\_\_\_

We understand the duration of the enclosed **Income Withholding for Support** order / notice and any others that we listed in box 2 on page 1 of this answer form, as explained in the orders / notices.

I am authorized to certify (or declare) the following statement on behalf of the business.

I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Signed at \_\_\_\_\_

DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

PRINTED NAME \_\_\_\_\_

( \_\_\_\_\_ ) \_\_\_\_\_

( \_\_\_\_\_ ) \_\_\_\_\_

TELEPHONE NUMBER (INCLUDE AREA CODE) \_\_\_\_\_

FAX NUMBER (INCLUDE AREA CODE) \_\_\_\_\_

No person because of race, color, national origin, creed, religion, sex, age, or disability, shall be discriminated against in employment, services, or any aspect of the program's activities. This form is available in alternative formats upon request.

FG VER: (1.8)



STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
DIVISION OF CHILD SUPPORT (DCS)

**Employer Payment Identification Instructions**

**Do not use this form if you participate in the electronic funds transfer program.**

Effective Jan. 1, 2019, **most employers or other businesses** that receive an Income Withholding Order (IWO) from the Washington State Department of Social and Health Services, Division of Child Support (DSHS-DCS), **must send payments electronically**. It's quick and easy to set up. It's more secure than sending paper checks, and it saves time and money. **We're here to help get you started.** Please call our Electronic Funds Transfer unit at 360-664-5103 (within the Olympia calling area) or 800-468-7422 (outside the Olympia calling area) or visit <https://www.dshs.wa.gov/esa/division-child-support/payments> for more information about electronic payment options.

If you have child support questions or concerns about your responsibilities as an employer, contact DCS Employer Relations at 800-562-0479.

**Employer Payment Identifier**

**Use this form if you are sending payment by check.**

**(You may duplicate this form for additional employees and future payments.)**

The Division of Child Support (DCS) needs specific information for each employee covered by your payment. The information helps DCS process payments. **Please provide the following information for each employee covered by your payment** (you may use the form at the bottom of this page):

1. Employee's full name.
2. Employee's remittance ID: social security number (SSN) or account number (IN).
3. Employee's pay date.
4. Total amount withheld from the employee's pay and sent to the Washington State Support Registry.

Mail all payments to: WASHINGTON STATE SUPPORT REGISTRY  
PO BOX 45868  
OLYMPIA WA 98504-5868

|   |
|---|
| YOUR BUSINESS NAME:   |
| YOUR BUSINESS TELEPHONE # (INCLUDING AREA CODE): (                    ) |

|                            |                     |
|----------------------------|---------------------|
| EMPLOYEE FULL NAME:        | DATE EMPLOYEE PAID: |
| EMPLOYEE SSN OR ACCOUNT #: | AMOUNT WITHHELD: \$ |

|                            |                     |
|----------------------------|---------------------|
| EMPLOYEE FULL NAME:        | DATE EMPLOYEE PAID: |
| EMPLOYEE SSN OR ACCOUNT #: | AMOUNT WITHHELD: \$ |

|                            |                     |
|----------------------------|---------------------|
| EMPLOYEE FULL NAME:        | DATE EMPLOYEE PAID: |
| EMPLOYEE SSN OR ACCOUNT #: | AMOUNT WITHHELD: \$ |

**EMPLOYER PAYMENT IDENTIFICATION INSTRUCTIONS**  
DSHS 18-483 (REV. 03/2019)



# Income Withholding Handling Multiple Orders from More Than One State



## Handling Multiple Orders From More Than One State

The Uniform Interstate Family Support Act (UIFSA) is applied when two or more states are involved in a child support order. The UIFSA Act allows a withholding order to be mailed to the employer of the non-custodial parent in another state. The employer is obligated to withhold pay for the benefit of the child.

An income withholding order may come from Washington or any other state. Employers in Washington should follow Washington State law and should not withhold more than 50 percent of their employee's disposable income. Employers should pay current monthly support first, withholding equally for each order.

How does a Washington State employer withhold for multiple withholding orders for a parent?

- The employer must first pay all current support owing.
- If there are insufficient funds to pay all of the current support owed, then the employer must allocate available funds equally between two or more withholding orders.
- If the employer can pay all current support but cannot pay all the requested arrears payments, then the employer must allocate the remaining funds equally.
- If the employer pays all the current support and has enough to pay all the requested arrears, the employer withholds up to 50% of net pay.

Example 1: A Washington employer receives a withholding order from DCS for \$400 current support and a withholding order from California for \$200 current support for the same noncustodial parent (NCP).

The NCP earns \$800 net. The employer may withhold up to 50% of net, or \$400. The employer withholds \$200 for the Washington order and \$200 for the California order.

Example 2: A Washington employer receives a withholding order from DCS for \$400 current support and \$200 a month on arrears. The employer receives a second order from CA for \$200 current support and \$100 a month on arrears for the same NCP.

The NCP earns \$1,600 net. The employer may withhold up to 50% of net, or \$800. The employer first pays all of the current support (\$600) (\$400 to DCS and \$200 to California) and then pays the arrears equally, \$100 to Washington and \$100 to California.



# Medical Support

**In this section, you will learn about the following:**

- ▶ *Medical Support Requirements*
- ▶ *Processing Medical Support Notices*
- ▶ *Answering Medical Support Notices*

Did you  
KNOW

- *Over **90%** of the cases handled by the Division of Child Support include medical support obligations.*



## Medical Support

Medical support is a form of child support often provided as health care insurance under a parent's order. The employee may be ordered to provide health insurance if coverage is available through an employer. DCS sends the National Medical Support Notice (NMSN) to employers by itself or with the Income Withholding Order. The NMSN contains two separate sections – Part A and Part B.

### **Part A contains the following:**

- Cover Letter, Part A, Notice to Withhold for Health Care Coverage
- Part A, Notice to Withhold for Health Care Coverage
- Employer Response Form
- Instructions to Employer

### **Part B contains the following:**

- Cover Letter, Part B, Medical Support Notice to Plan Administrator
- Part B, Medical Support Notice to Plan Administrator
- Plan Administrator Response Form
- Instructions to Plan Administrator
- Washington State Addendum to Box 2 of Plan Administrator Response

### **Employers handling their own enrollments should do the following:**

- Follow Part A, “Instructions to Employer” and Part B, “Instructions to Plan Administrator.”
- Enroll the children in the employee's insurance plan or in an insurance plan that is available within the premium limit stated in the notice.
- Once enrolled, complete the “Plan Administrator Response” form and the “Washington State Addendum to Box 2” and send both forms to DCS within 40 business days after the date of the Notice.

### **Employers whose benefits are handled by a separate benefits department or third party administrator should:**

- Send the entire Part B section to them within 20 business days after the date of the Notice. Check box 7 on the Employer Response form, enter the date Part B was sent, and send the Employer Response to DCS.

### **When changes occur:**

- Remember to notify DCS when an employee is no longer working for you or when children are removed from coverage. For more information about medical insurance enforcement and enrollment visit our website at [https://www.dshs.wa.gov/esa/faq?field\\_topic\\_value=childmedical](https://www.dshs.wa.gov/esa/faq?field_topic_value=childmedical)



STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
DIVISION OF CHILD SUPPORT (DCS)

## Cover Letter for the National Medical Support Notice - Part A - Notice to Withhold for Health Care Coverage

**This Notice Contains Confidential Information:** Employer, employee, child, and custodial parent address information contained in Part A and Part B of the **National Medical Support Notice** is confidential. **Do not** give address information or a copy of the first pages of Part A or Part B to the employee, custodial parent, or family member, relative, or friend of either party.

Please be sure to send the Part B Cover letter and the **Washington State Addendum to Box 2 of Part B - Plan Administrator Response** to the appropriate plan administrator(s) with Part B.

If the employee's health / dental insurance coverage is available through a union, forward Part B to the union's third party administrator.

If the employee has multiple cases requiring health care coverage, the Division of Child Support (DCS) enclosed a separate **National Medical Support Notice** for each case. Be sure to send Part B of all of the notices to the plan administrator.

Additional information regarding limitations on withholding:

1. When the employee's principal place of employment is in Washington State, the total amount withheld for both child support and the children's health insurance premium cannot exceed 50 percent of the employee's disposable earnings.
  - a. When the employee is already enrolled in a health insurance plan and the employer or plan administrator adds only the children's portion of the health insurance premium applies to the above limitation on withholding.
  - b. When the employee is not already enrolled in a health insurance plan and must be enrolled in order to enroll the children, then both the employee and children's health insurance premium applies to the above limitation on withholding.
2. Use the premium amount limits marked below to determine if you have to enroll the eligible children listed on the **National Medical Support Notice** in an available health insurance plan. If there are multiple **National Medical Support Notice** forms for the employee, please add the insurance premium amounts for the notices to determine the total premium amount limit. Enroll the children in the least expensive plan that provides the children coverage. The premium amount listed here and in the **National Medical Support Notice** applies only to an additional cost to add the children to the plan. It does not include the cost the employee has to pay for employee coverage only.
  - a.  Enroll the children only if you can do so at no cost to the employee.
  - b.  Enroll the children only if you pay all or part of the premium to cover the children.
  - c.  Enroll the children only if the employee's premium (to cover the children only) is not more than \$125.00 each month. If the premium exceeds this amount, you do not have to enroll the children.
  - d.  There is no set limit for the employee's premium amount (to cover the children only).

If the cost of the children's coverage is more than the limit shown above, mark **box 5** and state the cost of the premium on the Employer Response page of the **National Medical Support Notice**. (Example: Premium cost is \$ \_\_\_\_\_.)

For more information, visit our website at: <https://www.dshs.wa.gov/esa/division-child-support>

**NATIONAL MEDICAL SUPPORT NOTICE - PART A  
NOTICE TO WITHHOLD FOR HEALTH CARE COVERAGE**

This Notice is issued under section 466(a)(19) of the Social Security Act, section 609(a)(5)(C) of the Employee Retirement Income Security Act of 1974 (ERISA), and for State and local government and church plans, sections 401(e) and (f) of the Child Support Performance and Incentive Act of 1998. Receipt of this Notice from the Issuing Agency constitutes receipt of a Medical Child Support Order under applicable law. The information on the Custodial Parent and Child(ren) contained on this page is confidential and should not be shared or disclosed with the employee. NOTE: For purposes of this form, the Custodial Parent may also be the employee when the State opts to enforce against the Custodial Parent.

**National Medical Support Order / Notice (NMSN)**       **Termination Order / Notice (Optional)**

|   |  |
|---|--|
| Issuing Agency: STATE OF WASHINGTON<br>DIVISION OF CHILD SUPPORT<br>Issuing Agency Address: PO BOX 11520<br>TACOMA WA 98411-5520<br>Notice Date: 12/27/2021<br>CSE Agency Case Identifier: 22334455<br>Telephone Number: 1-800-457-6202<br>FAX Number: 1-866-668-9518 | Court or Administrative Authority:<br>Order Date: 01/01/2018<br>Order Identifier: 18-01-0001<br>Document Tracking Identifier:<br>Employer web site: www.dshs.wa.gov/dcs/Employers/employers1.asp<br>See NMSN Instructions: http://www.acf.hhs.gov/programs/css/resource/national-medical-support-notice-form |
|---|--|

RE: **Smith, John**

Employer/Withholder's Federal EIN Number: ACME Consulting  
 Employee's Name (Last, First, MI): **123-45-6789**

Employer/Withholder's Name: 123 Main St, Springfield, WA 98501  
 Employee's Social Security Number: **234 First St, Springfield, WA 98501**

Employer/Withholder's Address: **Jane Smith**  
 Employee's Mailing Address:

Custodial Parent's Name (Last, First, MI):  
 Substituted Official/Agency Name:

Custodial Parent's Mailing Address:  
 Substituted Official/Agency Address (Required if Custodial Parent's mailing address is left blank)

Child(ren)'s Mailing Address (if different from Custodial Parent's):  
 Mailing Address of a Representative of the Child(ren)

Name and Telephone of a Representative of the Child(ren):  
 Child(ren)'s Name(s): **Robert Smith**      Gender: **M**      DOB: **2/2/2012**      SSN: **234-56-7890**

The order requires the child(ren) to be enrolled in  **all health coverages available**; or only the following coverage(s):  
 Medical;  Dental;  Vision;  Prescription drug;  Mental health;  Other (specify):

THE PAPERWORK REDUCTION ACT OF 1995 (P.L. 104-13) Public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. **OMB control number: 0970-0222 Expiration Date: 10/31/2022.**

**LIMITATIONS ON WITHHOLDING**

The total amount withheld for both cash and medical support cannot exceed 50 % of the employee's aggregate disposable weekly earnings. The employer may not withhold more under this National Medical Support Notice than the lesser of:

1. The amounts allowed by the Federal Consumer Credit Protection Act (15 U.S.C., section 1673(b))
2. The amounts allowed by the State of the employee's principle place of employment; or
3. The amounts allowed for health insurance premiums by the child support order, as indicated here:  
 \$ 125.00 per month.

The Federal limit applies to the aggregate disposable weekly earnings (ADWE). ADWE is the net income left after making mandatory deductions such as State, Federal, local taxes; Social Security taxes; and Medicare taxes. As required under section 2.b.2 of the Employer Responsibilities on page 4, complete item 5 of the Employer Response to notify the Issuing Agency that enrollment cannot be completed because of prioritization or limitations on withholding.

**PRIORITY OF WITHHOLDING**

If withholding is required for employee contributions to one or more plans under this notice and for a support obligation under a separate notice and available funds are insufficient for withholding for both cash and medical support contributions, the employer must withhold amounts for purposes of cash support and medical support contributions in accordance with the law, if any, of the State of the employee's principal place of employment requiring prioritization between cash and medical support, as described here: For persons employed in Washington State the withholding priority is current cash support, health insurance premiums, child support arrears payments. See Washington Administrative Code section 388-14A-4165. For persons employed in states other than Washington, contact the IV-D child support enforcement agency in that state for priority information.

As required under section 2.b.2 of the Employer Responsibilities on page 4, complete item 5 of the Employer Response to notify the Issuing Agency that enrollment cannot be completed because of prioritization or limitations on withholdings.

**Additional Information for Termination Order/Notice (Optional)**

1. Effective date of medical support termination:
2. Reason for termination:
3. Child(ren) to be terminated:  
 Child(ren)'s Name(s) (Last, First, Middle) DOB





# Medical Support Answer Form - Employer Response



## EMPLOYER RESPONSE

If 1, 2, 3, 4 or 5 below applies, check the appropriate box and return this Part A to the Issuing Agency within 20 business days after the date of the Notice, or sooner if reasonable. **NO OTHER ACTION IS NECESSARY.** If 1 through 5 does not apply, complete item 7 and forward **Part B** to the appropriate Plan Administrator(s) within 20 business days after the date of the Notice, or sooner if reasonable. This includes any organization or labor union that provides group health care benefits to the employee. Check number 5 and return this **Part A** to the **Issuing Agency** if the Plan Administrator informs you that the child(ren) would be enrolled in or qualify(ies) for an option under the plan for which you have determined that the employee contribution exceeds the amount that may be withheld from the employee's income due to State or Federal withholding limitations and/or prioritization. You are required to respond to the Issuing Agency by returning this **Employer Response** regardless of whether you provide group health benefits or the employee named herein is no longer employed by your organization. Information for the Plan Administrator and the Employer Representative at the bottom of this section is required.

- 1. The employee named in this Notice has never been employed by this employer.
- 2. We, the employer, do not offer our employees the option of purchasing dependent or family health care coverage as a benefit of their employment.
- 3. The employee is among a class of employees (for example, part-time or non-union) that are not eligible for family health coverage under any group health plan maintained by the employer or to which the employer contributes. Do not check this box if the employee is only temporarily ineligible for health care coverage.
- 4. Health care coverage is not available because employee is not employed by the employer:

Effective date of termination: \_\_\_\_\_  
 Reason for termination: \_\_\_\_\_  
 Last known telephone number: \_\_\_\_\_  
 Last known address: \_\_\_\_\_  
 \_\_\_\_\_  
 New employer (if known): \_\_\_\_\_  
 New employer telephone number: \_\_\_\_\_  
 New employer address: \_\_\_\_\_  
 \_\_\_\_\_

- 5. State or Federal withholding limitations and/or prioritization prevent the withholding from the employee's income of the amount required to obtain coverage under the terms of the plan.
- 6. The participant is subject to a waiting period that expires \_\_\_\_\_ (more than 90 days from the date of receipt of this Notice), or has not completed a waiting period, which is determined by some measure other than the passage of time, such as the completion of a certain number of hours worked (describe here: \_\_\_\_\_).

At the completion of the waiting period, the Plan Administrator will process the enrollment.

- 7. Employer forwarded Part B to Plan Administrator on \_\_\_\_\_ .  
MM/DD/YY

### CONTACT FOR QUESTIONS

Plan Administrator Name: \_\_\_\_\_ FAX Number: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
 Employer Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
 Employer Representative Name/Title: \_\_\_\_\_ Federal EIN: \_\_\_\_\_  
 \_\_\_\_\_ (if not provided on Page 1 of this Notice)  
 Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_

## INSTRUCTIONS TO EMPLOYER

This document serves as legal notice that the employee identified on this National Medical Support Notice is obligated by a court or administrative child support order to provide health care coverage for the child(ren) identified on this Notice. This National Medical Support Notice replaces any Medical Support Notice that the Issuing Agency has previously served on you with respect to the employee and the children listed on this Notice.

The document consists of **Part A - Notice to Withhold for Health Care Coverage** for the employer to withhold any employee contributions required by the group health plan(s) in which the child(ren) is/are enrolled; and **Part B - Medical Support Notice to the Plan Administrator**, which **must** be forwarded to the Administrator of each group health plan identified by the employer to enroll the eligible child(ren), or completed by the employer, if the employer serves as the health Plan Administrator.

An employer receiving this legal Notice is required to complete and return **Part A - Employer Response**. If group health coverage is not available to the employee named herein, or the employee was never or is no longer employed, the employer is still required to complete **Part A - Employer Response** and return it to the Issuing Agency with the appropriate response checked. If you, the employer, provide the health care benefits to the employee, forward **Part B - Plan Administrator Response** to the health Plan Administrator of your organization. If the employee's health care benefits are administered through another organization, including a labor union, forward Part B of the Notice to the labor union or other organization acting as the Plan Administrator for completion. If the employee has already enrolled the child(ren) in health care coverage, the employer must forward **Part B** to the Plan Administrator for completion and submittal to the Issuing Agency.

Keep a copy of **Part A** as it may be used to notify the Issuing Agency if the employee separates from service for any reason including retirement or termination.

### EMPLOYER RESPONSIBILITIES

1. If the individual named in this Notice is not your employee, or if the family health care coverage is not available, please complete item 1, 2, 3, 4 or 5 of the Employer Response as appropriate, and return it to the Issuing Agency. **NO OTHER ACTION IS NECESSARY.**
2. If family health care coverage is available for which the child(ren) identified above may be eligible, you are required to:
  - a. Transfer, not later than 20 business days after the date of this Notice, a copy of **Part B - Medical Support Notice to the Plan Administrator** to the Administrator of each appropriate group health plan for which the child(ren) may be eligible, complete item 7, and
  - b. Upon notification from the Plan Administrator(s) that the child(ren) is/are enrolled, either
    - 1) withhold from the employee's income any employee contributions required under each group health plan, in accordance with the applicable law of the employee's principal place of employment and transfer employee contributions to the appropriate plan(s), or
    - 2) complete item 5 of the Employer Response to notify the Issuing Agency that enrollment cannot be completed because of prioritization or limitations on withholding.
  - c. If the Plan Administrator notifies you that the employee is subject to a waiting period that expires more than 90 days from the date of its receipt of **Part B** of this Notice, or whose duration is determined by a measure other than the passage of time (for example, the completion of a certain number of hours worked), complete item 6 of the Employer Response to notify the Issuing Agency of the enrollment timeframe and notify the Plan Administrator when the employee is eligible to enroll in the plan and that this Notice requires the enrollment of the child(ren) named in the Notice in the plan.
3. If the Termination Order/Notice (Optional) checkbox is checked, you are required to terminate the health care coverage for the child(ren) identified in the order unless the employee has indicated that they want to continue coverage voluntarily.

## DURATION OF WITHHOLDING

The child(ren) shall be treated as dependents under the terms of the plan. Coverage of a child as a dependent will end when conditions for eligibility for coverage under terms of the plan no longer apply. However, the continuation coverage provisions of ERISA may entitle the child to continuation coverage under the plan. The employer must continue to withhold employee contributions and may not disenroll (or eliminate coverage for) the child(ren) unless:

1. The employer is provided satisfactory written evidence that:
  - a. The court or administrative child support order referred to in this Notice is no longer in effect; or
  - b. The child(ren) is or will be enrolled in comparable coverage which will take effect no later than the effective date of disenrollment from the plan; or
2. The employer eliminates family health coverage for all of its employees.

## POSSIBLE SANCTIONS

An employer may be subject to sanctions or penalties imposed under State law and/or ERISA for discharging an employee from employment, refusing to employ, or taking disciplinary action against any employee because of medical child support withholding, or for failing to withhold income, or transmit such withheld amounts to the applicable plan(s) as the Notice directs. Sanctions or penalties may be imposed under State law against an employer for failure to respond and/or for non-compliance with this Notice.

## NOTICE OF TERMINATION OF EMPLOYMENT

In any case in which the above employee's employment terminates, the employer must promptly notify the Issuing Agency listed above of such termination. This requirement may be satisfied by sending to the Issuing Agency a copy of Part A with response 4 checked or any notice the employer is required to provide under the continuation coverage provisions of ERISA or the Health Insurance Portability and Accountability Act.

## EMPLOYEE LIABILITY FOR CONTRIBUTION TO PLAN

The employee is liable for any employee contributions that are required under the plan(s) for enrollment of the child(ren) and is subject to appropriate enforcement. The employee may contest the withholding under this Notice based on a mistake of fact (such as the identity of the obligor). Should an employee contest the withholding under this Notice, the employer must proceed to comply with the employer responsibilities in this Notice until notified by the Issuing Agency to discontinue withholding. To contest the withholding under this Notice, the employee should contact the Issuing Agency at the address and telephone number listed on the Notice. With respect to plans subject to ERISA, it is the view of the Department of Labor that Federal Courts have jurisdiction if the employee challenges a determination that the Notice constitutes a Qualified Medical Child Support Order.

## CONTACT FOR QUESTIONS

If you have any questions regarding this Notice, you may contact the Issuing Agency at the address and telephone number listed on page 1 of this Notice.

# Medical Support National Medical Support Notice - Part B





STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
DIVISION OF CHILD SUPPORT (DCS)

## Cover Letter for the National Medical Support Notice - Part B - Medical Support Notice to Plan Administrator

**This Notice Contains Confidential Information:** Employer, employee, child, and custodial parent address information contained in Part B of the *National Medical Support Notice* is confidential. **Do not** give address information or a copy of the first page of the form to the employee, custodial parent, or family member, relative, or friend of either party.

1. NOTE: Letter C in the [Instructions to Plan Administrator](#) states, "Any required notification of the custodial parent, children and / or participant may be satisfied by sending the party a copy of the Plan Administrator Response, if appropriate."
2. If the Plan Administrator sends a party, other than the Issuing Agency, a copy of the **Plan Administrator Response**, the Plan Administrator **must not** send the party a copy of the first page of the **Medical Support Notice to Plan Administrator**.

For federal audit purposes, the Division of Child Support (DCS) must have the employee's insurance information in the DCS case files. DCS must send the insurance information to the Medicaid Agency when the employee's child receives Medicaid. DCS needs the insurance information specified in the attached **Washington State Addendum to Box 2 of Part B - Plan Administrator Response**.

- **If you mark box 2 on the Plan Administrator Response form, please complete the Addendum and return it to DCS with your Response.** In lieu of completing the form, you may attach any preprinted information that provides the name, address, telephone numbers, policy numbers, and group numbers for claims submission.

### Information regarding the health insurance premium costs:

1. When the **employee is already enrolled** in a health insurance plan and the employer or plan administrator adds only the children, then only the children's portion of the health insurance premium applies to the Consumer Credit Protection Act (CCPA) limitation on withholding for cash and medical support.
2. When the **employee is not already enrolled** in a health insurance plan and must be enrolled in order to enroll the children, then both the employee's and children's health insurance premium applies to the CCPA limitation on withholding for cash and medical support.
3. Use the premium amount limits marked below to determine if you have to enroll the eligible children listed on the **National Medical Support Notice** in an available health insurance plan. If there are multiple **National Medical Support Notice** forms for the employee, please add the insurance premium amounts for the notices to determine the total premium amount limit. Enroll the children in the least expensive plan that provides the children coverage. The premium amount listed here applies only to an additional cost to add the children to the plan. It does not include the cost the employee has to pay for employee coverage only.
  - a.  Enroll the children only if you can do so at no cost to the employee.
  - b.  Enroll the children only if you pay all or part of the premium to cover the children.
  - c.  Enroll the children only if the employee's premium (to cover the children only) is not more than \$ 125.00 each month. If the premium exceeds this amount, you do not have to enroll the children.
  - d.  There is no set limit for the employee's premium amount (to cover the children only).

For more information, visit the DCS website at: <https://www.dshs.wa.gov/esa/division-child-support/medical-support>

**NATIONAL MEDICAL SUPPORT NOTICE - PART B**  
**MEDICAL SUPPORT NOTICE TO PLAN ADMINISTRATOR**

This Notice is issued under section 466(a)(19) of the Social Security Act, section 609(a)(5)(C) of the Employee Retirement Income Security Act of 1974 (ERISA), and for State and local government and church plans, sections 401(e) and (f) of the Child Support Performance and Incentive Act of 1998 (CSPIA). Receipt of this Notice from the Issuing Agency constitutes receipt of a Medical Child Support Order under applicable law. The rights of the parties and the duties of the plan administrator under this Notice are in addition to the existing rights and duties established under such law. The information on the Custodial Parent and Child(ren) contained on this page is confidential and should not be shared or disclosed with the employee. NOTE: For purposes of this form, the Custodial Parent may also be the employee when the State opts to enforce against the Custodial Parent.

|   |   |
|---|---|
| Issuing Agency: STATE OF WASHINGTON<br>DIVISION OF CHILD SUPPORT<br>Issuing Agency Address: PO BOX 11520<br>TACOMA WA 98411-5520<br>Notice Date: 12/27/2021<br>CSE Agency Case Identifier: 22334455<br>Telephone Number: 1-800-457-6202<br>FAX Number: 1-866-668-9518 | Court or Administrative Authority:<br>Order Date: 1/1/2018<br>Order Identifier: 18-01-00001<br>Document Tracking Identifier:<br>Employer Web Site: www.dshs.wa.gov/dcs/Employers/employers1.asp<br>See NMSN Instructions: <a href="http://www.acf.hhs.gov/programs/css/resource/national-medical-support-notice-form">http://www.acf.hhs.gov/programs/css/resource/national-medical-support-notice-form</a> |
|---|---|

RE: John Smith

Employer/Withholder's Federal EIN Number  
 ACME Consulting

Employee's Name (Last, First, MI)  
 123-45-6789

Employer/Withholder's Name  
 123 Main St  
 Springfield, WA 98501

Employee's Social Security Number  
 234 First St  
 Springfield, WA 98501

Employer/Withholder's Address  
 Jane Smith

Employee's Mailing Address

Custodial Parent's Name (Last, First, MI)  
 345 Second Street  
 Springfield, WA 98501

Substituted Official/Agency Name

Custodial Parent's Mailing Address

Substituted Official/Agency Address  
 (Required if Custodial Parent's mailing address is left blank)

Child(ren)'s Mailing Address (if Different from Custodial Parent's)

Mailing Address of a Representative of the Child(ren)

Name and Telephone of a Representative of the Child(ren)

| Child(ren)'s Name(s) | Gender | DOB      | SSN         |
|----------------------|--------|----------|-------------|
| Robert Smith         | M      | 2/2/2012 | 234-56-7890 |

The order requires the child(ren) to be enrolled in  any health coverages available; or  only the following coverage(s):  
 Medical;  Dental;  Vision;  Prescription drug;  Mental health;  Other (specify):

THE PAPERWORK REDUCTION ACT OF 1995 (P.L. 104-13) THE PAPERWORK REDUCTION ACT OF 1995 (P.L. 104-13) No persons are required to respond to a collection of information unless it displays a valid OMB control number. The time required to complete this information collection is estimated to average 20 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete the review of the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form please write to: Joseph Piacentini, Office of Policy and Research, Department of Labor, Employee Benefits Security Administration, 200 Constitution Avenue NW, Room-N5718, Washington, DC 20210 or email [ebssa.opr@dol.gov](mailto:ebssa.opr@dol.gov) and reference the OMB Control Number. **OMB control number: 1210-0113 Expiration Date: 10/31/2022.**





# Medical Support Answer Form - Plan Administrator Response



### PLAN ADMINISTRATOR RESPONSE

(To be completed and returned to the Issuing Agency within 40 business days after the date of the Notice, or sooner if reasonable)

Case # 2345678 (to be completed by the issuing agency)

Employer name: \_\_\_\_\_

This Notice was received by the plan administrator on \_\_\_\_\_.

1. This Notice was determined to be a "qualified medical child support order," on \_\_\_\_\_.

Complete **Response 2 or 3, and 4**, if applicable.

2. The participant (employee) and alternate recipient(s) (child(ren)) are to be enrolled in the following family coverage.

- a. The child(ren) is/are currently enrolled in the plan as a dependent of the participant.
- b. There is only one type of coverage provided under the plan. The child(ren) is/are included as dependents of the participant under the plan.
- c. The participant is enrolled in an option that is providing dependent coverage and the child(ren) will be enrolled in the same option.
- d. The participant is enrolled in an option that permits dependent coverage that has not been elected; dependent coverage will be provided.

Coverage is effective as of \_\_\_\_\_ (includes waiting period of less than 90 days from date of receipt of this Notice). The child(ren) has/have been enrolled in the following option (if plan is insured, identify provider, policy and group numbers): \_\_\_\_\_. Any necessary withholding should commence if the employer determines that it is permitted under State and Federal withholding and/or prioritization limitations.

3. There is more than one option available under the plan and the participant is not enrolled. The Issuing Agency must select from the available options. Each child is to be included as a dependent under one of the available options that provide family coverage. If the Issuing Agency does not reply within 20 business days of the date this Response is returned, the child(ren), and the participant if necessary, will be enrolled in the plan's default option, if any:

\_\_\_\_\_.

4. The participant is subject to a waiting period that expires \_\_\_\_\_ (more than 90 days from the date of receipt of this Notice), or has not completed a waiting period which is determined by some measure other than the passage of time, such as the completion of a certain number of hours worked (describe here: \_\_\_\_\_).

At the completion of the waiting period, the plan administrator will process the enrollment.

5. This Notice does not constitute a "qualified medical child support order" because:

- The name of the child(ren) or participant is unavailable.
- The mailing address of the child(ren) (or a substituted official) or participant is unavailable.
- The following child(ren) is/are at or above the age at which dependents are no longer eligible for coverage under the plan (insert name(s) of child(ren)).

\_\_\_\_\_

Plan Administrator or Representative:

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

## INSTRUCTIONS TO PLAN ADMINISTRATOR

This Notice has been forwarded from the employer identified above to you as the plan administrator of a group health plan maintained by the employer (or a group health plan to which the employer contributes) and in which the noncustodial parent/participant identified above is enrolled or is eligible for enrollment.

This Notice serves to inform you that the noncustodial parent/participant is obligated by an order issued by the court or agency identified above to provide health care coverage for the child(ren) under the group health plan(s) as described on **Part B**.

- (A) If the participant and child(ren) and their mailing addresses (or that of a Substituted Official or Agency) are identified above, and if coverage for the child(ren) is or will become available, this Notice constitutes a "qualified medical child support order" (QMCSO) under ERISA or CSPIA, as applicable. (If any mailing address is not present, but it is reasonably accessible, this Notice will not fail to be a QMCSO on that basis.) **You must, within 40 business days of the date of this Notice,** or sooner if reasonable:
- (1) Complete Part B - Plan Administrator Response - and send it to the Issuing Agency:
    - ((a) if you checked Response 2:
      - (i) notify the noncustodial parent/participant named above, each named child, and the custodial parent that coverage of the child(ren) is or will become available (notification of the custodial parent will be deemed notification of the child(ren) if they reside at the same address);
      - (ii) furnish the custodial parent a description of the coverage available and the effective date of the coverage, including, if not already provided, a summary plan description and any forms, documents, or information necessary to effectuate such coverage, as well as information necessary to submit claims for benefits;
    - (b) if you checked Response 3:
      - (i) if you have not already done so, provide to the Issuing Agency copies of applicable summary plan descriptions or other documents that describe available coverage including the additional participant contribution necessary to obtain coverage for the child(ren) under each option and whether there is a limited service area for any option;
      - (ii) if the plan has a default option, you are to enroll the child(ren) in the default option if you have not received an election from the Issuing Agency within 20 business days of the date you returned the Response. If the plan does not have a default option, you are to enroll the child(ren) in the option selected by the Issuing Agency.
    - (c) if the participant is subject to a waiting period that expires more than 90 days from the date of receipt of this Notice, or has not completed a waiting period whose duration is determined by a measure other than the passage of time (for example, the completion of a certain number of hours worked), complete Response 4 on the Plan Administrator Response and return to the employer and the Issuing Agency, and notify the participant and the custodial parent; and upon satisfaction of the period or requirement, complete enrollment under Response 2 or 3, and
    - (d) upon completion of the enrollment, transfer the applicable information on Part B - Plan Administrator Response to the employer for a determination that the necessary employee contributions are available. Inform the employer that the enrollment is pursuant to a National Medical Support Notice.
- (B) If within 40 business days of the date of this Notice, or sooner if reasonable, you determine that this Notice does not constitute a QMCSO, you must complete Response 5 of Part B - Plan Administrator Response and send it to the Issuing Agency, and inform the noncustodial parent/participant, custodial parent, and child(ren) of the specific reasons for your determination.
- (C) Any required notification of the custodial parent, child(ren) and/or participant may be satisfied by sending the party a copy of the Plan Administrator Response, if appropriate. You may choose to furnish these notifications electronically in accordance with the requirements of the Department of Labor's electronic disclosure regulation codified at 29 C.F.R. 2520.104b-1(c).

## UNLAWFUL REFUSAL TO ENROLL

Enrollment of a child may not be denied on the ground that: (1) the child was born out of wedlock; (2) the child is not claimed as a dependent on the participant's Federal income tax return; (3) the child does not reside with the participant or in the plan's service area; or (4) because the child is receiving benefits or is eligible to receive benefits under the State Medicaid plan. If the plan requires that the participant be enrolled in order for the child(ren) to be enrolled, and the participant is not currently enrolled, you must enroll both the participant and the child(ren) regardless of whether the participant has applied for enrollment in the plan. All enrollments are to be made without regard to open season restrictions.

## PAYMENT OF CLAIMS

A child covered by a QMCSO, or the child's custodial parent, legal guardian, or the provider of services to the child, or a State agency to the extent assigned the child's rights, may file claims and the plan shall make payment for covered benefits or reimbursement directly to such party.

## PERIOD OF COVERAGE

The alternate recipient(s) shall be treated as dependents under the terms of the plan. Coverage of an alternate recipient as a dependent will end when similarly situated dependents are no longer eligible for coverage under the terms of the plan. However, the continuation coverage provisions of ERISA or other applicable law may entitle the alternate recipient to continue coverage under the plan. Once a child is enrolled in the plan as directed above, the alternate recipient may not be disenrolled unless:

1. The plan administrator is provided satisfactory written evidence that either:
  - a. The court or administrative child support order referred to above is no longer in effect, or
  - b. The alternate recipient is or will be enrolled in comparable coverage which will take effect no later than the effective date of disenrollment from the plan;
2. The employer eliminates family health coverage for all of its employees; or
3. Any available continuation coverage is not elected, or the period of such coverage expires.

## CONTACT FOR QUESTIONS

If you have any questions regarding this Notice, you may contact the Issuing Agency at the address and telephone number listed above

## Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately 20 minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email [ebsa.opr@dol.gov](mailto:ebsa.opr@dol.gov) and reference the OMB Control Number 1210-0113. Expiration Date: 10/31/2022



STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
DIVISION OF CHILD SUPPORT (DCS)

**Washington State Addendum to Box 2 of Part B - Plan Administrator Response**

TO: DIVISION OF CHILD SUPPORT  
PO BOX 11520  
TACOMA WA 98411-5520

**RE:** John Smith  
SSN: 123-45-6789  
IV-D CASE NUMBER: 2345678

EMPLOYER: ACME Consulting

FROM: \_\_\_\_\_ (Name of Plan Administrator or Employer Representative)

The children listed in **Part B, Medical Support Notice to Plan Administrator** are enrolled in the following plan(s). Send all claims to the names and addresses provided below.

| HEALTH INSURANCE PLAN    |                   |
|--------------------------|-------------------|
| COMPANY NAME AND ADDRESS | POLICY NUMBER:    |
|                          | GROUP NUMBER:     |
|                          | TELEPHONE NUMBER: |
|                          | EFFECTIVE DATE:   |

| DENTAL INSURANCE PLAN    |                   |
|--------------------------|-------------------|
| COMPANY NAME AND ADDRESS | POLICY NUMBER:    |
|                          | GROUP NUMBER:     |
|                          | TELEPHONE NUMBER: |
|                          | EFFECTIVE DATE:   |

| PRESCRIPTION DRUG INSURANCE PLAN |                   |
|----------------------------------|-------------------|
| COMPANY NAME AND ADDRESS         | POLICY NUMBER:    |
|                                  | GROUP NUMBER:     |
|                                  | TELEPHONE NUMBER: |
|                                  | EFFECTIVE DATE:   |

| VISION INSURANCE PLAN    |                   |
|--------------------------|-------------------|
| COMPANY NAME AND ADDRESS | POLICY NUMBER:    |
|                          | GROUP NUMBER:     |
|                          | TELEPHONE NUMBER: |
|                          | EFFECTIVE DATE:   |

Amount of monthly premium required to cover the children: \$ \_\_\_\_\_

Check the applicable box below.

- ID cards/benefit information:  Will be sent to the children's custodian.  
 Will be sent to the Division of Child Support.  
 Will not be sent.

WASHINGTON STATE ADDENDUM TO BOX 2 OF PART B - PLAN ADMINISTRATOR RESPONSE  
DSHS 09-728 (REV. 01/2008)



## Medical Support Frequently Asked Questions



## Responding to the Medical Notice

### 1. How do I respond to the Notice?

Within 20 business days after the date of the notice, complete and send the Employer Response to DCS or call DCS with the information.

### 2. We do our own insurance enrollments. We do not have a plan administrator. How do I respond to DCS?

If the children are eligible for insurance, enroll the children. Complete both the Plan Administrator Response and the Washington State Addendum to Box 2 of Part B – Plan Administrator Response, returning both forms to DCS within 40 business days of the Notice.

### 3. We do not offer insurance to our employees and it is not available through a union, what do I do?

Check box 2 on the Employer Response form and send the response to DCS within 20 business days after the date of the notice.

### 4. Our employees have insurance through a union. What do I do?

- Send Part B Medical Support Notice to Plan Administrator (including the Cover Letter and Washington State Addendum to Box 2) to the union's third party administrator.
- Check box 7 on the Employer Response form, enter the date Part B was sent, and send the Employer Response to DCS.

### 5. Should we notify DCS when the insured employee leaves our employ?

Yes. The employer must promptly notify DCS when the employee is no longer employed.

### 6. What could happen if we fail to comply with the Notice?

Under Washington State law, an employer who fails or refuses to comply with the Notice can be fined up to \$1,000 per occurrence.

## Enrolling the Children and Premium Limits

### 7. What if the cost of the children's coverage exceeds the premium amount shown on the Notice?

Check box 5 on the Employer Response form, write in the cost for the dependent coverage, and send the form to DCS. (Example: Premium cost is \$ \_\_\_\_\_.)

### 8. We cannot enroll the children because the employee is not enrolled. Do we have to enroll the employee?

YES. As long as both the following are true:

- The cost of the children's premium does not exceed the limit in the Notice.
- The combined current child support and premium amount [for the employee and children] does NOT exceed 50 percent of the employee's net disposable income.

### 9. Does the premium limit shown on the Notice include the amount the employee has to pay for themselves and the children?

NO. The premium limit on the Notice applies only to the additional cost the employee has to pay for the children's coverage.

EXAMPLE: If the cost for the employee-only coverage is \$33 per month and the cost for the employee plus children is \$85 per month, then the additional cost for the children's coverage is \$52 per month: ( $\$85 - \$33 = \$52$ ).

- If the premium limit on the Notice is \$52 or more, you must enroll both the employee and the children.
- If the premium limit is less than \$52, you do not have to enroll either the employee or the children.



### 10. I received two (or more) Notices for one employee. How do I determine the employee's premium limit for the children?

The "Cover Letter for the National Medical Support Notice – Part A", Section #2 shows how much the employee has to pay for the children on each Notice.

- Add the amount on each Notice together to get a total. This is the most the employee has to pay to cover the children listed on the Notices.
- If one or more of the Notices has "no limit", the total is "no limit."
- If the cost to enroll the children is more than the total premium limit, check box 5 on the Employer Response form, write in the cost for the dependent coverage, and send the form to DCS. (Example: Premium cost is \$ \_\_\_\_\_.)

### 11. We offer multiple insurance plans. How do we determine which plan to enroll the children in?

If the employee is already enrolled, enroll the children in the same plan as the employee.

If the employee is not enrolled and there are multiple plans that would cover the children within the premium limit, DCS will select the plan. Provide DCS the following information about each plan:

- Description of the coverage.
- The additional cost the employee would have to pay to cover the children.
- Whether there is a limited service area for the plan.  
If the cost to enroll the children is more than the total premium limit, check box 5 on the Employer Response form, write in the cost for the dependent coverage, and send the form to DCS. (Example: Premium cost is \$ \_\_\_\_\_.)

### 12. The employee is enrolled in a local HMO plan that will provide only emergency coverage to the child. There is a Preferred Provider Plan available that has medical providers where the child lives. Should we change the employee to the Preferred Provider Plan?

DCS does not require that the employee be moved to another plan. Some plan administrators will make the employee change plans to one that will cover the child where the child lives when the employee is the only one on the plan. This decision is up to the individual plan administrator.

### 13. The employee and dependents are eligible for coverage, but the child lives outside the plan's service area. What should we do?

Under Washington State law, the employee is required to provide "Accessible Coverage" to the child.

"Accessible Coverage" means health insurance coverage that provides primary care services to the children with reasonable effort by the custodian.

Do not enroll the child if the coverage is not accessible to the child. Notify DCS that the child cannot be enrolled and explain why.

## Withholding Limits

### 14. When the employee works in Washington State, the most we can withhold for child support is 50 percent of the employee's net disposable earnings. How does the health insurance premium figure into the 50 percent limit?

When the employer has to enroll only the children, the cost to enroll the children plus the current support cannot exceed the 50 percent limit.

When the employer has to enroll the children and the employee, the cost to enroll both plus the current support cannot exceed the 50 percent limit.

Example 1: The employee is already enrolled and paying a premium of \$28. The additional cost to enroll the children is \$46. The employer should enroll the children if the cash support amount plus the children's premium cost (\$46) does not exceed 50 percent of the employee's net disposable income.

Example 2: The employee is not enrolled. The cost to enroll the employee is \$20.50. The additional cost to enroll the children is \$39.50. The total for both is \$60. The employer should enroll the employee and children if the cash support amount plus the employee's and children's premium cost (\$60) does not exceed 50 percent of the employee's net disposable income.

When they cannot be enrolled because of the 50 percent limit, check box 5 on the Employer Response form and send the form to DCS. Please note on the form the child support plus the premium would exceed the 50 percent withholding limit.

**15. What is the priority of withholding in Washington State?**

If an employee's principal place of employment is in Washington State, the priority of withholding is current support first, the health insurance premium second, and past-due support last.

If an employee's principal place of employment is outside of Washington State, contact the child support agency in that state for their rules.

**Once the Children are Enrolled**

**16. What information should the plan administrator or the employer give to DCS when the children are enrolled?**

DCS needs the insurance company name, address, telephone number, and the employee's policy or member number, and group number. The plan administrator or the employer must complete the Washington State Addendum to Box 2 of Part B – Plan Administrator Response or provide documents containing this information.

**17. How will I know if the plan administrator enrolls the children?**

The plan administrator will notify you to withhold the premium from the employee's earnings once the children are enrolled.

**Objections by the Employee**

**18. What if the employee objects to enrolling the children or withholding income to pay for the coverage?**

Tell the employee to contact DCS if they wish to object. The employer must continue to withhold the premiums until notified by DCS to discontinue withholding.

**19. What if the employee tells the employer the children are already covered under a private pay plan, a current spouse, or have benefits through Indian Health Services?**

Tell the employee to contact DCS immediately and provide proof of coverage. The employer must continue to withhold the premiums until notified by DCS to discontinue withholding.

**Plan Administrators**

**20. What is the plan administrator?**

The plan administrator is the person, union's third party administrator, or other contracted organization designated to enroll employees and their dependents in insurance plans.

**Notices from Other States**

**21. If I received a Notice from another state, which state's laws apply?**

If an employee's principal place of employment is in Washington State, Washington State laws apply.

If an employee's principal place of employment is outside of Washington State, contact the child support agency in that state for their rules.



# Employer Inquiry Letter

DIVISION OF CHILD SUPPORT  
PO BOX 11520  
TACOMA WA 98411-5520

STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
DIVISION OF CHILD SUPPORT (DCS)



ACME Consulting  
123 Main St  
Springfield, WA 98501

RE: John Smith

AKA: John Doe

AKA:

SSN: 123-45-6789

DATE: 1/4/2021

### Employer Inquiry

The Division of Child Support (DCS) needs your help to get information about the above-named person. If you live, do business, or have assets in Washington State, RCW 74.04.290 allows DCS to use this form instead of a subpoena.

If you subscribe to The Work Number, VerifyDirect, etc. enter the name of your service provider here.

If you are a tribe, tribally-owned business, or Indian business located on a reservation, please select the employer category below that applies to you and enter your Federal Employer Identification Number (FEIN) here:  
(If you do not have a number, enter *none*.)

Tribe     Tribally-owned business     Indian-owned business located on a reservation

DCS will use this information to help prevent inappropriate mailings to you in the future. Thank you.

Please answer **only the questions that DCS marked** about the above-named person. If you do not have the information, enter **unknown**.

- 1.  Social security number: \_\_\_\_\_
- 2.  Birth date: \_\_\_\_\_
- 3.  Last-known address: \_\_\_\_\_

Telephone number: (       ) \_\_\_\_\_

4.  Gross earnings (excluding bonuses) for the period 1/1/2021 through 12/31/2021.

| Month | Year  | Gross Earnings | Month | Year  | Gross Earnings |
|-------|-------|----------------|-------|-------|----------------|
| _____ | _____ | _____          | _____ | _____ | _____          |
| _____ | _____ | _____          | _____ | _____ | _____          |
| _____ | _____ | _____          | _____ | _____ | _____          |
| _____ | _____ | _____          | _____ | _____ | _____          |
| _____ | _____ | _____          | _____ | _____ | _____          |

5.  Bonuses paid for the period \_\_\_\_\_ through \_\_\_\_\_ .  
 Month                      Year                      Gross Bonus                      Month                      Year                      Gross Bonus  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

6.  Currently employed by you?  Yes  No Date hired: \_\_\_\_\_  
 Last date paid: \_\_\_\_\_ Pay rate: \_\_\_\_\_  
 Paid:  Weekly  Biweekly  Monthly  Semi monthly  Other \_\_\_\_\_

a. If **currently employed by you**, answer questions (1) - (5) below.

(1) Is health insurance available for the employee's children through:

Your company?  Yes  No

A union?  Yes  No

(2) If health insurance **is available**, are the employee's children enrolled?  Yes  No. If yes, provide:

Insurance Company Name  
 \_\_\_\_\_

P.O. Box or Street Address  
 \_\_\_\_\_

City

State

ZIP Code  
 \_\_\_\_\_

Policy / Group Number

Effective Date  
 \_\_\_\_\_

(3) Types of coverage offered:  Medical  Dental  Other \_\_\_\_\_

(4) Names of the children covered by the health insurance.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(5) Monthly premium paid by the employee for the children's health insurance coverage: \$ \_\_\_\_\_

b. If **not currently employed by you**, answer questions (1) - (2) below.

(1) Do you plan to rehire?  Yes  No. If yes, on what date do you plan to rehire? \_\_\_\_\_

(2) List the present employer.

Employer Name  
 \_\_\_\_\_

P.O. Box or Street Address

Telephone Number

(       )

City

State

ZIP Code  
 \_\_\_\_\_

7.  Union Name

Local Affiliation Number

\_\_\_\_\_  
P.O. Box or Street Address

\_\_\_\_\_  
City

State

ZIP Code

8.  Other information (please answer on a separate sheet and attach it to this form):

Please provide the normal work schedule and work location for Mr. Smith, thank you.

Return this form with the requested information in the enclosed return mail envelope or by fax to the DCS fax number listed below.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
NAME OF PERSON ENTERING INFORMATION (PLEASE PRINT)

(       )

\_\_\_\_\_  
TELEPHONE NUMBER (INCLUDE AREA CODE)

\_\_\_\_\_  
TITLE

If you have questions, contact:  
DIVISION OF CHILD SUPPORT  
PO BOX 11520  
TACOMA WA 98411-5520

Within Olympia \_\_\_\_\_ calling area 360-664-5200

Outside Olympia \_\_\_\_\_ calling area 1-800-457-6202

Fax: 866-668-9518

TTY/TDD services available for the speech or hearing impaired.

Visit our web site at: [www.dshs.wa.gov/esa/division-child-support](http://www.dshs.wa.gov/esa/division-child-support)

In reply, refer to case numbers: 2345678

No person because of race, color, national origin, creed, religion, sex, age, or disability, shall be discriminated against in employment, services, or any aspect of the program's activities. This form is available in alternative formats upon request.



## Payment Options

**In this section, you will learn about the following:**

- ▶ *How Payments Should Be Sent*
- ▶ *The Benefits of Electronic Payments*
- ▶ *How to Register to Pay Electronically*

# Payment Options

Employers are a key partner in Washington State's child support program, remitting approximately 70% of child support payments. Employers are required to withhold and remit payments to the Washington State Support Registry (WSSR) within 7 business days.

## Electronic Payments

Effective Jan. 1, 2019 most employers or other business that receives an Income Withholding Order (IWO) from DSHS-DCS, must send payments electronically. Electronic payments are faster, safer and less expensive than paper checks. The new law applies to businesses that have:

- 10 or more employees or contractors, or
- less than 10 employees if the business receives IWOs for more than one employee, or
- if the business uses a payroll processing company, or
- if the business is required to file and pay taxes electronically to the Department of Revenue.

*Note: Tribal businesses and enterprises are exempt from this law, but are encouraged to choose this option.*

DCS offers a variety of Electronic Funds Transfer/Electronic Data Interchange (EFT/EDI) options for employers.

## INTERNET

- Remit payments using the Division of Child Support online payment service DCSONline.
- Employers can easily build an employee file, select each payment's delivery date and schedule future payments.
- Powered by Secure Access Washington which provides easy access to secure services.
- To get started, go to [secureaccess.wa.gov](http://secureaccess.wa.gov)

## REPETITIVE AUTOMATED CLEARING HOUSE (ACH) DEBIT

- Employers can authorize DCS to automatically deduct the payment from their bank account.
- The deduction continues on the same day(s) each month until the employer notifies DCS to stop.
- This method works well for employers with a small, stable work force and for employees whose payment amounts do not change.



### ACH CREDIT

- Employers can transfer funds to the DCS bank account, similar to direct deposit.
- The employee identification and payment information is sent in the form of an EDI addenda record with the EFT payment.
- DCS can accept payments in both the CCD+ and CTX standardized child support formats.
- Please see formatting instructions in the User Guide for Electronic Child Support Payments at: [www.dshs.wa.gov/sites/default/files/ESA/dcs/documents/UserGuide.pdf](http://www.dshs.wa.gov/sites/default/files/ESA/dcs/documents/UserGuide.pdf).
- Employers should contact their own financial institution for help with formats, standards and technical requirements.

For more information, call the EFT Help Desk at 1-800-468-7422 or 360-664-5103.

### Payments by Check

Washington State Support Registry  
PO Box 45868  
Olympia, WA 98504-5868

- Use a single check for payments of more than one employee.
- Please include the name, case number, social security number and amount for each employee.

Related Laws: RCW 26.23.070





## Contact Information and Resources

# Employer Resources

## **Contact Information:**

Division of Child Support (DCS)

[www.childsupportonline.wa.gov](http://www.childsupportonline.wa.gov)

800-457-6202

DCS Employer Relations

800-562-0479

## **Employer Resources / Guides / Workbook:**

<https://www.dshs.wa.gov/esa/division-child-support/employer-resources>

## **New Hire Reporting:**

[www.newhire.wa.gov](http://www.newhire.wa.gov)

800-562-0479

## **Electronic Payments:**

800-468-7422 (EFT Customer Service)

## **Secure Access Washington (SAW) DSHS Services, DCSONline:**

[secureaccess.wa.gov](http://secureaccess.wa.gov)

## Resources available through the Office of Child Support Enforcement (OCSE)

[www.acf.hhs.gov/css/employers/child-support-portal](http://www.acf.hhs.gov/css/employers/child-support-portal)

### **Multistate Employer Registry:**

This allows employers who have employees working in more than one state, to register as a multistate employer and report all of their new hires to a single state.

### **e-IWO:**

e-IWO is an efficient and cost-effective way to electronically receive and answer child support income withholding orders.

### **eTerm:**

With Electronic Termination (eTerm), employers can report their employee terminations online. Once registered, employers can upload files or enter terminated employee information individually.

### **Bonus/Lump Sum Reporting:**

Employee bonuses and other lump sum payments are considered income that can be garnished to collect child support. Online Lump Sum Reporting is an easy way for employers to notify many states at once about upcoming payments.





