

Welcome to the 2019 Employer Forum



VENTURA COUNTY DEPARTMENT OF CHILD SUPPORT SERVICES



County of Ventura Department of Child Support Services

WELCOME

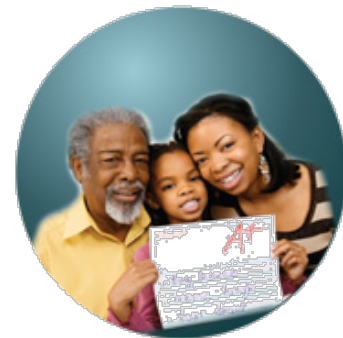
Maria Bustillos

Supervising Child Support Specialist



County of Ventura Department of Child Support Services

INCOME WITHHOLDING ORDER REQUIREMENTS



Michael Marcelo

Senior Child Support Attorney

What To Expect

- The Department is required to send an Income Withholding Order (IWO) to employers on all cases that we enforce.
- Since Child Support Obligations can change over time, the Department will update employers of these changes through an Amended IWO.
- The Department may also terminate an IWO if the Child Support Obligation is no longer due.

I Received An IWO: Now What?

You must begin withholding no later than the 1st pay period that occurs 10 days after the IWO date

1. Within 10 days of receipt of IWO packet you must provide employee with a copy of the IWO AND a Request for Hearing Regarding Earnings Assignment (FL-450)
2. Employers must also garnish their employees' wages according to the IWO
3. Employers are required by law to forward Child Support withholdings to the State Disbursement Unit (SDU)

*****Send payments within 7 business days of employee being paid*****



How Do I Know Which Employee To Garnish?

Your employee is identified in the cover letter by:

- NAME
- SOCIAL SECURITY NUMBER
- DATE OF BIRTH

VENTURA COUNTY DEPT. OF CHILD SUPPORT SERVICES
(VDCSS)
5171 VERDUGO WAY
CAMARILLO CA 93012-8603



EMPLOYER NAME:
ADDRESS:

Re: SIMPSON, HOMER

SSN: XXX-XX-XXXX
DOB: XX/XX/XXXX
CSE Case Number:
200000000000
Participant Number:
111000000000

Attention Payroll/Benefits Department:

Subject: Income Withholding for Support (IWO) OMB 0970-0154

Enclosed is an Income Withholding for Support (IWO) OMB 0970-0154 package. This package requires your immediate attention.

Legal Requirements

- The IWO requires you as an employer to deduct a portion of the employee's earnings as defined by Family Code (FC) section 5206 and forward this sum for payment on a support obligation.

Employer Responsibilities

- Remit *all* California income-withheld child support payments to the CA SDU
- Include necessary employee identification information
- Electronic payments are fast, efficient and the preferred way to streamline payment processing
- Electronic payments are required by law for many employers
 - ❖ CA Family Code 17309.5 - Employers required to remit EDD or FTB payments electronically must also remit child support electronically



Send Support To The SDU

Provide the following information for each employee:

- 1. Name as it appears on the IWO**
- 2. Social Security Number**
- 3. Employee Pay Date**
- 4. Case # or Court Order #**
- 5. Employee's Participant ID #**

How Much Should I Garnish?

The IWO provides specific amounts to withhold based on your pay cycle.

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

\$ 509.00 Per MONTH current child support
 \$ 127.25 Per MONTH past-due child support - **Arrears greater than 12 weeks?** ☐ Yes ☐ No
 \$ 0.00 Per MONTH current cash medical support
 \$ 0.00 Per MONTH past-due cash medical support
 \$ 0.00 Per MONTH current spousal support
 \$ 0.00 Per MONTH past-due spousal support
 \$ 0.00 Per MONTH other (must specify) _____.
 for a **Total Amount to Withhold** of \$ 636.25 per MONTH .

AMOUNTS TO WITHHOLD: 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:
 \$ 146.82 per weekly pay period \$ 318.12 per semimonthly pay period (twice a month)
 \$ 293.65 per biweekly pay period (every two weeks) \$ 636.25 per monthly pay period
 \$ _____ **Lump Sum Payment:** Do not stop any existing IWO unless you receive a termination order.

How Much Of My Employee's Wages Should Be Garnished?

Employers must apply this formula to determine what amount of their employees wages are available to satisfy the IWO:

(Gross Earnings – Mandatory Deductions)

- ❖ Wages, Commissions, Vacation pay, Bonuses, Dividends, Salary, Retirement, Royalties, Residuals
- ❖ Payments for independent contractor services
- ❖ State, Federal and Local Taxes
- ❖ Social Security Taxes
- ❖ Mandatory union dues
- ❖ Mandatory retirement (not 401K)

X 50%

= Disposable Income available to satisfy IWO(s)



One IWO Order

Gross Earnings	\$1800.00
<u>-Mandatory Deductions</u>	<u>-\$200.00</u>
Net Pay	\$1600.00
	x 50%
Disposable Income	<u>\$800.00</u>

IWO	Current Support	Arrears	Total
1	\$350	\$ 50	\$400
Allocate to DCSS?			\$400

Multiple IWO Orders

Gross Earnings	\$1800.00
<u>-Mandatory Deductions</u>	<u>-\$200.00</u>
Net Pay	\$1600.00
	x 50%
Disposable Income	\$800.00

IWO	Current Support	Arrears	Total
1	\$650	\$ 50	\$700
2	\$400	\$ 50	\$450
Allocate to DCSS?			\$1150

Send full \$800 and we will allocate the money to each case

Multiple Garnishments: Who Do I Pay First?

1. Child Support order
2. Bankruptcy order
3. Federal Administrative Garnishment
4. Federal Tax Levy*
5. Student Loan
6. State Tax Levy
7. Local Tax Levy
8. Creditor Garnishment
9. Employer deductions



**Federal levy received prior to Child Support order, takes precedence*

Employee Protection

Employers shall not do the following based on the existence of an IWO:

- ❖ Refuse to hire
- ❖ Discriminate
- ❖ Discipline
- ❖ Terminate



Importance Of Paying On Time

- **Negative impacts on employee**
 - License Suspension
 - Credit Reporting
 - Interest Charges
- **Failure to withhold and forward support is punishable by employer contempt**



Wage And Insurance Verification

- Signed under penalty of perjury by employer
- Used as evidence in court
- Avoids the need for a subpoena

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY
 DCSS 0230 (01/16/15)

DEPARTMENT OF CHILD SUPPORT SERVICES

WAGE AND INSURANCE VERIFICATION CSE Case Number: _____
 Participant Name: _____
 Employer Name: _____

EMPLOYEE/CASE PARTICIPANT IDENTIFICATION AND CONTACT INFORMATION (If you have different information, write new information in the blank spaces.)

A. Name: _____
 B. Social Security Number: _____
 C. Date of Birth: _____
 D. Address: _____
 E. Phone Number: _____

EMPLOYEE WORK STATUS (Check all applicable boxes and fill in requested information.)

☐ Never employed (If never employed, no need to complete form further. Just sign the certification on page 3 and return entire form.)

☐ Currently employed: ☐ Part-time ☐ Full-time ☐ Seasonal
 Usual season start date: _____ Usual season end date: _____

☐ No longer employed: Last date employed: _____
 Reason for termination of employment: _____
 New employer name and address: _____

Is there an Income Withholding Order for support on file in your business for this employee? ☐ Yes ☐ No
 What income tax filing status does employee report? ☐ Single ☐ Head of Household ☐ Married
 How many dependents does employee claim for income tax withholding purposes? _____

Termination Of Employment

When an employee is no longer employed, inform DCSS on or before the next payment is due and provide:

- **Employee's last known residence address**
- **Employee's last known telephone number**
- **New employer information (if known)**



Confidentiality

- The Department is required to follow strict confidentiality rules for all of the cases we enforce.
- Employers can only be given information to comply with the IWO and can only discuss a case as it relates to the employer's ability and/or obligation to process the IWO

DCSS cannot answer the following:

- Why is the order so high?
- How do you expect this person to live?
- Can we work out a better payment plan?



Employer Payment Options

- ACH (Automated Clearing House) Credit

- ❖ *Push* a payment from your account to the SDU account

- ACH Debit

- ❖ *Pull* a payment from your account to the SDU account

- Checks can be sent to:

PO Box 989067

West Sacramento, CA 95798-9067

Include:

- ❖ The employee name, social security number, CSE participant number, amount, date of withholding, court case #, and CSE case number for Non IV-D payments.

Electronic Payment Options

- **Benefits of electronic payment options:**
 - ❖ Fewer errors
 - ❖ No lost checks
 - ❖ Saves time and money
 - ❖ Reduces risk of theft and fraud
 - ❖ Faster SDU collection receipt and processing
 - ❖ It's green



ACH Credit Registration

There are two ways to register:

- Employers can complete the enrollment information online at the SDU website at www.casdu.com
 - ❖ You can download or print the [Employer Handbook](#)
- Employers can initiate the process by contacting the SDU by phone at (866) 901-3212 or e-mail at: casdu-electronichelpdesk@dcss.ca.gov
 - ❖ The SDU can send the employer an Enrollment Form

Enrollment

- Once Employers receive the Enrollment Form they must complete the form and return it to the SDU by fax, e-mail or mail.

❖ Fax: (888) 587-5471

❖ Email:

casdu-electronichelpdesk@dcss.ca.gov

❖ Mail: P.O. Box 981326

West Sacramento, CA
95798-1326

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY
CALIFORNIA DEPARTMENT OF CHILD SUPPORT SERVICES
P.O. Box 419004, Rancho Cordova, CA 95741-9004

Ernesto G. Brown Jr., Governor



If you would like to begin sending electronic payments to the California Department of Child Support Services, State Disbursement Unit using ACH Credit, please complete the following information and fax or mail (located below) the form to us. Our EFT Unit will contact you as soon as we receive the form to arrange a test file exchange.

Company:	
Company FEIN:	File Format: <input type="checkbox"/> CCD+ <input type="checkbox"/> CTX
Company Technical Contact Person:	
Phone:	Fax:
Email:	
Company Payroll Contact Person:	
Phone:	Fax:
Email:	
Additional Contact:	
Phone:	Fax:
Email:	
Company Mailing Address (for future information from California SDU):	

I hereby acknowledge receipt of the California DCSS instructions on EFT of child support payments from employers. I understand the requirements for a successful EFT transfer and our company agrees to comply with the requirements.

Acknowledged:	Date:
Print Name:	Title:

Please fax form to CASDU EHD 888-587-5471, or mail to:
Attention: EFT Unit
California State Disbursement Unit
PO Box 981326
West Sacramento, CA 95798-1326

Creating a Test File

- **Employers working with their financial institution and technical department, create and send a test file to the SDU**
- **Upon successful completion of the test file, the SDU sends employers an Authorization Letter that includes the bank routing and account number for transfer of funds**
- **Employers can begin sending payments to the SDU by ACH Credit**

ACH Debit Process

- To make ACH Debit payments using the CA SDU website, employers must first register
 - Once registered, employers can make payments by ACH Debit
 - ❖ By phone **(866) 901-3212**
 - ❖ Online **www.casdu.com**
 - ACH Debit payment methods include:
 - ❖ Direct withdrawal from checking or savings account
 - ❖ VISA or MasterCard credit or debit card
- *If your account has a Debit Block, contact your bank**

Registration For ACH Debit

Employer Registration

- Access www.casdu.com
- Click the **Employers** button to register to make payments electronically on behalf of employees
- Click the **Register Now** button

***Enroll to set up an electronic account**

Make a Payment

View Payment Options
Opciones de Pago en Español

Visit the enhanced Employer Resource Center.

NEED TO...

- Apply for Services
- Check My Child Support Payments
- Get Information / Forms
- Calculate Child Support
- Contact My Local Child Support Agency
- Contact CASS
- Contact Your Orders/Security

California State Disbursement Unit (SDU)

Today, child support payments are collected and processed by a single entity, the SDU. Enforced by federal law, the SDU processes 100% of child support payments that used to be handled at the Local Child Support Agencies.

Para tener acceso al aplicativo, por favor seleccione la opción apropiada.

Custodial Parties
Non-Custodial Parents
Employers
Replacement Payment

Employer

Employers required to pay electronically:

Pursuant to California Family Code §17309.5, if an employer pays taxes electronically to the Franchise Tax Board (FTB) or the Employment Development Department (EDD), then child support payments are required to be sent to the SDU using Electronic Funds Transfer (EFT).

ACH Credit Payments:

To obtain information on making payments using ACH credit, contact the number below.

LOGIN

Username and Password are case sensitive.

Username:

Password:

Submit

[Forgot your username?](#)
[Forgot your password?](#)

Login to your account to:

- Make payments on behalf of employees using a Visa or MasterCard credit or debit card
- Make payments on behalf of employees using a bank account
- Create and manage payment templates
- View electronic payment history
- Manage your user profile

If you do not have an account, register by clicking on the Register Now button below.

PROFILE SETUP

Register Now

- Fast and easy way to access your electronic payment account
- Immediately receive your password by email
- Store payment information for future use

Register to set up an electronic payment account

Password/Log on

Once you receive your password you may access www.casdu.com

❖ Enter your **Username** and the **Password** you received via e-mail

❖ Click the **Submit** button

You will be prompted to change your password

The screenshot shows the 'Employer Home' page of the CASDU system. On the left, there are two sections: 'I NEED TO...' and 'ADDITIONAL LINKS'. The 'I NEED TO...' section contains links like 'Apply for Services', 'Check My Child Support Account', 'Get Information / Forms', 'Calculate Child Support', 'Contact My Local Child Support Agency', and 'Contact DCSS'. The 'ADDITIONAL LINKS' section contains links like 'Child Support Handbook', 'Employer Handbook', 'Administrative Review Process', 'Compromise/Arrears Program', 'Parents Making Support Payments', and 'Families Receiving Support Payments'. The main content area on the right is titled 'Employer' and includes information about electronic payments, ACH Credit Payments, and a login section. The login section has fields for 'Username' and 'Password', a 'Submit' button, and links for 'Forgot your username?' and 'Forgot your password?'. To the right of the login fields, there is a list of login instructions. Below the login section is a 'PROFILE SETUP' section with a 'Register Now' button and a list of benefits. At the bottom, there is a 'NEED ASSISTANCE' section with a 'FAQs' button.

I NEED TO...

- Apply for Services
- Check My Child Support Account
- Get Information / Forms
- Calculate Child Support
- Contact My Local Child Support Agency
- Contact DCSS

ADDITIONAL LINKS

- Child Support Handbook
- Employer Handbook
- Administrative Review Process
- Compromise/Arrears Program
- Parents Making Support Payments
- Families Receiving Support Payments

Employer Home

Employer

Employers required to pay electronically:

Pursuant to California Family Code §17309.5, if an employer pays taxes electronically to the Franchise Tax Board (FTB) or the Employment Development Department (EDD), then child support payments are required to be sent to the SDU using Electronic Funds Transfer (EFT).

ACH Credit Payments:

To obtain information on making payments using ACH credit, contact the number below.

LOGIN

Username and Password are case sensitive.

Username:

Password:

Submit

[Forgot your username?](#)

[Forgot your password?](#)

Login to your account to:

- Make payments on behalf of employees using a Visa or MasterCard credit or debit card
- Make payments on behalf of employees using a bank account
- Create and manage payment templates
- View electronic payment history
- Manage your user profile

If you do not have an account, register by clicking on the Register Now button below.

PROFILE SETUP

Register Now

- Fast and easy way to access your electronic payment account
- Immediately receive your password by email
- Store payment information for future use

Register to set up an electronic payment amount

NEED ASSISTANCE

FAQs

Making a Payment

From here you may make a payment or create a payment template

Let's make a payment!

- ❖ Click the **Employer Make Payment** button

The screenshot shows the 'Employer Home' page. On the left, there is a sidebar with 'I NEED TO...' and 'ADDITIONAL LINKS' sections. The main content area has a header with 'Employer Home', 'Welcome Testfile1', and a 'Logout' link. Below the header, there is a green 'Employer' button with a right arrow. The main content area contains information about electronic payments, ACH Credit Payments, and a success message: 'Your temporary password has been successfully changed.' Below this is a 'MANAGE PAYMENTS' section with two buttons: 'Make Payment' (with a check icon) and 'Payment History' (with a document icon). The 'Make Payment' button is highlighted with a red arrow. Below the 'MANAGE PAYMENTS' section is a 'MANAGE PAYMENT TEMPLATES' section with a 'Manage Templates' button. Below that is a 'MANAGE USER PROFILE' section with a 'Manage Profile' button. The page footer contains the text 'Manage User Profile'.

I NEED TO...

- Apply for Services
- Check My Child Support Account
- Get Information / Forms
- Calculate Child Support
- Contact My Local Child Support Agency
- Contact DCSS

ADDITIONAL LINKS

- Child Support Handbook
- Employer Handbook
- Administrative Review Process
- Compromise of Arrears Program
- Parents Making Support Payments
- Families Receiving Support Payments

Employer Home Welcome Testfile1 Logout

Employer

Employers required to pay electronically:

Pursuant to California Family Code §17309.5, if an employer pays taxes electronically to the Franchise Tax Board (FTB) or the Employment Development Department (EDD), then child support payments are required to be sent to the SDU using Electronic Funds Transfer (EFT).

ACH Credit Payments:

To obtain information on making payments using ACH credit, contact the number below.

• Your temporary password has been successfully changed.

MANAGE PAYMENTS

Make Payment

Payment History

Make Support Payments

Submit support payments on behalf of employees using a bank account or a Visa or MasterCard debit/credit card.

View Payment History

This lets you view a history of all payments submitted through this website.

MANAGE PAYMENT TEMPLATES

Manage Templates

Manage Payment Templates

- Payment templates allow you to store either account information, employee information, or a combination of both for future use
- A file with employee information can be uploaded to a payment template
- A payment template can be loaded when making a payment to populate all of the fields stored in the template
- Information on the payment template can be modified after a template is loaded before submitting it

MANAGE USER PROFILE

Manage Profile

Manage User Profile

Making a Payment

After account setup and payment profile entry is completed, employers have two system features available to make a payment by ACH Debit

MAKE A PAYMENT

- *Manual entry*

- ❖ Enter employees' child support payment information manually

- *Bulk upload*

- ❖ Create and upload a file containing employees' child support payment information

Payment Verification

Verify the information
and click **Submit**



CA.GOV | Contact Us

California Department of
Child Support Services

Search [] This Site California

Home Custodial Party Noncustodial Parent Employer Payments Reports Resources Child Support Professionals

Payments » State Disbursement Unit (SDU)

Welcome Testfile1 » Logout

I NEED TO...

- Apply for Services
- Check My Child Support Account
- Get Information / Forms
- Calculate Child Support
- Contact My Local Child Support Agency
- Contact DCSS

ADDITIONAL LINKS

- Child Support Handbook
- Employer Handbook
- Administrative Review Process
- Compromise of Arrears Program
- Parents Making Support Payments
- Families Receiving Support Payments

» Employer Home » Submit Payment

Verify Payment

Review the following payment information.

To continue and send your payment information, click Submit. Please click only once to prevent multiple charges.

To make changes to your information before paying, click Modify. To cancel the payment process, click Cancel.

Line Items: 1

Total Amount: \$150.00

EMPLOYER INFORMATION

Company Name: Children's Home Society

FEIN: 69-0192430

PAYMENT INFORMATION

Paid With: Bank Account

Account Type: Checking

Bank Name: JPMORGAN CHASE BANK

Routing Number: 021000021

Bank Account Number: 123456789

EMPLOYEE INFORMATION

Participant ID	SSN	Case Number	Payment Amount
0010000111296	552-84-5583		\$150.00

Need assistance or information on electronic payments?
Contact 1.866.301.3212

If paying child support by check or money order, mail payment to:
CA SDU, PO Box 989067, West Sacramento, CA 95795-9067

Home | NCP | CP | Employer | Replacement Payment

Payment Template

29

To save this
information for your
next payment click
Save As Template

*Payment method
information stored in
the payment profile
safe and secure!*



» Employer Home » Submit Payment Welcome Testfile » Logout

Payment Confirmation

Your payment information has been received. Keep this information for your records.
Your payment will be credited based on the payment method used as follows:

- **Same Business Day Credit**
Credit or debit card payments submitted before 3:00 PM PST
- **Next Business Day Credit**
Credit or debit card payments submitted after 3:00 PM PST or on a non-business day
Bank Account payments submitted before 3:00 PM PST
- **Second Business Day Credit**
Bank Account payments submitted after 3:00 PM PST or on a non-business day

Note: You cannot submit another payment with the same logical information (participants and cases) as this payment for 60 minutes.

Confirmation Number: SYGTG340057
Confirmation Date: 02/07/2012 12:57:58 PM
Line Items: 1
Total Amount: \$150.00

EMPLOYER INFORMATION

Company Name: Children's Home Society
FEIN: 59-0192430

PAYMENT INFORMATION

Paid With: Bank Account
Account Type: Checking
Bank Name: JPMORGAN CHASE BANK
Routing Number: 021000021
Bank Account Number: *****6769

EMPLOYEE INFORMATION

Participant ID	SSN	Case Number	Payment Amount
0010000111298	***-**-5583		\$150.00

To print or save, use your browser's print or save function. Would you like to save this payment information as a template for future use?

Need assistance or information on electronic payments?
Contact 1.866.901.3212
If paying child support by check or money order, mail payment to:
CA SDO, PO Box 980607, Viset Sacramento, CA 95798-9067
Home | NCP | CP | Employer | Replacement Payment



Contact Information

- The SDU offers a dedicated team of professionals to support all aspects of employer child support payment processing
- Contact us using any of the following methods
 - ❖ Phone (866) 901-3212
 - ❖ E-mail casdu-electronichelpdesk@dcss.ca.gov
 - ❖ Fax (888) 587 5471
 - ❖ Web www.casdu.com



Office Of Child Child Support Enforcement

Electronic

Income Withholding Order (e-IWO) Process

Patricia Snodgrass

e-IWO Outreach – Contractor,

Division of Federal Systems Office of Child Support Enforcement

e-IWO - The Building Blocks

- States electronically send Income Withholding Orders (IWOs)
- Employers electronically accept/reject IWO
- Federal Employer Identification Number (FEIN) is key
- Handles terminations and lump sum payments
- Implementation Options
 - ❖ System to System
 - ❖ "No Programming" (Fillable PDF and Spreadsheet)
- No cost to employers
- ALL states and territories except Guam, and Virgin Islands are using e-IWO!

Get Rid Of The Crates!



e-IWO Benefits

- Child support gets to the family sooner
- Adding additional employers (for states) or states (for employers) is straightforward
- Increases collections
- Saves time, money, and resources
- Ensures uniform IWO data from all states
- Increases accuracy and reliability of data

Registration For e-IWO

35

- Everyone must register
- Complete a profile form and FEIN spreadsheet (if applicable)
- Registration includes agreement to process e-IWOs

Department of Health and Human Services
Administration for Families and Children
Office of Child Support Enforcement

Agreement to Receive Electronic Income Withholding Orders/Notices

By completing and providing the information contained in the e-IWO Employer/Payroll Provider Profile Form, the employer, company or government agency agrees that it will:

Electronically receive income withholding orders/notices issued by a state, tribe or territory.

Not impersonate any individual, entity or association, use false headers or otherwise conceal or provide misleading information about my identity while receiving income withholding orders/notices electronically.

Provide true, accurate, current and complete information about the entity identified in the profile form.

Receive, handle and process income withholding orders/notices electronically transmitted in the same manner as if they were received via regular mail; and that any electronic income withholding orders it receives shall be considered records generated during the ordinary course of business; and the electronic income withholding orders received by it shall be considered admissible as evidence in the same manner as paper documents.

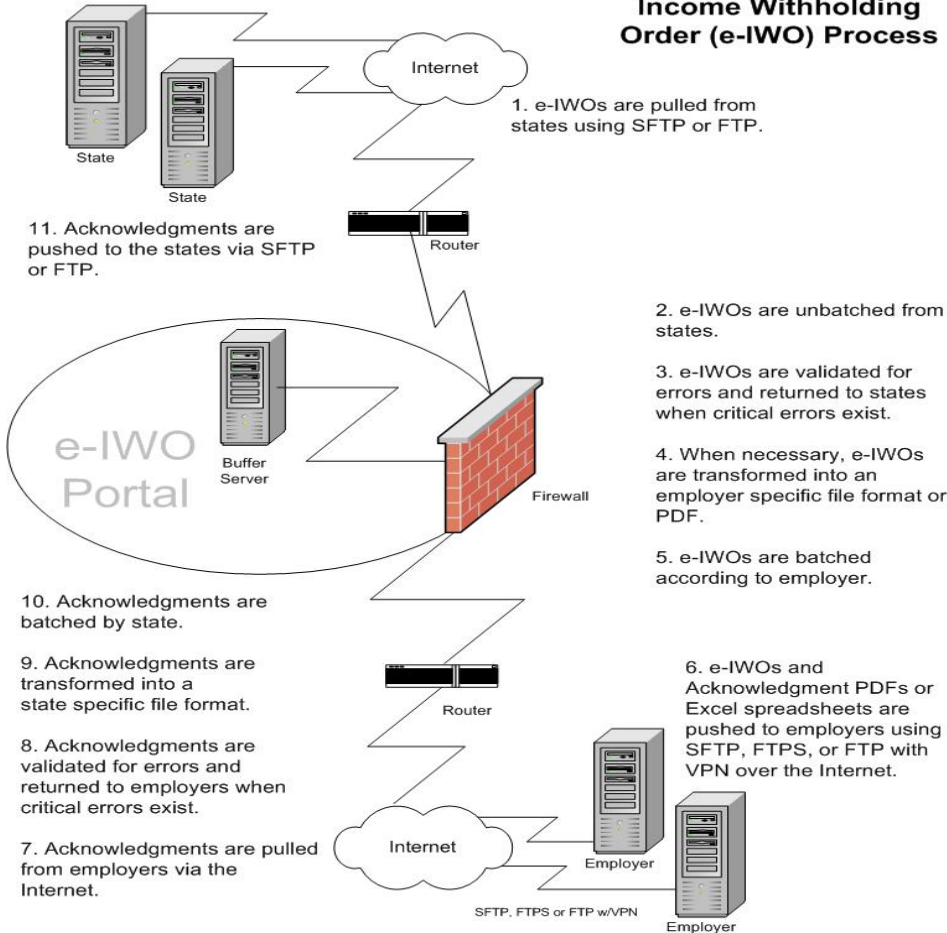
Provide written notice to the federal Office of Child Support Enforcement, at least 30 days in advance, of its intent to no longer accept electronic income withholding orders.

☒ Accept

☐ Decline

OCSE's Electronic Income Withholding Order (e-IWO) Process

36



Implementation Options

- **System to System**
 - ❖ Estimate 6-month IT investment
- **No Programming Options**
 - ❖ Easy to implement
 - ❖ Minimal IT investment
 - ❖ Recommend initial start-up for all employers
 - ❖ Ability to accept or reject IWO
 - ❖ Acknowledgement information provided to states
 - ❖ Handles terminations and lump sums

System to System Implementation

- For employers with large volume of IWOs
- Flat file or XML schema offered
- Mapping required
- IWOs received in file/batches
- Image-ready IWO PDF available
- Employer generates Acknowledgement
- Manual processing minimized
- Estimate 6 months of IT resources

e-IWO "No Programming" Options

- **Option 1**

- ❖ Receive PDF Income Withholding Order
- ❖ Send PDF Acknowledgement
- ❖ 600+ employers using PDF Acknowledgement

- **Option 2**

- ❖ Receive PDF Income Withholding Order
- ❖ Send Excel spreadsheet Acknowledgement
- ❖ 190+ employers using Excel (XLS) Acknowledgement

Sample PDF Acknowledgement

40

INCOME WITHHOLDING ACKNOWLEDGEMENT

- ☒ ORIGINAL INCOME WITHHOLDING ORDER ☐ ONE-TIME LUMP SUM PAYMENT INCOME WITHHOLDING ORDER
☐ AMENDED INCOME WITHHOLDING ORDER ☐ TERMINATION OF INCOME WITHHOLDING ORDER

AC382918365BB1	NY	1575723Z1	3657598462541
Case Identifier	State Code	Order Identifier	Document Tracking Number
PEPPERONI		PETER	
Employee Last Name	Employee First Name	Employee Middle Name	Suffix
333007777	777777777		
Employee Social Security Number	Employer / Income Withholder's Federal EIN		

Select
Accept
or
Reject.

INCOME WITHHOLDING DISPOSITION STATUS:

- ☐ Accepted Income Withholding Order
☐ Rejected Income Withholding Order

Validate & Save

Click
Validate
and
Save.

Please select a Disposition Reason Code:

Corrected FEIN:

Other State IWO Code:

You're
Done!

NOTIFICATION OF TERMINATION OF EMPLOYMENT: You must promptly notify the Child Support Enforcement Agency if this person has never worked for this employer or this person no longer works for this employer.

Please provide the following information for the terminated employee:

Sample Excel (XLS) Acknowledgement

41

XXXXXXX.ACW.201001111327040.0000.xls [Read-Only] [Compatibility Mode] - Microsoft Excel

File Home Insert Page Layout Formulas Data Review View Developer Acrobat

Paste Font Alignment Number Styles Cells Editing

Clipboard Font Alignment Number Styles Cells Editing

1 2 3 4 5 6 7 8 9 10 11 12 13 14

	A	B	C	D	E	F	G	H	I	J	K	L
	State	Docume	EIN Text	Employee Last	Employee	Employ	Employ	Employee SSN	Case Identifier	Order Identif	Disposition Status Code	Disposition Reason Code
1	NY	TRM	274676978	TEST	THOMAS	J		123004567	AB11234567XX1	987654	A	
2	NY	ORG	274676978	PEPPERONI	PETER			333007777	AC382918365BB1	1575723Z1	A	
4	NY	AMD	274676978	DUCK	DAFFY			222008888	AB91827364YY1	1982653	R	U
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												

Acknowledgement

Ready

100%

Enter 'A' or 'R'.
Save the File.

You're Done!

Sample Daily Process eMail Notifications

PROCESSING SUMMARY

Total # of records received: 28
Total # of error records: 1
Total # of records forwarded: 27
Total # of files rejected: 0
Total # of batches received: 11

FILES SENT TO YOUR ORGANIZATION

IWO Details: 18
Acknowledgements: 0
PDF Orders: 18
PDF Acknowledgements: 0
XLS Acknowledgements: 0
Error: 0
Reject: 0

Preparing For e-IWO

Employers need:

- ❖ Secure File Transfer Protocol (SFTP) Server or
- ❖ FTP Server with a Virtual Private Network (VPN) or
- ❖ File Transfer Protocol Server (FTPS)
- ❖ Adobe Reader v. 10 or higher with JavaScript for fillable PDF

Next steps

- ❖ Fill out profile form and FEIN spreadsheet (if applicable)
- ❖ Set up connectivity (We will help you!)
- ❖ Conduct a test
- ❖ Start receiving IWOs electronically

Ten Million And Counting!

On September 29, 2012, the e-IWO Portal processed its

1,000,000th order!!

In October 2013 the e-IWO Portal processed its

2,000,000th order!!

In October 2014 e-IWO processed its

3,000,000th order!!

Recently e-IWO processed its

10,600,000th order!!

e-IWO is now processing nearly 2,000,000 orders per year!!!

Got Questions?

45

Contact us at

eiwomail@acf.hhs.gov

The screenshot shows the official website of the Office of Child Support Enforcement (OCSE), an office within the U.S. Department of Health & Human Services (HHS). The page is titled "OFFICE OF CHILD SUPPORT ENFORCEMENT" and "An Office of the Administration for Children & Families". The navigation bar includes links for Home, Parents, Child Support Professionals, Employers (which is the active section), Partners, Policy, Data, Grants, and Library. The left sidebar lists various employer responsibilities and resources, with "e-IWO" highlighted. The main content area is titled "e-IWO" and describes it as an efficient and cost-effective way to electronically exchange income withholding order (IWO) information. It includes a list of benefits: faster payments to families, reduced processing time, fewer errors, no postage, and ongoing communication. A "Listen" button is also present. At the bottom, there are links for "e-IWO Process", "No Programming Option", and "System-to-System Option", each with a plus icon. A "VIEW MORE RESOURCES >" button is located at the bottom of the page.

U.S. Department of Health & Human Services Administration for Children & Families Office of Child Support Enforcement (OCSE)

OFFICE OF CHILD SUPPORT ENFORCEMENT
An Office of the Administration for Children & Families

Home Parents Child Support Professionals **Employers** Partners Policy Data Grants Library

ACF Home > Office of Child Support Enforcement > Employers > e-IWO

Employers

Employer Responsibilities

- New Hire Reporting
- Verification of Employment
- Income Withholding
- Medical Support
- Payments
- Terminations

State Contacts & Requirements

Child Support Portal

- eTerm
- Bonus/Lump Sum Reporting
- Multistate Employer Registry

e-IWO

Forms

FAQs

e-IWO

[Listen](#)

e-IWO is an efficient and cost-effective way to electronically exchange income withholding order (IWO) information between child support agencies and employers.

- Gets payments to families quicker
- Speeds the processing time from IWO preparation to employer processing
- Reduces errors from manual processing
- Eliminates cost of postage and processing paper documents
- Provides ongoing communication between child support agencies and employers

Find out more about the free e-IWO service in this printable flyer.

e-IWO Process

No Programming Option

System-to-System Option

[VIEW MORE RESOURCES >](#)

<https://www.acf.hhs.gov/css/employers/e-iwo>



County of Ventura
Department of Child Support Services

HEALTH INSURANCE COVERAGE REQUIREMENTS

Gina Herkel

Supervising Child Support Services Representative



National Medical Support Notice

Part A

Notice to Withhold for
Health Care Coverage

&

Part B

Medical Support Notice to
Plan Administrator

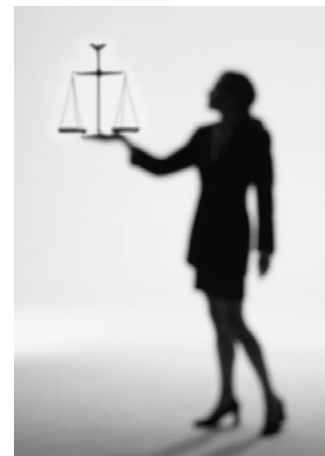
What Is Medical Support?



**Court ordered dependent
health insurance coverage**

Legal Obligations of DCSS

- Obtain and enforce orders for health insurance coverage
- Serve the order on the employer
- Provide custodial party with health insurance information for the child
- Enforce court ordered dependent health insurance coverage





Timeframes



Within **20 business days** after being served with the National Medical Support Notice (NMSN), the employer must forward a copy to the group health plan provider for which a child may be eligible



What Constitutes Health Insurance?

- Health insurance includes:
 - ❖ Medical
 - ❖ Dental
 - ❖ Vision



**Can be a combined, single package or separate policies or plans*

Employer Responsibilities

Employer shall:

- Permit the employee to enroll without regard to open enrollment restrictions
- Deduct costs of health insurance coverage in addition to the child support amount (not to exceed 50% of net pay)
- Notify DCSS if limitations on withholding prevent completion of health insurance enrollment



If Requested, DCSS Will Review the Reasonableness of Costs

- **Reasonable:** The cost is not more than 5% of employee's gross income
- **Unreasonable:** The cost is more than 5% of employee's gross income.
- If deemed unreasonable, it will not be enforced.
- Encourage employee to contact DCSS if he/she feels the cost is unreasonable



Child Support & Health Insurance Less than Maximum Support Deduction

Net Pay	\$662
	X 50%
<hr/>	
Maximum Support Deduction	\$331

CS	H/I	Total
\$150	\$ 50	\$200



Child Support & Health Insurance Exceed Maximum Support Deduction

Net Pay	\$662
	X 50%
<hr/>	
Maximum Support Deduction	\$331

CS	H/I	Total
\$300	\$ 50	\$350

In this example, employer should complete Item 5 of the Employer Response form and return it to DCSS. No coverage.

Employer Responsibilities

- Upon request, provide to DCSS within 30 days:
 - ❖ Employee's SSN and home address
 - ❖ Name of insurance company, policy number and names of persons covered
 - ❖ Whether health insurance provides for coverage for dependents listed on NMSN
- When there is a lapse in coverage, notify DCSS with:
 - ❖ Date coverage ended
 - ❖ Reason for lapse
 - ❖ When coverage is expected to resume

**No liability on the part of the employer for providing this information*

Employer Responsibilities

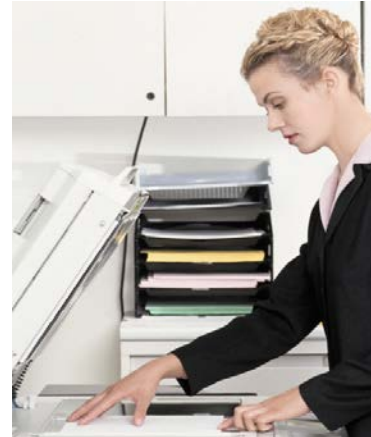
- Employer shall:
 - ❖ Enroll child even if child does not reside with employee
 - ❖ Continue to keep dependent enrolled unless a termination order from DCSS is received

INSURANCE COMPANY NAME	COVERAGE TYPE
MEMBER NAME: JOHN DOE MEMBER NUMBER: XXX-XX-XXXX	EFFECTIVE DATE: XX-XX-XXXX
GROUP #: XXXXXX-XXX-XXX	PRESCRIPTION GROUP #: XXXXX
PCP CO-PAY: \$15.00 SPECIALIST CO-PAY: \$25.00 EMER. ROOM CO-PAY: \$75.00	PRESCRIPTION CO-PAY: \$15 GENERIC \$20 NAME BRAND
MEMBER SERVICES: 1-800-XXX-XXXX CLAIMS/INQUIRIES: 1-800-XXX-XXXX	

Employer Responsibilities

Employer shall not do the following based on the existence of a health insurance order:

- **Refuse to hire**
- **Discriminate**
- **Discipline**
- **Terminate**





Responding To The NMSN

If insurance is NOT available, employer shall:

- Respond to the NMSN by completing and returning the Employer Response form within **20 business days** with information regarding:
 - ❖ Non-availability of coverage AND
 - ❖ Whereabouts of employee if no longer employed

EMPLOYER RESPONSE

60

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 to 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 no longer employed by the employer:

Date of 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

Confidentiality

- DCSS case records are confidential
- Employers can be given only information to comply with the National Medical Support Notice (NMSN)
- DCSS can only discuss a case as it relates to the employer's ability and/or obligation to process the order



How To Reach Us

(805) 437-8339



<https://www.ventura.org/child-support-services/>



County of Ventura Department of Child Support Services

Reporting New Hires and
Independent Contractors to the
Employment Development Department (EDD)

Gina Herkel

Supervising Child Support Services Representative

Who Must Report?

- Any California-based business or public entity that hires new employees
- Any California-based business or public entity that is required to file a Federal Form 1099-MISC for service performed by an independent contractor



When Must Employers Report?

Within 20 days of:

- Hiring a new employee
- Rehiring employee after 60 consecutive days of separation
- Paying \$600 or more to an independent contractor
- Entering into a contract for \$600 or more with an independent contractor



To Report New Hires

EDD Employment
Development
Department
State of California

REPORT OF NEW EMPLOYEE(S)
See detailed instructions on reverse side. Please type or print.
NOTE: Report new employees within 20 days of start of work.

00340600

DATE: M M D D Y Y

CA EMPLOYER ACCOUNT NO. SEARCH CODE FEDERAL ID NO. NO. OF FORMS NEEDED

BUSINESS NAME CONTACT PERSON TELEPHONE NO.

ADDRESS STREET CITY STATE ZIP

EMPLOYEE FIRST NAME M EMPLOYEE LAST NAME
SOCIAL SECURITY NO. STREET NO. STREET NAME CITY STATE ZIP START-OF-WORK DATE M M D D Y Y

EMPLOYEE FIRST NAME M EMPLOYEE LAST NAME
SOCIAL SECURITY NO. STREET NO. STREET NAME CITY STATE ZIP START-OF-WORK DATE M M D D Y Y

EMPLOYEE FIRST NAME M EMPLOYEE LAST NAME
SOCIAL SECURITY NO. STREET NO. STREET NAME CITY STATE ZIP START-OF-WORK DATE M M D D Y Y

EMPLOYEE FIRST NAME M EMPLOYEE LAST NAME
SOCIAL SECURITY NO. STREET NO. STREET NAME CITY STATE ZIP START-OF-WORK DATE M M D D Y Y

EMPLOYEE FIRST NAME M EMPLOYEE LAST NAME
SOCIAL SECURITY NO. STREET NO. STREET NAME CITY STATE ZIP START-OF-WORK DATE M M D D Y Y

DE 34 Rev. 4 (8-00) MAIL TO: Employment Development Department / P.O. Box 997016, MC 23 / West Sacramento, CA 95796-7016
or Fax to (916) 255-0951

*Use form
DE 34
Report of New
Employee(s)*

- Use form **DE 542**,
Report of Independent Contractors
- Or report online via E-Services for business
<https://eddservices.edd.ca.gov>

Need Information & Forms?

- Call your local EDD Employment Tax Customer Service Office at **(888) 745-3886**
- The EDD web site: www.edd.ca.gov

Where To Send The Report Of New Employee(s) Form DE34?

**Employment Development Department
Document Management Group, MIC 96
P O Box 997016
West Sacramento, CA 95799-7016
FAX: (916) 319-4400**



County of Ventura Department of Child Support Services

70

UPDATING EMPLOYER INFORMATION

Gina Herkel

Supervising Child Support Services Representative

Updating Employer Information

Need to update your...

Legal Business Name

FEIN#

Employer address

Business Phone #/ Fax #

Email address

Health Insurance

<https://www.childsup.ca.gov/employer.aspx>

CALIFORNIA
CHILD SUPPORT SERVICES

[Home](#) [Our Agency](#) [I Want To:](#) [About A Case](#) [Services We Offer](#) [Helpful Links](#) [Employers](#) [Se](#)

Employer Resource Center



Employers Quick Links

[Update Employer
Information](#)

[New Hires and Child
Support](#)

[Bonus/Termination
Reporting](#)

Welcome to the Employer Resource Center!

As employers, you are one of our closest partners, with an important role in helping ensure families get the financial and medical support they need. More than 70% of all child support collections are through payroll deductions. Please note that maintaining accurate information about your company with California Child Support Services benefits you by making sure official notices reach the right destination and preventing duplication. You can update your company information [here](#).

If you have an employee that is a member of a Native American tribe, you can find specialized information for withholding for these individuals [here](#). If you have other questions or need assistance you can contact us at any time as we are here to better serve you.

Receive Income Withholding Orders Electronically (e-IWO)

Federal law requires that employers have the option of receiving IWOs electronically.

<https://www.childsup.ca.gov/employer.aspx>

Employer Information Update Form

* Required field

EMPLOYER LEGAL/REGISTERED INFORMATION

CSE Employer Number

Note: The CSE Employer Number is located on the top right of the Employer Information Request form that DCSS sent to your company.

9 Digit Federal Identification Number (FEIN) * ☐ OR ☐ No FEIN, Employer reports with SSN (do not provide SSN)

Employer Legal/Registered (Corp/Inc/LLC) ☐ OR ☐ Sole Proprietor (Owner's Name)

Name *

Employer "Doing Business As" Name

PAYROLL/GARNISHMENT INFORMATION

Attention (optional)

Address *

City * State * Zip *

Phone Number (include area code) * Ext. Fax Number (include area code) E-mail Address

<https://www.childsup.ca.gov/employer.aspx>

Company Name: Service ID:

☐ This organization has more than one (1) FEIN (list additional Name/FEINs below or call 888-898-1743)

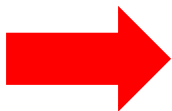
Company Name: FEIN:

Company Name: FEIN:

Form Completed by * Title * Phone Number *

Comments (600 characters maximum):

☒ Subscribe to the DCSS Employer Update email list to receive tips, information, Employer Services Newsletter and helpful features for employers.



Updating Employer Information

To update this information, you can also
contact the:

Employer Services Team

1-888-898-1743



County of Ventura Department of Child Support Services

Q&A

If you have any additional questions you may
contact us at
(805) 437-8339 or DCSS.Outreach@ventura.org.

Maria Bustillos

Supervising Child Support Services Specialist