

# 2023 Employer Workshop



**BUILDING  
BRIDGES**

**MAKES US**

**STRONGER  
TOGETHER**



Welcome

**Liane Peck**

Director, Solano County DCSS



# Agenda

- Child Support Program Overview
- Reporting New Hires & Employer Verifications
- Income Withholding Orders/ e-IWO
- Remitting Payments
- Health Insurance & National Medical Support Notices
- Staying Connected
- Question & Answer Session
- Closing



# Poll Time

***Are you a new attendee or a returning attendee to the employer workshop?***



# Goals

**Educate** about our services and your responsibilities

**Inform** with resources and tools to make processing requests easier

**Engage** with questions and issues and produce solutions



# Presenters

**Carly Winship, Santa Clara County**

**Marisol Blake, San Mateo County**

**Mike Oliver, Contra Costa County**

**Kanisha George, Santa Clara County**

# Overview

# Carly Winship

Santa Clara County





# Child Support Program

**Helps more than 1 in 5 children  
in the United States**

Over 12.8 Million Children in the USA

Over 1 Million Cases in CA



# Structure of the Program

## OFFICE OF CHILD SUPPORT SERVICES

*An Office of the Administration for Children & Families*

**CALIFORNIA**  
**CHILD SUPPORT SERVICES**

California State Disbursement Unit

Local Child Support Agency



# State, SDU, and LCSA

## CA CSS

- Stop payments
- Non-sufficient funds
- Non-agency customer service
- Employer verification services

## SDU

- Collection processing
- Electronic help desk

## LCSA

- Questions regarding IWO, NMSN, etc.
- Agency customer service & case management



# One Phone Number

**866-901-3212**

- Automated phone service
- Make a payment over the phone
- Connect with the Call Center or a caseworker at your LCSA
- Various language options available



# Confidentiality

- Case records are confidential
- Employers can only receive information needed to comply with:
  - Income Withholding Orders (**IWOs**) or
  - National Medical Support Notices (**NMSNs**)
- Refer your employee to **866-901-3212** for case specific questions



# Reporting New Hires and Employer Verifications

## **Marisol Blake**

San Mateo County



# New Hire Reporting Guidelines

- Report New Hires and Rehires within **20 days of their start date**
- Report Independent Contractors within **20 days of contracting** if any of the following apply:
  - Form 1099 for the services
  - You pay \$600 or more
  - You enter into a contract of \$600 or more
  - Individual or Sole Proprietorship



# New Hire Reporting Forms



## REPORT OF NEW EMPLOYEE(S)

NOTE: Failure to provide all of the information below may result in this form being rejected and/or a penalty being assessed.



00340600

Employer Information



DATE MMDDYY	CA EMPLOYER ACCOUNT NUMBER	BRANCH CODE	FEDERAL ID NUMBER	
BUSINESS NAME	CONTACT PERSON		PHONE NUMBER	
ADDRESS	STREET	CITY	STATE	ZIP CODE

Employee Information



EMPLOYEE FIRST NAME	MI	EMPLOYEE LAST NAME	
SOCIAL SECURITY NUMBER	STREET NUMBER	STREET NAME	UNIT/APT
CITY	STATE	ZIP CODE	START-OF-WORK DATE MMDDYY

EDD Form DE 34 for New or Rehired Employees






# Independent Contractor Reporting Form

**EDD** Employment Development Department  
State of California

**REPORT OF INDEPENDENT CONTRACTOR(S)**  
See detailed instructions on reverse side. Please type or print.



05420101

**SERVICE-RECIPIENT (BUSINESS OR GOVERNMENT ENTITY):**

DATE	FEDERAL ID NUMBER	CA EMPLOYER ACCOUNT NUMBER	SOCIAL SECURITY NUMBER
SERVICE-RECIPIENT NAME / BUSINESS NAME		CONTACT PERSON	
ADDRESS		PHONE NUMBER	
CITY	STATE	ZIP CODE	

**SERVICE-PROVIDER (INDEPENDENT CONTRACTOR):**

FIRST NAME	MI	LAST NAME		UNIT/APT
SOCIAL SECURITY NUMBER	STREET NUMBER	STREET NAME		ZIP CODE
CITY	STATE	ZIP CODE		
START DATE OF CONTRACT	AMOUNT OF CONTRACT	CONTRACT EXPIRATION DATE	CHECK HERE IF CONTRACT IS ONGOING	
M M D D Y Y		M M D D Y Y		

Employer Information  
→

Independent Contractor Information  
→

EDD Form DE 542 for Independent Contractors



# New Hire Reporting Options

- **Online** e-Services for Business [eddservices.edd.ca.gov](http://eddservices.edd.ca.gov)
- **Mail** Document Management Group, MIC 96  
PO Box 997016  
West Sacramento, CA 95799
- **Fax** (916) 319-4400

## For Additional Information:

- **Online:** [edd.ca.gov](http://edd.ca.gov)
- **In-Person:** Visit a local EDD Employment Tax Office
- **Phone** Call The Taxpayer Assistance Center:  
**(888) 745-3886** Monday – Friday 8 a.m. to 5 p.m.



# Wage and Insurance Verification Form

A request to verify an employee's employment status, wages, and benefits

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY DEPARTMENT OF CHILD SUPPORT SERVICES

**WAGE AND INSURANCE VERIFICATION** CSE Case Number: \_\_\_\_\_  
DCSS 0230 (01/18/15) 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: \_\_\_\_\_

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**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



# Wage Verifications

Month / Year	Gross	Month / Year	Gross	Month / Year	Gross
January _____	\$ _____	July _____	\$ _____	January _____	\$ _____
February _____	\$ _____	August _____	\$ _____	February _____	\$ _____
March _____	\$ _____	September _____	\$ _____	March _____	\$ _____
April _____	\$ _____	October _____	\$ _____	April _____	\$ _____
May _____	\$ _____	November _____	\$ _____	May _____	\$ _____
June _____	\$ _____	December _____	\$ _____	June _____	\$ _____

# Insurance Verifications

## CERTIFICATION OF RECORD

I have personally completed this form, or printed and attached records containing all of the employee's earnings and benefits information requested in this form, from the payroll records in my custody and control. I am personally aware such records are kept in the regular course of business and that entries therein are made at or about the time of the condition or event. I have compared the records with the above Wage and Insurance Verification (DCSS 0230) and know the information I am supplying to be accurate.

**I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.**

Print Name	Signature	Executed on <i>(Date)</i>
Job Title	Address	
Name of Company or Business Organization		
Telephone Number	Fax Number	Email Address

**Poll Time!**

***Who should be reported to  
the National Directory of New  
Hires?***



Income Withholding Orders (IWO)  
Electronic Income Withholding Orders (e-IWO)

**Mike Oliver**  
Contra Costa County



**Poll Time!**

***Are you currently  
signed up for e-IWO?***





# Income Withholding Orders

IWOs are mandated, not discretionary

## Employer responsibilities:

- Withhold the specified amount
- Remit timely payments
- Send payments to the State Disbursement Unit (SDU)
- Honor IWO until **amended or terminated**
- **Keep IWO on file for one year** after separation of employment
- Employees cannot "opt out"



# Processing Timeframes

- Within **10 days** of receipt, notify and provide a copy of the IWO and the *Request for Hearing Regarding Earnings Assignment* to your employee
- Within **10 days** of receipt, begin withholding the first pay period following the *remittance date* found at the top of page 4
- Remit payments within **7 days** of withholding



# Importance of Timely Processing

- Credit for payment is given on the day it is received at the SDU. Missed payments **can result in:**
  - Negative credit reporting
  - 10% per annum interest
  - State license suspension
  - Bank levies
  - Passport denial



# Request for Hearing Regarding Earnings Assignment

<b>FL-450</b>	
<p>ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):</p> <p style="text-align: center;">20000000</p> <p>TELEPHONE NO.: _____ FAX NO. (Optional): _____</p> <p>E-MAIL ADDRESS (Optional): _____</p> <p>ATTORNEY FOR (Name): _____</p>	<p><b>FOR COURT USE ONLY</b></p> <div style="border: 1px solid black; background-color: #f0f0f0; padding: 10px; margin: 20px auto; width: 80%;"> <p style="text-align: center; color: red; font-weight: bold;">Page 11 of the IWO</p> </div>
<p><b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b></p> <p>STREET ADDRESS: _____</p> <p>MAILING ADDRESS: _____</p> <p>CITY AND ZIP CODE: _____</p> <p>BRANCH NAME: _____</p>	
<p>PETITIONER/PLAINTIFF: _____</p> <p>RESPONDENT/DEFENDANT: _____</p> <p>OTHER PARENT: _____</p>	
<p><b>REQUEST FOR HEARING REGARDING EARNINGS ASSIGNMENT</b></p>	<p>CASE NUMBER: _____</p>
<p><b>NOTICE:</b> Complete and file this form with the court clerk to request a hearing <i>only</i> if you object to the <i>Income Withholding for Support</i> (form FL-195/OMB0970-0154) or <i>Earnings Assignment Order for Spousal or Partner Support</i> (form FL-435). This form may not be used to modify your current child support amount. (See page 2 of form FL-192, <i>Information Sheet on Changing a Child Support Order</i>.) Page 3 of this form is instructional only and does not need to be delivered to the court.</p>	



# Order Information

You do **not** need to change your payroll cycle to adjust to the child support deductions

### III. Order Information: (Completed by the Sender)

This document is based on the support order from CALIFORNIA (State/Tribe).

You are required by law to deduct these amounts from the employee/obligor's income until further notice.

\$ 600.00 Per MONTH current child support  
\$ 50.00 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 \$ 650.00 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:

\$ 150.00 per weekly pay period \$ 325.00 per semimonthly pay period (twice a month)  
\$ 300.00 per biweekly pay period (every two weeks) \$ 650.00 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).

Income Withholding for Support (IWO) Document Tracking ID \_\_\_\_\_

Page 1 of 4



# Remittance Information

Employer's Name: \_\_\_\_\_ Employer FEIN: \_\_\_\_\_  
Employee/Obligor's Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
CSE Agency Case Identifier: 20000000 Order Identifier: \_\_\_\_\_

**REMITTANCE INFORMATION:** If the employee/obligor's principal place of employment is CALIFORNIA (State/Tribe), you must begin withholding **no later than the first pay period that occurs 10 days after** the date of 06/24/2016. **Send payment within 7** working days of the pay date. If you cannot withhold the full amount of support for any or all orders for this employee/obligor, **withhold up to 50 % of disposable income**. If the obligor is a non-employee, obtain withholding limits from Supplemental Information on page 3. If the employee/obligor's principal place of employment is not CALIFORNIA (State/Tribe), obtain withholding limitations, time requirements, and any allowable employer fees at [www.acf.hhs.gov/programs/css/resource/state-income-withholding-contacts-and-program-information](http://www.acf.hhs.gov/programs/css/resource/state-income-withholding-contacts-and-program-information) for the employee/obligor's principal place of employment.

For electronic payment requirements and centralized payment collection and disbursement facility information (State Disbursement Unit (SDU)), see [www.acf.hhs.gov/programs/css/employers/electronic-payments](http://www.acf.hhs.gov/programs/css/employers/electronic-payments).

Include the **Remittance ID** with the payment and if necessary this FIPS code: 0600099

Remit payment to CALIFORNIA STATE DISBURSEMENT UNIT (SDU/Tribal Order Payee)  
at PO BOX 989067, WEST SACRAMENTO CA 95798-9067 (SDU/Tribal Payee Address)

TOP OF PAGE 4  
OF THE IWO



# Employee Status Change

**Separation of employment  
or  
Change of work status**

Return one of the following notices  
or report changes by phone at:  
**(866) 901-3212**

eTerm is now available for electronic reporting of terminated employees. Contact the Federal Employer Services Team at:  
**[employerservices@acf.hhs.gov](mailto:employerservices@acf.hhs.gov)**



# Notification of Employment Status

Employer's Name: \_\_\_\_\_ Employer FEIN: \_\_\_\_\_  
Employee/Obligor's Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
CSE Agency Case Identifier: 20000000 Order Identifier: \_\_\_\_\_

**NOTIFICATION OF EMPLOYMENT TERMINATION OR INCOME STATUS:** 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 below:

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 name: \_\_\_\_\_  
New employer's address: \_\_\_\_\_  
\_\_\_\_\_



Report by phone at: **(866) 901-3212**





# Employee Status Report

DCSS Form 0522  
online at  
[dcss.ca.gov/employer-forms/](https://dcss.ca.gov/employer-forms/)

CSE Case Number:  
Noncustodial Parent:

Court Case Number:  
Employer Name:

Employer Address:  
ATTN: PAYROLL

## EMPLOYEE STATUS REPORT

The Income Withholding Order/Notice for Support (IWO) is to remain in effect until further notice. Please complete the information requested below and return the Employee Status Report to the following address within 10 days of the date on this letter:

- We received the IWO regarding the employee named above on \_\_\_\_\_.  
(Date)
- The employee named above is presently employed. The withholding will begin on \_\_\_\_\_.  
(Date)
- Our payroll is issued:  Weekly  Bi-weekly  Monthly  Twice a month on \_\_\_\_\_.  
(Date)
- On \_\_\_\_\_, the above employee:  
(Date)  was terminated  voluntarily left our employment  
 is presently on lay-off status and will return to work on \_\_\_\_\_.  
(Estimated return date)
- The employee named above is currently employed at \_\_\_\_\_  
(Company name, if known)  
\_\_\_\_\_  
(Address, if known)



# Bonus & Lump Sum IWOs

Report bonus or lump sum payments **prior** to payout by contacting CA DCSS at **LumpSumResponseTeam@dcss.ca.gov** or by phone at **(916) 464-6640**

## These payments made to employees include:

- Bonuses
- Vacation payouts
- Commissions
- Severance or buy-out payments
- Retroactive pay increases
- Sign on bonuses
- Cash awards
- Incentive payments
- Retirement incentives



# Privately Issued IWOs

- Upon receipt, make a copy and retain original
- Send copy to the SDU (FL-195 Case Registry Form)
- The SDU will create a case number and provide that to you ***Payment must not be sent until that case number is obtained***
- Remit payments to the SDU within **7 days** of withholding



# What is an e-IWO?

- Receive Income Withholding Orders (IWOs)
- Send Acknowledgement of Acceptance or Rejection of IWOs
- Notification of employee receiving a Bonus/Lump Sum payment
- Notification of employee terminations



# Benefits of e-IWO

- One time enrollment
- Child support gets to the families sooner
- Saves time, money, and resources
- Ensures uniform IWO data from all states
- Increases accuracy and reliability of data
- No cost to employers



# e-IWO System Options

## **System-to-System Interface**

- 4 – 5 months
- High volume

## **No Programming Option**

- 2 – 4 weeks
- Low volume

For more Information visit:

**[acf.hhs.gov/css/employers/e-iwo](http://acf.hhs.gov/css/employers/e-iwo)**

To sign up via email:

**[eIWOMail@acf.hhs.gov](mailto:eIWOMail@acf.hhs.gov)**



The background of the slide is a dark blue gradient. In the center, there is a blurred image of several people sitting around a table, appearing to be in a meeting or conference. The text is overlaid on this image.

# Withholding Limitations and Deductions

# Defining Earnings

Defined by **Family Code Section 5206** as:

- Wages/salary
- Bonuses/commissions
- Vacation pay
- Retirement
- Dividends, royalties, and residuals
- Payment for independent contractors or 1099 recipients





# Withholding Limitations

- Generally, the maximum deduction that can be withheld to satisfy **mandatory deductions** is 50% of an employee's **net disposable income (NDI)**
- If all IWOs are CA agency child support obligations and the total exceeds 50% of net, withhold 50% and send to the CA SDU
- SDU will divide funds based on Federal hierarchy



# Net Disposable Income (NDI)

<b>Gross Income</b>		<b>\$5,000</b>
State Income Tax	(\$500)	
Federal Income Tax	(\$120)	
FICA	(\$330)	
Medicare	(\$75)	
SDI	(\$55)	
Mandatory Union Dues	(\$60)	
Mandatory Retirement	(\$150)	
<b>Net Disposable Income</b>		<b>\$3,710</b>
		x 0.5
<b>Available for Deduction</b>		<b>\$1,855.0</b>

\*Do NOT include voluntary deductions



# Priority of Withholding

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

\* **only if levy was in place *before* child support order was entered**



# Priority of Deductions Within IWOs

1. Current child/family support
2. Medical support, if on IWO
3. Health insurance premium
4. Current spousal support
5. Child/family support arrears
6. Spousal support arrears



# Multiple Orders from Different States

Payee	Current support obligations	Obligation/Total	Amount paid on order (NDI is \$360 maximum deduction is \$180)
CA	\$90	$\$90/\$227 = 39.65\%$	$\$180 \times 39.65\% = \$71.37$
AZ	\$75	$\$75/\$227 = 33.04\%$	$\$180 \times 33.04\% = \$59.47$
TX	\$62	$\$62/\$227 = 27.31\%$	$\$180 \times 27.31\% = \$49.16$
<b>Total</b>	\$227	100%	\$180



Remitting Payments

**Kanisha George**

Santa Clara County



# Payment Options

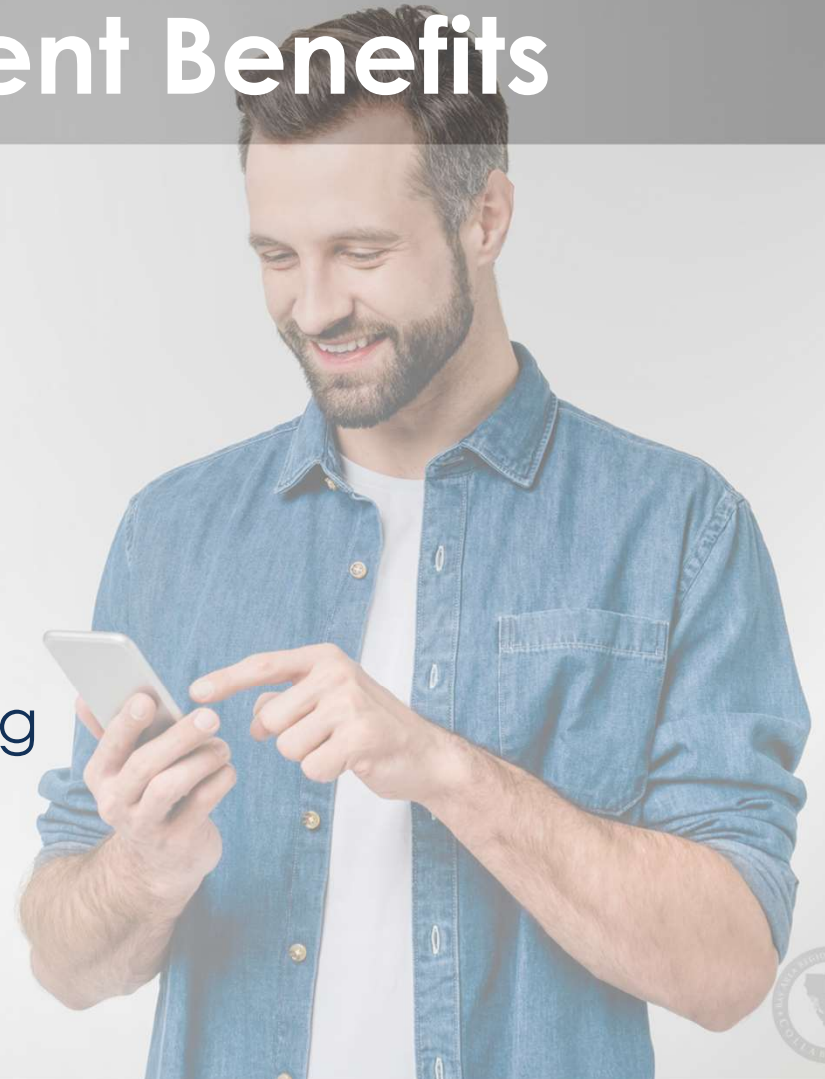
## **Pursuant to California Family Code §17309.5 -**

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 State Disbursement Unit (SDU) using Electronic Funds Transfer (EFT).



# Electronic Payment Benefits

- Fewer errors
- No lost checks
- Saves time and money
- Reduces risk of theft and fraud
- Faster SDU receipt and processing
- It's 'green'!





# Electronic Payment Options

- Make electronic payments using the ACH Debit, Credit Card and PayPal options using ExpertPay at **expertpay.com**



Automated Clearing House Credit:

- Contact the CA SDU electronic help desk at (866) 901-3212 (option 1) or email **casdu-electronichelpdesk@dcss.ca.gov**



# Payment Identification Information

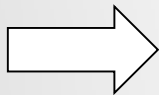
**Include the following identifying information about your Employee(s):**

- Employee full name
- Social Security Number
- CSE participant ID number
- Child support case number provided by the SDU or other State
- Date of withholding

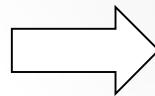


# Payment Remittance

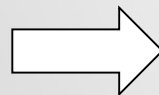
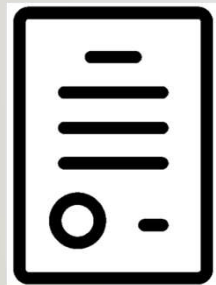
Employee A, SSN #555 - \$100



Remit 1 payment - \$250



Employee A's Family  
\$100



Employee B's Family  
\$150

SDU Matches Identifiers

Employee B, SSN #777 - \$150



# SDU Mailing Address

## Remitting Checks for Out-Of-State Employers

Mail check payments **only** to:  
*State Disbursement Unit*  
*P.O. Box 989067*  
*West Sacramento, CA 95798*

 Please do not mail payments directly the Local Child Support Agency.



# Stop Payment Process

- **For payments by check:** Email the 'Employer Stop Payment Request' form to the CA SDU at [CASDU.Stop.Request@conduent.com](mailto:CASDU.Stop.Request@conduent.com)
- **For electronic payments:** Submit the 'Employer Refund Request' form to the CA Child Support Business Solutions Team by fax to (916) 636-2436 or via email at [ccsasbusinesssolutions@dcss.ca.gov](mailto:ccsasbusinesssolutions@dcss.ca.gov)

 Employers should **NOT** place stop payments on remitted payments until the SDU or the Business Solutions Team has been contacted.

- For additional information visit: [dcss.ca.gov/employer-resource/](https://dcss.ca.gov/employer-resource/)



Health Insurance  
National Medical Support Notices (NMSNs)

**Carly Winship**  
Santa Clara County



# Poll Time!

*Of these four popular foods in California, one must go. Which do you pick?*

- 1. Pizza**
- 2. California Rolls**
- 3. Tacos**
- 4. Double-Double Burgers**



# National Medical Support Notice

- Health insurance must be provided to the employee's children even if the employee declines personal health coverage
- Not subject to open enrollment guidelines
- Complete the National Medical Support Notice Form Part B





# Types of Insurance Coverage



Medical



Dental



Vision Care



Prescriptions



Mental Health

# Employer Responsibilities

Within **10 business days** of receiving the NMSN you must notify your employee



Complete the Employer Response form on the NMSN Part A and return this LCSA within **20 business days**



Within **20 business days** of receiving the NMSN, you must forward the Part B Medical Support Notice to the health care plan administrator

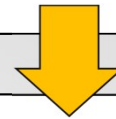


If employee is subject to a waiting period such as a probationary period, notify the LCSA

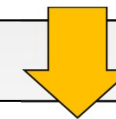


# Employer Responsibilities

Within **40 business days**, provide the LCSA with a description of the coverage



Withhold any employee contributions required



Continue coverage until notified by the LCSA



# NMSN Form- Part A

## 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: SANTA CLARA DCSS  
Issuing Agency Address:  
880 RIDDER PARK DR  
SAN JOSE CA 95131-2486

Notice Date: 05/25/2023  
CSE Agency Case Identifier:  
Telephone Number: (866) 901-3212  
FAX Number: (408) 503-5319

Court or Administrative Authority:

Order Date:  
Order Identifier:  
Document Tracking Identifier:  
Employer web site:  
See NMSN Instructions: <http://www.acf.hhs.gov/programs/css/resource/national-medical-support-notice-form>

\_\_\_\_\_  
Employer/Withholder's Federal EIN Number

RE:

\_\_\_\_\_  
Employee's Name (Last, First, MI)

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:

New NMSN or  
Termination



LCSA  
Sending the  
NMSN



What  
coverage to  
enroll in



Jurisdiction of  
the Court  
that issued  
the Order



# NMSN Form– Part A

## EMPLOYER RESPONSE

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 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 \_\_\_\_\_.



# NMSN Form– Part B

Within **20 Business Days** forward Part B to your plan administrator if applicable

## 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:  
Issuing Agency Address:

Court or Administrative Authority:  
Superior Court of



# NMSN Form– Part B

Within **40 Business Days** complete the Plan Administrator Response section of Part B and return to the LCSA

## 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 # \_\_\_\_\_ (to be completed by the issuing agency)

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.



# NMSN Form– Part B

Within **40 Business Days**  
complete the Plan  
Administrator Response  
section of Part B and  
return to the LCSA

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: \_\_\_\_\_





# Reasonable Health Insurance

## California SB 580 defines “Reasonable” cost as:



Costs to add child is no more than 5% of employee gross income



Total cost of support plus cost of insurance does not exceed 50% of employees net income



Coverage provider must be within 50 miles of child's residence



If employee is questioning the NMSN, refer them to the LCSA



# Reasonable Health Insurance

## Calculating 5% of Employee's gross income

Cost of Healthcare Plan Through Employer	
Employee only	\$50
Employee and child	\$150
<b>Net difference in cost</b>	<b>\$100</b>

- You would ask – is \$100 more than 5% of employee's gross income
- You cannot withhold more than 50% of the employee's net disposable income



# Reporting Employee Separations

## Notify the LCSA when an employee separates employment

CA0

- Report terminated employees promptly by completing and returning the Termination of Benefits/Employment and Health Insurance Information which can be found at [dcss.ca.gov/wp-content/uploads/sites/345/2022/12/TerminationofBenefits\\_08192019.pdf](https://dcss.ca.gov/wp-content/uploads/sites/345/2022/12/TerminationofBenefits_08192019.pdf)
- Return notice to the issuing LCSA or contact them at (866) 901-3212
- eTerm is now available for electronic reporting of terminated employees. Contact the Federal Employer Services Team by email: [employerservices@acf.hhs.gov](mailto:employerservices@acf.hhs.gov)



## Slide 68

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**CA0**

Per AJ update link to

[https://dcss.ca.gov/wp-content/uploads/sites/345/2022/12/TerminationofBenefits\\_08192019.pdf](https://dcss.ca.gov/wp-content/uploads/sites/345/2022/12/TerminationofBenefits_08192019.pdf)

Carter, Meredith, ACCSS, 2023-08-09T17:15:30.318

Stay Connected and Informed

**Marisol Blake**

San Mateo County



# Update Your Information

[dcss.ca.gov/employer-resource/](https://dcss.ca.gov/employer-resource/)

The screenshot shows the California Child Support Services website. At the top, there is a navigation bar with the CA.Gov logo, social media icons, and the text 'Child Support Customer Website' and 'Settings'. Below this is a secondary navigation bar with the 'CALIFORNIA CHILD SUPPORT SERVICES' logo and menu items: Home, About, Policies & Regulations, Budget & Reports, Employers, and Search. The main content area features a large background image of a waterfall with the heading 'Update Employer Information' and the subtext 'The information you provide will be used to issue notices to the appropriate addresses and individuals'. A blue button labeled 'Update Your Record' is highlighted with a red arrow. Below this is the 'Employer Resource Center' section, which includes a paragraph of text and an 'Employer Quick Links' box containing a link to 'Update Employer Information', also highlighted with a red arrow.

Employer Services Phone: **888-898-1743**



# Employer Resource Center

## Employer Forms

### Please Note

To submit a form via email, users must first download the form to their device and then click “submit” on the completed form.

To request an accessible version of any of these forms, [please complete this form](#).

- [Employer Income Withholding Form \(IWO\)](#)
- [National Medical Support Notice Form](#)
- [Health Insurance Information](#)
- [Health Insurance Assignment Form / Instructions](#)
- [Termination of Benefits](#)
- [Wage and Insurance Verification Form](#)
- [Employee Status Report](#)
- [Employer Refund Request](#)
- [Employer Stop Payment Request Form](#)

## Employer Frequently Asked Questions (FAQs)

We understand that there are many things about child support that are complicated and confusing. We are here to help you understand and navigate this process. Below are answers to some of the most frequently asked questions by category.

### FAQ Categories

*Click on any of the topics below to learn more*

[Income Withholding Order \(IWO\)](#)

[Electronic Income Withholding Order \(e-IWO\)](#)

[Making Payments](#)

[California State Disbursement Unit \(SDU\)](#)

[Payment Options](#)

[Reporting New Hires](#)

[Reporting Terminations](#)

[Medical Support Order](#)

[Updating Employer Information](#)

## Employer Email List

Subscribe to the below Employer Update Email List to receive child support program information, employer outreach event information, and helpful tips for employers.

### Employer Name

### Email \*

### Subscription Options \*

Subscribe

Submit



## Employer Handbook

[Download the California Child Support Services Employer Handbook](#)



# Resources

California Child Support Services:	<a href="http://childsupport.ca.gov">childsupport.ca.gov</a>
California Employment Development Department (EDD):	<a href="http://edd.ca.gov">edd.ca.gov</a>
New Hire Information:	<a href="http://edd.ca.gov/Payroll_Taxes/New_Hire_Reporting.htm">edd.ca.gov/Payroll_Taxes/New_Hire_Reporting.htm</a>
Independent Contractor Information:	<a href="http://edd.ca.gov/Payroll_Taxes/Independent_Contractor_Reporting.htm">edd.ca.gov/Payroll_Taxes/Independent_Contractor_Reporting.htm</a>
California State Disbursement Unit (SDU):	<a href="http://childsupport.ca.gov/state-disbursement-unit/">childsupport.ca.gov/state-disbursement-unit/</a>
ExpertPay:	<a href="http://expertpay.com">expertpay.com</a>
Office of Child Support Services (OCSS):	<a href="http://acf.hhs.gov/css">acf.hhs.gov/css</a> <a href="http://acf.hhs.gov/css/employers/e-iwo">acf.hhs.gov/css/employers/e-iwo</a>





# Poll Time!

*How many phone numbers do you need to remember today ?*



# How to Reach Us

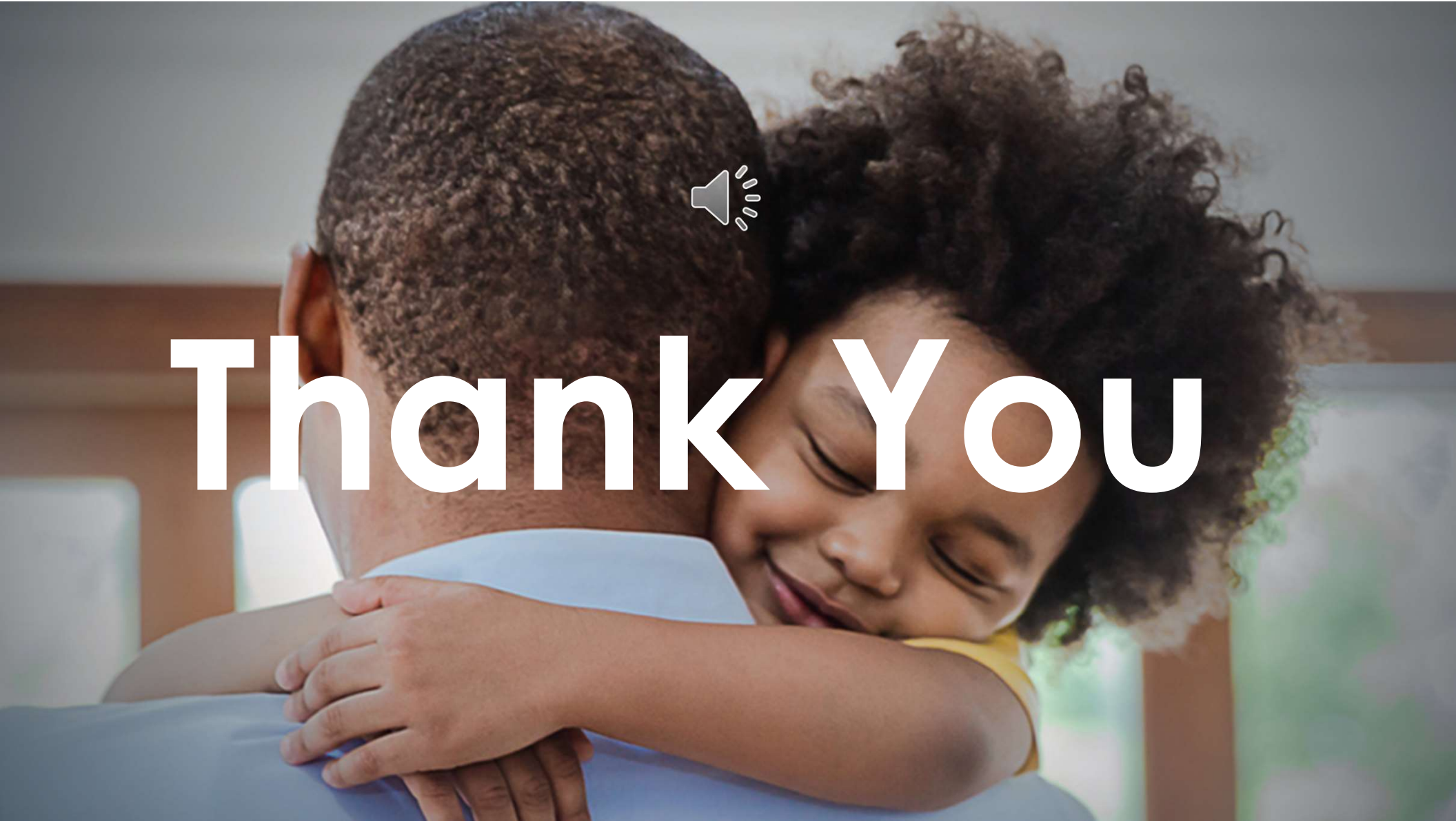
**866-901-3212**

**[dcss.ca.gov/employer-resource/](https://dcss.ca.gov/employer-resource/)**

**[bayareachildsupport.net](https://bayareachildsupport.net)**

Visit the Employer Resource Center for more information





**Thank You**

# **EXPERT PANEL**

**Brandon Felix – Contra Costa County**

**Raven Tarrance – Contra Costa County**

**Janet Nottley – Napa County**

**Jennifer Sessi – Marin County**

**Angela Jones – State DCSS**

**Marisa Rodriguez – EDD**

**Questions?**

Closing

**Kim Cagno**

Director, San Mateo DCSS





**Thank you for  
joining us today**

