

APPENDIX

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Hand-Out 1

HHS Fact Sheet on Child Support Enforcement

ACF Office of Public Affairs (OPA): Fact Sheet - Office of Child Support Enforcement (OCSE)

MISSION STATEMENT

To assure that assistance in obtaining support (both financial and medical) is available to children through locating parents, establishing paternity and support obligations, and enforcing those obligations. *

*The Child Support Enforcement Program is authorized and defined by statute, Title IV-D of the Social Security Act. The purpose and the mission of the Program are derived from the Act.

MAJOR GOAL

The nation's Child Support Enforcement Program (CSE) is a federal/state/local partnership to help families by promoting family self-sufficiency and child well-being.

About CSE

All States and territories run a child support enforcement program, usually in the human services department, department of revenue, or the State Attorney General's office, often with the help of prosecuting attorneys, district attorneys, other law enforcement agencies and officials of family or domestic relations courts. Native American Tribes, too, can operate culturally appropriate child support programs with Federal funding. Families seeking government child support services must apply directly through their state/local agency or one of the tribes running the program. Services are available to a parent with custody of a child whose other parent is living outside the home. Services are available automatically for families receiving assistance under the Temporary Assistance for Needy Families (TANF) program.

Services within the CSE:

- locating non-custodial parents
- establishing paternity
- establishing support orders
- collecting support payments
- services for Non-Custodial parents

PROGRAM DESCRIPTIONS

- Locating Non-Custodial Parents - Child support enforcement officials can use information from highly computerized State and Federal Parent Locator Services (FPLS) to locate parents, and their income and assets.
- Establishing Paternity – Legally Identifying a Child's Father - Legally identifying a child's father is called paternity establishment. This is the necessary first step for obtaining an order for child support when a child is born out of wedlock. In addition to providing a legal relationship between a father and child, establishing paternity can provide a child with:
 - access to Social Security benefits, pension and retirement benefits
 - medical insurance and health information
 - important interactions and relationships with both parents.

In a disputed case, father, mother and child can be required to submit to genetic tests. States must have procedures that allow paternity to be established up to the child's 18th birthday. Hospitals must provide fathers the opportunity to acknowledge paternity voluntarily at the time of birth.

- Establishing Support Orders - States must have guidelines to determine how much a parent should pay for child support. Child support orders can be established by a court or by an administrative hearing process. Provisions for health insurance coverage must be included in the support order.
- Collecting Support - A parent can be required to pay child support by income withholding. Nationally, over 69 percent of child support is paid in this manner. Overdue child support can be collected from:
 - Federal and state income tax refunds
 - liens placed on property
 - sale of property.

When past-due child support is owed, the following may occur:

- Unpaid child support can be reported automatically to credit reporting bureaus.
- Drivers, professional, occupational and recreational licenses can be suspended if the obligated parent is not paying required support.
- The U.S. State Department will deny a passport to someone who owes more than \$2500 in back child support.

- Child support agencies have agreements with financial institutions to freeze and seize accounts of those identified as owing back child support.
- In certain states and under certain circumstances, criminal actions can be taken against chronic delinquent parents who owe large sums of child support

SERVICES FOR NON-CUSTODIAL PARENTS

- Non-custodial parents can use the CSE program to establish paternity, establish wage-withholding and to request a review of their support orders if circumstances have changed. The Federal Parent Locator Service is available through State CSE programs to locate a child whose whereabouts has been hidden in violation of a custody or visitation order.

CSE HIGHLIGHTS:

- In February 2006, the Deficit Reduction Act of 2005 was signed into law. It includes several provisions that will change and enhance child support program operations, to be phased in over a few years:
 - Provides State options to pass through support to TANF families, and to distribute more support to former TANF families, both with Federal financial contribution.
 - Provides for matching of insurance settlement data with the FPLS; decreases the threshold for passport denial from \$5,000 to \$2,500 in unpaid support; and allows States, through the Tax Offset program, to collect past-due support on behalf of children whether or not they are minors.
 - Requires medical support for children from either parent.
 - Requires mandatory review and adjustment of child support orders every three years for families receiving TANF.
 - Imposes a mandatory annual \$25 fee for non-TANF families in cases exceeding \$500 in collections; ends Federal matching of State expenditures using incentive payments; and reduces FFP for paternity lab costs from 90 percent to 66 percent.
- In 2005, 91 percent of child support collections have gone to families. Welfare recipients now make up just 16 percent of our caseload; the largest group of clients is families who no longer need public assistance, in large part because of child support collections. Preliminary data indicate that, in FY 2005:
 - The program collected \$23 billion.
 - The total caseload was 15.9 million.

- The FPLS returned employment or address information for over 4.7 million individuals during FY 2005.
- During FY 2005, the Multistate Financial Institution Data Match (MSFIDM) program located a quarterly average of 2.1 million accounts containing financial assets owned by 1.1 million obligors.
- The number of paternities established or acknowledged was 1.6 million.
- The number of new support orders established was 1.2 million.
- With the publication of Final Rules and Regulations for Tribal Child Support Enforcement in March 2004, Tribes and Tribal organizations can choose to operate a Title IV-D Tribal Child Support Enforcement Program.
- Nine comprehensive Tribal programs now can establish paternity, modify and enforce support orders and locate absent parents. Dozens of others are receiving Federal funding to start new Tribal programs.
- In FY 2005, \$3.5 billion in Federal funding was provided to states to help defray the costs of the program. A total of \$23 billion was collected at a combined state/Federal cost of \$5.4 billion; more than \$4.50 was collected for each \$1 spent.

CSE SPECIAL INITIATIVES

Grants provided by the Federal government are providing funding to States for programs designed to:

- provide timely revisions of orders based on ability to pay for categories of persons affected by lowered pay (layoffs, military personnel, prisoners) and related services;
- increase child support enforcement collections and efficiencies through increasing levels of automation or re-engineering of business practices;
- improve child support results through collaboration with child welfare agencies;
- promote healthy relationships for unwed couples to improve children's financial and medical security;
- improve child support by encouraging parents and CSE agencies to work together for better case management and results;
- expand and improve enforcement and collection tools.

Funding

In 2006, \$3.9 billion is available for Child Support Enforcement.

CONTACT INFORMATION

Office of Child Support Enforcement, Administration for Children and Families

370 L'Enfant Promenade, SW

Washington, DC 20447

(202) 401-9373

Updated October 2006

Office of Public Affairs (OPA)

Hand-Out 2

Code of Federal Regulations, Title 5, Volume 1, Part 581

Code of Federal Regulations

Title 5, Volume 1, Parts 1 to 699
Revised as of January 1, 2008

TITLE 5--ADMINISTRATIVE PERSONNEL CHAPTER I--OFFICE OF PERSONNEL MANAGEMENT PART 581--PROCESSING GARNISHMENT ORDERS FOR CHILD SUPPORT AND/OR ALIMONY

Subpart A--Purpose and Definitions

Sec. 581.103 Moneys which are subject to garnishment.

- (a) For the personal service of a civilian employee obligor:
- (1) Saved pay;
 - (2) Retained pay;
 - (3) Night differentials;
 - (4) Sunday and holiday premium pay;
 - (5) Overtime pay;
 - (6) Standby duty pay, administratively uncontrollable overtime pay, and availability pay;
 - (7) Environmental differentials;
 - (8) Hazardous duty pay;
 - (9) Tropical differentials;
 - (10) Recruitment incentives, recruitment and relocation bonuses and retention allowances;
 - (11) Equalization allowance;
 - (12) Any payment in consideration of accrued leave;
 - (13) Severance pay;
 - (14) Sick pay;
 - (15) Physicians comparability allowances;
 - (16) Special pay for physicians and dentists;
 - (17) Amounts paid pursuant to a personal services contract where the contractor recipient performed the services and received the payments in the capacity as a Federal employee;
 - (18) Merit pay;
 - (19) Incentive pay;
 - (20) Cash awards, including performance-based cash awards;
 - (21) Agency and Presidential incentive awards (except where such award is for making a suggestion);
 - (22) Senior Executive Service rank and performance awards;
 - (23) Moneys due for the services of a deceased employee obligor, including:
 - (i) Overtime or premium pay;
 - (ii) Amounts due as refunds of pay deductions for United States savings bonds;
 - (iii) Payments for accumulated and current accrued annual or vacation leave as provided for in section 5581 of title 5 of the United States Code;
 - (iv) Retroactive pay as provided for in section 5344(b)(2) of title 5 of the United States Code; and
 - (v) Amounts of checks drawn for moneys due which were not delivered by the governmental entity to the employee obligor prior to the employee obligor's death or which were not negotiated and returned to the governmental entity because of the death of the employee obligor, except those moneys due that are listed in Sec. 581.104(i);
 - (24) Locality-based comparability payments or continued rate adjustments;
 - (25) Staffing differentials;
 - (26) Supervisory differentials;
 - (27) Special pay adjustments for law enforcement officers in selected cities;

(28) Advances in pay; and

(29) Voluntary separation incentive payments.

(b) For the personal service of an obligor in the uniformed services of the United States:

(1) Basic pay (including service academy cadet and midshipmen pay);

(2) Special pay (including enlistment and re-enlistment bonuses);

(3) Lump sum reserve bonus;

(4) Continuation pay for physicians and dentists;

(5) Special pay for physicians, dentists, optometrists, and veterinarians;

(6) Incentive pay;

(7) Variable incentive pay;

(8) Inactive duty training pay;

(9) Administrative duty pay;

(10) Academy official pay (other than personal money allowances);

(11) Any payments made in consideration of accrued leave (basic pay portion only);

(12) Readjustment pay;

(13) Disability retired pay;

(14) Severance pay (including disability severance pay);

(15) Cash awards (NOAA Corps);

(16) Special separation benefits; and

(17) Voluntary separation incentives.

(c) For obligors generally:

(1) Periodic benefits, including a periodic benefit as defined in section 428(h)(3) of title 42 of the United States Code, title II of the Social Security Act, to include a benefit payable in a lump sum if it is commutation of, or a substitute for, periodic payments; or other payments to these individuals under the programs established by subchapter II of chapter 7 of title 42 of the United States Code (Social Security Act); and payments under chapter 9 of title 45 of the United States Code (Railroad Retirement Act) or any other system, plan, or fund established by the United States (as defined in section 662(a) of title 42 of the United States Code) which provides for the payment of:

(i) Pensions;

(ii) Retirement benefits;

(iii) Retired/retainer pay;

(iv) Annuities; and

(v) Dependents' or survivors' benefits when payable to the obligor;

(2) Refunds of retirement contributions where an application has been filed;

(3) Amounts received under any federal program for compensation for work injuries; and

(4) Benefits received under the Longshoremen's and Harbor Workers' Compensation Act.

(5) Compensation for death under any federal program, including death gratuities authorized under 5 U.S.C. 8133(f); 5 U.S.C. 8134(a); Pub. L. 103-332, section 312; and Pub. L. 104-208, section 651.

(6) Any payment under any federal program established to provide "black lung" benefits;

(7) Any payment by the Secretary of Veterans Affairs as compensation for a service-connected disability paid by the Secretary to a former member of the Armed Forces who is in receipt of retired or retainer pay if the former member has waived either the entire amount or a portion of the retired or retainer pay in order to receive such compensation. In such cases, only that part of the Department of Veterans Affairs payment that is in lieu of the waived retired pay or waived retainer pay is subject to garnishment.

[45 FR 85667, Dec. 30, 1980, as amended at 48 FR 26279, June 7, 1983; 55 FR 1356, Jan. 16, 1990; 56 FR 36723, Aug. 1, 1991; 58 FR 35846, July 2, 1993; 59 FR 66154, Dec. 23, 1994; 61 FR 3544, Feb. 1, 1996; 63 FR 14758, Mar. 26, 1998]

**TITLE 5--ADMINISTRATIVE PERSONNEL
CHAPTER I--OFFICE OF PERSONNEL MANAGEMENT**

PART 581--PROCESSING GARNISHMENT ORDERS FOR CHILD SUPPORT AND/OR ALIMONY--
Table of Contents

Subpart A--Purpose and Definitions

Sec. 581.104 Moneys which are not subject to garnishment.

(a) Payments made pursuant to the provisions of the Federal Tort Claims Act, as amended, sections 1346(b) and 2671 et seq., of title 28 of the United States Code;

(b) Payments or portions of payments made by the Department of Veterans Affairs pursuant to sections 501-562 of title 38 of the United States Code, in which the entitlement of the payee is based on non-service-connected disability or death, age, and need;

(c) Refunds and other payments made in connection with overpayments or erroneous payments of income tax and other taxes levied under title 26 of the United States Code;

(d) Grants;

(e) Fellowships;

(f) Education and vocational rehabilitation benefits for veterans and eligible persons under chapters 30, 31, 32, 35, and 36 of title 38, United States Code, and chapters 106 and 107 of title 10, United States Code;

(g) Contracts, except where the contractor recipient performed personal services and received payments in his/her capacity as an employee of a governmental entity; and

(h) Reimbursement for expenses incurred by an individual in connection with his/her employment, or allowances in lieu thereof, and other payments and allowances, including, but not limited to:

(1) In the case of civilian employees:

(i) Uniform allowances;

(ii) Travel and transportation expenses (including mileage allowances);

(iii) Relocation expenses;

(iv) Storage expenses;

(v) Post differentials;

(vi) Foreign areas allowances;

(vii) Education allowances for dependents;

(viii) Separate maintenance allowances;

(ix) Post allowances and supplementary post allowances;

(x) Home service transfer allowances;

(xi) Quarters allowances;

(xii) Cost-of-living allowances (COLA), when applicable to an employee in a foreign area or an employee stationed outside of the continental United States or in Alaska;

(xiii) Remote worksite allowance; and

(xiv) Per diem allowances.

(2) In the case of members of the uniformed services:

(i) Position pay (Navy only);

(ii) Basic allowance for quarters;

(iii) Basic allowance for subsistence;

(iv) Station allowances;

(v) Armed Forces health professions scholarship stipends;

(vi) Public Health Service scholarship stipends;

(vii) Travel and transportation allowances;

(viii) Dislocation allowances;

(ix) Family separation allowances;

(x) ROTC subsistence allowance;

- (xi) Allowance for recruiting expenses;
- (xii) Education allowances for dependents;
- (xiii) Clothing allowances for enlisted personnel;
- (xiv) Uniform allowances; and
- (xv) Personal money allowances for General and Flag officers, and for the Surgeon General of the United States.

(3) In the case of volunteers serving under either the Domestic Volunteer Service Act or the Peace Corps Act, all allowances, including, but not limited to, readjustment allowances, stipends, and reimbursements for out-of-pocket expenses.

(i) Moneys due a deceased employee obligor where the amounts are reimbursement for expenses incurred by the deceased employee in connection with his/her employment, or allowances in lieu thereof, including:

(1) Per diem instead of subsistence, mileage, and amounts due in reimbursement of travel expenses, including incidental and miscellaneous expenses in connection therewith;

(2) Allowances on change of official station;

(3) Quarters allowances; and

(4) Cost-of-living allowances (COLA), when applicable as a result of the deceased employee obligor's having been in a foreign area or stationed outside of the continental United States or in Alaska.

(j) Supplemental Security Income (SSI) payments made pursuant to sections 1381 et seq., of title 42 of the United States Code (title XVI of the Social Security Act).

[45 FR 85667, Dec. 30, 1980, as amended at 48 FR 26280, June 7, 1983; 55 FR 1356, Jan. 16, 1990; 56 FR 36724, Aug. 1, 1991; 58 FR 35846, July 2, 1993; 60 FR 5044, Jan. 25, 1995; 63 FR 14758, Mar. 26, 1998]

Hand-Out 3

Income Withholding for Support Order

INCOME WITHHOLDING FOR SUPPORT

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

Date: _____

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

NOTE: If you receive this document from someone other than a State or Tribal Child Support Enforcement agency or a court, a copy of the underlying order that contains a provision authorizing income withholding must be attached. Or if under State law an attorney in that State, or if under Tribal law a Tribal legal representative, may issue an income withholding order, the attorney or Tribal legal representative must include a copy of the State or Tribal law authorizing the attorney or Tribal legal representative to issue an income withholding order.

State/Tribe/Territory _____ Case Identifier _____
 City/County/Dist./Tribe _____ Order Identifier _____
 Private Individual/Entity _____

Employer/Income Withholder's Name _____ Employer/Income Withholder's Address _____ _____ Employer/Income Withholder's Federal EIN _____ Child's Name (Last, First, MI) _____ _____ _____ _____	RE:	Employee/Obligor's Name (Last, First, MI) _____ Employee/Obligor's Social Security Number (if known) _____ Custodial Party/Obligee's Name (Last, First, MI) _____ <div style="border: 1px solid black; width: 100%; height: 100%;"></div>
Child's Birth Date _____ _____ _____ _____		

ORDER INFORMATION: This document is based on the support or withholding order from _____.

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

\$ _____ Per _____ current child support
 \$ _____ Per _____ past-due child support - Arrears greater than 12 weeks? Yes No
 \$ _____ Per _____ current cash medical support
 \$ _____ Per _____ past-due cash medical support
 \$ _____ Per _____ current spousal support
 \$ _____ Per _____ past-due spousal support
 \$ _____ Per _____ other (must specify) _____
 for a total of \$ _____ per _____ to be forwarded to the payee below.

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:

\$ _____ per weekly pay period \$ _____ per semimonthly pay period (twice a month)
 \$ _____ per biweekly pay period (every two weeks) \$ _____ per monthly pay period

\$ _____ ONE-TIME LUMP SUM PAYMENT Do not stop any existing IWO unless you receive a termination order.

REMITTANCE INFORMATION: If the employee/obligor's principal place of employment is _____, you must begin withholding no later than the first pay period that occurs _____ days after the date of _____. Send payment within _____ 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 _____% of disposable income for all orders. If the employee/obligor's principal place of employment is not _____, see the ADDITIONAL INFORMATION FOR EMPLOYERS AND OTHER INCOME WITHHOLDERS for limitations on withholding, applicable time requirements and any allowable employer's fees.

Document Tracking Identifier _____

OMB 0970-0154

For EFT/EDI instructions, contact the EFT/EDI office at the website listed below. **If paying by check, make check payable to:** _____ **Include this Remittance Identifier with payment:** _____. **Send check to:** _____

FIPS code (if necessary): _____

Signature (if required by State or Tribal law): _____

Print Name: _____

Title of Issuing Official: _____

If checked, you are required to provide a copy of this form to the employee/obligor. 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 must be provided to the employee/obligor even if the box is not checked.

ADDITIONAL INFORMATION FOR EMPLOYERS AND OTHER INCOME WITHHOLDERS

State-specific information may be viewed on the OCSE Employer Services website located at:
<http://www.acf.hhs.gov/programs/cse/newhire/employer/contacts/contacts.htm>

Priority: Withholding for support has priority over any other legal process under State law (or Tribal law if applicable) against the same income. If a Federal tax levy is in effect, please notify the contact person listed below.

Combining Payments: You may combine withheld amounts from more than one employee/obligor's income in a single payment to each agency/party requesting withholding. You must, however, separately identify the portion of the single payment that is attributable to each employee/obligor.

Reporting the Pay Date: You must report the pay date when sending the payment. The pay date is the date on which the amount was withheld from the employee/obligor's wages. You must comply with the law of the State (or Tribal law if applicable) of the employee/obligor's principal place of employment with respect to the time periods within which you must implement the withholding and forward the support payments.

Employee/Obligor with Multiple Support Withholdings: If there is more than one Order/Notice against this employee/obligor and you are unable to fully honor all support Orders/Notices due to federal, State, or Tribal withholding limits, you must follow the State or Tribal law/procedure of the employee/obligor's principal place of employment. You must honor all Orders/Notices to the greatest extent possible, giving priority to current support before payment of any past-due support.

Lump Sum Payments: You may be required to report and withhold from lump sum payments such as bonuses, commissions, or severance pay. Contact the agency or person listed below to determine if you are required to withhold or if you have any questions about lump sum payments.

Liability: If you have any doubts about the validity of the Order/Notice, contact the agency or person listed below. If you fail to withhold income as the Order/Notice directs, you are liable for both the accumulated amount you should have withheld from the employee/obligor's income and any other penalties set by State or Tribal law/procedure.

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 a child support withholding. _____

Withholding Limits: You may not withhold more than the lesser of: 1) the amounts allowed by the Federal Consumer Credit Protection Act (CCPA) (15 U.S.C. 1673(b)); or 2) the amounts allowed by the State or Tribe of the employee/obligor's principal place of employment. Disposable income is the net income left after making mandatory deductions such as: State, Federal, local taxes, Social Security taxes, statutory pension contributions and Medicare taxes. The Federal limit is 50% of the disposable income if the obligor is supporting another family and 60% of the disposable income if the obligor is not supporting another family. However, that 50% limit is increased to 55% and that 60% limit is increased to 65% if the arrears are greater than 12 weeks. If permitted by the State, you may deduct a fee for administrative costs. The support amount and the fee may not exceed the limit indicated in this section.

OMB Expiration Date – 10/31/2010. The OMB Expiration Date has no bearing on the termination date or validity of the income withholding order; it identifies the version of the form currently in use.

Employee/Obligor's Name: _____ Case Identifier: _____
Order Identifier: _____ Employer's Name: _____

Arrears greater than 12 weeks? If the *Order Information* does not indicate whether the arrears are greater than 12 weeks, then the employer should calculate the CCPA limit using the lower percentage.

For Tribal orders, you may not withhold more than the amounts allowed under the law of the issuing Tribe. For Tribal employers who receive a State order, you may not withhold more than the lesser of the limit set by the law of the jurisdiction in which the employer is located or the maximum amount permitted under section 303(d) of the CCPA (15 U.S.C. 1673 (b)).

Depending upon applicable State law, you may need to take into consideration the amounts paid for health care premiums in determining disposable income and applying appropriate withholding limits.

Additional Information:

NOTIFICATION OF TERMINATION OF EMPLOYMENT: You must promptly notify the Child Support Enforcement agency and/or the person listed below by returning this form to the correspondence address if:

- This person has never worked for this employer.
- This person no longer works for this employer.

Please provide the following information for the terminated employee:

Termination date: _____ Last known phone number: _____

Last known home address: _____

Date final payment made to the State Disbursement Unit or Tribal CSE agency: _____

Final payment amount: _____ New employer's name: _____

New employer's address: _____

CONTACT INFORMATION

To employer: If the employer/income withholder has any questions, contact _____
_____ by phone at _____, by fax at _____, by email or website at: _____.

Send termination notice and other correspondence to:

To employee/obligor: If the employee/obligor has questions, contact _____
_____ by phone at _____, by fax _____, by email or website at _____

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

Hand-Out 4

National Medical Support Notice

**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 Noncustodial Parent.

Issuing Agency: _____ Issuing Agency Address: _____ _____ Date of Notice: _____ Case Number: _____ Telephone Number: _____ FAX Number: _____ Employer web site: _____	Court or Administrative Authority: _____ Date of Support Order: _____ Support Order Number: _____
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_____ Employer/Withholder's Federal EIN Number	RE: _____ Employee's Name (Last, First, MI)
_____ Employer/Withholder's Name	_____ Employee's Social Security Number
_____ Employer/Withholder's Address	_____ Employee's Mailing Address
_____ Custodial Parent's Name (Last, First, MI)	
_____ Custodial Parent's Mailing Address	_____ Substituted Official/Agency Name and Address (Required if Custodial Parent's mailing address is left blank)
_____ Child(ren)'s Mailing Address (if different from Custodial Parent's)	
_____ _____ Name, Mailing Address, and Telephone Number of a Representative of the Child(ren)	
Child(ren)'s Name(s) DOB SSN Child(ren)'s Name(s) DOB SSN	
_____ _____ _____ _____ _____ _____	
_____ _____ _____ _____ _____ _____	

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) 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: 03/31/2011.

EMPLOYER RESPONSE

If 1, 2, 3 or 4 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, 2, 3 or 4 do not apply, 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 on 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 maintain or contribute to plans providing dependent or family health care coverage to our employees.

- 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.

Employer Representative (Required):

Name: _____ Telephone Number: _____

Title: _____ Date: _____

Federal EIN (if not provided by Issuing Agency on Page 1 of this Notice to Withhold for Health Care Coverage): _____

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** if appropriate. 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 at anytime in the future 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 family health care coverage is not available, please complete item 1, 2, 3 or 4 of the Employer Response as appropriate, and return it to the Issuing Agency. **NO FURTHER 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, 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), 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.

LIMITATIONS ON WITHHOLDING

The total amount withheld for both cash and medical support cannot exceed ___ % 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 principal place of employment; or
3. The amounts allowed for health insurance premiums by the child support order, as indicated here: _____.

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 prior page, 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: _____.

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

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 at page 1 of this Notice.

Indicate below to the Issuing Agency the requested information on your Plan Administrator to whom Part B – Plan Administrator Response is forwarded for completion.

Plan Administrator (Required):

Name: _____ Telephone Number: _____

Contact Person: _____ FAX Number: _____

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, 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 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.

Issuing Agency: _____ Issuing Agency Address: _____ Date of Notice: _____ Case Number: _____ Telephone Number: _____ FAX Number: _____	Court or Administrative Authority: _____ Date of Support Order: _____ Support Order Number: _____
---	---

_____)
 Employer/Withholder's Federal EIN Number

RE* _____
 Employee's Name (Last, First, MI)

_____)
 Employer/Withholder's Name

_____)
 Employee's Social Security Number

_____)
 Employer/Withholder's Address

_____)
 Employee's Address

_____)
 Custodial Parent's Name (Last, First, MI)

_____)
 Substituted Official/Agency Name and Address

_____)
 Custodial Parent's Mailing Address

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

_____)
 _____)
 _____)
 Name(s), Mailing Address, and Telephone Number of a Representative of the Child(ren)

Child(ren)'s Name(s)	DOB	SSN	Child(ren)'s Name(s)	DOB	SSN
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

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): _____

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)

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:

_____. 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 that is required may be satisfied by sending the party a copy of the Plan Administrator Response, if appropriate.

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). 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 Notice

The Issuing Agency asks for the information on this form to carry out the law as specified in the Employee Retirement Income Security Act or the Child Support Performance and Incentive Act, as applicable. You are required to give the Issuing Agency the information. You are not required to respond to this collection of information unless it displays a currently valid OMB control number. The Issuing Agency needs the information to determine whether health care coverage is provided in accordance with the underlying child support order. The Average time needed to complete and file the form is estimated below. These times will vary depending on the individual circumstances.

	<u>Learning about the law or the form</u>	<u>Preparing the form</u>
First Notice	1 hr.	1 hr., 45 min.
Subsequent Notices	-----	35 min.

Hand-Out 5

Answer Keys

Exercise: Calculating Maximum Withholding

Now calculate the **allowable disposable income** (or, “maximum withholding”) for this biweekly pay period by applying the CCPA limits to Jacob’s disposable income.

In applying CCPA limits, follow the state law for Jacob’s official duty station state.

1. **Biweekly disposable income:** **\$1,250.00**
2. **Multiplied by CCPA limit:** **65%**
3. **Maximum withholding allowed:** **\$812.50**

Is there sufficient money to withhold the entire amount ordered for Jacob FOR A 2-WEEK PAY PERIOD? (\$200 current + \$50 arrears + \$5.00 administrative fee = \$255.00)? YES

If Jacob worked in a different state, however, the cap might be lower even though the IWO specifies 65 percent!

Exercise: Applying Allocation Methods

Fred has been ordered to pay biweekly child support for four children on four different orders as follows:

Order A	\$400
Order B	\$420
Order C	\$390
Order D	\$410

The total ordered amount for Fred is \$1,620.

This pay period Fred's allowable disposable income is only \$1,200. Fred's official duty station state follows the prorate method for allocation. How much should be paid to each order?

Order A	$400 \div 1620$	$= 24.7\%$	$\times 1200$	$= \$296.30$
Order B	$420 \div 1620$	$= 25.9\%$	$\times 1200$	$= \$311.11$
Order C	$390 \div 1620$	$= 24.1\%$	$\times 1200$	$= \$288.89$
Order D	$410 \div 1620$	$= 25.3\%$	$\times 1200$	$= \$303.70$
TOTAL				\$1,200.00

Exercise: Calculating Payments under Two Withholding Orders

Arthur was married and divorced twice. He now lives alone. He had one child with each of his wives, and he owes child support to both children. He owes \$300/month in current support and \$50/arrears for his older child (and he's over 12 weeks in arrears). He owes \$400/month in current support for his younger child.

Arthur's disposable income is \$2,000/month. The CCPA limits set by his state follow the federal CCPA limits.

What are the withholding limits for Arthur? 55%

Why? He owes arrears (over 12 weeks) and the second child support order shows he is supporting a second family, even though he is not living with them.

1. Disposable income for child support purposes:	\$2000.00
2. Apply CCPA limits	x 55%
3. Allowable disposable income:	\$1100.00
4. Total current support owed (add both orders - \$300+\$400)	\$700.00
5. Total arrears owed:	\$ 50.00
6. Total monthly support owed:	\$750.00

Is there enough allowable disposable income to pay the total in line 6? Yes

How much of the monthly support can be paid by Arthur's employer? The full \$750.00 that is owed. No problem this month!

The next exercise covers a situation where the monthly support owed exceeds the allowable disposable income.

Exercise: Calculating Payments (Again) under Two Withholding Orders

Let's use the same example with Arthur again. Remember, he has two children, and owes \$300/month in current support and \$50/arrears for his older child, and \$400/month in current support for his younger child.

This month, Arthur's disposable income is only \$1,000.00/month.

Arthur is subject to the same withholding limits as before, 55%.

1. Disposable income for child support	\$1,000.00
2. Apply CCPA limits	x 55%
3. Allowable disposable income	\$550.00
4. Total monthly support owed	\$750.00

Is there enough allowable disposable income to pay the total in line 4? NO

How much of the monthly support can be paid by Arthur's employer? First, ask if current support can be met. The total current support due is \$700.00, and this can not be paid in full. The \$50 arrears can not be paid at all.

The employer must first check the law of Arthur's official duty state. Let's say his state uses the percentage method of allocation.

Order A	\$300 divided by \$700 = 43%
Order B	\$400 divided by \$700 = 57%
Total	\$700

Apply these percentages to the amount available for child support, the allowable disposable income (\$550):

\$550 x 43% = \$236.50 for Order A (short by \$63.50 + \$50 arrears)

\$550 x 57% = \$313.50 for Order B (short by \$86.50)

\$63.50 of unpaid current support will accrue as arrears for Order A and \$86.50 of unpaid current support will accrue as arrears against Order B.

The employer does not need to track the arrears; the child support enforcement agency is responsible for this.

Exercise: Child Support and Other Garnishments

Scenario 1: Alice's biweekly disposable income is \$400. Her income-withholding order is for \$80 per pay period (she is single and is not in arrears). J.C. Penney serves a garnishment against Alice for \$500.

1. Amount to withhold for child support: **\$80** ($\$400 \times 60\% = \240)
2. A. Biweekly disposable income minus 60 times minimum wage = **\$7**

$$\mathbf{\$400 - \$393 = \$7}$$

B. 25% of disposable income = $25\% \times \$400 = \mathbf{\$100}$

LESSER amount of (A) and (B) = \$7

3. **LESSER amount minus child support deduction - \$7 - \$80 =**
Amount to deduct for J.C. Penney's garnishment = NOTHING

Scenario 2: Alice's biweekly disposable income is \$1300. Her income-withholding order is for \$400 per pay period (she is single and is not in arrears). J.C. Penney serves a garnishment against Alice for \$500.

1. Amount to withhold for child support: **\$400** ($\$1300 \times 60\% = \780)
2. A. Biweekly disposable income minus 60 times minimum wage = **\$907**

B. 25% of disposable income = **\$325**

LESSER amount of (A) and (B) = \$325

3. **LESSER amount minus child support deduction - \$325 - \$400 =**
Amount to deduct for J.C. Penney's garnishment = NOTHING

Answer Key to Final Review

Module 7, pages 7-8 through 7-12

1. a, c, e, g
2. a, b, c, d
3. c, a
4. d, c, e, b, a
FPLS Federal Parent Locator System
OCSE Office of Child Support Enforcement
IV-D Title "Four-Dee" of the Social Security Act
NCP Noncustodial parent
SDU State disbursement unit
5. a, b, d, f, g, h
6. False. Not less than 12 days or more than 16 days apart.
7. True
8. True
9. 3 Outstanding tuition payment to USDA Graduate School
4 Garnishment to Wal-Mart
2 Child support withholding
1 IRS tax levy (if received PRIOR to child support withholding order)
10. Yes, it is deducted in computing allowable disposable income after taxes have been computed.
11. True
12. b, c
13. Yes
14. National Medical Support Notice; employer; plan administrator; does not
15. a, b, c, e, f - NOT to U.S. Post Office, private attorney, custodial parent, court (Clerk of Court), or the NCP
16. a, c, d, e, f, h
17. a, c, d, e
18. b
19. True
20. Over 70%

Hand-Out 6

Sample Evaluation Form

HOW-TO CHILD SUPPORT TRAINING for FEDERAL AGENCIES

DATE: _____

Instructor: _____

Indicate your level of satisfaction with the following aspects of the training for **ALL** modules combined.

Items	Very Great Extent (5)			Not at All (1)	
Appropriateness of Content Presented	5	4	3	2	1
Level of Detail Provided	5	4	3	2	1
Applicability of Information to Your Job	5	4	3	2	1
Responsiveness of Training to Your Needs	5	4	3	2	1
Time Allocated for Training	5	4	3	2	1
Opportunity for Input into Discussion	5	4	3	2	1

COMMENTS:

Aspects	Very Great Extent (5)			Not at All (1)	
---------	--------------------------	--	--	-------------------	--

TRAINING DESIGN

Mix of Training Methods (e.g., lecture, exercise, discussion)	5	4	3	2	1
Training Organization/Sequence	5	4	3	2	1
Training Exercises	5	4	3	2	1

COMMENTS:

HOW-TO CHILD SUPPORT TRAINING for FEDERAL AGENCIES

<u>Aspects</u> <u>TRAINING INSTRUCTOR(S)</u>	Very Great Extent (5)			Not at All (1)	
Knowledge of Subject Matter	5	4	3	2	1
Ability to Communicate Subject Matter	5	4	3	2	1
Ability to Guide Training and Keep It on Track	5	4	3	2	1
Ability to Respond to Questions	5	4	3	2	1
Ability to Synthesize General Discussion Points and Course Learning Objectives	5	4	3	2	1

COMMENTS:

TRAINING MANUAL

Quality	5	4	3	2	1
Appropriateness	5	4	3	2	1
Comprehensiveness	5	4	3	2	1
Clarity	5	4	3	2	1

Was there too much or too little time spent on any topic? Please list below.

Was there too much or too little detail provided on any topic? Please list below.

Are there topics you would like to see included in this training?

Are there topics that are not necessary in this training?

Hand-Out 7

Sample Training Certificate

CERTIFICATE OF COMPLETION

This certificate is awarded to

Training Participant

For successful completion of
**Supporting America's Children: How-To Child Support Training for
Federal Agencies
Washington, DC
Month xx, 200_**

FEDERAL OFFICE OF CHILD SUPPORT ENFORCEMENT

Signature

[AGENCY LOGO HERE]

Hand-Out 8

Sample Invitation Letter

SAMPLE INVITATION LETTER

MEMORANDUM FOR PAYROLL AND HUMAN RESOURCES DIRECTORS

FROM: -----
DIRECTOR
OFFICE OF WORKFORCE RELATIONS

TO: -----

SUBJECT: Training Session on Payroll Requirements and Child Support

We invite you to attend a special invitation-only training session on child support to be held on Wednesday, mm/dd/yy, from 9:00 a.m. to 3:30 p.m. The training covers procedures to ensure your agency's compliance with state and federal child support enforcement laws.

The training will be conducted at ----- . Report to the ----- Training Center on the ----- floor, Room ----- . For directions see the attached or call (xxx) xxx-xxxx.

This is a new training session designed expressly for federal agency employees. The U.S. Department of Health and Human Services' Office of Child Support Enforcement and the U.S. Office of Personnel Management's Office of Work/Life Programs are jointly offering the training. The training topics to be covered are listed in the attachment. We look forward to getting your feedback on the usefulness of this training.

The session is provided free of charge. All participants will receive a training manual. We recommend that your payroll office and other staff responsible for calculating and implementing child support deductions attend the training. You may send up to ----- employees from your agency. Because training attendance is limited, we encourage sending at least one individual who can train co-workers unable to attend this session. **All participants should bring a calculator to this session.**

Don't miss this unique opportunity to pose your questions to federal child support experts, and network with other payroll professionals in the region. **To register or inquire further, please call ----- at (xxx) xxx-xxxx, or e-mail your name, agency, title, address (mail and e-mail), and telephone number to xxxxxxxx@xxxxxx.gov.**

Thank you for your continued support of the Child Support Enforcement Program.

Attachments

TRAINING DESCRIPTION

How-To Child Support Training for Federal Agencies is a new course designed specifically for federal agencies as employers. The intended audience includes payroll, personnel and human resources staff responsible for income-withholding, medical support and disbursement and agency trainers seeking detailed information about employer responsibilities for compliance with the child support program. Topics covered include:

The critical need for child support in America

Benefits for employers who comply with child support requirements

The role of federal agencies in the child support program

The employer's legal responsibilities:

Step One: New Hire Reporting

Step Two: Employment Verification

Step Three: Wage Withholding
Calculating amount to withhold
Multiple withholding orders
Withholding orders from different states
Child support and other garnishments
Child support and involuntary deductions
Medical support

Step Four: Payment Disbursement
E-payments
Cost savings to employers

Step Five: Reporting Terminated Employees

Includes hands-on exercises and worksheets.

[Directions to the training site may be included here.]

Hand-Out 9

Attendance Roster

Hand-Out 10

Helpful OCSE Website Addresses

Helpful OCSE Website Addresses

- **Home Page**

<http://www.acf.hhs.gov/programs/cse/>

- **Employer Services Team Email Box**

employerservices@acf.hhs.gov

- **State EFT/EDI Contacts Matrix**

http://www.acf.hhs.gov/programs/cse/newhire/employer/contacts/contact_map.htm

- **Income Withholding Order, and other forms, including the National Medical Support Notice**

<http://www.acf.hhs.gov/programs/cse/forms/>

- **Federal Addresses for Withholding** - The title, mailing address and telephone number of each Federal agency's designated agent is published each spring in the *Federal Register* (also, 5 CFR Parts 581 and 582).

http://www.acf.hhs.gov/programs/cse/newhire/contacts/iw_fedcontacts.htm

- **Federal Addresses for National Medical Support Notice** – This site contains contact information sending the National Medical Support Notice to Federal agencies.

http://www.acf.hhs.gov/programs/cse/newhire/contacts/ms_fedcontacts.htm

- **Working with Federal Benefit Agencies**

http://www.acf.hhs.gov/programs/cse/newhire/employer/states/working_fedbenefits.htm