



**Office of Temporary  
and Disability Assistance**

# **Child Support: Are You In Compliance?**

**Mary Hans  
Eileen Stack**

**April 22, 2017**

- The Federal Office of Child Support Enforcement proposes and implements national policy for the child support program. They provide guidance and training to help states and tribes develop and operate their individual programs according to federal laws and regulations.
- In New York State, Child Support Services (CSS) is the single State agency designated to supervise the administration of the State's child support program.
- Local program activities are carried out by the fifty-eight (58) local social services districts (which consist of New York City and the remaining fifty-seven (57) counties) through their child support enforcement units and support collection units.
- CSS ensures all federal and State requirements are being carried out.

# Critical Contribution Employers make to New York Families

In 2016

- Over \$1.8 billion in child support was collected
- 73% of all child support collected, \$1.3 billion, was received from employers
- Employers helped provide health insurance coverage for more than 173,000 children

# Today's Topics

- New Hire Reporting
- Wage and Health Benefits Report (WHBR)
- Income Withholding
- National Medical Support Notice (NMSN)

# New Hire Reporting

Employers must report all newly hired or rehired employees within 20 calendar days from the hire date.

- Reporting is important
  - Reduces fraud and improper payments in some government programs
  - Reduces unemployment insurance and workers' compensation fraud, keeping employers' insurance rates low
  - Helps interstate case processing, the most difficult kind of case to enforce



# New Hire Reporting - What to Report

- Employee name (first, middle initial, last)
- Employee address (street, city, state, and ZIP code)
- Employee Social Security number
- Hire date
- Employer name
- Employer address
- Employer Federal Employer Identification Number (FEIN)
- Whether dependent health insurance benefits are available and if so, the date the employee qualifies for the benefits



# New Hire Reporting – How to Report New Hires

- Online: [www.nynewhire.com](http://www.nynewhire.com)
- Electronic: call the New York New Hire Employer Outreach Department for current specifications (518) 320-1079
- Fax: (518) 320-1080
- Mail: New York State Department of Taxation and Finance  
New Hire Notification  
PO Box 15119  
Albany, NY 12212-5119
- Multistate employers
  - Employers with employees in more than one state can choose a single state to report all New Hires



# Wage and Health Benefits Report (WHBR)

Provides information about an employee or contractor's earnings and health insurance benefits.

- Complete the information
- Provide wage and health insurance benefit information
- Complete and return within 10 business days of the date on the form
- Use of third party agents



NYS Child Support Processing Center  
PO Box 15368  
Albany NY 12212-5368

Mail completed form to the address above  
Or fax return to: (518) 320-1081

----- (name of employer/benefit administrator)  
----- (c/o line)  
----- (street address)  
----- (city) -- (state) ----- (zip code)

## Wage and Health Benefits Report

New York Case Identifier:  
JCA Worker Code:  
Employer/Benefit Administrator Number:  
Source Code:  
Employer FEIN:

Date: County name:

Regarding: ----- (name of employee)  
Date of birth:  
Social Security number:

For additional information on the form and process  
visit our website at  
[childsupport.ny.gov](http://childsupport.ny.gov)

Dear Employer/Benefit Administrator:  
Please review your records and provide the information requested in this report for the above named individual. This employee/beneficiary is, or may be, legally responsible for a person receiving child support services or public assistance and care. Sections 111-h (9), 111-r and 143 of the New York State Social Services Law (SSL) require that employers furnish the



# Income Withholding (IWO)

- IV-D vs Non-IV-D
- Employer responsibilities
- Calculation of withholdings
- Lump sum payments
- Payment options
- Terminations

# IV-D vs Non-IV-D Services

- IV-D services
  - A IV-D IWO is processed by the New York State Child Support Processing Center, which is the State Disbursement Unit (SDU)
- Non-IV-D services
  - A Non-IV-D IWO is issued by the court, sheriff, or an attorney
- All payments must go through the SDU

# Income Withholding – Employer Responsibilities

- Check identifying information
  - The date of the IWO
  - The type of IWO (original, amended, terminated)
  - The employer's name, address and FEIN
  - The employee or independent contractor's name and Social Security number

## Income Withholding – Employer Responsibilities

- Withhold no later than the first pay period that occurs 14 days after the date of service of the IWO
- Remit payment within 7 working days of the pay date
- If the person no longer works for you, please complete page four (4) of the IWO and return it to the NYS Child Support Processing Center

# Additional Information

- Priority of withholding pursuant to CPLR §5241(h) is current support, followed by health insurance premiums, and then arrears payments.
- “Income” defined in CPLR §5241(a)(6) includes workers’ compensation. When an employee/obligor is in receipt of workers’ compensation, and the full obligation cannot be withheld, withhold the maximum amount permitted under the Consumer Credit Protection Act (CCPA).
- When an employee/obligor has filed for bankruptcy, the employer must continue to honor the most recent IWO. An amended IWO will be issued if appropriate.
- If there are multiple IWOs against this employee/obligor, withhold the maximum amount permitted under the CCPA and pay to each creditor the proportion thereof which such creditor’s claim bears to the combined total.
- If the employee/obligor is reinstated or reemployed within 90 days after termination, this IWO is still in effect.



# Income Withholding – Amount to Withhold

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

\$	150.00	Per	bi-weekly	current child support
\$	75.00	Per	bi-weekly	past-due child support - Arrears greater than 12 weeks? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
\$		Per		current cash medical support
\$		Per		past-due cash medical support
\$	40.00	Per	bi-weekly	current spousal support
\$		Per		past-due spousal support
\$	15.00	Per	monthly	other (payments to a third or fourth party)
for a Total Amount to Withhold of \$ 271.92 per bi-weekly .				

**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:

\$ 134.38	per weekly pay period	\$ 291.15	per semimonthly pay period (twice a month)
\$ 271.92	per biweekly pay period (every two weeks)	\$ 582.29	per monthly pay period
<b>Lump Sum Payment:</b> Do not stop any existing IWO unless you receive a termination order.			



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\$		Per _____	current cash medical support
\$		Per _____	past-due cash medical support
\$	<u>40.00</u>	Per <u>bi-weekly</u>	current spousal support
\$		Per _____	past-due spousal support
\$	<u>15.00</u>	Per <u>monthly</u>	other (payments to a third or fourth party)
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\$		<b>Lump Sum Payment:</b> Do not stop any existing IWO unless you receive a termination order.			





# Income Withholding Calculator



Services News Government Local

## Child Support

Custodial Parents Noncustodial Parents Employers Providers Local Offices Resources Site Map Log in

### New York Child Support

The child support program provides custodial parents with financial support and medical insurance coverage for their children, establishes paternity, establishes support orders, and distributes child support payments.

#### Access your account through NY.gov ID

If you do not have a NY.gov ID, you can [create a NY.gov ID](#) now.

You can also use a NY.gov ID from another State agency (e.g., MyBenefits, Tax and Finance, Motor Vehicle, etc.) to access your child support account information. Go to the [NY.gov ID Log in](#) page, enter the NY.gov ID you want to use, and follow the prompts.

Do you want to change the e-mail address or see your account information? Log in to [Account Update](#) with your NY.gov ID, username and password. Click **Modify Account**, make your changes, and click **Confirm** to save your changes.

For more information, visit the child support [NY.gov ID questions and answers](#) page.

- Employers
  - Report New Hires
  - Provide Information (WHBR)
  - Calculator
    - Income Withholding for Support
    - Withholding Limitations
    - Cases with Prorated Amounts
    - Dependent Health Insurance
    - Remit Payments
    - Report Terminations
  - Employers FAQ

[https://www.childsupport.ny.gov/dcse/iwo\\_calc.html](https://www.childsupport.ny.gov/dcse/iwo_calc.html)



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Pre-tax amount

How often does the  
employee get paid?

6 Required deductions

Click to calculate  
Disposable Income

Employee Name	John Doe
<b>Calculate Aggregate Disposable Income ?</b>	
Gross earnings per pay cycle	800.00
Pay cycle	Biweekly ▼
Deductions required by New York State law	
Federal income tax	42.84
Social Security tax	49.60
Medicare tax	11.60
State income tax	21.62
City/Local income tax	0.00
Involuntary retirement or pension plan payments	0.00
Total deductions required by law	125.66
<b>DISPOSABLE INCOME</b>	<b>674.34</b>



## Determine CCPA percentage and Maximum Withholding ?

Employee supports another spouse or child

Yes



Employee owes arrears greater than 12 weeks

Yes



### CCPA AND MAXIMUM

CCPA percentage is

0.55

Maximum Withholding = CCPA percentage ×  
Disposable income

370.89



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

\$ 100.00 Per bi-weekly current child support

\$ 110.00 Per bi-weekly past-due child support

\$ \_\_\_\_\_ Per \_\_\_\_\_ current cash medical support

\$ \_\_\_\_\_ Per \_\_\_\_\_ past-due cash medical support

\$ 40.00 Per bi-weekly current spousal support

\$ \_\_\_\_\_ Per \_\_\_\_\_ past-due spousal support

\$ 15.00 Per monthly other (payments to a third or fourth party)

for a **Total Amount to Withhold** of \$ 256.92 per bi-weekly .

**Arrears greater than 12 weeks?** ☒ Yes ☐ No

**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:

\$ 134.38 per weekly pay period \$ 291.15 per semimonthly pay period (twice a month)

\$ 256.92 per biweekly pay period (every two weeks) \$ 582.29 per monthly pay period

\$ \_\_\_\_\_ **Lump Sum Payment:** Do not stop any existing IWO unless you receive a termination order.

## Determine CCPA percentage and Maximum Withholding ?

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Employee owes arrears greater than 12 weeks

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**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:

\$ 128.46 per weekly pay period \$ 278.33 per semimonthly pay period (twice a month)  
 \$ 256.92 per biweekly pay period (every two weeks) \$ 556.66 per monthly pay period  
 \$            Lump Sum Payment: Do not stop any existing IWO unless you receive a termination order.

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

\$ 150.00 Per bi-weekly current child support  
 \$ 75.00 Per bi-weekly past-due child support - Arrears greater than 12 weeks? ☒ Yes ☐ No  
 \$ Per            current cash medical support  
 \$ Per            past-due cash medical support  
 \$ 40.00 Per bi-weekly current spousal support  
 \$ Per            past-due spousal support  
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 \$            Lump Sum Payment: Do not stop any existing IWO unless you receive a termination order.

## Compare total ordered to Maximum Withholding ?

How many IWO s did you receive for this employee?

2

DISPLAY IWOS

RESELECT

IWO 1 Total Amount to Withhold for your pay cycle

256.92

IWO 2 Total Amount to Withhold for your pay cycle

271.92

Health Insurance Premium ?

80.00

COMPARE TO MAXIMUM

Total of All IWOs and Health Insurance Premium

608.84



**Prorated Calculation: Enter Current, Past-Due and Other Amounts from each IWO ?**

 Pay cycle (selected above) Biweekly
**IWO 1**

 Current Child Support 100.00  
 Convert from... No conversion ▼  
 ...to Your Amount 100.00

 Past-Due Child Support 110.00  
 Convert from... No conversion ▼  
 ...to Your Amount 110.00

 Current Cash Medical Support 0.00  
 Convert from... No conversion ▼  
 ...to Your Amount 0.00

 Past-Due Cash Medical Support 0.00  
 Convert from... No conversion ▼  
 ...to Your Amount 0.00

 Current Spousal Support 40.00  
 Convert from... No conversion ▼  
 ...to Your Amount 40.00

 Past-Due Spousal Support 0.00  
 Convert from... No conversion ▼  
 ...to Your Amount 0.00

 Other (third or fourth party) 15.00  
 Convert from... Monthly to Biweekly ▼  
 ...to Your Amount 6.92
**CONVERT AND TOTAL IWO 1**

256.92

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\$ 256.92	per biweekly pay period (every two weeks)	\$ 556.66	per monthly pay period

**Lump Sum Payment:** Do not stop any existing IWO unless you receive a termination order.


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## IWO 2

Current Child Support	150.00
Convert from...	No conversion
...to Your Amount	150.00
Past-Due Child Support	75.00
Convert from...	Select to convert
...to Your Amount	75.00
Current Cash Medical Support	0.00
Convert from...	No conversion
...to Your Amount	0.00
Past-Due Cash Medical Support	0.00
Convert from...	No conversion
...to Your Amount	0.00
Current Spousal Support	40.00
Convert from...	No conversion
...to Your Amount	40.00
Past-Due Spousal Support	0.00
Convert from...	No conversion
...to Your Amount	0.00
Other (third or fourth party)	15.00
Convert from...	Monthly to Biweekly
...to Your Amount	6.92
<b>CONVERT AND TOTAL IWO 2</b>	<b>271.92</b>

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 \$ 75.00 Per bi-weekly past-due child support - Arrears greater than 12 weeks? ☒ Yes ☐ No  
 \$ Per current cash medical support  
 \$ Per past-due cash medical support  
 \$ 40.00 Per bi-weekly current spousal support  
 \$ Per past-due spousal support  
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 \$ 271.92 per biweekly pay period (every two weeks)      \$ 582.29 per monthly pay period  
 \$ Lump Sum Payment: Do not stop any existing IWO unless you receive a termination order.





**TOTAL ALL IWOS**

Total Current Support	340.00
Total Past-Due and Other	198.84
Total All IWO s	538.84

Health Insurance Premium (entered previously)

Amount of premium	80.00
Pay Cycle (selected above)	Biweekly

**CALCULATE WITHHOLDING****Allocated Withholding**

IWO 1 Total	168.16
IWO 1 Current	150.00
IWO 1 Past-Due and Other	18.16
IWO 2 Total	202.73
IWO 2 Current	190.00
IWO 2 Past-Due and Other	12.73

**Amounts to Withhold and Remit ?**

Withhold for Health Insurance	0.00
Total Amount to Withhold	370.89
Total Amount to Remit	370.89

**PRINT****NEW CALCULATION****RESET****Office of Temporary  
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# Income Withholding - Lump Sum

Lump Sum payments include, but are not limited to:

- 1099 Income
  - Commissions
  - Workers' Comp
  - Leave payouts
  - Severance payments
  - Retirement incentives
  - Bonuses
  - Social Security
  - Stock Options
- If the income is compensation for personal services (such as commissions, leave payouts, or severance payments) Consumer Credit Protection Act (CCPA) limitations apply.
  - If the income is not for personal services (such as benefits, dividend or interest payments) withhold the full amount of support arrears/past due support.

# Lump Sum Payments — Contact Information

Email: [nysdulumpsum@otda.ny.gov](mailto:nysdulumpsum@otda.ny.gov)

Employer Helpline: 888-208-4485

Electronic Reporting: [employerserviceswebapp@acf.hhs.gov](mailto:employerserviceswebapp@acf.hhs.gov)



# Lump Sum Payments – What to Report

- Employer contact information
  - Company name, address and phone number
  - Fax number and email address
  - FEIN
- Employee name and Social Security number
- New York Case Identifier (see page one (1) of the IWO)
- County name associated with the New York Case Identifier
- Amount of the lump sum payment
- Expected pay out date



# Income Withholding – Payment Options

- Electronic Funds Transfer (EFT)/Electronic Data Interchange
  - Employer Helpline at (888) 208-4485
- ExpertPay.com
  - Requires Federal Information Processing Standards (FIPS) code
  - ExpertPay does not charge a transaction fee for NYS
- Check
  - Include the date of withholding, NY Case Identifier, and amount of payment for each account
  - Mail payments to the NYS Child Support Processing Center (SDU)

# Electronic Income Withholding



- Saves income withholders time, money and resources at no cost;
- Money gets to the family faster;
- No more mail to open and IWO PDFs are image ready;
- Signing up in one state means you're signed up in all states;
- Increases accuracy and reliability of data;
- Same look for all IWOs from the Portal; and
- Reduces phone calls from state disbursement units and child support programs;
- Report employee/obligor terminations and lump sum payments electronically.

For more information on e-IWOs, contact Bill Stuart at [william.stuart@acf.hhs.gov](mailto:william.stuart@acf.hhs.gov) or (410) 200-4695.



# Income Withholding – Terminations

**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: 03/26/2015 Last known phone number: 518-555-4321

Last known address: 1900 6th Ave., Troy, NY 12180-4635

Final payment date to SDU/tribal payee: 03/26/2015 Final payment amount: \$2147.76

New employer's name: Hudson Valley SkyTours

New employer's address: 601 River Rd., Waterford, NY 12188-2397

## CONTACT INFORMATION:

**To Employer/Income Withholder:** If you have questions, contact the Child Support Helpline by phone at 888-208-4485, TTY 866-875-9975, Video Relay Service ([fcc.gov/encyclopedia/trs-providers](http://fcc.gov/encyclopedia/trs-providers)), Monday through Friday from 8:00 AM to 7:00 PM or website at [childsupport.ny.gov](http://childsupport.ny.gov)

Send termination/income status notice and other correspondence to: **NYS Child Support Processing Center (SDU)** at PO Box 15368, Albany, NY 12212-5368.

**To Employee/Obligor:** If the employee/obligor has questions, contact the Child Support Helpline by phone at 888-208-4485, TTY 866-875-9975, Video Relay Service ([fcc.gov/encyclopedia/trs-providers](http://fcc.gov/encyclopedia/trs-providers)), Monday through Friday from 8:00 AM to 7:00 PM or website at [childsupport.ny.gov](http://childsupport.ny.gov)

Person named  
has never  
worked for you  
or no longer  
works for you.

Mail to the NYS  
Child Support  
Processing  
Center (SDU).

# National Medical Support Notice (NMSN)

NMSN consists of four documents and instructions:

- Part A – Notice to Withhold for Health Care Coverage
- Employer Response
- Part B – Medical Support Notice to Plan Administrator
- Plan Administrator Response



# National Medical Support Notice

## Part A – Notice to Withhold for Health Care Coverage

- Complete the employer response
- Forward Part B to the Plan Administrator if necessary
- Withhold premiums as appropriate
- Limitations on withholding
- Priority of withholding

# National Medical Support Notice – Employer Response

## EMPLOYER RESPONSE

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

- ☐ 1. The employee named in this Notice has never been employed by this employer.
- ☐ 2. We, the employer, do not offer our employees the option of purchasing dependent or family health care coverage as a benefit of their employment.
- ☐ 3. The employee is among a class of employees (for example, part-time or non-union) that are not eligible for family health coverage under any group health plan maintained by the employer or to which the employer contributes. Do not check this box if the employee is only temporarily ineligible for health care coverage.
- ☐ 4. Health care coverage is not available because the employee is no longer employed by the employer:  
Date of termination: \_\_\_\_\_  
Last known telephone number: \_\_\_\_\_  
Last known address: \_\_\_\_\_  
\_\_\_\_\_  
New employer (if known): \_\_\_\_\_  
New employer telephone number: \_\_\_\_\_  
New employer address: \_\_\_\_\_
- ☐ 5. State or Federal withholding limitations and/or prioritization prevent the withholding from the employee's income of the amount required to obtain coverage under the terms of the plan.
- ☐ 6. The participant is subject to a waiting period that expires \_\_\_\_\_ (more than 90 days from the date of receipt of this Notice), or has not completed a waiting period, which is determined by some measure other than the passage of time, such as the completion of a certain number of hours worked (describe here: \_\_\_\_\_).  
At the completion of the waiting period, the Plan Administrator will process the enrollment.
- ☐ 7. Employer forwarded **Part B** to Plan Administrator on \_\_\_\_\_  
MM/DD/YY

CONTACT FOR QUESTIONS

Complete and  
return to the  
child support  
agency within  
20 business  
days.



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# National Medical Support Notice

## Part B – Medical Support Notice to Plan Administrator

### Plan Administrator:

- Enrolls the child and notifies the employer of the amount of the premium
- Notifies the employee and the custodial parent of the child's enrollment
- Notifies the child support agency

# National Medical Support Notice - Plan Administrator

## 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.

- ☐ 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)).

Complete Part B and return to the child support agency within 40 business days.



# Questions?

Employer Helpline: (888) 208-4485

Child Support Website: [childsupport.ny.gov](http://childsupport.ny.gov)

