



The Essentials of Child Support

Information for Employers





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Information for Employers

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The Essentials of Child Support

Information for Employers



Introduction

Contact Employer Services Toll Free at **1-866-907-2857**

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Introduction

The “Fundamental Four” Steps of Child Support for Employers

The child support system provides financial security for many of Oregon’s children. The Department of Justice, Division of Child Support (DCS) is the agency primarily responsible for administering the child support system in Oregon.

Employers are a vital component of this system. State and Federal laws give employers an important role in assisting with the collection of child support. Without those efforts many children would not receive child support. The dedication shown by employers is greatly appreciated.

The following four steps will help you save time and money, and ensure that you stay in compliance with your legal obligations.

1 Report New Hires – Start Today!

Oregon requires employers to report all new hires, & re-hires to DCS within 20 days. This applies to permanent, temporary & seasonal staff

- This information is used to collect child support
- Download the online form at <http://www.dcs.state.or.us/forms/csf010580.pdf>
- Report Electronically on CD, Disc or file upload

For information, contact Employer Services



2 Withhold & Send Income

Based on state and federal laws, DCS collects child support through income withholding. This is true even if the employee has never missed a payment

- An income withholding order is effective the same day it is received, and withholding should begin at the next pay period
- Submit the payment within 7 business days
- Inform DCS when an employee with child support no longer works for you



3 Enroll Dependents in Medical Insurance

Employers who receive a National Medical Support Notice should enroll the designated children in the employee’s insurance plan

- Enroll according to policy provisions, noting any waiting periods or limitations which may apply
- When factoring the cost of enrollment, consider only the cost for the children
- If the employee no longer works for you, complete & return **Employer Response**
- If there is no insurance available, if the employee does not qualify for coverage, or if the amount of coverage exceeds withholding limitations:
 - Complete & return the **Employer Response**, and **Notice to Employer**



4 Send Payments Electronically

Electronic payments are safer, faster and easier than sending checks!

- Save time and money, and help Oregon go “green” through one less paper-pushing process. **Get started today!** Visit:
- http://www.dcs.state.or.us/employers/payment_center.htm



Contact Employer Services Toll Free at 1-866-907-2857

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New Hire Reporting

Contact Employer Services Toll Free at **1-866-907-2857**

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Contact Employer Services Toll Free at 1-866-907-2857

New Hire Reporting

Who should be reported as a new hire?

- State and Federal laws require employers to report all newly hired or rehired employees, including permanent, seasonal, and temporary workers.
- An employee is any person who has filled out a W-4 and will be earning wages through your place of business.

What is the time frame for reporting new hires?

- New hires need to be reported within 20 business days from the date they are hired.
- If you are unsure if your employees have ever been reported, or if you are just starting to report new hires, submit every employee who has been hired since the last quarterly wage report was filed for your business.

Oregon New Hire Reporting Form

- The Oregon New Hire Reporting form is designed to make new hire reporting easy. It is the best way to report all of the information employers are required to provide under federal law.
- Download the online form at:
<http://www.dcs.state.or.us/forms/csf010580.pdf>

Creating a customized new hire report

- If an employer wishes to create a customized new hire report, it must include all of the federally required information that would be needed to complete Oregon New Hire Report form.
- It must include a business contact person and phone number.
- It must state whether or not the business offers health care coverage to its employees and their dependents, and specify a waiting period if applicable.

How do I submit my new hires?

Mail completed reports to:

Department of Justice
Division of Child Support
Employer Services Central Unit
4600 25th Ave NE, Suite 180
Salem, OR 97301

Fax completed reports to:

Toll Free: 1-877-877-7415
Salem Area: 503-378-2863

Attention! Multi-state Employers & Businesses reporting larger groups of new hires, you must either:

- Send the new hire report on a CD or Diskette, OR
- Submit via secure upload to Files Direct

Email Employer Services for more info:
emplnewhire.help@doj.state.or.us

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Income Withholding For Support

Contact Employer Services Toll Free at **1-866-907-2857**

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Income Withholding for Support

Why Did DCS Send an Income Withholding Order for Child Support?

- Income withholding orders are the primary method for collecting child support in Oregon. An income withholding order requires an employer to deduct a specific amount from a parent's pay check.
- It is possible to receive a withholding order from any US state or territory.
- State and Federal laws require an income withholding order to be issued in almost every child support case. A withholding order can even be sent for an employee or independent contractor that has never missed a child support payment.

When should the wage withholding take effect?

- The withholding is effective the day it is received, and you need to begin withholding the next time payroll is processed.
- Once the withholding is processed be sure to submit the payment to the Department of Justice within 7 business days.

How much should be withheld?

- The withholding order will tell you the amount to withhold based on the frequency of your business' payroll cycle. Support payments are due within 7 days of payroll.
- Oregon law generally prohibits withholding more than 50% of an employee's net wages. If only past due support is being collected, the amount you withhold should never leave an employee with less than Federal Minimum Wage. Contact Employer Services if you need help determining how much you should withhold.
- Lump sum payouts (i.e. bonuses, vacation payouts, severance pay, etc) that are not monthly, periodic recurring income should be withheld at 25% after mandatory deductions.

What if a payment cannot be withheld?

- If an employee takes a leave of absence, has reduced hours, is off due to an injury or misses work for other similar reasons, withholding income may or may not be appropriate. In these instances, contact Employer Services immediately
- Do not ever stop a withholding until you receive a written notification from DCS.
- If an employee has terminated, be sure notify DCS right away.

How can the payment be submitted?

- Start using Electronic Funds Transfer (EFT) to submit your payment! To learn how, See pg 37 of this booklet and visit our web site:
http://www.dcsstateorus/employers/payment_center.htm

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Department of Justice
Division of Child Support
1495 Edgewater St NW
Salem, OR 97304
Telephone: (503) 378-2868
FAX: (877) 877-7415
TDD: (503) 986-6244
July 30, 2009

The employee noted on the attached Income Withholding for Support has an order to pay child support.

Important Employer Information

Mandate to Report Newly Hired or Rehired Employees

All employers are **required** by ORS 25.790 to report to the child support entity for their state any and all newly hired or rehired employees within 20 days from the date of hire.

Mandate for Electronic Funds Transfer (EFT) of Child Support Payments

Oregon employers and employers with registered agents in Oregon must submit child support payments by Electronic Funds Transfer (EFT) as required by OAR 137-055-5035.

Criteria requiring EFT payments submission, is as follows:

- The employer has five or more employees and has received at least one income withholding order for an employee; OR
- The employer has less than five employees and has received an income withholding order for more than one employee; AND/OR
- The employer is required to make Federal Corporation estimated tax payments or Federal Payroll tax payments by EFT

Options for remitting child support payments electronically:

- Use a secure employer online payment system (CSPay), authorizing DOJ-Child Support to initiate EFT. www.dcs.state.or.us/employers.
- Use a payroll software package or a payroll service provider that supports the transmission of child support payment by EFT.
- Contact your financial institution's Banking Relationship Manager and/or Treasury Management Specialist to determine if child support transactions can be originated on your behalf using CCD+ or CTX formats that follow the Child Support Application Banking Convention Guidelines.

Visit the Department of Justice, Division of Child Support, Employer Services web site for additional employer information at: www.dcs.state.or.us/employers

Employer Services Central Unit
Local (503) 378-2868
Toll Free: (866) 907-2857

Obligor _____ CSP #: _____

INCOME WITHHOLDING FOR SUPPORT

[x] ORIGINAL INCOME WITHHOLDING ORDER/NOTICE FOR SUPPORT (IWO) [] AMENDED IWO

[] ONE-TIME ORDER/NOTICE - LUMP SUM PAYMENT

[] TERMINATION of IWO

Date: 02-25-09

[x] 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 Oregon

Case Identifier 004DLN0879R41

City/Co./Dist./Tribe Salem

Order Identifier

Private Individual/Entity N/A

Form with fields for Employer/Income Withholder's Name (Nimbus Manufacturing), Address (1234 Practical Way, Salem, OR 97301), Federal EIN (26-1234567), and Child's Name/Date (Smith, Johnny B., 02-10-2002; Smith, Janelle A., 06-14-1994).

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.

\$120.00 Per Month current child support
\$24.00 Per Month past due child support - Arrears greater than 12 weeks? [x] 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 \$144.00 per Month 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)
\$66.47 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 Oregon, you must begin withholding no later than the first pay period that occurs 5 days after the date of 03-01-09.

Send payment within 7 working days of the pay date. If you cannot withhold the full amount of support for any or all orders for this employee/obligor, withhold up to 50% of disposable income for all orders. If the employee/obligor's principal place of employment is not Oregon, see the ADDITIONAL INFORMATION TO EMPLOYERS AND OTHER INCOME WITHHOLDERS for limitations on withholding, applicable time requirements and any allowable employer's fees.

For EFT/EDI instructions, contact the EFT/EDI office at the website listed below. **If paying by check, make check payable to: Department of Justice**. **Include this Remittance Identifier with payment: 004DLN0879R41**. **Send check to:P.O. Box 14506 Salem OR 97301**
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 your 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 TO 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 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.

Employee/Obligor's Name: John M. Smith
Order Identifier: _____

Case Identifier: 044DLN0879R41
Employer's Name: Nimbus Manufacturing

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 on 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: Oregon employers are entitled to deduct a monthly fee of \$5.00 per withholding order to defray the cost of processing. The total amount withheld, including your fee, cannot exceed 50% of the employee/obligor's ADWE.

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 Child Support 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 Employer Services Central Unit by phone at 866-907-2857 _____, by fax at 1-877-877-7416 _____, by email or website at: ead.staff@doj.state.or.us

Send termination notice and other correspondence to:
Employer Services Central Unit, 4600 25th Ave NE, Suite 180, Salem OR 97301
Phone: 1-866-907-2857 Fax: (503) 986-6266

To employee/obligor: If the employee/obligor has questions, contact: Suzie Q. Fiction by phone at 503-555-5555 _____, by fax at 503-551-5555 _____, by email or website at: _____

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

OREGON INFORMATION FOR WITHHOLDERS

THIS ORDER CONTINUES IN EFFECT until further notice. ORS 25.408.

1. **Definitions**

"Income" is any monetary obligation in excess of \$4.99 after the fee described in ORS 25.414(6) has been deducted that is in the possession of a third party owed to an obligor and includes but is not limited to: compensation paid or payable for personal services whether denominated as wages, salary, commission, bonus or otherwise; periodic payments pursuant to a pension or retirement program; cash dividends arising from stocks, bonds or mutual funds; interest payments; periodic payments from a trust account; any program or contract to provide substitute wages during time of unemployment or disability; any payment pursuant to ORS chapter 657; or amounts payable to independent contractors. ORS 25.010.

"Disposable income" means that part of the income of an individual remaining after the deduction from the income of any amounts required to be withheld by law except laws enforcing spousal or child support and any amounts withheld to pay medical or dental insurance premiums. ORS 25.010.

"Withholder" means any person who disburses income and includes but is not limited to an employer, conservator, trustee or insurer of the obligor. ORS 25.010.

"Employer" means any entity or individual who engages an individual to perform work services for which compensation is given in periodic payments or otherwise. ORS 25.010.

"Electronic Funds Transfer" (EFT) is a movement of funds by on-paper means, usually through a payment system including, but not limited to, an automated clearinghouse. ORS 293.525(4)(c).

2. In a case where the employee/obligor has authorized **ADDITIONAL** withholding tax deductions beyond those required by law, or has authorized other **VOLUNTARY** deductions such as advance draws, credit union payments, stock purchase plans, savings bond deductions, wage assignment repayment of debt to employer, etc., such payments **MAY NOT BE DEDUCTED FROM GROSS INCOME** when computing "disposable income."

3. An Oregon child support withholding order has priority over any other legal process under Oregon law against the same income. ORS 25.375. When you comply with this order, you cannot be held liable to the employee/obligor or to any other person claiming rights derived from the employee/obligor for wrongful withholding. ORS 25.424.

The withholding of income pursuant to the **Income Withholding Order (IWO)** might reduce or eliminate subsequent payments under a writ of continuing garnishment including State tax garnishments. If you are a garnishee, you may have duties under ORS ch. 18 that can include completing and filing a Notice of Receipt of the Order to Withhold Income. You may want to contact the entity that sent the garnishment for further instructions.

4. **Oregon employers and employers with registered agents in Oregon must submit child support payments by Electronic Funds Transfer (EFT) as required by OAR 137-055-5035.**

5. **Consolidating Withholdings for More than One Obligor:** You may combine amounts from employees'/obligors' incomes in a single payment to DOJ as long as the payment is accompanied by a list which separately identifies which portion of the payment is attributable to each obligor, and includes each employee/obligor's name, case identifier(s), and the date the payment was withheld as well as the amount to each separate case.

6. If you do not withhold support in any month for any reason, you must notify DOJ of the reason for not withholding on the date you would normally send a payment. ORS 25.421. This includes when the employee/obligor is injured on the job or is receiving short or long term disability income.

7. **Please notify DOJ promptly when the obligor ceases to receive income from you and provide the obligor's last known address and name and address of the obligor's new source of income. See ORS 25.421.**

8. **Lump Sum Payments or Benefits:** If the employee/obligor is due to receive a lump sum payment or benefit, you may be required to withhold from that income. (ORS 25.414(4)) Lump sum is defined as any payment or benefit, including but not limited to retroactive workers' compensation benefits, lump sum retirement plan disbursements or withdrawals, insurance payments or settlements, severance pay, bonus payments or any other similar payments or benefits that are not periodic recurring income. **The amount subject to withholding for payment of a support obligation may not exceed one-fourth of the amount of lump sum payment or benefits.** "Periodic recurring income" is income that is received at least monthly on a regular basis or that is intended as a monthly or more frequent payment. OAR 137-055-4060. If you are paying out a lump sum payment or benefit, contact either the CSP office listed on this form or the Employer Services Central Unit.

9. Start withholding not later than the first pay period occurring five (5) days after the date of the IWO. However, if on the date you receive the IWO, you have already (a) calculated the payroll for the pay period and, (b) prepared the paycheck or submitted a deposit for that payroll, you will start withholding no later than the second pay period which occurs after the date of the IWO. For further assistance, contact the Employer Services Central Unit by phone at 1-866-907-2857 or by fax at: (503) 986-6266

10. If you do not comply with the requirements of the IWO, or provide an explanation, we may begin legal action against you. The court may find you in contempt, may impose sanctions against you, and you may be held personally liable for the amounts you failed to withhold. In addition, the court may impose fines against you, including attorney fees, and/or may order you to pay damages. (ORS 25.424). If you fail to comply, you may be assessed additional civil penalties. (ORS 652.610(4) and 652.900)

11. If you are an employer who is conducting business in a State other than Oregon and the employee/obligor is working in that State, you may view the other State's withholding limits at:
<http://www.acf.dhhs.gov/programs/cse/newhire/employer/contacts/contacts.htm>

The Essentials of Child Support
Information for Employers



National Medical Support Notice

Contact Employer Services Toll Free at **1-866-907-2857**

Medical Support Notices

- Child support orders can require a parent to pay for medical care. This may mean enrolling the child in health insurance if it is available through an employer.
- National Medical Support Notice (NMSN) forms help make sure that as many children as possible are signed up for health insurance.
- Employers are required to review and complete the NMSN forms.
- The NMSN is made up of 2 separate sections – Part A and Part B.

Part A Includes the following:

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

Part B Includes the following:

- ▶ Part B Cover Letter
- ▶ Part B, Medical Support Notice To Plan Administrator
- ▶ Plan Administrator Response
- ▶ Instructions to Plan Administrator

If the employer handles enrollments...

- Follow part A “Instructions to Employer”, **AND** Part B, “Instructions to Plan Administrator”
- Employers are required to enroll the children in medical coverage as long as it is available and the premium costs are within the limitations stated in the NMSN.
- Employers should complete the “Plan Administrator Response” and the “Notice to the Plan Administrator” and return both forms to Employer Services within 40 business days after the date of the Notice.

If insurance enrollment is handled by a third party or union...

- Forward the entire Part B to the Plan Administrator within 20 days. The party responsible for enrollment must complete and return all of the forms in Part B.

If you CANNOT enroll the employee/dependents because...

- Insurance is not available through your business, or
- The employee does not qualify for benefits, or
- The employee is no longer employed by your business, or
- The cost to enroll in medical coverage exceeds federal withholding limitations, then

You MUST:

- Complete the appropriate section of the “Employer Response” and return it to Employer Services within 20 days.



DEPARTMENT OF JUSTICE

Division of Child Support

4600 25th Ave NE, Suite 180

Salem, OR 97301

Telephone: (866) 907-2857

FAX: (503) 986-6011

TDD: (503) 986-6244

July 30, 2009

TO:

NOTICE TO EMPLOYER

Enclosed is a National Medical Support Notice pursuant to ORS 25.321 to O.S. 5.343. Instructions are included. **PLEASE NOTE THIS ADDITIONAL INFORMATION:**

- **The custodial parent's and child(ren)'s addresses and SSNs are confidential under ORS 25.260. You may release them to the plan administrator but to no one else, and you specifically may NOT release them to the employee if the employee is not the custodial parent.**
- If the employee is subject to a waiting period, please advise us of the **eligibility date:** _____
- When the child(ren) is enrolled in health care coverage, please provide the following information:
Carrier Name: _____
Carrier Address: _____
Carrier phone #: _____
Policy/ID #: _____ **Group #:** _____
Effective date: _____
- If you are not an Oregon employer, you may have additional responsibilities under the laws of your state.

You are required to complete the Employer or Plan Administrator response and this form for each case and return it to the office listed on this form. Also provide the following information:

Monthly cost to enroll child(ren) only: \$ _____
Employee's gross pay: \$ _____ per _____
Employee works full time part time seasonal _____

If you have any questions, contact the Employer Services Central Unit at (866) 907-2857 or fax at (503) 986-6011. You can also access our website at www.dcs.state.or.us/employers/.



DEPARTMENT OF JUSTICE

Division of Child Support

4600 25th Ave NE, Suite 180

Salem, OR 97301

Telephone: (866) 907-2857

FAX: (503) 986-6011

TDD: (503) 986-6244

July 30, 2009

TO:

CSP #: _____

Employee: _____

Employee's SSN: _____

Child(ren)'s Name(s): _____

NMSN INFORMATION FOR EMPLOYERS - ORDERS TAKEN BEFORE 10/01/07

Pursuant to the terms of the order to provide health care coverage, **the employee's out-of-pocket health care premium cost to enroll the child(ren) cannot exceed the court ordered amount, \$_____.** If the cost is less than this amount, follow the procedures set out in the attached National Medical Support Notice.

If the employee's out-of-pocket portion of the premium is greater than \$_____ per month to enroll the child(ren)

1. Do not enroll the child(ren).
2. Note the following information:

Monthly cost to enroll child(ren) only \$_____

Employee's gross pay: \$_____ per _____

Employee works full time part time seasonal _____

3. **Mark box #4 on the Employer Response Form and return it with this form** to the office listed on this form.

If you have any questions, contact the office listed on this form. Your cooperation and assistance are appreciated.



Department of Justice
Division of Child Support
4600 25th Ave NE, Suite 180
Salem, OR 97301
Telephone: (503) 378-4500
FAX: (503) 391-6562
TDD: (503) 986-6244
July 30, 2009

TO:

CSP #: _____
Employee: _____
Employee's SSN: _____
Child(ren)'s Name(s): _____

NOTICE - ORDERS ENTERED 10/01/07 OR AFTER

Pursuant to OAR 137-050-0410 and the terms of your employee's support order, the **employee's share of the cost to enroll the child(ren) in health care coverage premium must be reasonable in cost.** To determine if the cost is reasonable, multiply the monthly cost to enroll the child(ren) by ____%. That amount must be equal to or less than \$_____.

If the employee's cost is equal to or less than this amount, follow the procedures set out in the attached National Medical Support Notice.

If the employee's cost is greater than this amount, do the following:

1. Do not enroll the child(ren)
2. Note the following information:

Monthly cost to enroll child(ren) only: \$ _____
Employee's gross pay: \$ _____ per _____
Employee works [] full time [] part time [] seasonal [] _____

3. **Mark box #4 on the Employer Response Form and return it with this form** to the office listed on this form

If you have any questions, contact the office listed on this form. Your cooperation and assistance are appreciated.

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.

Issuing Agency: Salem Division of Child Support
Issuing Agency Address: 4600 25th Ave NE # 180 Salem, OR 97301
Date of Notice: 02-25-09
Case Number: 044DLN0879R41
Telephone Number: 503-378-2863
FAX Number: 1-877-877-7415
Court or Administrative Authority: Marion County
Date of Support Order: 06-30-2006
Support Order Number:

26-1234567
Employer/Withholder's Federal EIN Number: Nimbus Manufacturing
Employer/Withholder's Name: 1234 Practical Way
Employer/Withholder's Address: Doe, Jane A.
Custodial Parent's Name (Last, First, MI): 2222 Somewhere Way, Salem OR 97301
Custodial Parent's Mailing Address:
Child(ren)'s Mailing Address (if different from Custodial Parent's):
Substituted Official/Agency Name and Address:

Table with 6 columns: Child(ren)'s Name(s), DOB, SSN, Child(ren)'s Name(s), DOB, SSN. Rows include Johnny B. Smith (02-10-2002, 999-99-9991) and Janelle A. Smith (06-14-94, 549-99-9992).

The order requires the child(ren) to be enrolled in [] any health coverages available; or [] only the following coverage(s): [X] 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.

EMPLOYER RESPONSE

If either 1, 2, or 3 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 neither 1, 2, nor 3 applies, forward Part B to the appropriate plan administrator(s) within 20 business days after the date of the Notice, or sooner if reasonable. Check number 4 and return this Part A to the Issuing Agency if the Plan Administrator informs you that the child(ren) is/are enrolled in 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.

1. Employer does not maintain or contribute to plans providing dependent or family health care coverage.
2. 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.
3. Health care coverage is not available because employee is no longer employed by the employer:

Date of termination: _____

Last known address: _____

Last known telephone number: _____

New employer (if known): _____

New employer address: _____

New employer telephone number: _____

- 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:

Name: _____ Telephone Number: _____

Title: _____ Date: _____

EIN (if not provided by Issuing Agency on Notice to Withhold for Health Care Coverage):

INSTRUCTIONS TO EMPLOYER

This document serves as 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. If the employee already has enrolled the child(ren) in health care coverage, the employer should contact the issuing agency to provide coverage information.

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.

EMPLOYER RESPONSIBILITIES

1. If the individual named above is not your employee, or if family health care coverage is not available, please complete item 1, 2, or 3 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 4 of 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 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 50% of the employee's aggregate disposable weekly earnings. The employer may not withhold more under this National Medical Support Notice than the lesser of:

1. The amounts allowed by the Federal Consumer Credit Protection Act (15 U.S.C., section 1673(b));
2. The amounts allowed by the State of the employee's principal place of employment; or
3. The amounts allowed for health insurance premiums by the child support order, as indicated here: _____
refer to cover letter

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 4 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: **In Oregon, a medical support notice has priority over any previously filed attachment, execution, garnishment or assignment of income other than a withholding order issued for monetary (cash) support, unless otherwise requested by the obligee.** As required under section 2.b.2 of the Employer Responsibilities on prior page, complete item 4 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 similarly situated dependents are no longer eligible for coverage under the terms of the plan. 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 above 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.

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 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 above.



Department of Justice
Division of Child Support
4600 25th Ave NE, Suite 180
Salem, OR 97301
Telephone: (866) 907-2857
FAX: (503) 986-6011
TDD: (503) 986-6244
July 30, 2009

TO:

NOTICE TO PLAN ADMINISTRATOR

Enclosed is a National Medical Support Notice pursuant to ORS 25.321 to ORS 25.333. Instructions are included. **PLEASE NOTE THIS ADDITIONAL INFORMATION:**

- **The custodial parent's and child(ren)'s addresses and SSNs are confidential under ORS 25.260. You may release them to the insurer, but to no one else, and you specifically may NOT release them to the employee if the employee is not the custodial parent.**

You may rely on the notice as a request from a public official pursuant to 45 CFR 164.512(f). The information sought is material and relevant to a legitimate law enforcement inquiry, the request is specific and limited in scope, and de-identified information cannot reasonably be used.

ALSO PLEASE NOTE: If a health benefit plan requires that the employee be enrolled in order for the child(ren) to be added, and the employee is not currently enrolled, you must enroll both the employee and the child(ren).

Pursuant to ORS 25.325(2), send a copy of the description of coverage and effective dates to the custodial parent. Complete this form and return it with the Plan Administrator Response to the issuing agency.

- **If there is a cost to enroll the child(ren) and the employee also has an Income Withholding Order/Notice for Support, please verify that the combined withholding amount does not exceed federal and state withholding limits.** In Oregon, current cash support has priority over health benefit premiums. If the cost exceeds the withholding limits, check box #4 on the Employer Response sheet and return it to the issuing agency.
- **When the child(ren) is enrolled, please provide the following information:**

Carrier Name: _____

Carrier Address: _____

Carrier phone #: _____

Policy/ID #: _____ **Group #:** _____

Effective date: _____

You are required to complete the Employer or Plan Administrator response for each case and return it to the issuing agency. If appropriate, return this form with the response form.

If you have any questions, contact the Employer Services Central Unit at (866) 907-2857 or fax at (503) 986-6011. You can also access our website at www.dcs.state.or.us/employers/.

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: Salem Division of Child Support	Court or Administrative Authority: Marion County
Issuing Agency Address: 4600 25th Ave NE # 180 Salem, OR 97301	Date of Support Order: 06-30-2006
Date of Notice: 02-25-09	Support Order Number: _____
Case Number: 044DLN0879R41	
Telephone Number: 503-378-2868	
FAX Number: 1-877-877-7415	

26-1234567	RE* Smith, John M.
Employer/Withholder's Federal EIN Number Nimbus Manufacturing	Employee's Name (Last, First, MI) 999-99-9999
Employer/Withholder's Name 1234 Practical Way, Salem, OR 97301	Employee's Social Security Number 5512 New Town Dr, Salem OR 97301
Employer/Withholder's Address Doe, Jane A.	Employee's Mailing Address
Custodial Parent's Name (Last, First, MI) 2222 Somewhere Way, Salem OR 97301	
Custodial Parent's Mailing Address	
Child(ren)'s Mailing Address (different from Custodial Parent's)	Substituted Official/Agency Name and Address

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
Johnny B. Smith	02-10-2002	999-99-9991			
Janelle A. Smith	06-14-94	549-99-9992			

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 objection 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.

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 service 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 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.

Learning about the law or the form

Preparing the form

First Notice	1 hr.	1 hr., 45 min.
Subsequent Notices	-----	35min.

The Essentials of Child Support
Information for Employers



Payment Methods

Contact Employer Services Toll Free at **1-866-907-2857**

Child Support Payment System (CSPay)

**5 Easy
Steps!**



**Easy, Free, & Convenient!
Electronic Funds Transfer**

1. Get Started – Register Today!

Go to <http://www.dcs.state.or.us/employers>



- Click on the CSPay Logo and register as a **New User**
- On the registration page, create and enter your:
 - User ID
 - Password
 - Contact Information, and
 - Bank Account Information
- Log in to your new account. Print, sign and fax the Authorization form to DCS.
- DCS will send an email confirming your registration.

2. Activating your CSPay account



- DCS will email an activation code.
- You must log in and activate your account before you can begin making payments.
- You only need the activation code the FIRST time you log in.

3. Verify Bank Account (the pre-note phase)



- Before you can begin using your CSPay account, DCS must verify the banking information by sending a “zero dollar” transaction to the bank (the pre-note).
- The verifying process will take approximately 7-10 days.
- **While your account is being verified, please continue to send payments by check to avoid accumulation of past due support.**
- Once banking information is verified, DCS will send an email telling you your CSPay account has been set to “active”.
- You are now able to begin using your CSPay account to make electronic child support payments.

Contact Employer Services Toll Free at 1-866-907-2857



4. Add Employees

- You can create a list of the employees for whom you will be making payments for by selecting “Add Employee” on the main menu.
- You will need the person’s first and last name, social security number & Oregon child support case number.
- CSPay saves this list so you only have to enter each employee once.
- If an employee has more than one child support case, that employee will be entered once for each case number.
- The list is organized alphabetically by name and then case number, so be sure to double check the case number before submitting the payment.



5. Make a Payment!

- From your main menu, select ‘Make a Payment’.
- Using the list you created in step 4, select the employee for whom you are making a payment.
- Select the payroll date and payment date. DCS will process the payment within two business days of the payment date you selected.
- Payments on CSPay can be cancelled up to 3:00pm on the day selected as the ‘Payment Date’.
- *****EFT PAYMENTS ARE NOT DONE AUTOMATICALLY. In order for DCS to receive a payment, it must be initiated by your business*****

Get Started Today!



CSPay saves time & money and is another way to help your business lose the paper trail and go “green”!

Need help? Email eft.help@doj.state.or.us or call us toll free at the number on the bottom of this page.

Contact Employer Services Toll Free at **1-866-907-2857**

More Payment Methods

Electronic Funds Transfer

Automated Clearinghouse (ACH) Credit

- ACH Credit is a third party payment method using your financial institution to initiate a child support payment to the Department of Justice.
- ACH Credit payments may be available through your payroll service provider or financial institution. Certain specialized payroll software may also offer ACH Credit transfers.
- *Visit the Employer Payment Center for more details:*
http://www.dcs.state.or.us/employers/payment_center.htm

Is EFT required for sending child support payments?

With very few exceptions, Oregon employers are required to submit child support payments using Electronic Funds Transfer (EFT), in the following situations:

- An employer has at least 5 employees and 1 wage withholding for child support
- An employer has fewer than 5 employees and 2 or more wage withholdings
- An employer is required by Treasury regulations to make federal corporation estimated tax payments or federal payroll tax payments by means of EFT

For more information on the requirements for using EFT, visit the Employer Payment center at:

http://www.dcs.state.or.us/employers/payment_center.htm

What if a payroll or accounting system won't support EFT?

If an employer can demonstrate that its payroll or accounting systems won't work with EFT, an exception may be granted on a case by case basis. If your business is granted an exception from EFT, payments should be sent by check.

- Make check payable to: Oregon Department of Justice
- Include at least two identifiers: Employee's full name, social security number and/or the Oregon child support case number (CSP#)
- Send payments to:

Oregon Department of Justice
 PO Box 14506
 Salem, OR 97309-0420