EMPLOYER'S GUIDE TO INCOME WITHHOLDING



DIVISION OF CHILD SUPPORT ENFORCEMENT 1575 Sherman St., 5th Floor Denver, Co. 80203 (303) 866-4300

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Bill Owens Governor

Dear Colorado Employer:

The Colorado Division of Child Support Enforcement has published and revised the "Colorado Employer's Guide to Income Withholding" to provide employers with information about their responsibilities in the legal process of income withholding.

As you know, non-payment of child support is a serious problem. Colorado spends millions of dollars each year for welfare payments. Legislation has been passed to ensure that income withholding is the quickest and most efficient way to ensure that child support payments are made on a regular basis. Your cooperation will enable children to receive the support to which they are legally entitled.

If you have any questions regarding income withholding, please contact the Colorado Department of Human Services, Division of Child Support Enforcement at 303-866-4300, or the local office listed in the back of this pamphlet.

Sincerely,

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Bill Owens Governor

The purpose of this guide is to answer questions that employers are likely to ask about their responsibilities under the Child Support Enforcement section of the Social Security Act

FOREWORD

In fiscal year 2001, \$19 billion dollars were collected for America's children. Of this total, you the employer collected 76.8% by wage withholding. There are over 17 million parents living with their children whose other parent is not in the household. Far too often, noncustodial parents fail to fulfill their legal obligation to pay child support. Unpaid child support amounted to a staggering \$84.5 billion nationwide in 2001. As a result, many children go without the necessities of life and end up on public assistance. One of the most disturbing facts about this problem is that many defaulting parents are employed and able to pay or are disabled and receiving income, of which a portion should be diverted to their children.

In 1975, Congress passed major legislation that established the Federal/State Child Support Enforcement Program. Its purposes are:

- to ensure that children are supported by their parents,
- to foster family responsibility, and
- to reduce the costs of welfare to the taxpayer.

14-14-111.5, C.R.S. requires all employers to withhold income for support upon receipt of the Order/Notice to Withhold Income for Support from the obligee, the obligee's representative or delegate child support enforcement (CSE) unit. Additional legislation mandated that all Colorado employers report newly hired employees within 20 working days of hire. An income assignment is issued within 2 working days of the report on all those that have a child support case with the CSE Unit. Approximately 77% of child support nationwide is collected by income assignment. By processing child support income assignments, you are a partner in providing a valuable service to Colorado's children and taxpayers.

This guide answers questions that you are likely to ask about the responsibilities under the Colorado income assignment laws. The guide will also answer questions about your responsibility to enroll children in health insurance. A list of County Child Support Enforcement (CSE) offices is included for your convenience should you have additional questions or concerns. You can also find us on the Internet at <u>www.childsupport.state.co.us</u> and the link for Employer's.

TYPES OF CASES

Today, in the State of Colorado, child support income assignment orders generally fall into three categories:

1. Title IV-D Cases

The term "IV-D" is derived from the Federal Law that created the Child Support Enforcement program; it is Title IV-D of the Social Security Act. The 64 Colorado County Child Support Enforcement (CSE) Units enforce these cases. These CSE Units initiate the "Order/Notice To Withhold Income For Support" for all cases with support orders that they enforce. This type of order/notice can be identified with the form number of CSE-832 in the lower left hand corner of the order/notice. The county contact person's name is on page 3 of the form.

2. Non-Title-IV-D Cases

This category refers to all child support cases enforced within Colorado other than Title IV-D cases. Generally, these cases are enforced privately by the custodial party (obligee) or noncustodial parent (obligor) or their attorney. The income assignments initiated in these cases are typically on the Bradford form #1155. (See page 17 for example of the form). A certified copy of the support order must be attached to the Order/Notice To Withhold Income For Support.

Income withheld by you on behalf of the employee (obligor) should be remitted to the address on the order/notice. All Title IV-D cases and most non-title IV-D cases in Colorado will direct you to remit payments to the Family Support Registry (FSR).

> Family Support Registry (FSR) P.O. Box 2171 Denver, Colorado 80201-2171

You may send one check for all withholdings made to the FSR. However, the amount withheld for each income assignment must be specified and included with the check. The FSR will credit individual accounts based on the information provided by you. The FSR is not able to credit multiple accounts if the detail is not provided (see question #15 on page 89).

3. Direct Interstate Income Assignment.

As of January 1, 1995, CSE Units, private parties, and/or attorneys in other states may initiate income assignments directly to you without involving the Colorado CSE Units. Thus, you may now receive income assignment from out-of-state CSE Units, private parties, and/or attorneys. You should remit a separate check for each income assignment to ensure credit to the correct account. These payments are remitted to the address indicated on the Order/Notice To Withhold Income For Support.

Regardless of where the income assignment was initiated, the employee's disposable income must be prorated among all child support income assignment orders according to the methodology set forth in §14-14-111.5, C.R.S. The methodology is described in #18 "How should I calculate the amount to be withheld if the obligor has more than one income assignment?" of this Guide.

Thank you for your continuing assistance. Division of Child Support Enforcement Colorado Department of Human Services

DEFINITIONS

1. DISPOSABLE EARNINGS

That part of an obligor's earnings remaining after the deduction of amounts required by law (taxes) and any health insurance premium amounts provided by the employee for children covered in a child support order.

2. EARNINGS

14-14-102, C.R.S., 13-54-104, C.R.S., 13-54.5-101, C.R.S. define earnings as:

(I) Compensation paid or payable for personal services, whether denominated as income, salary, commission, or bonus;

(II) Funds held in or payable from any health, accident, or disability insurance,

(b) For the purposes of writs of garnishment which are the result of a judgment taken for arrearages for child support or for child support debt, "earnings" also means

(I) Workers' compensation benefits.

(II) Any pension or retirement benefits, including but not limited to those paid pursuant to article 64 of title 22, articles 51, 54, 54.5, 54.6 and 54.7 of title 24, and article 30 of title 31, C.R.S., and section 35-65-402 (2), C.R.S.;

(III) Payment to an independent contractor for labor or services, dividends, severance pay, royalties, monetary gifts, monetary prizes, excluding lottery winnings not required by the rules of the Colorado lottery commission to be paid only at the lottery office, taxable distributions from general partnerships, limited partnerships, closely held corporations, or limited liability companies, interest, trust income, annuities, capital gains, or rents; (IV) Any funds held in or payable from any health, accident, disability, or casualty insurance to the extent that such insurance replaces wages or provides income in lieu of wages; and

(V) Tips declared by the individual for purposes of reporting to the federal internal revenue service or tips imputed to bring the employee's gross earnings to the minimum wage for the number of hours worked, whichever is greater.

3. FAMILY SUPPORT REGISTRY (FSR)

The central payment processing facility in Colorado for all child support cases except those ordered to pay support directly to the obligee.

4. GARNISHMENT

A one time or continuous withholding of moneys to repay a judgment for past due child support (arrearages).

5. HEALTH INSURANCE PREMIUM (HIP) ORDER/NOTICE

The Order/Notice to Employer to Deduct for Health Insurance Premiums form that is sent by the obligee, or obligee's representative informing you that you must enroll the child/ren covered by the child support order, and make deductions for the insurance premium. This order/notice constitutes a significant life change requiring immediate enrollment.

6. THE NATIONAL MEDICAL SUPPORT NOTICE (NMSN)

The National Medical Support Notice is sent by the CSE Unit informing you that you must enroll the child/ren covered by the child support order, and make deductions for the insurance premium. This notice constitutes a significant life change requiring immediate enrollment.

7. ORDER/NOTICE TO WITHHOLD INCOME FOR CHILD SUPPORT

This is the form that the obligee, obligee's representative or CSE Unit completes and mails to you in order to initiate income assignment. The order/notice tells you when to begin withholding, how much to deduct, and where to send the payments. This order/notice does not require a signature from a judge, magistrate, or other court personnel.

8. OBLIGEE

The custodial party; the person to whom support is owed.

9. OBLIGOR

The noncustodial parent or the person who owes child support.

10. REDIRECT NOTICE

The notice is sent from the FSR telling you which cases must have their payments sent to the FSR. These cases have been transferred from either the CSE Unit or the court payment registry to the FSR. You must comply with this order/notice and send payments to the FSR. Failure to do so will cause serious delays in payment processing and subject the obligor to possible enforcement action.

11. WAGE OR INCOME ASSIGNMENT

An income assignment is the continuous withholding of income to pay current child support as it becomes due, and may also include an amount to repay medical support, child support arrearages, and maintenance. There does not have to be a judgment in existence to deduct monies for an income assignment. The title of this form is the Order/Notice to Withhold Income for Support.

12. INCOME

Income is earnings to an obligor in any form, and includes all income listed under the definition of "earnings" (page 4) as well as social security benefits, unemployment compensation benefits, and taxable distributions from partnerships, corporations, or limited liability companies.

EMPLOYER'S RESPONSIBILITIES

1. HOW WILL I BE INFORMED THAT I HAVE TO START WITHHOLDING CHILD SUPPORT FROM AN EMPLOYEE'S INCOME?

You will receive the "Order/Notice To Withhold Income For Support" as described in the definitions section of this booklet.

2. I WOULD RATHER NOT GET INVOLVED IN WITHHOLDING FOR CHILD SUPPORT OR INSURANCE PREMIUMS. CAN I TERMINATE OR REFUSE TO HIRE INDIVIDUALS WHO HAVE WITHHOLDING AGAINST THEIR INCOME? No. If you refuse to hire, discipline or discharge an employee because of an income assignment for child support or insurance premiums, you may be cited for contempt of court, which may result in a fine or jail sentence.

3. HOW LONG AFTER I RECEIVE THE ORDER/ NOTICE DO I BEGIN THE WITHHOLDING FROM AN EMPLOYEE'S INCOME, AND WHEN DO I HAVE TO SEND IN THE PAYMENT?

Withholding for child support is to begin no later than the first pay period that begins at least 14 working days after the date on the Order/Notice To Withhold Income For Support. This amount must be sent to the address on the order/notice within 7 working days after the date of each deduction and withholding would have been paid or credited to the employee. Failure to withhold the correct amount and remit each payment within the 7 working days can result in legal action being taken against your company.

4. WHAT WILL HAPPEN IF I DON'T HONOR THE ORDER/NOTICE TO WITHHOLD INCOME FOR SUPPORT?

If you do not withhold income for child support and/or insurance premiums, as specified in the order/notice(s), you may be liable for the full amount, as payments accumulate from the mailing date of the order/notice. You may also be held in contempt of court, which may result in a fine, jail sentence, or a judgment being entered against you.

5. HOW DO I KNOW WHEN TO STOP THE WITHHOLDING?

The withholding remains in effect until you are notified in writing by the CSE Unit, the obligee, or the obligee's representative, to stop the withholding or of any changes. Only the person or representative that sent the Order/Notice To Withhold Income For Support can stop the withholding. You may NOT stop the withholding merely because the employee has asked you to do so, or because your calculations indicate the arrears are paid. Failure to withhold may result in your liability for the payments not withheld.

6. I AM CONCERNED THAT THE WITHHOLDING PROCESS WILL ADD ADMINISTRATIVE COSTS TO MY BUSINESS. MAY I CHARGE A FEE TO THE EMPLOYEE?

Yes. Colorado law allows you to extract a processing fee of up to \$5.00 per month from the remainder of the employee's earnings after the child support has been withheld. Do not deduct the fee from the child support payment. There is no processing fee allowed for the HIP or NMSN withholding.

7. WHERE DO I SEND THE CHILD SUPPORT THAT I HAVE WITHHELD FROM AN EMPLOYEE'S WAGES?

Send all payments for child support to the address provided on the Order/Notice To Withhold Income For Support. If you receive an order/notice to redirect the payments after receiving the Order/Notice To Withhold Income For Support you must follow the redirect instructions.

8. IF AN EMPLOYEE TERMINATES EMPLOYMENT AND IS LATER REHIRED, DO I STILL HONOR THE OLD ORDER/NOTICE TO WITHHOLD INCOME FOR SUPPORT AND/OR HIP/NMSN, OR DO I WAIT UNTIL I RECEIVE A NEW ORDER/NOTICE(S)? You honor the existing Order/Notice To Withhold Income For Support, and/or HIP/NMSN, as the withholdings are continuous.

9. DOES CHILD SUPPORT TAKE PRIORITY OVER OTHER INCOME ASSIGNMENTS?

Child support withholdings TAKE PRIORITY over any other legal process carried out under State law against the same wages. This means that child support must be withheld from disposable income before deductions for other withholding orders are taken, even if the other withholding orders were served first. If the total amount of child support to be withheld does not exceed 25% of the employee's disposable earnings, you may withhold up to the 25% limit for other withholdings. If the amount of child support to be withheld does exceed 25% of the employee's disposable earnings, the other withholding does not receive any money. The only exception is if a federal tax levy is received BEFORE the Order/Notice To Withhold Income For Support.

10. WHAT DO I DO WHEN THE EMPLOYEE LEAVES MY EMPLOY?

You must notify the Family Support Registry (FSR) in writing, when the employee terminates employment and you must provide the FSR with the obligor's name, date of separation, case identifier which shall be the Family Support Registry account number, last known home address, and the name and address of the obligor's new employer, if known. This information should also be supplied whenever a NMSN is terminated. If a HIP is in force, send the termination notice to the obligee or obligee's representative.

11. WHAT SHOULD I DO IF THE EMPLOYEE TELLS ME S/HE HAS FILED FOR BANKRUPTCY?

You should keep deducting child support until the CSE unit initiating the income assignment contacts you. Some chapters of bankruptcy include an automatic stay on an income assignment, and some allow continuance of the withholding for current support but not arrearages. You may wish to advise the employee to contact the CSE unit initiating the income assignment.

12. IS THERE A PENALTY TO A PERSON WHO FRAUDULENTLY SENDS AN INCOME ASSIGNMENT?

Yes, a person submitting a fraudulent Order/Notice to Withhold Income for Support shall be subject to a fine of not less than one thousand dollars, court costs and attorney's fees.

13. WHAT ADDITIONAL INFORMATION AM I REQUIRED TO SUBMIT TO THE CHILD SUPPORT ENFORCEMENT UNIT?

You must provide information regarding health insurance. To provide this information, use the form included in the HIP Order/Notice provided by the obligee, obligee's representative to notify them of the:

- Insurance carrier
- Policy number
- ♦ Group number
- ♦ Effective date
- ♦ Total cost to employee
- This information must be submitted to the CSE Unit when the first insurance deduction is made, and annually thereafter.

For the NMSN supply above information to the obligee and notify the CSE unit that health insurance is being provided.

CALCULATING THE DEDUCTION

14. WHAT DO I DO IF MY PAY PERIODS ARE NOT THE SAME FREQUENCY AS THE ORDER?

State law requires that you divide the withholding among the pay periods for the month, but the total amount withheld in a month must equal the monthly amount due as specified on the order/notice. In the event that your pay periods are more frequent than monthly, you shall withhold per pay period an appropriate percentage of the monthly amount due so that the total withheld during the month will total the monthly amount due. You shall forward payments within seven working days after the date of each deduction.

15. CAN I COMBINE ALL THE DEDUCTIONS I MAKE IN ONE PAY PERIOD FOR ALL EMPLOYEES AND SEND ONE CHECK?

Yes. You can combine all payments going to the FSR in one check. The deductions must include the following information for EACH income assignment order for EACH employee. Providing this information will ensure that payments are not delayed due to insufficient information.

- ◆ FSR account number (for each income assignment)
- Employee name and social security number
- Payment amount (for each income assignment)
- Date withheld
- Employer FEIN or FSR employer ID

16. IS THERE ANY LIMIT TO THE AMOUNT THAT CAN BE WITHHELD AND HOW DO I FIGURE THAT AMOUNT?

Yes. The total amount allowed to be withheld from any employee's paycheck is limited by the Consumer Credit Protection Act (CCPA) (Section 13-54-104, C.R.S.) even if the employee has more than one withholding. The limits provided in the CCPA are from 50% to 65% of the employee's disposable earnings. If the total amount due according to the income assignment is less than 50% of the obligor's disposable earnings, submit the amount specified.

However, if the total amount due exceeds 50% of the obligor's disposable income, and the box indicating arrears are over 12 weeks is checked, there are guidelines that must be followed to determine the amount to be withheld and sent.

- 1. Determine the correct percent of income to be withheld. For child support garnishments or income assignment, a maximum of 65% of the obligor's disposable earnings may be taken.
- 65% If the obligor is not supporting other dependents and the child support arrearage is more than 12 weeks old
- 60% If the obligor is not supporting other dependents and the child support arrearage is less than 12 weeks old
- 55% If the obligor is supporting other dependents and the child support arrearage is more than 12 weeks old
- ▶ 50% If the obligor is supporting other dependents and the child support arrearage is less than 12 weeks old

- 2. Determine the disposable earnings for the pay period, even if the obligor has worked only part time.
- 3. Calculate the amount of the disposable earnings subject to withholding by multiplying the disposable earnings from step #2 by the applicable % from step #1.
- 4. The amount calculated in step #3 is the amount subject to withholding. If this amount is smaller than the total amount specified on the order/notice, this entire amount is sent to the address provided on the Order/Notice To Withhold Income For Support as the child support withheld.

If you are unsure of the correct percentage to use, contact the CSE Unit that sent the Order/Notice To Withhold Income For Support.

17. HOW SHOULD I HANDLE TIPS THAT THE EMPLOYEE RECEIVES?

You should use the tips declared or imputed by the employee to calculate the total income, and base the disposable income on that total. When there is not enough income being paid to the employee to cover the amount on the order/notice, send in the total amount available. You are not responsible for collecting tips from your employee to cover the total amount on the order/notice. Following is a sample calculation:

Example:

Income	\$180
Tips declared or imputed by employee	+ \$300
Total gross subject to withholding	= \$480
Minus Statutory deductions	
Federal tax	\$ 25
FICA	+ \$40
State tax	+ \$15
Total	= \$80
Disposable earnings	\$400
X CCPA maximum (65%)	
= Net amount subject to withholding	\$260
Amount controlled by you	
(Income minus statutory deductions)	\$ 80
Minus withholding fee	-\$5
* = Amount sent to the FSR	= \$ 75
* The employee does not receive a	
* The employee does not receive a	
check from the employer. The	
employee's earnings are in tips	
only, because 100% of the amount	
controlled by the employer is sent	
to the FSR for the income assignment.	

18. HOW SHOULD I CALCULATE THE AMOUNT TO BE WITHHELD IF THE OBLIGOR HAS MORE THAN ONE INCOME ASSIGNMENT?

If the obligor has more than one income assignment, you must use the following priority scheme to determine how much of the total withholding to send for each income assignment. The FSR is unable to prorate the amounts among multiple income assignments for an employee.

- 1. Current monthly child support and maintenance when included in the child support order for all income assignments
- 2. A specific dollar amount applied toward medical support, if ordered by the court (not health insurance premiums)
- 3. Child support debt, arrears, and retroactive support due, including medical support arrears
- 4. Maintenance only

The amount of support is prorated among the income assignments according to the amount due in each priority level. If the employee has sufficient disposable income to cover all of the current support due, deductions are made for current support for all families first. If the disposable income is not sufficient to cover all of the current support due, add the current support amount due for all orders giving a total amount due. Then divide the current support amount due in each order by the total amount due to determine the percent of the total for each order. Multiply the percentage for each order by the disposable income to determine what portion of the disposable income is paid to each family for current support.

If the obligor has disposable income available after all the current support is paid and the income is sufficient to cover all medical orders, deductions for medical support for all families are made second. If the disposable income remaining after all current support is paid is not sufficient to cover medical orders, prorate among the families in the same fashion as for current monthly support.

If the obligor has disposable income available after all current support and medical support is paid, deductions for support debt, child support arrears, retroactive support due, or medical support arrears are deducted third by prorating among the families in the same fashion as for current monthly support and medical support. If the obligor has disposable income available after the current support, medical support, child support debt, retroactive support due, and child support or medical support arrears are deducted, deductions for maintenance are taken fourth by prorating among the families in the same fashion stated in the prior paragraphs.

Following are three examples:

0	1			
Tot current due = \$800 Medical support due = \$50 Child support and medical arrears due = \$200	Order #1 \$250/mo current \$75/mo child support debt	Order #2 \$200/mo current \$50/mo medical support \$25/mo child support arrears	Order #3 \$200/mo current \$25/mo child support arrears	Order #4 \$150/mo current \$75/mo medical arrears
Example A: Obligor receives \$1400 gross minus taxes = \$1035 disposable X 65% cap for deductions = \$673 available for child support. (\$1050.00 is the total amount needed to cover all orders) The money is prorated at the current support level because there is not enough to cover all current orders.	Obligee receives: \$210.65 current	Obligee receives: \$168.25 current	Obligee receives: \$168.25 current	Obligee receives: \$125.85 current
Example B: Obligor earns \$2500 gross minus taxes = \$1850 disposable; X 65% cap for deductions = \$1202.50 available for child support. The money is prorated at the arrears payments level because there is enough money to cover all priority obligations.	Obligee receives: \$250 current \$132.19 debt	Obligee receives: \$200 current \$50 medical \$44.06 arrears	Obligee receives: \$200 current \$44.06 arrears	Obligee receives \$150 current \$132.19 arrears
Example C: Obligor earns \$1750 gross minus taxes = \$1295 disposable; X 65% cap for deductions = \$841.75 available for child support. The money runs out with medical support so that no arrears payments are made.	Obligee receives: \$250 current	Obligee receives: \$200 current \$41.75 medical	Obligee receives: \$200 current	Obligee receives: \$150 current

19. HOW SHOULD I HANDLE THE MONEYS THAT MY EMPLOYEE IS PUTTING IN A TAX DEFERRED PLAN?

You must first subtract the tax deferred amount before calculating the amount of taxes to be paid, and then add the tax deferred amount back into the income before calculating the maximum amount of child support to be deducted. Child Support must be satisfied before any deferment.

EMPLOYEE'S RIGHTS

20. WILL I HAVE TO TELL THE EMPLOYEE?

Yes, you must provide copies of the Order/Notice to Withhold Income for Support, Health Insurance Premium Order/Notice or the Nation Medical Support Notice to the employee when you receive them if the designated field is checked on the order/notice.

21. WHAT SHOULD I DO IF AN EMPLOYEE COMES TO ME AFTER I HAVE RECEIVED THE ORDER/NOTICE TO WITHHOLD INCOME FOR SUPPORT AND WANTS TO MAKE VOLUNTARY PAYMENTS FOR CHILD SUPPORT?

The employee needs to direct this request to the agency or person named on the order/notice. You should begin the withholding as instructed in the Order/Notice To Withhold Income For Support.

22. IF THE EMPLOYEE TELLS ME THAT THE AMOUNT TO BE DEDUCTED IS WRONG, WHAT SHALL I DO?

Instruct the employee to contact the agency or person named on the order/notice. Unless you are notified otherwise by any of these entities, you should proceed with the withholding as ordered.

23. IF I HAVE SATISFIED THE REQUIRED AMOUNT FOR THE MONTH AND MY EMPLOYEE RECEIVES ADDITIONAL MONEY SUCH AS A BONUS OR COMMISSION CHECK, DO I HAVE TO DEDUCT FROM THIS TOO?

No, as long as the full amount has been satisfied for the month, you are not required to deduct additional money from these payments.

HEALTH INSURANCE PREMIUM OR THE NATIONAL MEDICAL SUPPORT NOTICE

24. HOW WILL I BE INFORMED THAT I HAVE TO ENROLL THE CHILD/REN IN A HEALTH INSURANCE PLAN AND BEGIN MAKING INSURANCE PREMIUM DEDUCTIONS?

You will receive one of two forms. A form called the Health Insurance Premium Order/Notice (HIP) or a form called the National Medical Support Notice (NMSN). The HIP will be sent from the obligee or obligee's representative, whereas the NMSN will be sent by the CSE unit. You do not need to make a withholding for a health insurance premium if you do not offer your employees and their families health insurance. However, you must advise the initiator of the order/notice of the lack of coverage.

25. HOW LONG AFTER I RECEIVE THE ORDER/ NOTICE DO I BEGIN WITHHOLDING THE INSURANCE PREMIUM FROM AN EMPLOYEE'S INCOME?

Withholding for health insurance premiums is to begin no later than the first pay period that occurs 14 working days after the mailing date of the HIP Order/Notice and within 40 days for the NMSN. Failure to enroll the child/ren can result in legal action being taken against you.

26. WHERE DO I SEND THE HEALTH INSURANCE PREMIUMS THAT I HAVE WITHHELD FROM AN EMPLOYEE'S INCOME?

Health insurance premiums are to be paid directly to the insurance carrier.

27. WHEN DO I MAKE THE DEDUCTION FOR HEALTH INSURANCE PREMIUMS?

The deduction is made after the deduction for taxes and before disposable income is determined.

28. IS THE HEALTH INSURANCE PREMIUM THE ONLY MEDICAL COVERAGE FOR WHICH THE EMPLOYEE WILL BE RESPONSIBLE?

No. On occasion, an obligor may also be ordered to pay a specific amount of money each month toward specific medical costs. These specific medical amounts will be listed separately in the Order/Notice To Withhold Income For Support, and are included in the priority scheme for withholdings (mentioned in #18).

29. IF I RECEIVE AN ORDER/NOTICE or NMSN, BUT THE EMPLOYEE DECLARES THAT THEY ARE PROVIDING INSURANCE THROUGH OTHER MEANS, WHAT SHOULD I DO?

You must, by law, follow the instruction on the HIP Order/Notice OR NMSN. However, you may want to tell the employee to contact the CSE Unit.

30. WHAT HAPPENS IF THE EMPLOYEE DOES NOT WANT HEALTH INSURANCE FOR THEMSELVES, BUT IS ORDERED TO PUT THE CHILD/REN ON THE HEALTH INSURANCE PLAN THE COMPANY OFFERS? If it is possible to put "only" the child/ren on the plan, that is adequate. However, most policies require that the employee be on the plan also. In that case, the employee has no choice but to be included in the plan, in order to abide by the court order.

31. IS IT MY RESPONSIBILITY TO NOTIFY THE CSE UNIT WHEN THE INSURANCE PREMIUMS INCREASE?

No, It is the employee's responsibility to inform the CSE unit of the change and may request a modification based on the increase in premiums. However, it is your responsibility to notify the obligee or obligee's representative that sent the HIP Order/Notice or the FSR if the NMSN was issued, when coverage terminates.

32. WILL THE INSURANCE COMPANY ALLOW ME TO ENROLL THE CHILD/REN IF IT IS NOT DURING OPEN ENROLLMENT?

By law, the HIP Order/Notice or NMSN constitutes a "significant life change" and the insurance company must accept enrollment of the child/ren at any time.

33. WHAT DO I DO IF THE EMPLOYEE IS NOT ENROLLED IN A HEALTH INSURANCE PLAN?

The child/ren subject to the order must be enrolled in the least costly plan available to the employee, unless the obligee chooses a plan on behalf of the child(ren) during the processing of the NMSN.

34. DOES "LEAST COSTLY" MEAN LEAST COSTLY TO THE EMPLOYEE OR TO ME? It means least costly to the employee.

DIRECT INTERSTATE INCOME WITHHOLDING

35. IF I RECEIVE A WITHHOLDING REQUEST DIRECTLY FROM ANOTHER STATE CSE AGENCY, THE OBLIGEE, OR A REPRESENTATIVE OF THE OBLIGEE AM I REQUIRED TO HONOR IT? Yes. On January 1, 1995, Colorado implemented the Uniform Interstate Family Support Act (UIFSA). 14-5-501 C.R.S. instructs you to do the following upon receipt of an Order (Notice to Withhold Income for

receipt of an Order/Notice to Withhold Income for Support from another state:

- 1. Process the order/notice issued in another state that appears regular on its face as if it had been issued in this state.
- 2. Immediately provide a copy of the order/notice to the employee.
- 3. Distribute the funds as directed in the withholding order/notice.

Your employee may ask you what options are available to them to contest the order/notice. You must honor the order/notice during this time. According to the law, if the employee contests the validity or enforcement of the order/notice, the obligor shall give notice of the contest to,

- A. The CSE Unit that issued the income withholding.
- B. Each employer that has received the income assignment.
- C. The person designated to receive payments, or if none to obligee.
- D. After July 1, 2003, may register the order in a Colorado Court.

36. IF MY COMPANY DOES BUSINESS IN ANOTHER STATE AND I RECEIVE AN ORDER/NOTICE TO WITHHOLD INCOME FOR SUPPORT FROM THAT STATE, AM I REQUIRED TO HONOR IT?

Yes. If your company conducts business in another state and the agent for service in that state receives the order/notice, your company must honor the order/notice.

37. DO I FOLLOW THE INCOME ASSIGNMENT LAWS OF COLORADO OR THE OTHER STATE?

You should follow the income assignment laws of the employee's principal state of employment. 14-14-111.5 (4.5) C.R.S. states "the obligor's principle state of employment shall be presumed to be Colorado unless there is a specific employment contract to the contrary. "

38. WILL I BE SUBJECT TO CIVIL LIABILITY FOR COMPLYING WITH AN ORDER/NOTICE TO WITHHOLD INCOME FOR SUPPORT ISSUED IN ANOTHER STATE?

No, there is no civil liability to you with regard to withholding child support from the obligor's income.

Adams County 7190 Colorado Blvd. Commerce City, CO 80022 Tele (303) 227-2233 Fax (303) 227-2239

Baca County P.O. Box 1157 Lamar, CO 81052 Tele (719) 336-7486 Fax (719) 336-7198

Chaffee County PO Box 1007 Salida, CO 81201 Tele (719) 539-6627 Fax (719) 539-6430

Costilla County P.O. Box 249 San Luis, CO 81152 Tele (719) 672-4131 Fax (719) 672-4141

Denver County 1200 Federal Blvd. Denver, CO 80204 Tele (720) 944-2960 Fax (720) 944-2660

Elbert County 4000 Justice Way #2250 Castle Rock, CO 80104 Tele (720) 874-8700 Fax (303) 814-7014

Gilpin County 900 Jefferson Cnty Pkwy Golden, CO 80401 Tele (303) 271-4300 Fax (303) 271-4091

Huerfano County 121 W. 6th St. Walsenburg, CO 81089 Tele (719) 738-2810 Fax (719) 738-2549

Kit Carson County P.O. Box 70 Burlington, CO 80807 Tele (719) 346-8732 Fax (719) 346-8066

Las Animas County 204 S. Chestnut St. Trinidad, CO 81082 Tele (719) 846-2276 Fax (719) 846-4269

Mineral County P.O. Box 40 Del Norte, CO 81132 Tele (719) 657-3381 Fax (719) 657-4013

Morgan County PO Box 220 Ft. Morgan, CO 80701 Tele (970) 542-3530 Fax (970) 542-3415

Phillips County 127 E Denver Ste A Holyoke, CO 80734 Tele (970) 854-2280 Fax (970) 854-3637

Alamosa County P.O. Box 1310 Alamosa, CO 81101 Tele (719) 589-2581 Fax ((719) 589-9794

Bent County PO Box 326 Las Animas, CO 81054 Tele (719) 456-2620 Fax (719) 456-2945

Chevenne County P.O. Box 146 Cheyenne Wells, CO 80810 Golden, CO 80401 Tele (719) 767-5629 Fax (719) 767-5101

Crowley County P.O. Box 186 Ordway, CO 81063 Tele (719) 267-3546 Fax (719) 267-3114

Dolores County P.O. Box 485 Dove Creek, CO 81324 Tele (970) 677-2240 Fax (970) 677-2859

El Paso County 30 E Pikes Peak Ste 203 Colorado Spgs, CO 80903 Tele (719) 457-6330 Fax (719) 457-6340

Grand County P.O. Box 204 HotSulph. Spgs, CO 80451 Tele (970) 725-3331 Fax (970) 725-3696

Jackson County . P.O. Box 204 Hotsulph Sprgs, CO 80451 Tele (970) 725-3331 Fax (970) 725-3696

Lake County P.O. Box 884 Leadville, CO 80461 Tele (719) 486-1673 Fax (719) 486-4164

Lincoln County 4000 Justice Way #2250 Castle Rock, CO 80104 Tele (720) 895-8700 Fax (303) 814-7014

Moffat County 595 Breeze St. Craig, CO 81625 Tele (970) 824-8282 Fax (970) 824 -9552

Otero County P.O. Box 494 La Junta, CO 81050 Tele (719) 383-3100 Fax (719) 383-3102

Pitkin County P.O. Box 580 Glenwood Spgs, CO 81602 Lamar, CO 81052 Tele (970) 945-9191 Tele (719) 336-748 Fax (970) 928-0465

Arapahoe County 7305 S. Potomac, Ste 100 Centennial, CO 80112-4031 Tele (720) 874-8700 Fax (720) 874-8631

Boulder County 529 Coffman St, Ste 100A Longmont, CO 80501 Tele (303) 678-6300 Fax (303) 678-6309

Clear Creek County 900 Jefferson Cnty Pkwy Tele (303) 271-4300 Fax (303) 271-4091

Custer County P.O. Box 929 Westcliffe, CO 81252 Tele (719) 783-2371 Fax (719) 783-9085

Douglas County 4000 Justice Way #2250 Castle Rock, CO 80104 Tele (720) 874-8700 Fax (303) 814-7014

Fremont County 172 Justice Center Rd Canon City, CO 81212 Tele (719) 275-2318 Fax (719) 269-2339

Gunnison County 225 N. Pine St, Ste A Gunnison, CO 81230 Tele (970) 641-3244 Fax (970) 641-3738

Jefferson County 900 Jeff. Cnty Pkwy Golden, CO 80401 Tele (303) 271-4300 Fax (303) 271-4091

La Plata County 1060 E. 2nd Ave Durango, CO 81301 Tele (970) 382-6144 Fax (970) 385-5269

Logan County P.O. Box 1746 Sterling, CO 80751 Tele (970) 522-2194 Fax (970) 521-0853

Montezuma County 109 W. Main #203 Cortez, CO 81321-3179 Tele (970) 565-3769 Fax (970) 565-0172

Ouray County 1200 N. Grand Ave. #C Montrose, CO 81401 Tele (970) 252-4200 Fax (970) 252-4210

Prowers County P.O. Box 1157 Tele (719) 336-7486 Fax (719) 336-7198

Archuleta County P.O. Box 240 Pagosa Springs, CO 81147 Tele (970) 264-2182 Fax (970) 264-2186

Broomfield Cty 6 Garden Center Broomfield, Co. 80020 Tele (720) 887-2261 Fax (720) 294-9677

Conejos County P.O. Box 68 Conejos, CO 81129 Tele (719) 376-5455 Fax (719) 376-2389

Delta County P.O. Box 290 Delta, CO 81416-0290 Tele (970) 874-2063 Fax (970) 874-2069

Eagle County P.O. Box 660 Eagle, CO 81631 Tele (970) 328-8840 Fax (970) 328-8829

Garfield County P.O. Box 580 Glenwood Spgs, CO 81602 Tele (970) 945-9191 Fax (970) 928-0465

Hinsdale County 225 N. Pine St. Ste. A. Gunnison, CO 81230 Tele (970) 641-3244 Fax (970) 641-3738

Kiowa County P.O. Box 187 Eads, CO 81036 Tele (719) 438-5541 Fax (719) 438-5370

Larimer County 1501 Blue Spruce Dr. Ft. Collins, CO 80524-2000 Tele (970) 498-6458 Fax (970) 498-6310

Mesa County P.O. Box 20000 Grnd Inct, CO 81502-5035 Tele (970) 248-2780 Fax (970) 248-2883

Montrose County 1200 N. Grand Ave. #C Montrose, CO 81401 Tele (970) 252-4200 Fax (970) 252-4210

Park County 172 Justice Center Rd. Cannon City, Co. 81212 Tele (719) 275-2318 Fax (719) 269-2339

Pueblo County 212 W. 12th Pueblo, CO 81003 Tele (719) 583-6160 Fax (719) 583-6946

Rio Blanco County 345 Market St Meeker, CO 81641 Tele (970) 878-5011 Fax (970) 878-4999

San Juan County 1060 E. 2nd Ave Durango, CO 81301 Tele (970) 382-6144 Fax (970) 385-5269

Teller County P.O. Box 6688 Woodland Park, CO. 80863 Tele (719) 686-8639 Fax (719) 686-9127 Rio Grande County P.O. Box 40 Del Norte, CO 81132 Tele (719) 657-3381 Fax (719) 657-4013

San Miguel County 12 N. Grand Ave. #C Montrose, CO 81401 Tele (970) 252-4200 Fax (970) 252-4210

Washington County P.O. Box 395 Akron, CO 80720 Tele (970) 345-2238 Fax (970) 345-2237 Routt County P.O. Box 772790 Steambt Spgs, CO 80477 Tele (970) 870-5256 Fax (970) 870-5260

Sedgwick County P.O. Box 27 Julesburg, CO 80737 Tele (970) 474-3397 Fax (970) 474-9881

Weld County P.O. Box A Greeley, CO 80632 Tele (970) 352-6933 Fax (970) 346-7691 Saguache County P.O. Box 215 Saguache, CO 81149 Tele (719) 655-2537 Fax (719) 655-0206

Summit County P.O. Box 869 Frisco, CO 80443 Tele (970) 668-4100 Fax (970) 668-4115

Yuma County 340 S. Birch Wray, CO 80758 Tele (970) 332-4877 Fax (970) 332-4978

Court address: In Re: Petitioner: Respondent/Co-Petitioner: Attorney or Party Without Attorney (Name and Address): Phone Number: E-Mail: PAX Number: Atty, Reg. #: Division: Courtroom: Date of Notice: Division: Courtroom: Date of Notice: Citerroom, The Court of Funds) Re: Obligor: Social Security No: Parally Support Registry (PSR) Account No: Obligoe: CHLD(REN) INFORMATION Name DOB Name DO NOTICE INFORMATION: This is a Notice to Withhold Income for Support based upon an order for sup above-named employee 'stobiligo's income until you are notified in writing by the Oblige. Obligee's representative support enforcement unit or the Court, even if the Notice is not issued by your State.	•
Petitioner:	•
Petitioner:	•
Attorney or Party Without Attorney (Name and Address): Attorney or Party Without Attorney (Name and Address): Phone Namber: E-Mail: FAX Number: Atty, Reg. # Division: Courtroom: Date of Notice: To: (Employer, Trustee, or Other Payor of Funds) Re: Obligor: Social Security No.: Pamily Support Registry (FSR) Account No.: Obligee: CHILD(REN) INFORMATION Name DOB Name DC NOTICE INFORMATION: This is a Notice to Withhold Income for Support based upon an order for sup above-named employee's/obligor's income until you are notified in writing by the Oblige.	•
Attorney or Party Without Attorney (Name and Address): Attorney or Party Without Attorney (Name and Address): Phone Namber: E-Mail: FAX Number: Atty, Reg. # Division: Courtroom: Date of Notice: To: (Employer, Trustee, or Other Payor of Funds) Re: Obligor: Social Security No.: Pamily Support Registry (FSR) Account No.: Obligee: CHILD(REN) INFORMATION Name DOB Name DC NOTICE INFORMATION: This is a Notice to Withhold Income for Support based upon an order for sup above-named employee's/obligor's income until you are notified in writing by the Oblige.	•
▲ COURT USE ONLY Phone Number: E-Mail: FAX Number: Atty, Reg # Division: Courtoom: NOTICE TO WITHHOLD INCOME FOR SUPPORT Date of Notice:	•
Phone Number: E-Mail: Case Number: FAX Number: Atty, Reg. # Division: Courtroom: NOTICE TO WITHHOLD INCOME FOR SUPPORT Date of Notice:	A
Phone Number: E-Mail: Division: Courtroom; FAX Number: Arty, Reg. #: Division: Courtroom; NOTICE TO WITHHOLD INCOME FOR SUPPORT Date of Notice:	
FAX Number: Arty, Reg. #: Division: Courtroom: NOTICE TO WITHHOLD INCOME FOR SUPPORT Date of Notice: To: (Employer, Trustee, or Other Payor of Funds) Re: Obligor: Social Security No.: Pamily Support Registry (FSR) Account No.:	
NOTICE TO WITHHOLD INCOME FOR SUPPORT Date of Notice:	
Date of Notice:	
To: (Employer, Trustee, or Other Payor of Funds) Re: Obligor: Social Security No.: Panily Support Registry (FSR) Account No.: Obligee: CHILD(REN) INFORMATION Name DOB Name DO NoTICE INFORMATION: This is a Notice to Withhold Income for Support based upon an order for sup above-named employee's/obligor's income until you are notified in writing by the Obligee's representative support enforcement unit or the Court, even if the Notice is not issued by your State.	
Re: Obligor: Social Security No.: Pamily Support Registry (FSR) Account No.: Obligee: Obligee: Obligee: Name DOB Name Name	
Social Security No.:	
Social Security No.:	
Obligee: Obligee: CHILD(REN) INFORMATION DOB Name DO NAME DOB Name DO NOTICE INFORMATION: This is a Notice to Withhold Income for Support based upon an order for sup- above-named employee's/obligor's income until you are notified in writing by the Obligee, Obligee's representative support enforcement unit or the Court, even if the Notice is not issued by your State.	
CHILDGREN) INFORMATION DOB Name DC NOTICE INFORMATION: This is a Notice to Withhold Income for Support hased upon an order for sup above-named employee's/obligor's income until you are notified in writing by the Obligee. Obligee's representative support enforcement unit or the Court, even if the Notice is not issued by your State. DB Name DC	
Name DOB Name DOC NOTICE INFORMATION: This is a Notice to Withhold Income for Support based upon an order for sup above-named employee's/obligor's income until you are notified in writing by the Obligee, Obligee's representative support enforcement unit or the Court, even if the Notice is not issued by your State. Dot Dot <td></td>	
NOTICE INFORMATION: This is a Notice to Withhold Income for Support based upon an order for sup By law, you are required to deduct these amount above-named employee's/obligor's income until you are notified in writing by the Obligee, Obligee's representative support enforcement until or the Court, even if the Notice is not issued by your State.	
	B
support enforcement unit or the Court, even if the Notice is not issued by your State.	s from the
	die enne
□ If checked, you are required to enroll the child(ren) identified above in any health insurance coverage available th employee's/obligor's employment.	rough the
\$ per month in current child support	
\$ per month in past due support at % interest (1/24th of total)	
per month in current maintenance per month in past due maintenance at % interest (1/24th of total)	
per month in medical support	
for a total of \$ per month to be forwarded to the payee below.	
You do not have to vary your pay cycle to be in compliance with the support order. If your pay cycle does not match the support payment cycle, use the following to determine how much to withhold:	
Note: Colorado state law requires that you divide the withholding among the pay periods for the month, but amount withheld in a month must equal the monthly amount due as specified on the income assignment.	ie ordered
per weekly pay period per biweekly pay period (every two weeks) per estimismithy pay period (twice a month) Sper monthly pay period	

No. 1155. Rev. 7-00. NOTICE TO WITHHOLD INCOME FOR SUPPORT (JDF 1804) (Page 1) Bradford Publishing, 1743 Wazee St., Denver, CO 80202 ---- (203) 292-2500 ---- www.bradfordpublishing.com ---- 11-00

Court Address:	County, Co	lorado	
In re:			
Petitioner:			
Respondent/Co-Petitioner:			
Attorney or Party Without Attorney	ey (Name and Address):		
			URT USE ONLY
Phone Number:		Case Number:	
FAX Number:	E-mail: Atty. Reg. #:	Division:	Courtroom:
	E PROVIDER OF COURT-OR		
NOTICE TO INSURANC	E PROVIDER OF COURT-OR	DERED HEALTH INSU	RANCE COVERAGE
O: Name of Health Insurance			
Address of Health Insurance	e Provider		
Policy Number			
Policy Holder/Obligor			
Address of Obligor			
Obligee			
Address of Obligee			
(a) The Obligor is under a	R.S., the Obligee notifies you the court order to provide health insura wider shall notify the Obligee, or the 6	nce coverage for a child, an	d ny cancellation of that coverage
(a) The Obligor is under a(b) The Health Insurance Pro	court order to provide health insura wider shall notify the Obligee, or the (nce coverage for a child, an	d ny cancellation of that coverage
(a) The Obligor is under a	court order to provide health insura wider shall notify the Obligee, or the t	nce coverage for a child, an Obligee's representative, of an	d yy cancellation of that coverage
(a) The Obligor is under a(b) The Health Insurance Pro	court order to provide health insura wider shall notify the Obligee, or the t	nce coverage for a child, an	d yy cancellation of that coverage
(a) The Obligor is under a(b) The Health Insurance Pro	court order to provide health insura wider shall notify the Obligee, or the t	nce coverage for a child, an Obligee's representative, of an pre's Representative	d y cancellation of that coverage
(a) The Obligor is under a (b) The Health Insurance Pro Date: certify that on	court order to provide health insum wider shall notify the Obligee, or the f ObligeerOblig	nce coverage for a child, an Dobligee's representative, of an per's Representative MAILING	y cancellation of that coverage
(a) The Obligor is under a (b) The Health Insurance Pro Date: certify that on lotice addressed to:	Certificate of provide health insum wider shall notify the Obligee, or the to Obligees/Oblig CERTIFICATE OF 	nce coverage for a child, an Dbligee's representative, of an pre's Representative MAILING he United States mail, pos	y cancellation of that coverage
(a) The Obligor is under a (b) The Health Insurance Pro Date:	CERTIFICATE OF (dete), I placed in t ider	nce coverage for a child, an Dbligee's representative, of an pre's Representative MAILING he United States mail, pos	y cancellation of that coverage
(a) The Obligor is under a (b) The Health Insurance Pro Date: certify that on lotice addressed to:	CERTIFICATE OF (dete), I placed in t ider	nce coverage for a child, an Dbligee's representative, of an pre's Representative MAILING he United States mail, pos	y cancellation of that coverage
(a) The Obligor is under a (b) The Health Insurance Pro Date:	CERTIFICATE OF (dete), I placed in t ider	nce coverage for a child, an Dbligee's representative, of an pre's Representative MAILING he United States mail, pos	y cancellation of that coverage
(a) The Obligor is under a (b) The Health Insurance Pro Date:	CERTIFICATE OF (dee), 1 placed in t ider	nce coverage for a child, an Dbligee's representative, of an pre's Representative MAILING he United States mail, pos	y cancellation of that coverage

No. 1164, Rev. 7-00. NOTICE TO INSURANCE PROVIDER OF COURE-ORDERED HEALTH INSURANCE COVERAGE (JDF 1810) Bradford Publishing, 1743 Wazee St., Denver, CO 80202 — 303-392-2500 — www.headfordpublishing.com — 11-00

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

	itive Act of 1998.	
Issuing Agency:	Court or Administrative Authority:	
Issuing Agency Address:	Date of Support Order:	
	Support Order Number:	
Date of Notice:		
Case Number:		
Telephone Number:		
FAX Number:		
)	RE*	
Employer/Withholder's Federal EIN Number	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	-
)		
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 beacht. Other fence(fiv):

the 10110Wing Coverage(s): ____NeuCucai; ____Denticai; ____OTSion; ____Prescription artug; ____Mental health; ___Other (specify): THE PAPERWORK REDUCTION ACT OF 1995 (PL 104-13) Public reporting burden for this collection of information is estimated to average 10 minutes per prespons, including the time reviewing instructions, gathering and maintaining the data meeted, and reviewing the collection of information. A negaroy may not conduct or sponse, jund a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. OMB control number (0970-022 Septianio Date: 12)71020.

NATIONAL MEDICAL SUPPORT NOTICE OMB NO. 1216-0113 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 durites of the plan administrator under this Notice are in addition to the existing rights and durite setablished under such law.

Issuing Agency Address:		Date	of Support Order:		
Date of Notice: Case Number: Telephone Number: FAX Number:		Supp	ort Order Number:		
Employer/Withholder's Federal EIN Number)	RE*	Employee's Name (Last, First,	MI)	
Employer/Withholder's Name)		Employee's Social Security Nu	mber	
Employer/Withholder's Address)		Employee's Address		
Custodial Parent's Name (Last, First, MI))				
Custodial Parent's Mailing Address)		Substituted Official/Agency Na	me and Address	
Child(ren)'s Mailing Address (if Different from Parent's))				
Name(s), Mailing Address, and Telephone Number of a Representative of the Child(ren)	5				
	SSN		d(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): _____

