OMB Control No: 0970-0370 Expiration Date: xx-xx-xxxx

# Department of Health and Human Services Administration for Children and Families Office of Child Support Enforcement

### Agreement to Exchange Electronic Income Withholding Orders/Notices

By completing and providing the information on this form, the employer, company, or government agency agrees that:

The employer, company, or government agency shall have appropriate procedures in place to promptly report confirmed or suspected information security or privacy incidents, including, but not limited to, unauthorized use or disclosure of Personally Identifiable Information (PII) involving confidential child support information submitted through OCSE to your organization. As soon as reasonably practicable after discovery, but in no case later than one hour after discovery of the incident, the employer, company, or government agency shall report confirmed or suspected incidents to OCSE as specified in this paragraph. The requirement for the employer, company, or government agency to report confirmed or suspected incidents involving PII to OCSE is based on federal guidance/requirements from the Office of Management and Budget (OMB), Health and Human Services (HHS), the Federal Information Systems Security Modernization (FISMA) Act of 2014, and the United States Computer Emergency Readiness Team (US-CERT).

Incidents must be reported via email to OCSE using the security mailbox address: <a href="mailto:ocsesecurity@acf.hhs.gov">ocsesecurity@acf.hhs.gov</a>

The organization will electronically receive and respond to IWOs issued by states, tribes or territories in the same manner as mailed notices, within the required timeframes. Response timeframes and other instructions are available at:

 $\frac{https://ocsp.acf.hhs.gov/irg/irgpdf.pdf?geoType=OGP\&groupCode=EMP\&addrType=EIW\&addrClassType=EIW\&a$ 

The organization will not impersonate any individual, entity, or association; use false headers; or otherwise conceal or provide misleading information about their identity while receiving IWOs electronically.

The organization's representative completing this form is authorized to act on behalf of the employer and agrees to provide true, correct, current, and complete information about the entity identified in the profile form.

The organization will consider the electronic version of the IWO admissible as evidence in the same way as paper documents.

The organization will provide written notice to the federal Office of Child Support Enforcement at least 30 days before it intends to stop accepting e-IWOs.

A third-party provider certifies that it has authorization to participate in e-IWO on behalf of their clients and will provide company names, FEINs, and related information to OCSE for the purpose of processing e-IWOs.

<ul><li>Accept</li></ul>	<ul><li>Decline</li></ul>	

# e-IWO

# e-IWO Employer/Payroll Provider Profile Form

### **Instructions**

To complete this form and to respond to e-IWOs using PDF forms, you must use Adobe Acrobat Reader version 10 or later. To download this free software, go to https://acrobat.adobe.com/us/en/acrobat/pdf-reader.html.

You must complete the required fields followed by a red asterisk \*. If there are errors, a popup box will appear with information about correcting the error.

- Register as an employer or a third-party payroll provider with this form.
- If applicable, use the e-IWO FEINs Spreadsheet to identify each subsidiary/employer for which you will receive e-IWOs at the server location entered on this form.

<b>General Informat</b>	ion
Date: *	(The date you are completing the form using MM/DD/YYYY format.)
FEIN: *	
	(Primary Federal Employer Identification Number – enter as nine numeric characters with no hyphen after the second number. This is the FEIN used for the files being transferred.)
Organization Name*:	
Organization Known as N	lame (Doing Business As):
NDNH Address Inf	ormation
Enter the address as re	ported to the National Directory of New Hires.
Address Line 1: *	
Address Line 2:	
City: *	State: *
City.	State.
ZIP Code: *	ZIP Code Extension:
	(Enter a five-digit ZIP code and the optional four-digit extension.)

Enter the employer or IWOs.	third-party provider's ad	ddress where chi	ld support agen	cies should mail paper	
Address Line 1: *					
Address Line 2:					
City: *		State:	*		
ZIP Code: *	ZIP Code Extension:	(Enter a five-digit	ZIP code and the op	ptional four-digit extension.)	
Contact Informat	ion				
Enter the employer's	business, technical supp	port, and altern	ate contact info	ormation.	
Note: At least one perso	on must be designated to re	eceived automated	d emails.		
Business Contact	Information				
Enter business contact	: information.				
First Name: *		MI:	Last Name: *		
Email: *					
Send email notificat	ions, including file process	sing information,	to this email add	dress.	
Phone Number: *					
Fax Number: *		Enter numeric Include the are Format: 12312		Phone Ext:	
		Enter numeric Include the are Format: 12312			

**Printed Address Information** 

information and batch system information.	in provide coi	porate internet	. Protocol (IP) address
First Name: *	MI:	Last Name: *	
Email: *			
Send email notifications, including file processing	ng information,	, to this email add	dress.
Phone Number: *			
	Enter numeric Include the are	characters only. ea code.	Phone Ext:
Fax Number: *	Format: 12312	231111)	
	Include the are		
	Format: 12312	(31111)	
Alternate Business Contact Information	on		
Enter additional business contact information.	None of the	fields are requir	red.
First Name:	MI:	Last Name:	
Email:			
Send email notifications, including file processing	ng information,	, to this email add	dress.
Phone Number:			
	Enter numeric Include the are Format: 12312		Phone Ext:
Fax Number:		·	
	Enter numeric	characters only.	

Format: 1231231111)

**Technical Contact Information** 

# Alternate Technical Contact Information Enter additional technical contact information. None of the fields are required. First Name: MI: Last Name: Email: Send email notifications, including file processing information, to this email address. Phone Number: Enter numeric characters only. Include the area code. Format: 1231231111) Enter numeric characters only. Include the area code. Include the area code. Format: 1231231111)

Format: 1231231111)

# **File Processing Information**

How do you want to receive and respond to e-IWOs?

No Programming	O Programming
(PDF or XLS Format)	(System-to-System)

For No Programming fill in the information below. For Programming (System-to-System) skip to page #7.

## **No Programming File Information**

Review the default selections below and make updates as needed, based on the best option for your organization.

neview the deladit sel	cetions below and make t	apautes as needed, based on the best option for your organization
Encrypt Files:		Select Yes if you want OCSE to encrypt all files delivered to your server. OCSE uses GPG for encryption.
• Yes	○No	If you select Yes, you must provide your company's PGP or GPG encryption key in a separate email when sending this profile.
Email Notification:		
		Click 'Always' if you want to receive emails for notification

 Click 'Always' if you want to receive emails for notification of files received, acknowledgement of files sent and errors.

Click 'When Errors' if you only want to receive e-mails when there are errors profile.

### Acknowledgement File Format:



### PDF files have a format:

123456789.OAD.TEST.360000907020923101.0002.A.PDF - for acknowledgement files 123456789.OAD.TEST.360000907020923101.0002.N.PDF - for result files

### **Excel files have a format:**

123456789.ACW.201001111327040.0000.XLS - for acknowledgement files 123456789.ACW.ERR.201001111327040.0000.XLS - for result files

Note: Adobe Reader is the only PDF editing software compatible with e-IWO.

### **Programming (System-to-System) File Information**

If you selected No Programming, skip to 'Server Information' on page 8. Review the default selections below and make updates as needed, based on the best option for your organization.

Select e-IWO file format:

Flat file	O XML
-----------	-------

Flat files have a 'txt' extension.

Do you want a copy of the e-IWO in PDF file format?

Yes	O No
-----	------

In addition to receiving a flat file or XML document for the orders, the organization can elect to also receive the orders as individual PDF forms.

Enter information about the file exchange.

**Encrypt Files:** 

|--|

Select Yes if you want OCSE to encrypt all files delivered to your server. OCSE uses GPG for encryption.

If you select Yes, you must provide your company's PGP or GPG encryption key in a separate email when sending this profile.

○ Always	• When Errors

Email Notification: Click 'Always' if you want to receive emails for notification of files received, acknowledgement of files sent and errors.

Click 'When Errors' if you only want to receive e-mails when there are errors profile.



### Result File Sent:

The result file is created by the OCSE batch portal and sent to the organization. It is a notification that an acknowledgement file was sent by the organization and received by the portal.

Click 'Always' to always receive a result file.

Click 'When Errors' if you only want to receive a result file for the following conditions:

- If there are problems with file header, file trailer, or other file-level structures, the entire file will be returned.
- If errors are in the batch header or batch trailer, the entire batch will be returned with all response records.
- If there are response record errors, the records with errors are returned in the file with their batch header andtrailers. There can be multiple batches returned in the file.

# **File Naming Convention**

Files can be named using OCSE's standard file naming convention or the organization's file naming convention. The naming convention for PDF files is standard for this process.

- In the Standard/Organization-Supplied File Naming Convention column, select whether
  you want to use your organization's file naming convention or OCSE's standard file
  naming convention.
- 2. In the File Naming Convention column, take the following steps:
  - If you are using your organization's file naming convention, enter the file naming convention. For example, for the file with notices (Incoming State

Notice Files), you can enter enmsn.mybiz.notices.txt. This is the name of the file you will receive that includes your notices.

• If you are using OCSE's standard file naming convention, an example file name is in the table below. For more information about file naming conventions and formats, refer to the e-IWO Software Interface Specifications.

File Type	Standard/Organization Supplied File Name Convention	File Name Convention
Incoming State Order Files	OCSE Standard	(Example: 123456789. RSI.200708060115087.0000.txt)
	Organization Supplied	
Incoming Acknowledgement Result Files	OCSE Standard	(Example: 123456789. NEA.200708060115087.0000.txt)
	Organization Supplied	
Outgoing Acknowledgement Files	OCSE Standard	(Example: 123456789. ACK.200708060115087.0000.txt)
	Organization Supplied	

# **Server Information (Required for Both Options)**

This information is required for the No Programming and Programming (System to System) file information.

To send and receive e-IWO files, we need the following server information:

- Different directory/folder names
- Server ID
- Server passwords

An IP address is required; a host name is optional. Information is required for the production environment and optional for the test environment. The Pick-Up and Drop-Off directory names must be different.

The only methods offered for transferring e-IWO data is for our servers to initiate the sending and retrieving of files using SFTP or FTPS.

٧ hority (CA) which

etheving of mes asing si it of i its	•
<i>'</i>	r's server that has installed our Certificate of Aut anging files via FTPS only with our server.
ile transfer preference: *	1
O SFTP	
O FTPS	
	1

Pick Up Service Information	
Enter your organization's server information for the e-IWO Production Server User ID:	server to retrieve files. Test Server User ID:
Production Server Password:	Test Server Password:
Production Server IP Address:	Test Server IP Address:
Production Server Host Name:	Test Server Host Name:
Production Server Port:	Test Server Port:
Production Server Directory Name: *	Test Server Directory Name:
<b>Drop-Off Server Information</b> Enter your organization's server information for the e-	-IWO server to deliver notices.
Production Server User ID:	Test Server User ID:
Production Server Password:	Test Server Password:
Production Server IP Address:	Test Server IP Address:
Production Server Host Name:	Test Server Host Name:
Production Server Port:	Test Server Port:
Production Server Directory Name: *	Test Server Directory Name:

PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: The purpose of this statutorily required information collection, in accordance with 42 USC § 454a(g), is for OCSE to implement the electronic IWO process and capture preferences for states. Public reporting estimated burden for this collection of information is 0.22 hours per respondent, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. As provided by 42 U.S.C. § 653(m)(2), any confidential information collected for this program is accessed only by authorized users. A federal agency may not conduct or sponsor an information collection without a valid OMB Control Number. No individual or entity is required to respond to, nor shall an individual or entity be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, without a current valid OMB Control Number. If you have any comments on this collection of information, please contact OCSEFedSystems@acf.hhs.gov.