OMB Control No: 0970-0370 Expiration Date: 02/28/2025

# 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 Security Modernization Act of 2014 (FISMA), and the United States Computer Emergency Readiness Team (US-CERT).

Incidents must be reported via email to OCSE using the security mailbox address: ocsesecurity@acf.hhs.gov

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

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

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.

Accept Decline

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 <a href="https://acrobat.adobe.com/us/en/acrobat/">https://acrobat.adobe.com/us/en/acrobat/</a> pdf-reader.html

You must complete the required fields followed by a red asterisk \* and email it to the <u>e-IWO team</u> (<u>eIWOmail@acf.hhs.gov</u>). 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.

| General Information      |  |  |  |  |
|--------------------------|--|--|--|--|
| 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 Na | ame (Doing Business As):   |  |  |  |
| NDNH Address Information |  |  |  |  |
| Enter the address as re  | ported to the National Directory of New Hires.   |  |  |  |
| Address Line 1: *        |  |  |  |  |
|                          |  |  |  |  |
| Address Line 2:          |  |  |  |  |
|                          |  |  |  |  |
| City: *                  | State: *   |  |  |  |
|                          |  |  |  |  |
| ZIP Code: *              | ZIP Code Extension:  |  |  |  |
|                          | (Enter a five-digit ZIP code and the optional four-digit extension.)   |  |  |  |

# **Printed Address Information**

| Enter the employer or t<br>IWOs.  | hird-party provider's add    | ress where child  | d support agenci    | ies should mail paper         |
|---|------------------------------|---|---------------------|-------------------------------|
| Address Line 1: *   |                              |   |                     |                               |
| Address Line 2:   |                              |   |                     |                               |
| City: *   |                              | State: *  |                     |                               |
| ZIP Code: *   | ZIP Code Extension:          | (Enter a five-digit Z                                   | IP code and the opt | tional four-digit extension.) |
| <b>Contact Information</b>  | on                           |   |                     |                               |
| Enter the employer's bu   | usiness, technical support   | t, and alternate  | contact informa     | tion.                         |
| <b>Note:</b> At least one persor  | n must be designated to reco | eived automated   | emails.             |                               |
| <b>Business Contact I</b>   | nformation                   |   |                     |                               |
| Enter business contact  | information.                 |   |                     |                               |
| First Name: *   |                              | MI:   | Last Name: *        |                               |
| Email: *  |                              |   |                     |                               |
| Send email notifications, including file processing information, to this email address. |                              |   |                     |                               |
| Phone Number: *   |                              | Enter numeric ch<br>Include the area<br>Format: 123123: | code.               | Phone Ext:                    |
| Fax Number: *   |                              | Enter numeric ch<br>Include the area<br>Format: 123123  | code.               |                               |

# **Technical Contact Information**

| address information and batch system information.                                       |                                      |                    |                          |
|---|--------------------------------------|--------------------|--------------------------|
| First Name: *   | MI:                                  | Last Name: *       |                          |
|   |                                      |                    |                          |
| Email: *  |                                      |                    |                          |
|   |                                      |                    |                          |
| Send email notifications, including file processing                                     | information, to                      | this email address |                          |
|   |                                      |                    |                          |
| Phone Number: *   | Enter numeric ch                     | naracters only.    | Phone Ext:               |
|   | Include the area Format: 1231231     |                    |                          |
| Fax Number: *   |                                      |                    |                          |
|   | Enter numeric ch<br>Include the area | code.              |                          |
|   | Format: 1231231                      | 1111               |                          |
| Alternate Business Contact Informatio   | n                                    |                    |                          |
|   |                                      |                    |                          |
| Enter additional business contact information. No                                       | one of the field                     | ls are required.   |                          |
| First Name:   | MI:                                  | Last Name:         |                          |
|   |                                      |                    |                          |
| Email:  |                                      |                    |                          |
|   |                                      |                    |                          |
| Send email notifications, including file processing information, to this email address. |                                      |                    |                          |
| Please Novel ex   |                                      |                    | Discussion in the second |
| Phone Number:   | Enter numeric c                      |                    | Phone Ext:               |
|   | Include the area Format: 123123      |                    |                          |
| Fax Number:   |                                      |                    |                          |
|   | Enter numeric cl<br>Include the area | code.              |                          |
|   | Format: 123123                       | 1111)              |                          |

Enter the network or system administrator who can provide corporate Internet Protocol (IP)

### **Alternate Technical Contact Information**

| Enter additional technical contact information.     | None of the                              | fields are required                | l.         |
|---|--|------------------------------------|------------|
| First Name:   | MI:                                      | Last Name:                         |            |
| Email:  |  |                                    |            |
| Send email notifications, including file processing | g information                            | , to this email addre              | SS.        |
| Phone Number:                                       | Enter nume<br>Include the<br>Format: 123 |                                    | Phone Ext: |
| Fax Number:   | Enter nume                               | ric characters only.<br>area code. |            |

Format: 1231231111

#### **File Processing Information**

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

No Programming 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.

**Encrypt Files:** 

Yes No

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.

**Email Notification:** 

Always When Errors

Select **Always** if you want to receive emails for notification of files received, acknowledgment of files sent and errors.

Select **When Errors** if you only want to receive emails when there are errors.

#### PDF files have a format:

PDF Excel

Acknowledgment File Format:

123456789.OAD.TEST.360000907020923101.0002.A.P DF - for acknowledgment files 123456789.OAD.TEST.360000907020923101.0002.N.P DF - for result files

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

123456789.ACW.201001111327040.0000.XLS - for acknowledgment 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** in the "File Processing Information" section on page 6, skip to "Server Information" section 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 | form | at: |
|-----------|-----|------|------|-----|
|-----------|-----|------|------|-----|



Flat files have a .txt extension.

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



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:**

**Email Notification:** 



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.

# Click **Always** if you want to receive emails for notification of files received, acknowledgment of files sent, and errors.

Click **When Errors** if you only want to receive emails when there are errors.

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

received by the Portal.

**Always** 

Result File Sent:

**Always** 

When Errors

When Errors

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 and trailers. 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:

- 1. 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 <u>e-NMSN Software Interface</u> Specifications.

| File Type                             | Standard/Organization-Supplied File<br>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.

We can only use FTPS with a partner's server that has installed our Certificate of Authority (CA), which makes that server dedicated to exchanging files via FTPS only with our server.

| File transfer preference: * |    |  |  |
|-----------------------------|----|--|--|
|                             | ТР |  |  |
| FT                          | PS |  |  |

# Pick-Up Service Information

| Enter your organization's server information for the e | -IWO server to retrieve files.  |
|--|---------------------------------|
| 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:     |
|  |                                 |
| Drop-Off Server Information                            |                                 |
| 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 employers. 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.