

e-IWO Enrollment - View and Select Printed Address Information

Select the employer or third-party provider's address where child support agencies should mail paper IWOs.

Address Type	Organization Name	Address	City	State	ZIP Code	Status	Select to Edit
No data available in table							

Incidents must be reported via email to OCSS using the security mailbox address: [ocsssecurity@acf.hhs.gov](mailto:ocsssecurity@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: <https://ocsp.acf.hhs.gov/irg/irgpdf.pdf?geoType=OGP&groupCode=EMP&addrType=EIW&addrClassType=EMP>.

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 Services 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 OCSS for the purpose of processing e-IWOs.

e-IWO Enrollment – Printed Address Information

Enter the employer or third-party providers address where child support agencies should mail paper IWOs in rare situations an agency needs to mail a printed IWO. This information will be provided to the Child Support Agencies.

\* Organization Name

\* Address Line 1:      
 Address Line 2:      
 Address Line 3:

\* City:      
 \* State:      
 \* ZIP Code:

e-IWO Enrollment - View and Select a Business Contact

Your organization must have one business contact.

Last Name	First Name	Phone Number	Fax Number	Email	Status	Select to Edit
Eluru	Narendra	123-123-1211		Naren.Elu@csra.com		<input type="radio"/>

e-IWO Enrollment - Edit Business Contact Information

\* First Name:      
 MI:      
 \* Last Name:

\* Email: