Operations, Maintenance, and Enhancements for OCSS Systems

Electronic National Medical Support Notice

**Appendix C**

Software Interface Specification

Version 1.6

August 23, 2023

Administration for Children and Families

Office of Child Support Services

330 C Street SW, 5th Floor

Washington, DC 20201

Revision History

| Date | Revision | Section | Author |
| --- | --- | --- | --- |
| 3/29/2021 | v1.0: Original release | Entire document | H. Rallapalli |
| 6/29/2021 | v1.1: Minor updates | Chart C-2: Updated FEIN Text field  | H. Rallapalli |
| 8/18/2021 | v1.2: Minor updates | No changes to Appendix C | H. Rallapalli |
| 1/31/2022 | v1.3: Minor updates | Chart C-2: Added validation rules to the following fields:* Issuing Agency Name
* Court or Administrative Authority Name
* Employer Name
* Substituted Official/Agency Name
 | H. Rallapalli |
| 4/20/2022 | v1.4: Minor Updates  |  | M. Stanczyk |
| 1/27/2023 | v1.5: Split document body and appendices into separate files | Entire document | J. Vierow |
| 8/23/2023 | V1.6: Field changes | Chart C-1: The Filler field length increased and the location changed.Chart C-2: The following changes were made: * The Withholding Prioritization Text was removed.
* The following fields were added:
	+ Issuing Agency Email Address
	+ Child 7 Last Name
	+ Child 7 First Name
	+ Child 7 Middle Name or Initial
	+ Child 7 Suffix Text
	+ Child 7 Gender
	+ Child 7 Date of Birth
	+ Child 7 SSN
	+ Child 8 Last Name
	+ Child 8 First Name
	+ Child 8 Middle Name or Initial
	+ Child 8 Suffix Text
	+ Child 8 Gender
	+ Child 8 Date of Birth
	+ Child 8 SSN
	+ Child 4 Last Name to be Terminated Health Care Coverage
	+ Child 4 First Name to be Terminated Health Care Coverage
	+ Child 4 Middle Name or Initial to be Terminated Health Care Coverage
	+ Child 4 Suffix Name to be Terminated Health Care Coverage
	+ Child 4 Date of Birth to be Terminated Health Care Coverage
	+ Child 5 Last Name to be Terminated Health Care Coverage
	+ Child 5 First Name to be Terminated Health Care Coverage
	+ Child 5 Middle Name or Initial to be Terminated Health Care Coverage
	+ Child 5 Suffix Name to be Terminated Health Care Coverage
	+ Child 5 Date of Birth to be Terminated Health Care Coverage
	+ Child 6 Last Name to be Terminated Health Care Coverage
	+ Child 6 First Name to be Terminated Health Care Coverage
	+ Child 6 Middle Name or Initial to be Terminated Health Care Coverage
	+ Child 6 Suffix Name to be Terminated Health Care Coverage
	+ Child 6 Date of Birth to be Terminated Health Care Coverage
	+ Child 7 Last Name to be Terminated Health Care Coverage
	+ Child 7 First Name to be Terminated Health Care Coverage
	+ Child 7 Middle Name or Initial to be Terminated Health Care Coverage
	+ Child 7 Suffix Name to be Terminated Health Care Coverage
	+ Child 7 Date of Birth to be Terminated Health Care Coverage
	+ Child 8 Last Name to be Terminated Health Care Coverage
	+ Child 8 First Name to be Terminated Health Care Coverage
	+ Child 8 Middle Name or Initial to be Terminated Health Care Coverage
	+ Child 8 Suffix Name to be Terminated Health Care Coverage
	+ Child 8 Date of Birth to be Terminated Health Care Coverage
* The Filler field length increased and the location changed.
* Field locations were updated because of the deleted and added fields.

Chart C-3: The Filler field length increased and the location changed. | M. Stanczyk |

List of Charts

[Chart C‑1: e-NMSN Request Header Record Layout C-1](#_Toc140180629)

[Chart C‑2: e-NMSN Request Record Layout C-1](#_Toc140180630)

[Chart C‑3: e-NMSN Request Trailer Record Layout C-36](#_Toc140180631)

e-NMSN Request Record Layouts

Chart C‑1 contains the e‑NMSN Request Header Record layout.

| Chart C‑1: e-NMSN Request Header Record Layout |
| --- |
| Field Name | Length | Location | A/N | Comments |
| Record Identifier | 4 | 1–4 | A | Required.The letters ENRH, which identify the record as a request header. |
| Employer FEIN | 9 | 5–13 | N | Required.Employer FEIN. |
| Third-party FEIN | 9 | 14–22 | N | Optional.FEIN of the third-party provider that will respond on behalf of the employer.Fill with spaces if the state does not know the FEIN of the third-party provider. |
| FIPS Code | 2 | 23–24 | N | Required.The two-digit locator code of the requesting state. |
| Processing Date | 8 | 25–32 | N | Required.The date the header was generated. Must be in CCYYMMDD format. |
| Creation Time | 6 | 33–38 | N | Required.The time the header was generated.Must be a valid time in HHMMSS format. |
| Batch ID | 6 | 39–44 | A/N | Required.A unique identifier for each batch sent to the Portal daily. Use the unique batch ID only once per day. Left-justified and padded with spaces to the right. |
| Portal Error Code(s) | 49 | 45–93 | A/N | For Portal use.Generated when the Portal performed its validation and found errors. Header records with errors return the entire batch. The returned batch contains all requests originally sent.Valid values:DRVF – Detail Record Validation FailedDBCN – Duplicate Batch Control NumberBHCR – Invalid data in a conditionally-required fieldSPDE – State Profile Does Not ExistEPDE – Employer Profile Does Not ExistBHRF – Required field validation errorEach code is separated by a comma.Left-justified and padded with spaces to the right. |
| Filler | 2677 | 94–2770 | A/N | This field is for future versions. For this version, fill with spaces. |

Chart C‑2 contains the e‑NMSN Request Record layout.

| Chart C‑2: e-NMSN Request Record Layout |
| --- |
| Field Name | Length | Location | A/N | Comments |
| Record Identifier | 4 | 1–4 | A | Required.The letters ENRD, which identify the record as a request detail. |
| Order Type | 4 | 5–8 | A | Required.A code that indicates the type of NMSN order.Valid values:ORIG – Original: new order for the submitted case identifier by the submitting stateTERM – Termination: closure of an order; termination of insurance for the submitted case identifier by the submitting state |
| Notice Date | 8 | 9–16 | N | Required.Date the NMSN was generated by the state in CCYYMMDD format. |
| CSE Agency Case Identifier | 15 | 17–31 | A/N | Required.A value assigned by a state to uniquely identify each IV-D case in the state. |
| Issuing Agency Name | 57 | 32–88 | A/N | Required.Name of the child support agency issuing the NMSN order.Valid special characters:Hyphens (-)Apostrophes (’)Commas (,)Periods (.)SpacesThe first character cannot be a space. |
| Issuing Agency Address Line 1 Text | 25 | 89–113 | A/N | Required.The street address of the child support agency issuing the NMSN. |
| Issuing Agency Address Line 2 Text | 25 | 114–138 | A/N | Optional.The street address of the child support agency issuing the NMSN. |
| Issuing Agency Address Line 3 Text | 25 | 139–163 | A/N | Optional.The street address of the child support agency issuing the NMSN. |
| Issuing Agency Address City Name | 22 | 164–185 | A/N | Required.The city of the child support agency issuing the NMSN. |
| Issuing Agency Address State Code | 2 | 186–187 | A | Required.The state code of the child support agency issuing the NMSN. |
| Issuing Agency Address ZIP Code | 5 | 188–192 | N | Required.The ZIP code of the child support agency issuing the NMSN. |
| Issuing Agency Address ZIP Code Extension | 4 | 193–196 | N | Optional.The ZIP code extension of the child support agency issuing the NMSN. |
| Issuing Agency Phone Number | 10 | 197–206 | N | Required.The phone number of the organization issuing the NMSN. |
| Issuing Agency Email Address | 65 | 207–271 | A/N | Required.The email address of the organization issuing the NMSN.Valid special characters:Hyphens (-)Underscore (\_)Periods (.)At sign (@)The first character cannot be a space. |
| Issuing Agency Fax Number | 10 | 272–281 | N | Optional.The fax number of the organization issuing the NMSN. |
| Court or Administrative Authority Name | 57 | 282–338 | A/N | Required.The name of the court or administrative authority in the state that issued the NMSN.Valid special characters:Hyphens (-)Apostrophes (’)Commas (,)Periods (.)SpacesThe first character cannot be a space. |
| Court Order Date | 8 | 339–346 | N | Required.The date generated by the state that the court ordered the employee or NCP to get medical insurance/coverage Must be in CCYYMMDD format. |
| Order Identifier | 30 | 347–376 | A/N | Optional.A unique identifier associated with a specific child support obligation in a case. |
| Document Tracking Identifier | 30 | 377–406 | A/N | Required.A unique number assigned to assist with tracking of a notice through its complete “round trip” from the state to the employer or plan administrator and back to the state.The document tracking identifier sent to the Portal must be unique for the files received the same day. |
| State Agency Employer Web Site Text | 50 | 407–456 | A/N | Optional.The URL for a state child support agency’s employer section of its website.If this field is filled, it must begin with http:// or https://. |
| FEIN Text  | 9 | 457–465 | N | Required.Employer FEIN.The FEIN in this field must match the employer FEIN in the batch header. |
| Employer Name | 57 | 466–522 | A/N | Required.Name of the employer.Valid special characters:Hyphens (-)Apostrophes (’)Commas (,)Periods (.)SpacesThe first character cannot be a space. |
| Employer Address Line 1 Text  | 25 | 523–547 | A/N | Required.The street address of the employer. |
| Employer Address Line 2 Text | 25 | 548–572 | A/N | Optional.The street address of the employer. |
| Employer Address Line 3 Text | 25 | 573–597 | A/N | Optional.The street address of the employer. |
| Employer Address City Name | 22 | 598–619 | A/N | Required.The city of the employer. |
| Employer Address State Code | 2 | 620–621 | A | Required.The state code of the employer. |
| Employer Address Zip Code  | 5 | 622–626 | N | Required.The ZIP code of the employer. |
| Employer Address ZIP Code Extension | 4 | 627–630 | N | Optional.The ZIP code extension of the employer. |
| Custodial Parent’s Last Name | 20 | 631–650 | A/N | Conditionally required; either the custodial parent’s (CP’s) last name or the name of the substituted official or agency is required.The CP’s last name.Valid special characters:Hyphens (-)Apostrophes (’)Periods (.)SpacesThe first character cannot be a space. |
| Custodial Parent’s First Name | 15 | 651–665 | A/N | Conditionally required; must be filled if the CP’s last name is provided.The CP’s first name. Valid special characters:Hyphens (-)Apostrophes (’)Periods (.)SpacesThe first character cannot be a space. |
| Custodial Parent’s Middle Name or Initial | 15 | 666–680 | A/N | Optional.The CP’s middle name or initial.Valid special characters:Hyphens (-)Apostrophes (’)Periods (.)The first character cannot be a space if the middle name is populated.Fill with spaces if no middle name is available. |
| Name Suffix | 4 | 681–684 | A/N | Optional.The CP’s name suffix – for example, Jr., Sr., or III.Valid special characters:Hyphens (-)Apostrophes (’)Periods (.)The first character cannot be a space.Fill with spaces if no name suffix is available. |
| Custodial Parent Address Line 1 Text | 25 | 685–709 | A/N | Conditionally required; must be filled if the CP’s last name is provided.The street address of the CP. |
| Custodial Parent Address Line 2 Text | 25 | 710–734 | A/N | Optional.The street address of the CP. |
| Custodial Parent Address Line 3 Text | 25 | 735–759 | A/N | Optional.The street address of the CP. |
| Custodial Parent Address City Name | 22 | 760–781 | A/N | Conditionally required; must be filled if the CP’s last name is provided.The city of the CP. |
| Custodial Parent Address State Code | 2 | 782–783 | A | Conditionally required; must be filled if the CP’s last name is provided.The state code of the CP. |
| Custodial Parent Address ZIP Code  | 5 | 784–788 | N | Conditionally required; must be filled if the CP’s last name is provided.The ZIP code of the CP. |
| Custodial Parent Address ZIP Code Extension | 4 | 789–792 | N | Optional.The ZIP code extension of the CP. |
| Children Address Line 1 Text  | 25 | 793–817 | A/N | Optional.The street address of the children. |
| Children Address Line 2 Text | 25 | 818–842 | A/N | Optional.The street address of the children. |
| Children Address Line 3 Text | 25 | 843–867 | A/N | Optional.The street address of the children. |
| Children Address City Name | 22 | 868–889 | A/N | Conditionally required; must be filled if the Children Address Line 1 field is provided.The city of the children. |
| Children Address State Code | 2 | 890–891 | A | Conditionally required; must be filled if the Children Address Line 1 field is provided.The state code of the children. |
| Children Address ZIP Code | 5 | 892–896 | N | Conditionally required; must be filled if the Children Address Line 1 field is provided.The ZIP code of the children. |
| Children Address ZIP Code Extension | 4 | 897–900 | N | Optional.The ZIP code extension of the children. |
| Representative Last Name | 20 | 901–920 | A/N | Optional.The last name of the children’s agent or guardian.Valid special characters:Hyphens (-)Apostrophes (’)Periods (.)SpacesThe first character cannot be a space. |
| Representative First Name | 15 | 921–935 | A/N | Conditionally required; must be filled if the last name of the representative is provided.The first name of the children’s agent or guardian.Valid special characters:Hyphens (-)Apostrophes (’)Periods (.)SpacesThe first character cannot be a space. |
| Representative Middle Name or Initial | 15 | 936–950 | A/N | Optional.The middle name or initial of the children’s agent or guardian.Valid special characters:Hyphens (-)Apostrophes (’)Periods (.)The first character cannot be a space if the middle name is populated.Fill with spaces if no middle name is available. |
| Representative Name Suffix | 4 | 951–954 | A/N | Optional. The representative’s name suffix – for example, Jr., Sr., or III.Valid special characters:Hyphens (-)Apostrophes (’)Periods (.)SpacesThe first character cannot be a space.Fill with spaces if no suffix name is available. |
| Representative Address Line 1 Text | 25 | 955–979 | A/N | Conditionally required; must be filled if the last name of the representative is provided.The street address of the representative. |
| Representative Address Line 2 Text | 25 | 980–1004 | A/N | Optional.The street address of the representative. |
| Representative Address Line 3 Text | 25 | 1005–1029 | A/N | Optional.The street address of the representative. |
| Representative Address City Name | 22 | 1030–1051 | A/N | Conditionally required; must be filled if the last name of the representative is provided.The city of the representative. |
| Representative Address State Code | 2 | 1052–1053 | A | Conditionally required; must be filled if the last name of the representative is provided.The state code of the representative. |
| Representative Address ZIP Code  | 5 | 1054–1058 | N | Conditionally required; must be filled if the last name of the representative is provided.The ZIP code of the representative. |
| Representative Address ZIP Code Extension | 4 | 1059–1062 | N | Optional.The ZIP code extension of the representative. |
| Representative Phone Number | 10 | 1063–1072 | N | Conditionally required; must be filled if the last name of the representative is provided.The phone number of the representative. |
| Employee’s Last Name | 20 | 1073–1092 | A/N | Required.The employee’s last name.Valid special characters:Hyphens (-)Apostrophes (’)Periods (.)SpacesThe first character cannot be a space. |
| Employee’s First Name | 15 | 1093–1107 | A/N | Required.The employee’s first name.Valid special characters:Hyphens (-)Apostrophes (’)Periods (.)SpacesThe first character cannot be a space. |
| Employee’s Middle Name or Initial | 15 | 1108–1122 | A/N | Optional.The employee’s middle name or initial.Valid special characters:Hyphens (-)Apostrophes (’)Periods (.)The first character cannot be a space if the middle name is populated.Fill with spaces if no middle name is available. |
| Employee’s Name Suffix | 4 | 1123–1126 | A/N | Optional.The employee’s name suffix – for example, Jr., Sr., or III.Valid special characters:Hyphens (-)Apostrophes (’)Periods (.)The first character cannot be a space.Fill with spaces if no name suffix is available. |
| Employee SSN | 9 | 1127–1135 | N | Required.The employee’s Social Security number (SSN). |
| Employee Address Line 1 Text  | 25 | 1136–1160 | A/N | Optional.The street address of the employee. |
| Employee Address Line 2 Text | 25 | 1161–1185 | A/N | Optional.The street address of the employee. |
| Employee Address Line 3 Text | 25 | 1186–1210 | A/N | Optional.The street address of the employee. |
| Employee Address City Name | 22 | 1211–1232 | A/N | Conditionally required; must be filled if line 1 of the employee’s address is provided.The city of the employee. |
| Employee Address State Code | 2 | 1233–1234 | A | Conditionally required; must be filled if line 1 of the employee’s address is provided.The state code of the employee. |
| Employee Address ZIP Code  | 5 | 1235-1239 | N | Conditionally required; must be filled if line 1 of the employee’s address is provided.The ZIP code of the employee. |
| Employee Address ZIP Code Extension | 4 | 1240 –1243 | N | Optional.The ZIP code extension of the employee. |
| Substituted Official/Agency Name | 57 | 1244–1300 | A/N | Conditionally required; either the CP’s last name or the name of the substituted official or agency is required.The name of the substituted official or agency.Valid special characters:Hyphens (-)Apostrophes (’)Commas (,)Periods (.)SpacesThe first character cannot be a space. |
| Substituted Official/Agency Address Line 1 Text  | 25 | 1301–1325 | A/N | Conditionally required; must be filled if the name of the substituted official or agency is provided.The street address of the substituted official or agency. |
| Substituted Official/Agency Address Line 2 Text | 25 | 1326–1350 | A/N | Optional.The street address of the substituted official or agency. |
| Substituted Official/Agency Address Line 3 Text | 25 | 1351–1375 | A/N | Optional.The street address of the substituted official or agency. |
| Substituted Official/Agency Address City Name | 22 | 1376–1397 | A/N | Conditionally required; must be filled if the Substituted Official/Agency Name field is provided.The city of the substituted official or agency. |
| Substituted Official/Agency Address State Code | 2 | 1398–1399 | A | Conditionally required; must be filled if the Substituted Official/Agency Name field is provided.The state code of the substituted official or agency. |
| Substituted Official/Agency Address ZIP Code  | 5 | 1400–1404 | N | Conditionally required; must be filled if the Substituted Official/Agency Name field is provided.The ZIP code of the substituted official or agency. |
| Substituted Official/Agency Address ZIP Code Extension | 4 | 1405–1408 | N | Optional.The ZIP code extension of the substituted official or agency. |
| Child 1 Last Name | 20 | 1409–1428 | A/N | Required.Child 1’s last name.Valid special characters:Hyphens (-)Apostrophes (’)Periods (.)SpacesThe first character cannot be a space. |
| Child 1 First Name | 15 | 1429–1443 | A/N | Required.Child 1’s first name.Valid special characters:Hyphens (-)Apostrophes (’)Periods (.)SpacesThe first character cannot be a space. |
| Child 1 Middle Name or Initial | 15 | 1444–1458 | A/N | Optional.Child 1’s middle name or initial.Valid special characters:Hyphens (-)Apostrophes (’)Periods (.)The first character cannot be a space if the middle name is populated.Fill with spaces if no middle name is available. |
| Child 1 Suffix Text | 4 | 1459–1462 | A/N | Optional.Child 1’s name suffix – for example, Jr., Sr., or III.Valid special characters:Hyphens (-)Apostrophes (’)Periods (.)The first character cannot be a space.Fill with spaces if no name suffix is available. |
| Child 1 Gender | 1 | 1463–1463 | A | Required.The gender of child 1.Valid values:F – FemaleM – MaleU – Unknown |
| Child 1 Date of Birth | 8 | 1464–1471 | N | Required.Child 1’s date of birth (DOB) in CCYYMMDD format.Fill with spaces. |
| Child 1 SSN | 9 | 1472–1480 | N | Required.Child 1’s SSN. |
| Child 2 Last Name | 20 | 1481–1500 | A/N | Optional.Child 2’s last name.Valid special characters:Hyphens (-)Apostrophes (’)Periods (.)SpacesThe first character cannot be a space. |
| Child 2 First Name | 15 | 1501–1515 | A/N | Conditionally required; must be filled if child 2’s last name is provided.Child 2’s first name.Valid special characters:Hyphens (-)Apostrophes (’)Periods (.)SpacesThe first character cannot be a space. |
| Child 2 Middle Name or Initial | 15 | 1516–1530 | A/N | Optional.Child 2’s middle name or initial.Valid special characters:Hyphens (-)Apostrophes (’)Periods (.)The first character cannot be a space if the middle name is populated.Fill with spaces if no middle name is available. |
| Child 2 Suffix Text | 4 | 1531–1534 | A/N | Optional.Child 2’s name suffix – for example, Jr., Sr., or III.Valid special characters:Hyphens (-)Apostrophes (’)Periods (.)The first character cannot be a space.Fill with spaces if no name suffix is available. |
| Child 2 Gender | 1 | 1535–1535 | A | Conditionally required; must be filled if child 2’s last name is provided.The gender of child 2.Valid values:F – FemaleM – MaleU – Unknown |
| Child 2 Date of Birth | 8 | 1536–1543 | N | Conditionally required; must be filled if child 2’s last name is provided.Child 2’s DOB in CCYYMMDD format.Fill with spaces. |
| Child 2 SSN  | 9 | 1544–1552 | N | Conditionally required; must be filled if child 2’s last name is provided.Child 2’s SSN. |
| Child 3 Last Name | 20 | 1553–1572 | A/N | Optional.Child 3’s last name.Valid special characters:Hyphens (-)Apostrophes (’)Periods (.)SpacesThe first character cannot be a space. |
| Child 3 First Name | 15 | 1573–1587 | A/N | Conditionally required; must be filled if child 3’s last name is provided.Child 3’s first name.Valid special characters:Hyphens (-)Apostrophes (’)Periods (.)SpacesThe first character cannot be a space. |
| Child 3 Middle Name or Initial | 15 | 1588–1602 | A/N | Optional.Child 3’s middle name or initial.Valid special characters:Hyphens (-)Apostrophes (’)Periods (.)The first character cannot be a space if the middle name is populated.Fill with spaces if no middle name is available. |
| Child 3 Suffix Text | 4 | 1603–1606 | A/N | Optional.Child 3’s name suffix – for example, Jr., Sr., or III.Valid special characters:Hyphens (-)Apostrophes (’)Periods (.)The first character cannot be a space.Fill with spaces if no name suffix is available. |
| Child 3 Gender | 1 | 1607–1607 | A | Conditionally required; must be filled if child 3’s last name is provided.The gender of child 3.Valid values:F – FemaleM – MaleU – Unknown |
| Child 3 Date of Birth | 8 | 1608–1615 | N | Conditionally required; must be filled if child 3’s last name is provided.Child 3’s DOB in CCYYMMDD format.Fill with spaces. |
| Child 3 SSN | 9 | 1616–1624 | N | Conditionally required; must be filled if child 3’s last name is provided.Child 3’s SSN. |
| Child 4 Last Name | 20 | 1625–1644 | A/N | Optional.Child 4’s last name.Valid special characters:Hyphens (-)Apostrophes (’)Periods (.)SpacesThe first character cannot be a space. |
| Child 4 First Name | 15 | 1645–1659 | A/N | Conditionally required; must be filled if child 4’s last name is provided.Child 4’s first name.Valid special characters:Hyphens (-)Apostrophes (’)Periods (.)SpacesThe first character cannot be a space. |
| Child 4 Middle Name or Initial | 15 | 1660–1674 | A/N | Optional.Child 4’s middle name or initial.Valid special characters:Hyphens (-)Apostrophes (’)Periods (.)The first character cannot be a space if the middle name is populated.Fill with spaces if no middle name is available. |
| Child 4 Suffix Text | 4 | 1675–1678 | A/N | Optional.Child 4’s name suffix – for example, Jr., Sr., or III.Valid special characters:Hyphens (-)Apostrophes (’)Periods (.)The first character cannot be a space.Fill with spaces if no name suffix is available. |
| Child 4 Gender | 1 | 1679–1679 | A | Conditionally required; must be filled if child 4’s last name is provided.The gender of child 4.Valid values are:F – FemaleM – MaleU – Unknown |
| Child 4 Date of Birth | 8 | 1680–1687 | N | Conditionally required; must be filled if child 4’s last name is provided.Child 4’s DOB in CCYYMMDD format.Fill with spaces. |
| Child 4 SSN | 9 | 1688–1696 | N | Conditionally required; must be filled if child 4’s last name is provided.Child 4’s SSN. |
| Child 5 Last Name | 20 | 1697–1716 | A/N | Optional.Child 5’s last name.Valid special characters:Hyphens (-)Apostrophes (’)Periods (.)SpacesThe first character cannot be a space. |
| Child 5 First Name | 15 | 1717–1731 | A/N | Conditionally required; must be filled if child 5’s last name is provided.Child 5’s first name.Valid special characters:Hyphens (-)Apostrophes (’)Periods (.)SpacesThe first character cannot be a space. |
| Child 5 Middle Name or Initial | 15 | 1732–1746 | A/N | Optional.Child 5’s middle name or initial.Valid special characters:Hyphens (-)Apostrophes (’)Periods (.)The first character cannot be a space if the middle name is populated.Fill with spaces if no middle name is available. |
| Child 5 Suffix Text | 4 | 1747–1750 | A/N | Optional.Child 5’s name suffix – for example, Jr., Sr., or III.Valid special characters:Hyphens (-)Apostrophes (’)Periods (.)The first character cannot be a space.Fill with spaces if no name suffix is available. |
| Child 5 Gender | 1 | 1751–1751 | A | Conditionally required; must be filled if child 5’s last name is provided.The gender of child 5.Valid values are:F – FemaleM – MaleU – Unknown |
| Child 5 Date of Birth | 8 | 1752–1759 | N | Conditionally required; must be filled if child 5’s last name is provided.Child 5’s DOB in CCYYMMDD format.Fill with spaces. |
| Child 5 SSN | 9 | 1760–1768 | N | Conditionally required; must be filled if child 5’s last name is provided.Child 5’s SSN. |
| Child 6 Last Name | 20 | 1769–1788 | A/N | Optional.Child 6’s last name.Valid special characters:Hyphens (-)Apostrophes (’)Periods (.)SpacesThe first character cannot be a space. |
| Child 6 First Name | 15 | 1789–1803 | A/N | Conditionally required; must be filled if child 6’s last name is provided.Child 6’s first name.Valid special characters:Hyphens (-)Apostrophes (’)Periods (.)SpacesThe first character cannot be a space. |
| Child 6 Middle Name or Initial | 15 | 1804–1818 | A/N | Optional.Child 6’s middle name or initial.Valid special characters:Hyphens (-)Apostrophes (’)Periods (.)The first character cannot be a space if the middle name is populated.Fill with spaces if no middle name is available. |
| Child 6 Suffix Text | 4 | 1819–1822 | A/N | Optional.Child 6’s name suffix – for example, Jr., Sr., or III. Valid special characters:Hyphens (-)Apostrophes (’)Periods (.)The first character cannot be a space.Fill with spaces if no name suffix is available. |
| Child 6 Gender | 1 | 1823–1823 | A | Conditionally required; must be filled if child 6’s last name is provided.The gender of child 6.Valid values:F – FemaleM – MaleU – Unknown |
| Child 6 Date of Birth | 8 | 1824–1831 | N | Conditionally required; must be filled if child 6’s last name is provided.Child 6’s DOB in CCYYMMDD format.Fill with spaces. |
| Child 6 SSN | 9 | 1832–1840 | N | Conditionally required; must be filled if child 6’s last name is provided.Child 6’s SSN. |
| Child 7 Last Name | 20 | 1841–1860 | A/N | Optional.Child 7’s last name.Valid special characters:Hyphens (-)Apostrophes (’)Periods (.)SpacesThe first character cannot be a space. |
| Child 7 First Name | 15 | 1861–1875 | A/N | Conditionally required; must be filled if child 7’s last name is provided.Child 7’s first name.Valid special characters:Hyphens (-)Apostrophes (’)Periods (.)SpacesThe first character cannot be a space. |
| Child 7 Middle Name or Initial | 15 | 1876–1890 | A/N | Optional.Child 7’s middle name or initial.Valid special characters:Hyphens (-)Apostrophes (’)Periods (.)The first character cannot be a space if the middle name is populated.Fill with spaces if no middle name is available. |
| Child 7 Suffix Text | 4 | 1891–1894 | A/N | Optional.Child 7’s name suffix – for example, Jr., Sr., or III. Valid special characters:Hyphens (-)Apostrophes (’)Periods (.)The first character cannot be a space.Fill with spaces if no name suffix is available. |
| Child 7 Gender | 1 | 1895–1895 | A | Conditionally required; must be filled if child 7’s last name is provided.The gender of child 7.Valid values:F – FemaleM – MaleU – Unknown |
| Child 7 Date of Birth | 8 | 1896–1903 | N | Conditionally required; must be filled if child 7’s last name is provided.Child 7’s DOB in CCYYMMDD format.Fill with spaces. |
| Child 7 SSN | 9 | 1904–1912 | N | Conditionally required; must be filled if child 7’s last name is provided.Child 7’s SSN. |
| Child 8 Last Name | 20 | 1913–1932 | A/N | Optional.Child 8’s last name.Valid special characters:Hyphens (-)Apostrophes (’)Periods (.)SpacesThe first character cannot be a space. |
| Child 8 First Name | 15 | 1933–1947 | A/N | Conditionally required; must be filled if child 8’s last name is provided.Child 8’s first name.Valid special characters:Hyphens (-)Apostrophes (’)Periods (.)SpacesThe first character cannot be a space. |
| Child 8 Middle Name or Initial | 15 | 1948–1962 | A/N | Optional.Child 8’s middle name or initial.Valid special characters:Hyphens (-)Apostrophes (’)Periods (.)The first character cannot be a space if the middle name is populated.Fill with spaces if no middle name is available. |
| Child 8 Suffix Text | 4 | 1963–1966 | A/N | Optional.Child 8’s name suffix – for example, Jr., Sr., or III. Valid special characters:Hyphens (-)Apostrophes (’)Periods (.)The first character cannot be a space.Fill with spaces if no name suffix is available. |
| Child 8 Gender | 1 | 1967–1967 | A | Conditionally required; must be filled if child 8’s last name is provided.The gender of child 8.Valid values:F – FemaleM – MaleU – Unknown |
| Child 8 Date of Birth | 8 | 1968–1975 | N | Conditionally required; must be filled if child 8’s last name is provided.Child 8’s DOB in CCYYMMDD format.Fill with spaces. |
| Child 8 SSN | 9 | 1976–1984 | N | Conditionally required; must be filled if child 8’s last name is provided.Child 8’s SSN. |
| All Health Coverage Type Indicator | 1 | 1985–1985 | A | Conditionally required:Either the All Health Coverage Available Indicator field or the Specific Health Coverage Indicator field and one of the specific health coverage indicators must be filled.If the order type is TERM, this field is not required.Indicates that all types of health coverage available are required.Valid value: Y – All types of coverages needed.Fill with spaces if a specific healthcare coverage type is required.  |
| Specific Health Coverage Indicator | 1 | 1986–1986 | A | Conditionally required:Either the All Health Coverage Available Indicator field or the Specific Health Coverage Indicator field and one of the specific health coverage indicators must be filled.If the order type is TERM, this field is not required.Specifies that specific health coverage is required.Valid value: Y – Specific health coverage needed.Fill with spaces if the All Health Coverage type is filled.  |
| Medical Coverage Indicator | 1 | 1987–1987 | A | Conditionally required:Either the All Health Coverage Available Indicator field or the Specific Health Coverage Indicator field and one of the specific health coverage indicators must be filled.If the order type is TERM, this field is not required.Specifies that medical health coverage is required.Valid value: Y – Medical coverage needed.Fill with spaces if the All Health Coverage type is filled. |
| Dental Coverage Indicator | 1 | 1988–1988 | A | Conditionally required:Either the All Health Coverage Available Indicator field or the Specific Health Coverage Indicator field and one of the specific health coverage indicators must be filled.If the order type is TERM, this field is not required.Specifies that dental coverage is required.Valid value: Y – Dental coverage needed.Fill with spaces if the All Health Coverage type is filled. |
| Vision Coverage Indicator | 1 | 1989–1989 | A | Conditionally required:Either the All Health Coverage Available Indicator field or the Specific Health Coverage Indicator field and one of the specific health coverage indicators must be filled.If the order type is TERM, this field is not required.Specifies that vision coverage is required.Valid value: Y – Vision coverage needed.Fill with spaces if All Health Coverage type is filled. |
| Prescription Drug Coverage Indicator | 1 | 1990–1990 | A | Conditionally required: Either the All Health Coverage Available Indicator field or the Specific Health Coverage Indicator field and one of the specific health coverage indicators must be filled.If the order type is TERM, this field is not required.Specifies that prescription drug coverage is required.Valid value: Y – Prescription drug coverage needed.Fill with spaces if the All Health Coverage type is filled.  |
| Mental Health Coverage Indicator | 1 | 1991–1991 | A | Conditionally required:Either the All Health Coverage Available Indicator field or the Specific Health Coverage Indicator field and one of the specific health coverage indicators must be filled.If the order type is TERM, this field is not required.Specifies that mental health coverage is required.Valid value: Y – Mental health coverage needed.Fill with spaces if the All Health Coverage type is filled. |
| Other Health Coverage Indicator | 1 | 1992–1992 | A | Conditionally required:Either the All Health Coverage Available Indicator field or the Specific Health Coverage Indicator field and one of the specific health coverage indicators must be filled.If the order type is TERM, this field is not required.Specifies that specific health coverage is required.Valid value: Y – Other type of health coverage needed.Fill with spaces if the All Health Coverage type is filled. |
| Other Coverage Type Description | 60 | 1993–2052 | A/N | Conditionally required:Required if the Other Health Coverage Indicator field is filled.If the order type is TERM, this field is not required.Description of the type of coverage is needed. |
| Income Withholding CCPA Percent Rate | 4 | 2053–2056 | N | Required.The highest percentage of income that can be withheld from the employee’s or obligor’s wages.Two-digit decimal is assumed.The field must be formatted as follows:NumericDecimal assumedUnsignedRight-justifiedZero fill to left |
| Allowable Insurance Premium Amount | 10 | 2057–2066 | N | Optional.The amounts allowed for health insurance premiums by the child support order.Two-digit decimal is assumed.Fill with zeros if not available.The field must be formatted as follows:NumericDecimal assumedUnsignedRight-justifiedZero fill to leftZero fill if N/A |
| Effective Date of Medical Support Termination | 8 | 2067–2074 | N | Conditionally required; must be filled if the order type is TERM.The effective date of medical support termination. Must be in CCYYMMDD format..Fill with spaces. |
| Reason for Termination | 100 | 2075–2174 | A/N | Conditionally required; must be filled if the order type is TERM.Description of the reason the termination notice is being sent. |
| Child 1 Last Name to be Terminated Health Care Coverage | 20 | 2175–2194 | A/N | Conditionally required; must be filled if the order type is TERM.Child 1’s last name.Valid special characters:Hyphens (-)Apostrophes (’)Periods (.)SpacesThe first character cannot be a space.  |
| Child 1 First Name to be Terminated Health Care Coverage | 15 | 2195–2209 | A/N | Conditionally required; must be filled if the Last Name of Child 1 to be Terminated Health Care Coverage field is filled.Child 1’s first name.Valid special characters:Hyphens (-)Apostrophes (’)Periods (.)SpacesThe first character cannot be a space. |
| Child 1 Middle Name or Initial to be Terminated Health Care Coverage | 15 | 2210–2224 | A/N | Optional.Child 1’s middle name or initial.Valid special characters:Hyphens (-)Apostrophes (’)Periods (.)The first character cannot be a space if the middle name is populated.Fill with spaces if no middle name is available. |
| Child 1 Suffix Name to be Terminated Health Care Coverage | 4 | 2225–2228 | A/N | Optional.Child 1’s name suffix– for example, Jr., Sr., or III. Valid special characters:Hyphens (-)Apostrophes (’)Periods (.)The first character cannot be a space.Fill with spaces if no name suffix is available. |
| Child 1 Date of Birth to be Terminated Health Care Coverage | 8 | 2229–2236 | N | Conditionally required; must be filled if the Last Name of Child 1 to be Terminated Health Care Coverage field is filled.Child 1’s DOB in CCYYMMDD format. |
| Child 2 Last Name to be Terminated Health Care Coverage | 20 | 2237–2256 | A/N | Optional.Child 2’s last name.Valid special characters:Hyphens (-)Apostrophes (’)Periods (.)SpacesThe first character cannot be a space. |
| Child 2 First Name to be Terminated Health Care Coverage | 15 | 2257–2271 | A/N | Conditionally required; must be filled if the Last Name of Child 2 to be Terminated Health Care Coverage field is filled.Child 2’s first name.Valid special characters:Hyphens (-)Apostrophes (’)Periods (.)SpacesThe first character cannot be a space. |
| Child 2 Middle Name or Initial to be Terminated Health Care Coverage | 15 | 2272–2286 | A/N | Optional.Child 2’s middle name or initial.Valid special characters:Hyphens (-)Apostrophes (’)Periods (.)The first character cannot be a space if the middle name is populated.Fill with spaces if no middle name is available. |
| Child 2 Suffix Name to be Terminated Health Care Coverage | 4 | 2287–2290 | A/N | Optional.Child 2’s name suffix – for example, Jr., Sr., or III.Valid special characters:Hyphens (-)Apostrophes (’)Periods (.)The first character cannot be a space.Fill with spaces if no name suffix is available. |
| Child 2 Date of Birth to be Terminated Health Care Coverage | 8 | 2291–2298 | N | Conditionally required; must be filled if the Child 2 Last Name to be Terminated Health Care Coverage field is filled.Child 2’s DOB in CCYYMMDD format. |
| Child 3 Last Name to be Terminated Health Care Coverage | 20 | 2299–2318 | A/N | Optional.Child 3’s last name.Valid special characters:Hyphens (-)Apostrophes (’)Periods (.)SpacesThe first character cannot be a space. |
| Child 3 First Name to be Terminated Health Care Coverage | 15 | 2319–2333 | A/N | Conditionally required; must be filled if the Last Name of Child 3 to be Terminated Health Care Coverage field is filled.Child 3’s first name.Valid special characters:Hyphens (-)Apostrophes (’)Periods (.)SpacesThe first character cannot be a space. |
| Child 3 Middle Name or Initial to be Terminated Health Care Coverage | 15 | 2334–2348 | A/N | Optional.Child 3’s middle name or initial.Valid special characters:Hyphens (-)Apostrophes (’)Periods (.)The first character cannot be a space if the middle name is populated.Fill with spaces if no middle name is available. |
| Child 3 Suffix Name to be Terminated Health Care Coverage | 4 | 2349–2352 | A/N | Optional.Child 3’s name suffix – for example, Jr., Sr., or III.Valid special characters:Hyphens (-)Apostrophes (’)Periods (.)The first character cannot be a space.Fill with spaces if no name suffix is available. |
| Child 3 Date of Birth to be Terminated Health Care Coverage | 8 | 2353–2360 | N | Conditionally required; must be filled if the Last Name of Child 3 to be Terminated Health Care Coverage field is filled.Child 3’s DOB in CCYYMMDD format. |
| Child 4 Last Name to be Terminated Health Care Coverage | 20 | 2361–2380 | A/N | Optional.Child 4’s last name.Valid special characters:Hyphens (-)Apostrophes (’)Periods (.)SpacesThe first character cannot be a space. |
| Child 4 First Name to be Terminated Health Care Coverage | 15 | 2381–2395 | A/N | Conditionally required; must be filled if the Last Name of Child 4 to be Terminated Health Care Coverage field is filled.Child 4’s first name.Valid special characters:Hyphens (-)Apostrophes (’)Periods (.)SpacesThe first character cannot be a space. |
| Child 4 Middle Name or Initial to be Terminated Health Care Coverage | 15 | 2396–2410 | A/N | Optional.Child 4’s middle name or initial.Valid special characters:Hyphens (-)Apostrophes (’)Periods (.)The first character cannot be a space if the middle name is populated.Fill with spaces if no middle name is available. |
| Child 4 Suffix Name to be Terminated Health Care Coverage | 4 | 2411–2414 | A/N | Optional.Child 4’s name suffix – for example, Jr., Sr., or III.Valid special characters:Hyphens (-)Apostrophes (’)Periods (.)The first character cannot be a space.Fill with spaces if no name suffix is available. |
| Child 4 Date of Birth to be Terminated Health Care Coverage | 8 | 2415–2422 | N | Conditionally required; must be filled if the Last Name of Child 4 to be Terminated Health Care Coverage field is filled.Child 4’s DOB in CCYYMMDD format. |
| Child 5 Last Name to be Terminated Health Care Coverage | 20 | 2423–2442 | A/N | Optional.Child 5’s last name.Valid special characters:Hyphens (-)Apostrophes (’)Periods (.)SpacesThe first character cannot be a space. |
| Child 5 First Name to be Terminated Health Care Coverage | 15 | 2443–2457 | A/N | Conditionally required; must be filled if the Last Name of Child 5 to be Terminated Health Care Coverage field is filled.Child 5’s first name.Valid special characters:Hyphens (-)Apostrophes (’)Periods (.)SpacesThe first character cannot be a space. |
| Child 5 Middle Name or Initial to be Terminated Health Care Coverage | 15 | 2458–2472 | A/N | Optional.Child 5’s middle name or initial.Valid special characters:Hyphens (-)Apostrophes (’)Periods (.)The first character cannot be a space if the middle name is populated.Fill with spaces if no middle name is available. |
| Child 5 Suffix Name to be Terminated Health Care Coverage | 4 | 2473–2476 | A/N | Optional.Child 5’s name suffix – for example, Jr., Sr., or III.Valid special characters:Hyphens (-)Apostrophes (’)Periods (.)The first character cannot be a space.Fill with spaces if no name suffix is available. |
| Child 5 Date of Birth to be Terminated Health Care Coverage | 8 | 2477–2484 | N | Conditionally required; must be filled if the Last Name of Child 5 to be Terminated Health Care Coverage field is filled.Child 5’s DOB in CCYYMMDD format. |
| Child 6 Last Name to be Terminated Health Care Coverage | 20 | 2485–2504 | A/N | Optional.Child 6’s last name.Valid special characters:Hyphens (-)Apostrophes (’)Periods (.)SpacesThe first character cannot be a space. |
| Child 6 First Name to be Terminated Health Care Coverage | 15 | 2505–2519 | A/N | Conditionally required; must be filled if the Last Name of Child 6 to be Terminated Health Care Coverage field is filled.Child 6’s first name.Valid special characters:Hyphens (-)Apostrophes (’)Periods (.)SpacesThe first character cannot be a space. |
| Child 6 Middle Name or Initial to be Terminated Health Care Coverage | 15 | 2520–2534 | A/N | Optional.Child 6’s middle name or initial.Valid special characters:Hyphens (-)Apostrophes (’)Periods (.)The first character cannot be a space if the middle name is populated.Fill with spaces if no middle name is available. |
| Child 6 Suffix Name to be Terminated Health Care Coverage | 4 | 2535–2538 | A/N | Optional.Child 6’s name suffix – for example, Jr., Sr., or III.Valid special characters:Hyphens (-)Apostrophes (’)Periods (.)The first character cannot be a space.Fill with spaces if no name suffix is available. |
| Child 6 Date of Birth to be Terminated Health Care Coverage | 8 | 2539–2546 | N | Conditionally required; must be filled if the Last Name of Child 6 to be Terminated Health Care Coverage field is filled.Child 6’s DOB in CCYYMMDD format. |
| Child 7 Last Name to be Terminated Health Care Coverage | 20 | 2547–2566 | A/N | Optional.Child 7’s last name.Valid special characters:Hyphens (-)Apostrophes (’)Periods (.)SpacesThe first character cannot be a space. |
| Child 7 First Name to be Terminated Health Care Coverage | 15 | 2567–2581 | A/N | Conditionally required; must be filled if the Last Name of Child 7 to be Terminated Health Care Coverage field is filled.Child 7’s first name.Valid special characters:Hyphens (-)Apostrophes (’)Periods (.)SpacesThe first character cannot be a space. |
| Child 7 Middle Name or Initial to be Terminated Health Care Coverage | 15 | 2582–2596 | A/N | Optional.Child 7’s middle name or initial.Valid special characters:Hyphens (-)Apostrophes (’)Periods (.)The first character cannot be a space if the middle name is populated.Fill with spaces if no middle name is available. |
| Child 7 Suffix Name to be Terminated Health Care Coverage | 4 | 2597–2600 | A/N | Optional.Child 7’s name suffix – for example, Jr., Sr., or III.Valid special characters:Hyphens (-)Apostrophes (’)Periods (.)The first character cannot be a space.Fill with spaces if no name suffix is available. |
| Child 7 Date of Birth to be Terminated Health Care Coverage | 8 | 2601–2608 | N | Conditionally required; must be filled if the Last Name of Child 7 to be Terminated Health Care Coverage field is filled.Child 3’s DOB in CCYYMMDD format. |
| Child 8 Last Name to be Terminated Health Care Coverage | 20 | 2609–2628 | A/N | Optional.Child 8’s last name.Valid special characters:Hyphens (-)Apostrophes (’)Periods (.)SpacesThe first character cannot be a space. |
| Child 8 First Name to be Terminated Health Care Coverage | 15 | 2629–2643 | A/N | Conditionally required; must be filled if the Last Name of Child 8 to be Terminated Health Care Coverage field is filled.Child 8’s first name.Valid special characters:Hyphens (-)Apostrophes (’)Periods (.)SpacesThe first character cannot be a space. |
| Child 8 Middle Name or Initial to be Terminated Health Care Coverage | 15 | 2644–2658 | A/N | Optional.Child 8’s middle name or initial.Valid special characters:Hyphens (-)Apostrophes (’)Periods (.)The first character cannot be a space if the middle name is populated.Fill with spaces if no middle name is available. |
| Child 8 Suffix Name to be Terminated Health Care Coverage | 4 | 2659–2662 | A/N | Optional.Child 8’s name suffix – for example, Jr., Sr., or III.Valid special characters:Hyphens (-)Apostrophes (’)Periods (.)The first character cannot be a space.Fill with spaces if no name suffix is available. |
| Child 8 Date of Birth to be Terminated Health Care Coverage | 8 | 2663–2670 | N | Conditionally required; must be filled if the Last Name of Child 8 to be Terminated Health Care Coverage field is filled.Child 3’s DOB in CCYYMMDD format. |
| Filler | 100 | 2671–2770 | A/N | This is for future versions. For this version, fill with-spaces. |

Chart C‑3 contains the e‑NMSN Request Trailer Record layout.

| Chart C‑3: e-NMSN Request Trailer Record Layout |
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| Field Name | Length | Location | A/N | Comments |
| Record Identifier | 4 | 1–4 | A | Required.The letters ENRT, which identify the record as a Request Trailer. |
| Employer FEIN | 9 | 5–13 | N | Required.Employer FEIN. |
| Third-party FEIN | 9 | 14–22 | N | Optional.FEIN of the third-party provider that will respond on behalf of the employer.Fill with spaces if the state does not know the FEIN of the third-party provider. |
| FIPS Code | 2 | 23–24 | N | Required.The two-digit locator code of the requesting state. |
| Record Count | 6 | 25–30 | N | Required.The total number of records submitted in this batch.The field must be formatted as follows:NumericUnsignedRight-justifiedZero fill to leftZero fill if N/A |
| Portal Error Message Text | 29 | 31–59 | A/N | For Portal use.Generated when the Portal performed its validation and found errors. Trailer records with errors return the entire batch. The returned batch contains all the requests originally sent.Valid values:BTCR – Invalid data in a conditionally required fieldBTRF – Required field validation errorEach code is separated by a comma.Left-justified and padded with spaces to the right. |
| Filler | 2711 | 60–2770 | A/N | This is for future versions. For this version, fill with spaces. |