

# **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: <ul style="list-style-type: none"> <li>• Issuing Agency Name</li> <li>• Court or Administrative Authority Name</li> <li>• Employer Name</li> <li>• Substituted Official/Agency Name</li> </ul>	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: <ul style="list-style-type: none"> <li>• The Withholding Prioritization Text was removed.</li> <li>• The following fields were added: <ul style="list-style-type: none"> <li>o Issuing Agency Email Address</li> <li>o Child 7 Last Name</li> <li>o Child 7 First Name</li> <li>o Child 7 Middle Name or Initial</li> <li>o Child 7 Suffix Text</li> <li>o Child 7 Gender</li> <li>o Child 7 Date of Birth</li> <li>o Child 7 SSN</li> <li>o Child 8 Last Name</li> <li>o Child 8 First Name</li> <li>o Child 8 Middle Name or Initial</li> <li>o Child 8 Suffix Text</li> <li>o Child 8 Gender</li> <li>o Child 8 Date of Birth</li> <li>o Child 8 SSN</li> <li>o Child 4 Last Name to be Terminated Health Care Coverage</li> <li>o Child 4 First Name to be Terminated Health Care Coverage</li> <li>o Child 4 Middle Name or Initial to be Terminated Health Care Coverage</li> <li>o Child 4 Suffix Name to be Terminated Health Care Coverage</li> </ul> </li> </ul>	M. Stanczyk

Date	Revision	Section	Author
		<ul style="list-style-type: none"> <li>o Child 4 Date of Birth to be Terminated Health Care Coverage</li> <li>o Child 5 Last Name to be Terminated Health Care Coverage</li> <li>o Child 5 First Name to be Terminated Health Care Coverage</li> <li>o Child 5 Middle Name or Initial to be Terminated Health Care Coverage</li> <li>o Child 5 Suffix Name to be Terminated Health Care Coverage</li> <li>o Child 5 Date of Birth to be Terminated Health Care Coverage</li> <li>o Child 6 Last Name to be Terminated Health Care Coverage</li> <li>o Child 6 First Name to be Terminated Health Care Coverage</li> <li>o Child 6 Middle Name or Initial to be Terminated Health Care Coverage</li> <li>o Child 6 Suffix Name to be Terminated Health Care Coverage</li> <li>o Child 6 Date of Birth to be Terminated Health Care Coverage</li> <li>o Child 7 Last Name to be Terminated Health Care Coverage</li> <li>o Child 7 First Name to be Terminated Health Care Coverage</li> <li>o Child 7 Middle Name or Initial to be Terminated Health Care Coverage</li> <li>o Child 7 Suffix Name to be Terminated Health Care Coverage</li> <li>o Child 7 Date of Birth to be Terminated Health Care Coverage</li> <li>o Child 8 Last Name to be Terminated Health Care Coverage</li> <li>o Child 8 First Name to be Terminated Health Care Coverage</li> <li>o Child 8 Middle Name or Initial to be Terminated Health Care Coverage</li> <li>o Child 8 Suffix Name to be Terminated Health Care Coverage</li> <li>o Child 8 Date of Birth to be Terminated Health Care Coverage</li> <li>• The Filler field length increased and the location changed.</li> </ul>	

Date	Revision	Section	Author
		<ul style="list-style-type: none"><li>Field locations were updated because of the deleted and added fields. Chart C-3: The Filler field length increased and the location changed.</li></ul>	

## List of Charts

Chart C-1: e-NMSN Request Header Record Layout.....	C-1
Chart C-2: e-NMSN Request Record Layout.....	C-1
Chart C-3: e-NMSN Request Trailer Record Layout.....	C-36

## C 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.

**Chart C-1: e-NMSN Request Header Record Layout**

Field Name	Length	Location	A/N	Comments
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 Failed DBCN – Duplicate Batch Control Number BHCR – Invalid data in a conditionally-required field SPDE – State Profile Does Not Exist EPDE – Employer Profile Does Not Exist BHRF – Required field validation error Each 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 state TERM – 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 (.) Spaces The 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.

**Chart C-2: e-NMSN Request Record Layout**

Field Name	Length	Location	A/N	Comments
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.



**Chart C-2: e-NMSN Request Record Layout**

Field Name	Length	Location	A/N	Comments
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 (.) Spaces The 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 CCYMMDD 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.

**Chart C-2: e-NMSN Request Record Layout**

Field Name	Length	Location	A/N	Comments
Employer Name	57	466-522	A/N	Required. Name of the employer. Valid special characters: Hyphens (-) Apostrophes (') Commas (,) Periods (.) Spaces The 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.

**Chart C-2: e-NMSN Request Record Layout**

Field Name	Length	Location	A/N	Comments
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 (.) Spaces The 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 (.) Spaces The 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.

**Chart C-2: e-NMSN Request Record Layout**

Field Name	Length	Location	A/N	Comments
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.

**Chart C-2: e-NMSN Request Record Layout**

Field Name	Length	Location	A/N	Comments
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 (.) Spaces The 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 (.) Spaces The first character cannot be a space.

**Chart C-2: e-NMSN Request Record Layout**

Field Name	Length	Location	A/N	Comments
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 (.) Spaces The 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.

**Chart C-2: e-NMSN Request Record Layout**

Field Name	Length	Location	A/N	Comments
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 (.) Spaces The 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 (.) Spaces The 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.

**Chart C-2: e-NMSN Request Record Layout**

Field Name	Length	Location	A/N	Comments
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.



**Chart C-2: e-NMSN Request Record Layout**

Field Name	Length	Location	A/N	Comments
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 (.) Spaces The 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.

**Chart C-2: e-NMSN Request Record Layout**

Field Name	Length	Location	A/N	Comments
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 (.) Spaces The 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 (.) Spaces The 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.

**Chart C-2: e-NMSN Request Record Layout**

Field Name	Length	Location	A/N	Comments
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 – Female M – Male U – 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 (.) Spaces The first character cannot be a space.

**Chart C-2: e-NMSN Request Record Layout**

Field Name	Length	Location	A/N	Comments
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 (.) Spaces The 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 – Female M – Male U – Unknown

**Chart C-2: e-NMSN Request Record Layout**

Field Name	Length	Location	A/N	Comments
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 (.) Spaces The 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 (.) Spaces The 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.

**Chart C-2: e-NMSN Request Record Layout**

Field Name	Length	Location	A/N	Comments
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 – Female M – Male U – 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 (.) Spaces The first character cannot be a space.

**Chart C-2: e-NMSN Request Record Layout**

Field Name	Length	Location	A/N	Comments
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 (.) Spaces The 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 – Female M – Male U – Unknown

**Chart C-2: e-NMSN Request Record Layout**

Field Name	Length	Location	A/N	Comments
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 (.) Spaces The 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 (.) Spaces The 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.



**Chart C-2: e-NMSN Request Record Layout**

Field Name	Length	Location	A/N	Comments
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 – Female M – Male U – 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 (.) Spaces The first character cannot be a space.

**Chart C-2: e-NMSN Request Record Layout**

Field Name	Length	Location	A/N	Comments
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 (.) Spaces The 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 – Female M – Male U – Unknown

**Chart C-2: e-NMSN Request Record Layout**

Field Name	Length	Location	A/N	Comments
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 (.) Spaces The 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 (.) Spaces The 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.

**Chart C-2: e-NMSN Request Record Layout**

Field Name	Length	Location	A/N	Comments
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 – Female M – Male U – 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 (.) Spaces The first character cannot be a space.

**Chart C-2: e-NMSN Request Record Layout**

Field Name	Length	Location	A/N	Comments
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 (.) Spaces The 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 – Female M – Male U – Unknown

**Chart C-2: e-NMSN Request Record Layout**

Field Name	Length	Location	A/N	Comments
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.

**Chart C-2: e-NMSN Request Record Layout**

Field Name	Length	Location	A/N	Comments
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.

**Chart C-2: e-NMSN Request Record Layout**

Field Name	Length	Location	A/N	Comments
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: Numeric Decimal assumed Unsigned Right-justified Zero fill to left



**Chart C-2: e-NMSN Request Record Layout**

Field Name	Length	Location	A/N	Comments
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: Numeric Decimal assumed Unsigned Right-justified Zero fill to left Zero 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 (.) Spaces The first character cannot be a space.

**Chart C-2: e-NMSN Request Record Layout**

Field Name	Length	Location	A/N	Comments
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 (.) Spaces The 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.

**Chart C-2: e-NMSN Request Record Layout**

Field Name	Length	Location	A/N	Comments
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 (.) Spaces The 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 (.) Spaces The 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.

**Chart C-2: e-NMSN Request Record Layout**

Field Name	Length	Location	A/N	Comments
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 (.) Spaces The 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 (.) Spaces The first character cannot be a space.

**Chart C-2: e-NMSN Request Record Layout**

Field Name	Length	Location	A/N	Comments
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 (.) Spaces  The first character cannot be a space.

**Chart C-2: e-NMSN Request Record Layout**

Field Name	Length	Location	A/N	Comments
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 (.) Spaces The 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.

**Chart C-2: e-NMSN Request Record Layout**

Field Name	Length	Location	A/N	Comments
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 (.) Spaces The 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 (.) Spaces The 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.

**Chart C-2: e-NMSN Request Record Layout**

Field Name	Length	Location	A/N	Comments
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 (.) Spaces The 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 (.) Spaces The first character cannot be a space.



**Chart C-2: e-NMSN Request Record Layout**

Field Name	Length	Location	A/N	Comments
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 (.) Spaces  The first character cannot be a space.

**Chart C-2: e-NMSN Request Record Layout**

Field Name	Length	Location	A/N	Comments
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 (.) Spaces The 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.

**Chart C-2: e-NMSN Request Record Layout**

Field Name	Length	Location	A/N	Comments
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 (.) Spaces The 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 (.) Spaces The 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.

**Chart C-2: e-NMSN Request Record Layout**

Field Name	Length	Location	A/N	Comments
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				
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: Numeric Unsigned Right-justified Zero fill to left Zero 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 field BTRF – Required field validation error Each 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.