



Iowa Department of Human Services

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GENERAL LETTER NO. 11-F-AP-13

ISSUED BY: Bureau of Collections, Division of Field Operations

SUBJECT: Employees' Manual, Title 11, Chapter F, ***INCOME WITHHOLDING APPENDIX***, page 26, revised; and the following forms:

470 2624 *Initiation of Income Withholding/Medical Support Enforcement, revised*

470 3272 *Income Withholding for Support, revised*

Summary

This chapter is revised to:

- ◆ Update the U.S. Poverty Guidelines used to calculate the IWO arrears amount due when a payor is approved for hardship. This amount is listed on form 470 2624, *Initiation of Income Withholding/Medical Support Enforcement*. The amount has changed from \$23,340 to \$23,540.
- ◆ Update form 470 3272, *Income Withholding for Support*, to reflect the revised format for the standardized income withholding form issued by the Office of Child Support Enforcement (OCSE) through Action Transmittal AT 14-05.

Effective Date

April 1, 2015

Material Superseded

This material replaces the following pages from Employees' Manual, Title 11, Chapter F, Appendix:

<u>Page</u>	<u>Date</u>
470 2624	04/2014
26	March 9, 2012
470 3272	09/2011

Additional Information

Refer questions about this general letter to your regional collections administrator.



Iowa Department of Human Services
INITIATION OF INCOME WITHHOLDING/MEDICAL SUPPORT ENFORCEMENT

Date Notice Prepared: _____
Case Number: _____

Child Support Recovery Unit

Tel.: _____

This is to tell you that we (the Child Support Recovery Unit):

- ___ Entered or changed an income withholding order.
___ Sent an Income Withholding for Support notice (form 470 3272) to your employer or income provider.

The withholding is:

- ___ Immediate (required upon the entry of new or modified orders)
___ Mandatory (required when there is a delinquency)
___ Amended (required because of a change in certain circumstances)
___ Lump-sum (used when income is irregular)

In addition, (when marked 'X' and your support order is not ended or suspended) we are enforcing health insurance as required by your support order.

- ___ Health Insurance Enforcement

We sent an income withholding notice to the following employers or income providers:

For obligations we are enforcing, our records show the child support balance is _____ as of _____. We can make no statement about whether you owe additional interest. Only a court can make a binding balance determination.

According to Iowa Code Chapter 252D, your employer or income provider must withhold and send to the Collection Services Center the amount listed for support in the income withholding notice. By law your employer or income provider must withhold these payments until otherwise notified by the court or us.

NOTE: YOU ARE LEGALLY RESPONSIBLE FOR ALL SUPPORT PAYMENTS AS STATED IN YOUR SUPPORT ORDER. YOU ARE LIABLE FOR ANY PAYMENTS THAT THE EMPLOYER OR INCOME PROVIDER FAILS TO WITHHOLD.

If you think this income withholding or health insurance enforcement is not correct, there are two ways you can contest it. One is an informal conference with us. The other is a court action called a Motion to Quash. You may file a motion to quash no matter what happens at a conference with us. If you are contesting income withholding and health insurance enforcement, these two issues may be heard at the same time. The following sections provide more information on how to contest income withholding and health insurance enforcement.

Please read the following sections carefully, as all options may not apply to you.
For questions, see contact information listed above.

INCOME WITHHOLDING - REQUESTING AN INFORMAL CONFERENCE

If you want a conference with us to talk about income withholding, including hardship, you must put your request in writing and send it to the address listed on the first page of this notice. You can have a conference when we first send the income withholding notice and each time we change the total amount of withholding. **YOU ARE NOT ENTITLED TO A CONFERENCE (INCLUDING HARDSHIP REQUESTS) EVERY TIME WE SEND AN INCOME WITHHOLDING NOTICE TO A NEW INCOME PROVIDER.**

We must receive your request within 15 days from the date on the first page of this notice if you are:

- a. Contesting IMMEDIATE INCOME WITHHOLDING for one of the following reasons:
 1. You think that good cause is an issue regarding the withholding order, or you have a written agreement for other payment arrangements.
 2. You think we did not handle a prior request for Immediate Income Withholding appropriately.

- b. Contesting MANDATORY INCOME WITHHOLDING because you think a smaller amount should be withheld from your income for past due support because of hardship. (If hardship is approved, it does not affect the amount being withheld for current support. Hardship only affects the amount withheld to pay past due support.) **TO QUALIFY FOR HARDSHIP, YOUR GROSS INCOME MUST BE LESS THAN \$23,540 PER YEAR**, which is 200% of the poverty level income for one person. In order to claim hardship, please send proof of your income with your request to us. Proof of income may include any of the following:
 1. Copies of your last three (3) pay check stubs, or
 2. A letter from your employer listing your salary per hour and average number of hours worked in each pay period, or
 3. A current W2 form.

YOU MAY REQUEST HARDSHIP AT ANY TIME IF YOU ARE DISABLED AND RECEIVING SSD (social security disability) or SSI (supplemental security income disability), EVEN IF IT IS LATER THAN 15 DAYS FROM THE DATE OF THIS NOTICE.

NOTE: YOU MAY NOT CLAIM HARDSHIP FOR LUMP SUM INCOME WITHHOLDING.

You may request a conference at any time if:

- a. You are not the person responsible for paying child support in this case.
- b. The amount of the current support obligation is stated incorrectly in the income withholding notice.
- c. The amount of delinquent support is in error.

After receiving your written request, we will schedule a conference within 15 days. The conference may be by telephone or in person. If you want a telephone conference, provide the telephone number where we can reach you. If you would rather just send us your documents, we will review them and notify you of the results in writing.

INCOME WITHHOLDING - MOTION TO QUASH INFORMATION

Grounds for contesting income withholding are:

- a. A mistake of fact, which means an error in the amount of current or delinquent support or the identity of the obligor.
- b. A delinquency did not occur or has been paid.
- c. **FOR IMMEDIATE INCOME WITHHOLDING ONLY.** An approved written agreement was implemented under Iowa Code section 252D.8.

You may file a motion to quash the income withholding with the clerk of the district court. Under Iowa Code section 252D.31, the clerk must schedule a hearing on the motion for a time not later than seven days after you file the motion and notify the parties of the hearing. However, you may wish to verify that the clerk has scheduled the hearing. Please send us a copy of the motion and order scheduling the hearing.

HEALTH INSURANCE ENFORCEMENT

Your child support order may require you to provide health insurance. If your support order includes health insurance, we are notifying your employer to enroll your dependents in a health insurance plan and withhold from your income the necessary health insurance premiums. If you are required to provide health insurance, your employer may have to enroll you in the health insurance plan in order to enroll your dependents. The enforcement of health insurance is provided for in Iowa Code Chapter 252E.

If your employer does not offer health insurance, we will end enforcement. However, you are still responsible for health insurance as stated in your order. If you do not currently meet health insurance eligibility requirements, we will continue enforcement when you become eligible.

HEALTH INSURANCE ENFORCEMENT - REQUESTING AN INFORMAL CONFERENCE

If you want to have a conference with us, send your written request to the address listed on the first page of this notice. You may contest enforcement of health insurance for one of the following reasons:

- a. You are not the person responsible for providing health insurance coverage in this case.
- b. You are already providing health insurance coverage for your dependent.
- c. There is no dependent coverage available to you.
- d. The dependent coverage available to you is not accessible to the child because of where the child lives.
- e. Your order does not require you to provide health insurance coverage.

After receiving your written request, we will schedule a conference within 15 days. The conference may be held by telephone or in person. If you want a telephone conference, provide the telephone number where we can reach you. If you would rather just send us your documents, we will review them and notify you of the results in writing.

HEALTH INSURANCE ENFORCEMENT - MOTION TO QUASH INFORMATION

You may file a motion to quash the enforcement of health insurance with the clerk of court of the district court. Iowa code sections 252E.6A and 252D.31 direct the clerk to schedule a hearing on the motion for a time not later than seven days after the motion is filed and notify the parties of the hearing. However, you may wish to verify with the clerk that a hearing has been scheduled. Please send us a copy of the motion and order scheduling the hearing.

You can file a motion to quash health insurance enforcement if:

- a. You think we made a mistake of identity (you think we have the wrong person).
- b. You think there is an error in the amount withheld.
- c. You think there is a mistake in the availability of the health insurance because coverage is not accessible to the child based on where the child lives.

NOTE: Even if we are unable to enforce health insurance, you are financially responsible for the health insurance as stated in your order.

**Policy Regarding Discrimination, Harassment,
Affirmative Action and Equal Employment Opportunity**

It is the policy of the Iowa Department of Human Services (DHS) to provide equal treatment in employment and provision of services to applicants, employees and clients without regard to race, color, national origin, sex, sexual orientation, gender identity, religion, age, disability, political belief or veteran status.

If you feel DHS has discriminated against or harassed you, please send a letter detailing your complaint to:

Iowa Department of Human Services, Hoover Building, 5th Floor – Bureau of Policy Coordination, 1305 E Walnut, Des Moines, IA 50319-0114 or via email contactdhs@dhs.state.ia.us

470 3272, Income Withholding for Support

Purpose	Form 470 3272, <i>Income Withholding for Support</i> , informs the income provider of the amounts to withhold from a payor's income for the payment of child support. The form also instructs the income provider to terminate income withholding.
Source	<p>ICAR automatically generates the batch version of this form (470 3272) through a nightly batch process. The notice is produced in four versions: Original Income Withholding Order/Notice for Support (IWO), Amended IWO, One-Time Order/Notice for Lump Sum Payment, and Termination of IWO.</p> <p>You can generate the batch version (470 3272) for existing orders by entering "Y" or "R" in the GEN NOTICE (Y/N/R/S) field or for terminations by entering a "Y" in the TERMINATION (Y/C) field on the IWO screen. You can reprint this form on line when necessary.</p>
Completion	ICAR generates this form when a new income provider is added to a case, the IWO is amended, or the IWO is terminated.
Distribution	Mail the form by first-class mail to the income withholder.
Data	<p>ICAR enters the following:</p> <ul style="list-style-type: none">◆ If original order/notice◆ If amended or terminated order/notice◆ If lump sum notice◆ Date the notice was generated◆ County of filing◆ Case number◆ Income withholder name and address and FEIN◆ Payor's name and social security number◆ Payee's name◆ Children's names and dates of birth◆ Amount to withhold for current support and arrears and frequency◆ Total amount to withhold and frequency◆ Amounts to withhold per pay cycle◆ Lump sum amount to withhold◆ Contact information

Employer's Name: _____ Employer FEIN: _____
Employee/Obligor's Name: _____ SSN: _____
CSE Agency Case Identifier: _____ Order Identifier: _____

REMITTANCE INFORMATION: If the employee/obligor's principal place of employment is Iowa (State/Tribe), you must begin withholding no later than the first pay period that occurs 10 days after the date of receipt of this Notice. Send payment within 7 state working days of the pay date. If you cannot withhold the full amount of support for any or all orders for this employee/obligor, withhold up to 50% of disposable income. If the obligor is a non-employee, obtain withholding limits from Supplemental Information on page 3. If the employee/obligor's principal place of employment is not Iowa (State/Tribe), obtain withholding limitations, time requirements, and any allowable employer fees at www.acf.hhs.gov/programs/css/resource/state-income-withholding-contacts-and-program-information for the employee/obligor's principal place of employment.

For electronic payment requirements and centralized payment collection and disbursement facility information (State Disbursement Unit (SDU)), see www.acf.hhs.gov/programs/css/employers/electronic-payments.

Include the **Remittance ID with the payment** and if necessary this FIPS code: _____.

Remit payment to Collection Services Center (SDU/Tribal Order Payee)
at PO Box 9125 Des Moines, IA 50306-9125 (SDU/Tribal Payee Address)

Return to Sender [Completed by Employer/Income Withholder]. Payment must be directed to an SDU in accordance with 42 USC §666(b)(5) and (b)(6) or Tribal Payee (see Payments to SDU below). If payment is not directed to an SDU/Tribal Payee or this IWO is not regular on its face, you *must* check this box and return the IWO to the sender.

Signature of Judge/Issuing Official (if required by State or Tribal Law): Iowa Child Support Recovery Unit
Print Name of Judge/Issuing Official: Iowa Child Support Recovery Unit
Title of Judge/Issuing Official: Iowa Child Support Recovery Unit
Date of Signature: _____

If the employee/obligor works in a state or for a tribe that is different from the state or tribe that issued this order, a copy of this IWO must be provided to the employee/obligor.

If checked, the employer/income withholder must provide a copy of this form to the employee/obligor.

ADDITIONAL INFORMATION FOR EMPLOYERS/INCOME WITHHOLDERS

State-specific contact and withholding information can be found on the Federal Employer Services website located at www.acf.hhs.gov/programs/css/resource/state-income-withholding-contacts-and-program-information.

Priority: Withholding for support has priority over any other legal process under State law against the same income (42 USC §666(b)(7)). If a federal tax levy is in effect, please notify the sender.

Combining Payments: When remitting payments to an SDU or tribal CSE agency, you may combine withheld amounts from more than one employee/obligor's income in a single payment. You must, however, separately identify each employee/obligor's portion of the payment.

Payments To SDU: You must send child support payments payable by income withholding to the appropriate SDU or to a tribal CSE agency. If this IWO instructs you to send a payment to an entity other than an SDU (e.g., payable to the custodial party, court, or attorney), you must check the box above and return this notice to the sender. Exception: If this IWO was sent by a court, attorney, or private individual/entity and the initial order was entered before January 1, 1994 or the order was issued by a tribal CSE agency, you must follow the "Remit payment to" instructions on this form.

Reporting the Pay Date: You must report the pay date when sending the payment. The pay date is the date on which the amount was withheld from the employee/obligor's wages. You must comply with the law of the state (or tribal law if applicable) of the employee/obligor's principal place of employment regarding time periods within which you must implement the withholding and forward the support payments.

Multiple IWOs: If there is more than one IWO against this employee/obligor and you are unable to fully honor all IWOs due to federal, state, or tribal withholding limits, you must honor all IWOs to the greatest extent possible, giving priority to current support before payment of any past-due support. Follow the state or tribal law/procedure of the employee/obligor's principal place of employment to determine the appropriate allocation method.

OMB Expiration Date – 7/31/2017. The OMB Expiration Date has no bearing on the termination date of the IWO; it identifies the version of the form currently in use.

Employer's Name: _____ Employer FEIN: _____
Employee/Obligor's Name: _____ SSN: _____
CSE Agency Case Identifier: _____ Order Identifier: _____

Lump Sum Payments: You may be required to notify a state or tribal CSE agency of upcoming lump sum payments to this employee/obligor such as bonuses, commissions, or severance pay. Contact the sender to determine if you are required to report and/or withhold lump sum payments.

Liability: If you have any doubts about the validity of this IWO, contact the sender. If you fail to withhold income from the employee/obligor's income as the IWO directs, you are liable for both the accumulated amount you should have withheld and any penalties set by state or tribal law/procedure. A withholding order/notice (IWO) has the same force and effect as any other district court order, including, but not limited to, contempt of court proceedings for noncompliance. Additionally, a payor of income who, with actual knowledge and intent to avoid legal obligation, fails to withhold income or pay the amount withheld, commits a simple misdemeanor for a first offense and a serious misdemeanor for each subsequent offense, and is liable for the costs, interest and reasonable attorney fees related to the collection of the amount due from the payor of income.

Anti-discrimination: You are subject to a fine determined under state or tribal law for discharging an employee/obligor from employment, refusing to employ, or taking disciplinary action against an employee/obligor because of this IWO. Taking any of these actions means you have committed a simple misdemeanor.

Withholding Limits: You may not withhold more than the lesser of: 1) the amounts allowed by the Federal Consumer Credit Protection Act (CCPA) (15 USC §1673(b)); or 2) the amounts allowed by the state of the employee/obligor's principal place of employment or tribal law if a tribal order (see *Remittance Information*). Disposable income is the net income after mandatory deductions such as: state, federal, local taxes; Social Security taxes; statutory pension contributions; and Medicare taxes. The federal limit is 50% of the disposable income if the obligor is supporting another family and 60% of the disposable income if the obligor is not supporting another family. However, those limits increase 5% - to 55% and 65% -- if the arrears are greater than 12 weeks. If permitted by the state or tribe, you may deduct a fee for administrative costs. The combined support amount and fee may not exceed the limit indicated in this section.

For tribal orders, you may not withhold more than the amounts allowed under the law of the issuing tribe. For tribal employers/income withholders who receive a state IWO, you may not withhold more than the limit set by tribal law.

Depending upon applicable state or tribal law, you may need to consider amounts paid for health care premiums in determining disposable income and applying appropriate withholding limits.

Arrears greater than 12 weeks? If the *Order Information* does not indicate that the arrears are greater than 12 weeks, then the employer should calculate the CCPA limit using the lower percentage.

Supplemental Information: IMPORTANT IOWA INFORMATION

For lump sum income, withhold the amount listed or 50% of the payment the employee/obligor will receive, whichever is less. For Iowa withholding limitations, see *REMITTANCE INFORMATION*.

Withholding for non-employees/contractors is the same as any withholding for an employee. See *REMITTANCE INFORMATION*.

You are entitled to deduct a fee of up to \$2.00 to defray the cost of withholding.

The payor of income shall comply with Iowa Code Chapter 252K when receiving a notice of income withholding from another state. When you receive an income withholding order/notice (IWO) from another state, see article five of Chapter 252K for specific instructions.

* If this type of support is court ordered, it is included in current/past due amounts listed. (See page 1).

IMPORTANT: The person completing this form is advised that the information may be shared with the employee/obligor.

Employer's Name: _____ Employer FEIN: _____
Employee/Obligor's Name: _____ SSN: _____
CSE Agency Case Identifier: _____ Order Identifier: _____

NOTIFICATION OF EMPLOYMENT TERMINATION OR INCOME STATUS: If this employee/obligor never worked for you or you are no longer withholding income for this employee/obligor, you must promptly notify the CSE agency and/or the sender by returning this form to the address listed in the contact information below:

- This person has never worked for this employer nor received periodic income.
- This person no longer works for this employer nor receives periodic income.

Please provide the following information for the employee/obligor:

Termination date: _____ Last known phone number: _____

Last known address: _____

Final payment date to SDU/ tribal payee: _____ Final payment amount: _____

New employer's name: _____

New employer's address: _____

CONTACT INFORMATION

If you have questions, contact:

Iowa Child Support Recovery Unit

Send termination/income status notice and other correspondence to:

IF YOUR EMPLOYEE HAS QUESTIONS, TELL YOUR EMPLOYEE TO CONTACT THEIR LOCAL CSRU OFFICE. TO LOCATE THEIR LOCAL OFFICE PHONE NUMBER, YOUR EMPLOYEE CAN CALL 1-888-229-9223 (TOLL FREE WITHIN UNITED STATES).

The Paperwork Reduction Act of 1995

This information collection and associated responses are conducted in accordance with 45 CFR 303.100 of the Child Support Enforcement Program. This form is designed to provide uniformity and standardization. Public reporting burden for this collection of information is estimated to average 5 minutes per response for Non-IV-D CPs; 2 minutes per response for employers; 3 seconds for e-IWO employers, including time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.