

COMPLIANCE PROVISIONS — INCOME DEDUCTION ORDER FOR SUPPORT

To the Employer: By law, in complying with this Order,

1. **You must provide the respondent/employee with a copy of this Order.**
2. You must obey this Order before you comply with any other lien against (deduction from) respondent's *disposable* income created by state law, such as a garnishment or attachment summons. "Disposable Income" is that income left after deductions required by law are made.

Exceptions:

- a. If you have been served previously with an order for income deductions for support from any court or an administrative agency, including the Virginia Department of Social Services, you must obey such earlier orders in the order in which you were served before trying to comply with this order, *and*
 - b. The maximum amount of respondent's disposable income which may be deducted for support payments on this order is the percentage shown on the order. If health insurance coverage is also ordered, the order shall specify either support withholdings or insurance premium deductions as having priority for the duration of the order in the event the maximum total deduction permitted at any time by § 34-29 is insufficient to cover both; the employer shall consider and direct insurance premium deductions and support withholdings the same for purposes of applying § 34-29.
3. If required by the support order, you are ordered to:
 - a. Enroll the persons described above in a group health insurance plan or other similar plan providing health care services or coverage offered by the employer, without regard to enrollment season restrictions, if such persons are eligible for such coverage under the employer's enrollment provisions, and
 - b. Deduct any required premium from the employee's income to pay for the insurance.

If more than one plan is offered by the employer, the persons named in the order shall be enrolled prospectively in the insurance plan in which the employee is enrolled or, if the employee is not enrolled, in the least costly plan otherwise available. The employer shall also enroll the children of an employee in the appropriate health coverage plan upon application by the children's other parent or legal guardian or upon application by the Department of Medical Assistance Services. The employer shall not be obligated to subsequently make or change such enrollment if the group health insurance plan or other factors change after the spouse's, former spouse's or child's initial eligibility for coverage is initially determined in response to the order for withholding. However, the employer shall not disenroll such children unless the employer (i) is provided satisfactory written evidence that such court or administrative order is no longer in effect, (ii) is provided satisfactory written evidence that the children are or will be enrolled in a comparable health coverage plan which will take effect not later than the effective date of such disenrollment, or (iii) has eliminated family health coverage for all of its employees. In each case enforced by the Virginia Department of Social Services, the employer shall advise the Department in which plan the children are enrolled or if the children are ineligible for any plan through the employer. A one-time fee of not more than five dollars may be charged by the employer to the employee for the administration of this requirement.

4.
 - a. You must deduct and forward all payments on respondent's regular pay date or reply that no funds were deductible, *and*
 - b. You may comply by sending payment to the Division of Child Support Enforcement of the Virginia Department of Social Services, as directed in the order in a check by first class mail or by submitting such amounts by electronic funds transfer transmitted within four days of the respondent's regular pay date (contact the Customer Service Department at the Division of Child Support Enforcement at 800/468-8894 in Virginia, or if you are an out-of state employer, call 804/692-2458 to arrange electronic funds transfer), together with respondent's name, respondent's social security number, and the DCSE number, if any, at the top of the order; however,
 - an employer of 10,000 persons or more shall not be required to make payments to DCSE other than by combined single payments to the Division's central office in Richmond without the express written consent of the employer unless the order is from a support agency outside the Commonwealth, *and*
 - c. If deductions are taken from more than one employee, they may be combined into a single check if accompanied by a list showing for each order: (1) respondent's name, (2) respondent's social security number, (3) the DCSE number (if none, then Case number) at the top of the order, (4) the amount deducted pursuant to each order or a statement that no income was deductible, and (5) the date that payment was withheld from the respondent's income.

5. *In addition* to the payment amount described on the front, you may (but are not required to) also deduct for yourself from the respondent's earnings a fee of five dollars for each deduction for support or for a reply that no funds were deductible to cover your costs of administering this income deduction order; however, this fee shall not be deducted if the child support withholding amount is being collected from unemployment insurance benefits.
6. If you receive an order which
- does not contain respondent's correct social security number, and a single monetary amount to be deducted for each pay period of the respondent, and the maximum percentage of disposable income which may be deducted for each regular pay period of the respondent, or
 - contains information which is in conflict with your current pay records (including regular pay intervals and regular pay dates), or
 - requires that payment be made to someone other than the Virginia Department of Social Services in Richmond, Virginia or its designee, or be made other than by combined single payment without the express written consent of the employer, and the exemption in paragraph 4.b. (above) applies to you, or
 - requires that payment be made to someone other than the Virginia Department of Social Services, or its designee without the express written consent of the employer,
- then you may deposit in the mail or otherwise file a reply within five (5) business days from service of this order stating which of the above requirements have not been satisfied, after which this order is void unless the court finds that such reply is materially false. The clerk may issue a new order with the corrected information with which you must comply.
7. You and the employee/respondent must notify the Virginia Department of Social Services when employment terminates and give the employee's home address and the name and address of the new employer, if known.
8. The respondent's rights are protected pursuant to Virginia Code § 63.1-271. No employer shall discharge any employee, take disciplinary action against an employee or refuse to employ a person because of this order.
- IF YOU FIRE, REFUSE TO HIRE OR TAKE DISCIPLINARY ACTION AGAINST AN EMPLOYEE BECAUSE OF THIS ORDER, YOU ARE LIABLE FOR A CIVIL FINE OF UP TO \$1,000.00.**
9. **IF YOU FAIL TO WITHHOLD PAYMENTS IN THE MANNER DESCRIBED IN THIS ORDER, YOU ARE LIABLE FOR ANY AMOUNT NOT WITHHELD IN A TIMELY MANNER.**
10. **THIS ORDER IS BINDING UPON YOU AND YOUR EMPLOYEE. YOU MUST COMPLY WITH THIS ORDER UNTIL YOU RECEIVE A SUBSEQUENT (MORE RECENTLY DATED) COURT ORDER AFFECTING THE PETITIONER AND RESPONDENT LISTED ON THE FRONT OF THE ORDER.**
- Call the clerk of this court if you have any questions concerning this order.