1. OCSE Insurance Match Standard Input File Record

The IM SIF is a standard, fixed-format layout used for sending insurance claim data to us. This section explains the SIF record layout, including field definitions and required fields. Although all of the data elements are helpful to state child support agencies, most of the elements are not required. If the information is not available, you must fill the fields with spaces.

Chart A-1 includes the following information:

**Field Name** Identifies the name of the field.

**Location** Identifies the position of the field in the record.

**Length** Identifies the size of the field in bytes.

**A/N** Designates the type of field: alphabetic (A), numeric (N), or alphanumeric (A/N).

**Comments** Provides a description of the field, as well as valid values.

| Chart A-1: OCSE Insurance Match Standard Input File Record |
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| Field Name | Location | Length | A/N | Comments |
| Record Identifier  | 1-2 | 2 | A/N | The characters ‘IM.’ |
| Insurer Processing Date | 3-10 | 8 | A/N | The date you created or updated the record in your system. The date is in the CCYYMMDD format. |
| Insurer Provided SSN | 11-19 | 9 | A/N | The claimant’s SSN you have on file. If you cannot provide the SSN, you must provide the Claimant Birth Date or Claimant Address fields. |
| Obligor SSN | 20-28 | 9 | A/N | Matching partners must use the SSN we provided in the Debtor file. |
| Obligor Last Name | 29-48 | 20 | A/N | Matching partners must use the last name we provided in the Debtor file. |
| Obligor First Name | 49-63 | 15 | A/N | Matching partners must use the first name we provided in the Debtor file. |
| Insurer Identifier | 64-72 | 9 | A/N | Your Federal Employer Identification Number. |
| Insurer Name | 73-117 | 45 | A/N | The insurer who keeps the insurance claim and to whom the state is directed to send the insurance intercept request for processing. This field is required. |
| Insurer Address Line 1 | 118-157 | 40 | A/N | The insurer’s street address where the state sends the insurance intercept request. This field is required unless Insurer Address Line 2 is provided. |
| Insurer Address Line 2 | 158-197 | 40 | A/N | The insurer’s address information where the state sends the insurance intercept request. |
| Insurer Address City Name | 198-227 | 30 | A/N | The insurer’s city where the state sends the insurance intercept request. This field is required. |
| Insurer Address State Code | 228-229 | 2 | A/N | The state alphabetic code where the state sends the insurance intercept request. This field is required. |
| Insurer Address Zip Code | 230-244 | 15 | A/N | The insurer’s ZIP Code. U.S. ZIP Codes must be 5 or 9 characters. Foreign ZIP Codes may be up to 15 characters. |
| Insurer Address Foreign Country Indicator | 245 | 1 | A/N | If the insurer’s address is in a foreign country, enter a numeric ‘1.’ |
| Insurer Address Foreign Country Name | 246-270 | 25 | A/N | If the “Insurer Address Foreign Country Indicator” is a ‘1,’ enter the name of the foreign country. |
| Insurer Contact Last Name | 271-300 | 30 | A/N | Your contact’s last name. |
| Insurer Contact First Name | 301-320 | 20 | A/N | Your contact’s first name. |
| Insurer Contact Phone Number | 321-330 | 10 | A/N | Your contact’s phone number. |
| Insurer Contact Phone Extension Number | 331-336 | 6 | A/N | Your contact’s phone number extension. |
| Insurer Contact Fax Number | 337-346 | 10 | A/N | Your contact’s fax number. |
| Insurer Contact Email  | 347-386 | 40 | A/N | Your contact’s e-mail address. |
| Insurer Claim Number | 387-416 | 30 | A/N | The unique claim number you assigned. |
| Insurance Product Claim Type | 417-418 | 2 | A/N | The type of claim in this record. Valid values are:00 – Life01 – Automobile02 – Automobile – No fault03 – Automobile – Medical04 – Property liability05 – Workers’ compensation06 – Personal injury07 – General liability08 – Homeowners liability09 – Medical premise/owner’s policy10 – Product liability11 – Slip, trip, and fall12 – Property damage13 – Unknown14 – Disability15 – Annuity16 – Policy surrender17 – Mutual fund18 – Unemployment19 – Dividend withdrawals99 – Other |
| Insurance Claim State Code | 419-420 | 2 | A/N | The state alphabetic code where the insurance loss occurred. |
| Insurance Claim Loss Date | 421-428 | 8 | A/N | The insurance claim or injury date. The date is in the CCYYMMDD format. |
| Insurance Claim Beneficiary Indicator | 429 | 1 | A/N | Specify whether a beneficiary is associated with this life insurance claim. Valid values are:Y – Yes. A beneficiary is associated with this life insurance claim.N – No. A beneficiary is not associated with this life insurance claim. |
| Insurance Claim Reported Date | 430-437 | 8 | A/N | The date the claimant reported the claim to you. The date is in the CCYYMMDD format. |
| Insurance Claim Status Code | 438 | 1 | A/N | The status of the claim. Valid values are:0 – Open1 – Closed |
| Insurance Claim Payout Frequency Code | 439 | 1 | A/N | Indicate the frequency of the payouts. Valid values are:1 – One-time2 – Weekly3 – Biweekly 4 – Monthly5 – Quarterly6 – Annually7 – Other |
| Obligor Match Code | 440-441 | 2 | A/N | Claim submitters fill this field with spaces.Matching partners enter the result of the match performed by comparing the obligor identifying information we provided against your data. Valid values are:00 – Name and Address01 – Name and DOB02 – Name and SSN03 – SSN04 – SSN and Address05 – SSN and DOB06 – SSN, Name, and Address07 – SSN, Name, and DOB08 – SSN, Address, and DOB09 – SSN, Name, Address, and DOB10 – Name, Address, and DOB |
| Claimant Last Name | 442-471 | 30 | A/N | The claimant’s last name you have on file.This is a required field. |
| Claimant First Name | 472-491 | 20 | A/N | The claimant’s first name you have on file.This is a required field. |
| Claimant Middle Name | 492-507 | 16 | A/N | The claimant’s middle name you have on file. |
| Claimant ITIN Number | 508-516 | 9 | A/N | The claimant’s Individual Taxpayer Identification Number (ITIN) when there is no SSN. |
| Claimant Birth Date | 517-524 | 8 | A/N | The claimant’s date of birth you have on file. The date is in the CCYYMMDD format.If the “Insurer Provided SSN” is not included, then this field or the Claimant Address fields are required. |
| Claimant Gender Code | 525 | 1 | A/N | The claimant’s gender you have on file. Valid values are:F – FemaleM – Male |
| Claimant Home Phone Number | 526-535 | 10 | A/N | The claimant’s home phone number. |
| Claimant Business Phone Number | 536-545 | 10 | A/N | The claimant’s business phone number. |
| Claimant Business Phone Extension Number | 546-551 | 6 | A/N | The claimant’s business phone number extension. |
| Claimant Cell Phone Number | 552-561 | 10 | A/N | The claimant’s cell phone number. |
| Claimant DriverLicense Number | 562-581 | 20 | A/N | The claimant’s driver’s license number. |
| Claimant Driver License State Code | 582-583 | 2 | A/N | The state alphabetic code that issued the insurance claimant’s driver’s license. |
| Claimant Occupation | 584-623 | 40 | A/N | The claimant’s occupation. |
| Claimant Professional License Number | 624-638 | 15 | A/N | The claimant’s professional license number. |
| Claimant Address Line 1  | 639-678 | 40 | A/N | The claimant’s street address. If the insurer-provided SSN is not included, then the claimant’s address fields or the “Claimant Birth Date” is required. |
| Claimant Address Line 2  | 679-718 | 40 | A/N | The claimant’s address information. |
| Claimant Address City Name | 719-748 | 30 | A/N | The claimant’s city. |
| Claimant Address State Code | 749-750 | 2 | A/N | The state alphabetic code for the claimant’s address. |
| Claimant Address Zip Code | 751-765 | 15 | A/N | The ZIP Code for the claimant’s address. U.S. ZIP Codes must be 5 or 9 characters. Foreign ZIP Codes may be up to 15 characters. |
| Claimant Address Foreign Country Indicator | 766 | 1 | A/N | If the claimant’s address is in a foreign country, enter a numeric ‘1.’ |
| Claimant Address Foreign Country Name | 767-791 | 25 | A/N | If the “Claimant Address Foreign Country Indicator” is a ‘1,’ enter the name of the foreign country. |
| Attorney Last Name | 792-821 | 30 | A/N | The last name of the claimant’s attorney or firm name. |
| Attorney First Name | 822-841 | 20 | A/N | The first name of the claimant’s attorney. |
| Attorney Phone Number | 842-851 | 10 | A/N | The phone number of the claimant’s attorney. |
| Attorney Phone Extension Number | 852-857 | 6 | A/N | The phone number extension of the claimant’s attorney. |
| Attorney Address Line 1  | 858-897 | 40 | A/N | The street address of the claimant’s attorney. |
| Attorney Address Line 2  | 898-937 | 40 | A/N | The address information of the claimant’s attorney. |
| Attorney Address City Name | 938-967 | 30 | A/N | The city of the claimant’s attorney. |
| Attorney Address State Code | 968-969 | 2 | A/N | The state alphabetic code of the claimant’s attorney. |
| Attorney Address Zip Code | 970-984 | 15 | A/N | The ZIP Code of the claimant’s attorney. U.S. ZIP Codes must be 5 or 9 characters. Foreign ZIP Codes may be up to 15 characters. |
| Attorney Address Foreign Country Indicator | 985 | 1 | A/N | If the attorney’s address is in a foreign country, enter a numeric ‘1.’ |
| Attorney Address Foreign Country Name  | 986-1010 | 25 | A/N | If the “Attorney Address Foreign Country Indicator” is a “1,” enter the name of the foreign country. |
| Third Party Administrator Company Name | 1011-1050 | 40 | A/N | The name of the TPA’s company. |
| Third Party Administrator Contact Last Name | 1051-1080 | 30 | A/N | The TPA contact’s last name. |
| Third Party Administrator Contact First Name | 1081-1100 | 20 | A/N | The TPA contact’s first name. |
| Third Party Administrator Company Phone Number | 1101-1110 | 10 | A/N  | The TPA contact’s phone number. |
| Third Party Administrator Company Phone Extension Number | 1111-1116 | 6 | A/N | The TPA contact’s phone extension number. |
| Third Party Administrator Address Line 1  | 1117-1156 | 40 | A/N | The TPA’s street address. |
| Third Party Administrator Address Line 2  | 1157-1196 | 40 | A/N | The TPA’s address information. |
| Third Party Administrator Address City Name | 1197-1226 | 30 | A/N | The TPA’s city. |
| Third Party Administrator Address State Code | 1227-1228 | 2 | A/N | The state alphabetic code for the TPA. |
| Third Party Administrator Zip Code | 1229-1243 | 15 | A/N | The ZIP Code for the TPA’s address. U.S. ZIP Codes must be 5 or 9 characters. Foreign ZIP Codes may be up to 15 characters. |
| Third Party Administrator Address Foreign Country Indicator | 1244 | 1 | A/N | If the TPA’s address is in a foreign country, enter a numeric ‘1.’ |
| Third Party Administrator Address Foreign Country Name  | 1245-1269 | 25 | A/N | If the “Third Party Administrator Address Foreign Country Indicator” is a ‘1,’ enter the name of the foreign country. |
| Employer Name | 1270-1309 | 40 | A/N | The claimant’s employer. |
| Employer Phone Number | 1310-1319 | 10 | A/N | The employer’s phone number. |
| Employer Phone Extension Number | 1320-1325 | 6 | A/N | The phone extension number for the claimant’s employer. |
| Employer Address Line 1  | 1326-1365 | 40 | A/N | The employer’s street address. |
| Employer Address Line 2  | 1366-1405 | 40 | A/N | The employer’s address information. |
| Employer Address City Name | 1406-1435 | 30 | A/N | The employer’s city. |
| Employer Address State Code | 1436-1437 | 2 | A/N | The state alphabetic code for the employer. |
| Employer Address Zip Code | 1438-1452 | 15 | A/N | The ZIP Code for the employer’s address. U.S. ZIP Codes must be 5 or 9 characters. Foreign ZIP Codes may be up to 15 characters. |
| Employer Address Foreign Country Indicator | 1453 | 1 | A/N | Enter a numeric ‘1’ if the Employer’s address is in a foreign country. |
| Employer Address Foreign Country Name  | 1454-1478 | 25 | A/N | Enter the name of the foreign country if the “Employer Address Foreign Country Indicator” is a ‘1.’  |
| Filler | 1479-1487 | 9 | A/N | Reserved for future use, fill with spaces. |
| Claim Adjuster Name | 1488-1517 | 30 | A/N | The name of the insurer’s claim adjuster. |
| Claim Adjuster Phone | 1518-1527 | 10 | A/N | The claim adjuster’s phone number. |
| NAIC Code | 1528-1532 | 5 | A/N | The insurer’s National Association of Insurance Commissioners code. |
| Filler | 1533-1600 | 68 | A/N | Reserved for future use, fill with spaces. |

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