

Department of Health and Human Services
Administration for Children and Families
Office of Child Support Services

Insurance Match Debt Inquiry Agreement and Profile

Description of Service

After completing the registration process and receiving your activation code, you can access the Portal to:

1. Report lump sum or claim payments for claimants who may owe past-due child support.
2. Register as a third-party insurer if you report claim information for more than one insurance company and use multiple FEINs.

Instructions

Fill out all the required fields in this form and email it to the [Portal Help Desk](#). One of our team members may contact you if additional information is necessary to complete the registration process.

Disclaimer

By completing and supplying the information in this form, you agree to:

1. Not impersonate any individual, entity, or association; conceal; or supply misleading information about my identity while transmitting files.
2. Supply true, accurate, current, and complete information about the entity identified in this form.
3. Not use any information obtained as a result of involvement with Insurance Match Debt Inquiry for employment decisions.

Security

The insurer shall have appropriate procedures in place to promptly report confirmed or suspected information security or privacy incidents, including, but not limited to, unauthorized use or disclosure of Personally Identifiable Information (PII) involving confidential child support information submitted through OCSS to your organization. As soon as reasonably practicable after discovery, but in no case later than one hour after discovery of the incident, the insurer shall report confirmed or suspected incidents to OCSS as specified in this paragraph. The requirement for the insurer to report confirmed or suspected incidents involving PII to OCSS is based on federal guidance/requirements from the Office of Management and Budget (OMB), Health and Human Services (HHS), the Federal Information Systems Security Modernization (FISMA) Act of 2014, and the United States Computer Emergency Readiness Team (US-CERT).

Incidents must be reported via email to OCSS using the security mailbox address:
ocsssecurity@acf.hhs.gov

By selecting **Accept**, you certify that you have read, understood, and agree to the terms of this agreement.

Accept Decline

Required *

General Information

Enter general information about your organization and participation in the Insurance Match Debt Inquiry Service.

Date: *

(MM/DD/YYYY)

FEIN: *

(Primary Federal Employer Identification Number Format: 123456789)

Organization Type: *

(Select Third Party if reporting claims for multiple FEINs.)

Organization Name: *

Organization Short Name:

(Enter abbreviation for your organization. Maximum 25 characters.)

Address Information

Is this the address where child support agencies should send liens/levies? Yes No

Address Line 1: *

Address Line 2:

Address Line 3:

City: *

State: *

ZIP Code (5 digits): *

ZIP Code Ext:

Required *

Contact Information

Enter business, technical, and Insurance Match Debt Inquiry contact information.

Business Contact Information

Contact Name: *

Contact Phone Number: *

(Enter numeric characters only, including area code. Format: 1231231111)

Contact Fax:

(Enter numeric characters only, including area code. Format: 1231231111)

Contact Email: *

(Format: name@somewhere.com)

Select if you want email notifications sent to this address.

Technical Contact Information

A network or system administrator who can help provide corporate Internet Protocol (IP) address information or batch system information, if applicable.

Contact Name:

Contact Phone Number:

(Enter numeric characters only, including area code. Format: 1231231111)

Contact Fax:

(Enter numeric characters only, including area code. Format: 1231231111)

Contact Email:

(Format: name@somewhere.com)

Select if you want email notifications sent to this address.

Insurance Match Debt Inquiry Contact Information

Enter information for the person in your organization child support agencies should contact if they have questions about the matches.

Contact Name: *

(Enter numeric characters only, including area code. Format: 1231231111)

Contact Fax:

(Enter numeric characters only, including area code. Format: 1231231111)

Contact Email: *

(Format: name@somewhere.com)

Select if you want email notifications sent to this address.

Communication Preference

You must select a preferred method of communication for your organization: email, fax, or phone.

Communication Preference: *

File Information

Your organization must submit Debt Inquiry Payout files as .csv, .txt, .xls, and .xlsx files only. File names must start with 'FEIN.DI.'. The file names must only contain alphanumeric characters, with no special characters, such as parentheses, or spaces. If your organization submits multiple files on one day, each file name must be unique. A suggested approach is to append a date and a sequence number to the file name.

(Example: 123456789.DI.06092012.33.xlsx)

We will only process files if your organization has a profile and one registered user in the system.

File Encryption

If you choose file encryption, your organization must use OCSS's GPG public key to encrypt files destined for OCSS. The OCSS Portal network administrator will email the key to you. OCSS will need your organization's GPG or PGP public key if files destined for your organization require encryption.

Encrypt file? *

Yes

No

Transmission Method

Choose how Debt Inquiry Payout files will be transferred to OCSS.

Method of transmission: *

Insurance Match Debt Inquiry web application

Partner will send to OCSS

OCSS will retrieve from partner

IP Address Information

The federal Office of Child Support Services (OCSS) requires a public Internet Protocol (IP) address from external partners to allow secure access to the Child Support Portal. OCSS independently verifies the IP address and organizationname with the American Registry for Internet Numbers (ARIN), a regional internet registry for the United States. For more information, visit the [ARIN website](#).

Enter the public IP addresses your organization uses to access the internet. In most cases, the IP address is your company's internet proxy server or the public IP address of the computer used to access OCSE's Child Support Portal. To locate your public IP address, search on the internet for "[What Is My Public IP Address](#)." You must verify the addresses with your network administrator.

Public IP Addresses: *

By completing this section, you certify your organization holds exclusive use of the static IP addresses assigned by an Internet Service Provider vendor. If the static IP address assigned to your organization changes, you must contact the [Portal Help Desk](#).

Name of Internet Service Provider: *

(Example: Comcast, AT&T, or Verizon. Enter your company name if you own your IP address and it is verifiable on ARIN website.)

PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: The purpose of this voluntary information collection is for OCSS to register and authenticate authorized users of the Insurance Match program. Public reporting estimated burden for this collection of information is 0.08 hours per respondent, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. As provided by 42 U.S.C. § 653(m)(2), any confidential information collected for this program is accessed only by authorized users. A federal agency may not conduct or sponsor an information collection without a valid OMB Control Number. No individual or entity is required to respond to, nor shall an individual or entity be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, without a current valid OMB Control Number. If you have any comments on this collection of information, please contact OCSSFedSystems@acf.hhs.gov.