OCSE O&M and Continuous Improvements

Insurance Match

Implementation Guide

Version 3.1
February 1, 2024

Administration for Children and Families
Office of Child Support Enforcement
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Table of Contents

1 Purpose 1-1

2 Background 2-1

3 Introduction 3-1

4 Participation Benefits 4-1

5 Participation Options 5-1

5.1 Participation Option One – Claims Submitter 5-1
5.2 Participation Option Two – Matching Partner 5-2
5.3 Participation Option Three – ISO 5-4
5.4 Participation Option Four – DIS 5-5

6 Transmission Methods 6-1

7 File Layout 7-1

8 Where to Get Help 8-1

A OCSE Insurance Match Standard Input File Record A-1

B Debtor File Layout B-1

C Summary of Changes C-1

List of Figures

Figure 5-1: Claims Submitter Process Flow 5-1
Figure 5-2: Matching Partner Process Flow 5-3
Figure 5-3: ISO Process Flow 5-4
Figure 5-4: DIS Process Flow 5-5

1 Purpose

The Insurance Match (IM) Implementation Guide gives insurers (or their agents), self-insured employers, third-party administrators (TPAs), and state workers' compensation agencies (WCs) information about participating in the federal Office of Child Support Enforcement (OCSE) IM program. Information includes program background, benefits of participating, and participation options.

2 Background

The Deficit Reduction Act of 2005 authorizes us to compare information on individuals owing past-due child support with information maintained by insurers (or their agents) pertaining to insurance claims, settlements, awards, and payments.

This legislation also provides a non-liability clause for participants, as specified in U.S. Code:

42 U.S. Code 652 – Duties of Secretary

(m) Comparisons With Insurance Information

(1) In General The Secretary, through the Federal Parent Locator Service, may—

(A) compare information concerning individuals owing past-due support with information maintained by insurers (or their agents) concerning insurance claims, settlements, awards, and payments; and

(B) furnish information resulting from the data matches to the State agencies responsible for collecting child support from the individuals.

(2) Liability

An insurer (including any agent of an insurer) shall not be liable under any Federal or State law to any person for any disclosure provided for under this subsection, or for any other action taken in good faith in accordance with this subsection.

3 Introduction

We developed the IM program to help states and the insurance industry to identify individuals who may receive an insurance settlement, award, or a payment, and who owe past-due child support. The program also helps state child support agencies make claims against an insurance payout.

Participation in the IM program is voluntary for the insurance industry and state child support agencies.

The child support agencies in all 50 states, the District of Columbia, and three U.S. territories (Guam, Puerto Rico, and U.S. Virgin Islands) participate in the program. Many insurance companies, self-insured employers, TPAs, and state WC agencies also participate in the program.

Each state child support agency sends us information on individuals who owe past-due child support. We store this information in the Debtor file and use it to match with individual claimants and beneficiaries that insurers submit. We also send the Debtor file to matching partners to conduct the match.

The IM program is capable of processing many types of insurance claims such as workers' compensation, personal injury, life, annuity, and policy surrenders. A full list of claim types is in Appendix A under Insurance Product Claim Type.

We offer four options to participate in the IM program.

- Claims Submitter – Sends claims to us
- Matching Partner – We send you individuals to match to claims
- Insurance Services Office (ISO) – ISO ClaimSearch® participants
- Debt Inquiry Service (DIS) – Individual look-up or file upload

Participants are required to enter into an operational agreement with us. There are no fees or charges to you.

OCSE sends information resulting from data matches to the state child support agencies responsible for collecting child support. Each state child support agency determines the next step, such as sending a lien, levy, or an income withholding order based on the state's laws and policies.

4 Participation Benefits

Benefits of participating in the IM program include the following:

- Helps children by increasing child support collections through access to monies previously unavailable
- Helps you by reducing the burden of responding to subpoenas
- Helps state WC agencies comply with state requirements

The program also helps you meet state mandates to determine whether a claimant owes child support before making a payout (except the Massachusetts IM program, which ties to other state agency-related IM requirements). You can find state policy information on our Intergovernmental Reference Guide (IRG) website.

To find state policies:

1. Click the state you're researching on the IRG – Policy Profiles and Contacts map.
2. Select **M. Insurance Match** under Program Category.

The electronic submission and transmission of insurance claim data has the following benefits:

- Process is centralized, efficient, and cost effective
- Process provides automatic matching, sorting, and reporting of insurance claims to state child support agencies
- States receive notification about insurance claims more quickly
- Insurers and state agencies experience improved communication
- Transfer is over a secure network protecting personally identifiable information
- Process provides transfer of validated data

5 Participation Options

We support multiple flexible participation options to minimize the impact on your business process and resources.

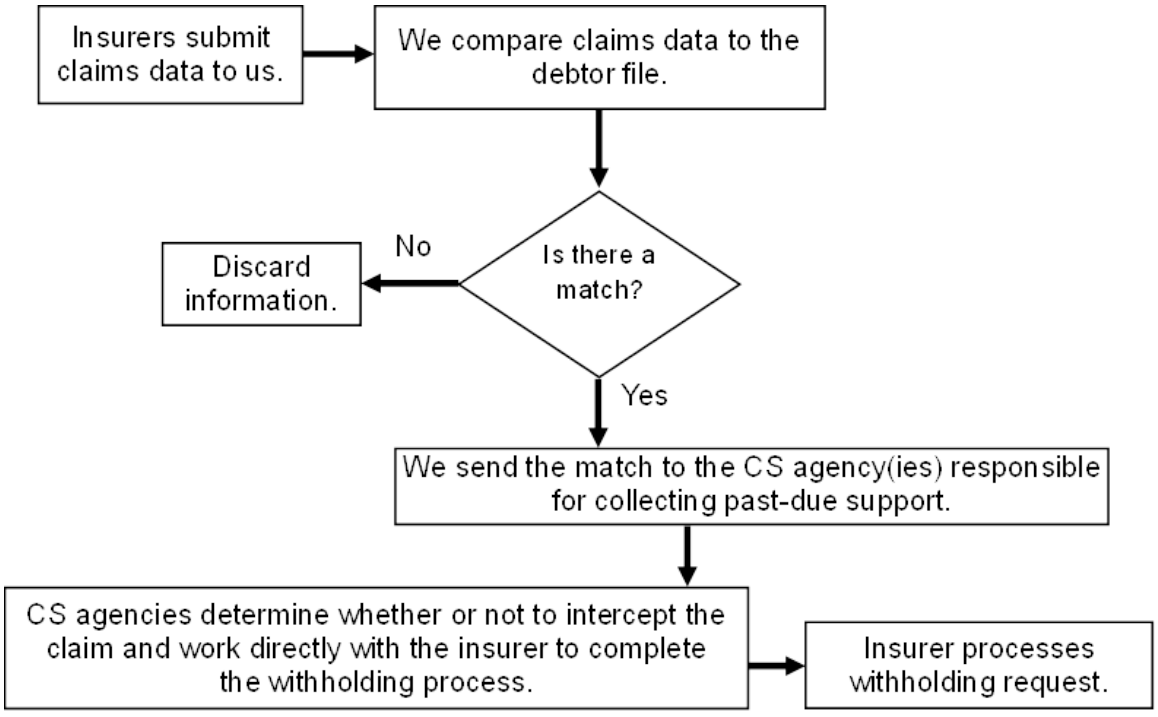
5.1 Participation Option One – Claims Submitter

Claim submitters send us a file with claims information for us to compare individuals to the Debtor file. We forward matched claim information to the state agencies responsible for collecting child support.

You can send files to us on a daily, weekly, biweekly, or monthly basis through the Child Support Portal (Portal), Managed File Transfer (MFT), or Secure File Transfer Protocol (SFTP) with Virtual Private Network (VPN). For child support agencies to receive timely information, you must send files at least monthly.

Figure 5-1 shows the claims submitter process flow. Child support (CS) agencies send information to us about individuals who owe past-due support.

Figure 5-1: Claims Submitter Process Flow



5.2 Participation Option Two – Matching Partner

We send the Debtor file to matching partners. You may designate whether we send you an individual's information for all states or only specific states. You compare individuals against claimants, policyholders, or beneficiaries, and return matches to us. We then forward matches to the state agencies responsible for collecting child support.

We send the Debtor file weekly, monthly, or quarterly, and each record has 300 bytes.

Appendix B of this guide explains the Debtor File layout.

We require strong security and privacy controls to make sure the information on the Debtor File remains protected. Users are accountable for protecting and preserving the privacy of the individuals whose information is in the file.

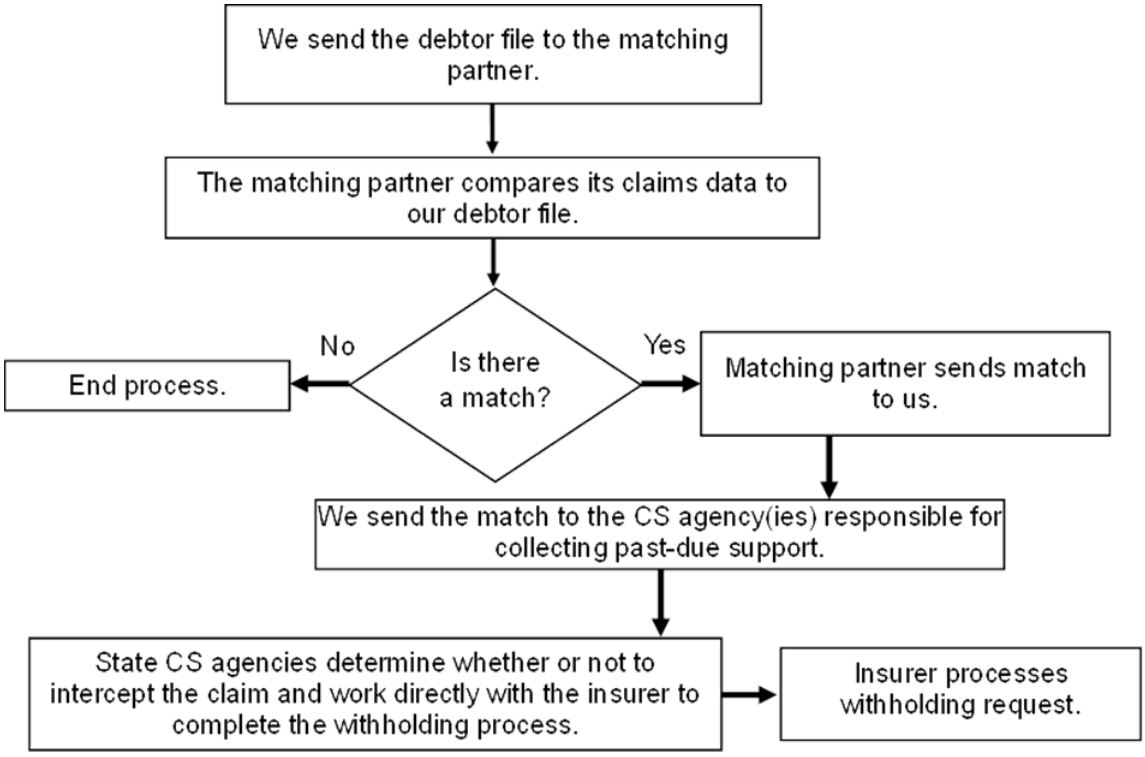
The matching partner's operational agreement has the following specific requirements:

- You maintain an audit trail of activities pertaining to the OCSE file and its contents until destroyed.
- Destroy electronic files promptly after conducting the data match, no more than two business days after OCSE sends the replacement Debtor file.
- Establish and maintain a security incident response capability. You must report all security or privacy incidents, or suspected incidents, involving the file to OCSE no later than one hour after discovery.
- Implement logical access controls that supply protection from unauthorized access, alteration, loss, or disclosure.
- Limit physical and logical access to the OCSE file and the information included within to authorized personnel only.

You return matches to us in the Standard Input Format (SIF), found in Appendix A.

Figure 5-2 shows the matching partner process flow. CS agencies send information to us about individuals who owe past-due support.

Figure 5-2: Matching Partner Process Flow



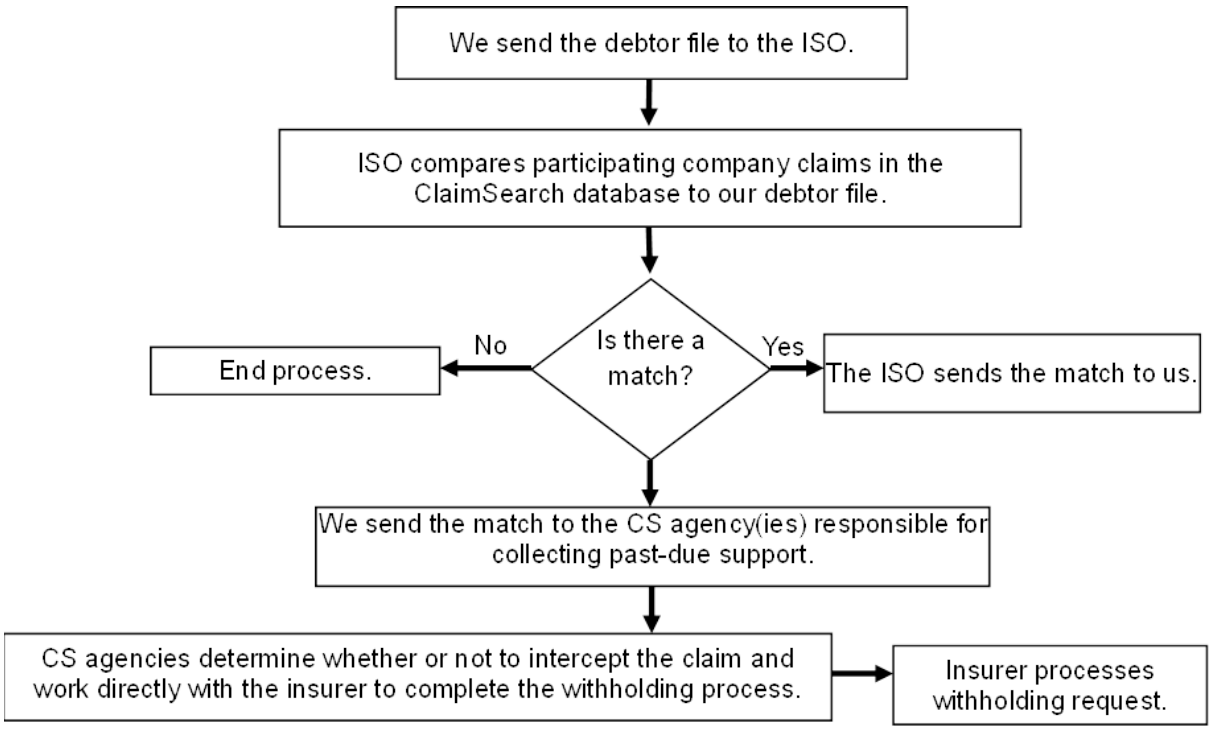
5.3 Participation Option Three – ISO

Property and casualty insurers can participate in our IM program if they report claims to the ISO ClaimSearch database. The ISO offers participation in the IM program free of charge.

We send our Debtor file to the ISO, which compares your claims to our debtors, and then returns the matches to us. We forward matches to the state agencies responsible for collecting child support.

Figure 5-3 shows the ISO process flow. CS agencies send information to us about individuals who owe past-due support.

Figure 5-3: ISO Process Flow



5.4 Participation Option Four – DIS

DIS is a web application on the Portal that allows you to send information about individuals eligible to receive a lump sum or other type of payout to determine whether they owe past-due support.

You can look up a single individual and receive an immediate response. You may also upload a file containing multiple individuals that we process within one hour. The system generates an email indicating the processing results.

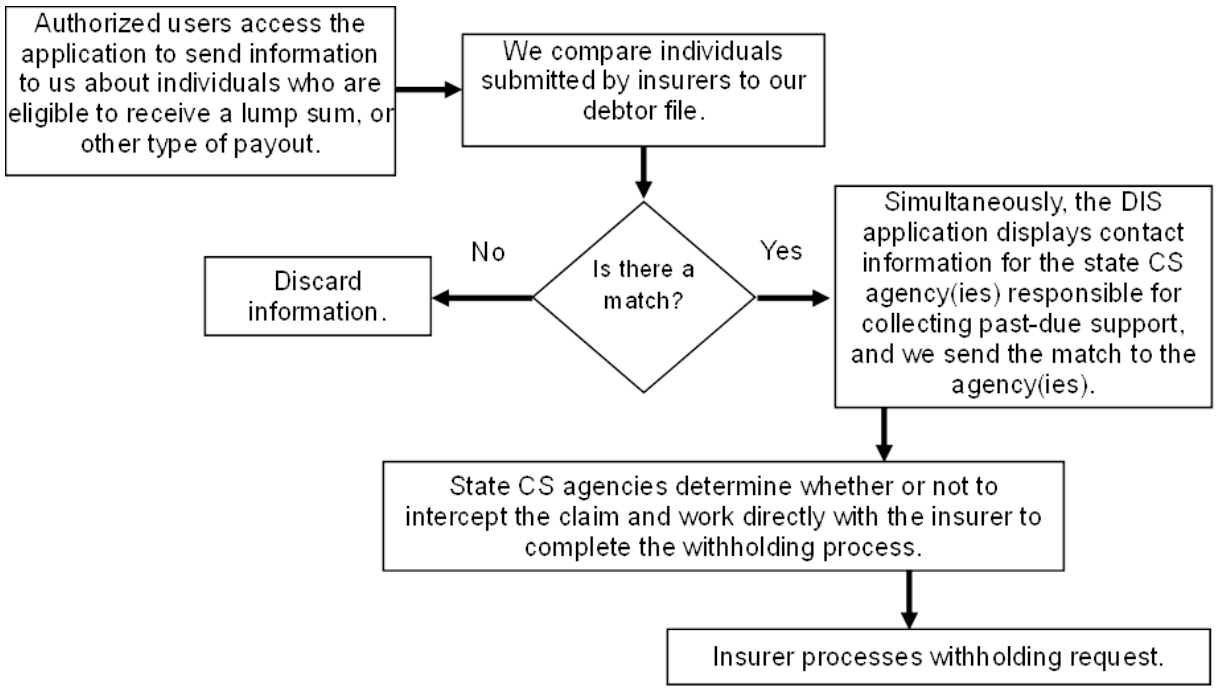
You must send all information at least five days before the payout date. This five-day window allows state agencies time to process matches they receive.

You may release the payment to the claimant or beneficiary after the payout date. However, if the state-mandated hold period for lump-sum payouts is beyond the payout date, you must hold the payment according to state law.

Specifications including the record layout for the DIS are located in the Debt Inquiry Service System Interface Specifications.

Figure 5-4 shows the DIS process flow. CS agencies send information to us about individuals who owe past-due support.

Figure 5-4: DIS Process Flow



6 Transmission Methods

We support the following transmission methods.

- The Portal (for Participation Option One: Claims Submitter Only)
- Managed File Transfer (MFT)
  - TIBCO® MFT software required
  - Platform-to-platform exchange
  - Connectivity requirements are Internet with VPN tunnel and AES-256/SHA-2 encryption
- SFTP with VPN Requirement
  - The VPN requires that all phase 1 and phase 2 settings use AES256/SHA2
  - The pre-shared secrets will be exchanged over the phone
  - Pre-shared secrets should contain upper and lower case alpha, numeric, and symbolic characters and should be no less than 16 characters in length
  - We use public IP (non-RFC 1918) addresses within our VPN tunnel and require our external business partners to provide public IPs for use within the VPN tunnel
  - We will source all outbound SSH/SFTP traffic from a single IP address
  - Two additional IPs will be provided for inbound connections to our production and integration environments
  - Inbound connections within the VPN should use SSH/TCP Port 22
  - Outbound connections are normally configured to use SSH/TCP Port 22, but may be modified if required
  - Your SFTP software must be able to support Secure Shell (SSH) with key authentication

Note 1: The VPN implementation is a requirement. OCSE must use encryption at both the transport (via the VPN) and application (via SFTP) levels for the exchange. There are no exceptions.

Note 2: We do not support Pretty Good Privacy (PGP) encryption

  - Your SFTP software must be able to act as both the SFTP server and client
  - OCSE will act as the SFTP client for transmission of the OCSE inquiry file. No sites are permitted to "pull" or act as the SFTP client to receive the inbound (OCSE-to-external) file
  - OCSE will dictate the outbound (external site-to-OCSE) filename

Contact Charlotte Hancock (charlotte.hancock@acf.hhs.gov) to schedule a teleconference with your network and SFTP host/server administrator.

  - Network engineer: to discuss the VPN requirement
  - SFTP host/server administrator: to discuss the SFTP directory structure, credentials share (SSH key exchange), and SFTP server/client environment
  - Application contact: to discuss end-to-end application testing

7 File Layout

You can use the IM SIF layout shown in Appendix A to send claims information to us. The SIF is only required if you are a matching partner.

We support text (.txt) and comma-separated values (.csv) file formats.

The DIS file layout is available in the Debt Inquiry Service System Interface Specifications.

8 Where to Get Help

If you have questions about specifications, email the IM Help Desk at insurancematch@acf.hhs.gov.

A. OCSS 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: OCSS INSURANCE MATCH STANDARD INPUT FILE RECORD

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.

CHART A-1: OCSS INSURANCE MATCH STANDARD INPUT FILE RECORD				
Field Name	Location	Length	A/N	Comments
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.

CHART A-1: OCSS INSURANCE MATCH STANDARD INPUT FILE RECORD				
Field Name	Location	Length	A/N	Comments
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 – Life 01 – Automobile 02 – Automobile – No fault 03 – Automobile – Medical 04 – Property liability 05 – Workers' compensation 06 – Personal injury 07 – General liability 08 – Homeowners liability 09 – Medical premise/owner's policy 10 – Product liability 11 – Slip, trip, and fall 12 – Property damage 13 – Unknown 14 – Disability 15 – Annuity 16 – Policy surrender 17 – Mutual fund 18 – Unemployment 19 – Dividend withdrawals 99 – Other
Insurance Claim State Code	419-420	2	A/N	The state alphabetic code where the insurance loss occurred.

CHART A-1: OCSS INSURANCE MATCH STANDARD INPUT FILE RECORD				
Field Name	Location	Length	A/N	Comments
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 – Open 1 – Closed
Insurance Claim Payout Frequency Code	439	1	A/N	Indicate the frequency of the payouts. Valid values are: 1 – One-time 2 – Weekly 3 – Biweekly 4 – Monthly 5 – Quarterly 6 – Annually 7 – Other

CHART A-1: OCSS INSURANCE MATCH STANDARD INPUT FILE RECORD				
Field Name	Location	Length	A/N	Comments
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 Address 01 – Name and DOB 02 – Name and SSN 03 – SSN 04 – SSN and Address 05 – SSN and DOB 06 – SSN, Name, and Address 07 – SSN, Name, and DOB 08 – SSN, Address, and DOB 09 – SSN, Name, Address, and DOB 10 – 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.

CHART A-1: OCSS INSURANCE MATCH STANDARD INPUT FILE RECORD				
Field Name	Location	Length	A/N	Comments
Claimant Sex Code	525	1	A/N	The claimant's sex you have on file. Valid values are: F – Female M – 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 Driver License 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.

CHART A-1: OCSS INSURANCE MATCH STANDARD INPUT FILE RECORD				
Field Name	Location	Length	A/N	Comments
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.

CHART A-1: OCSS INSURANCE MATCH STANDARD INPUT FILE RECORD				
Field Name	Location	Length	A/N	Comments
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.

CHART A-1: OCSS INSURANCE MATCH STANDARD INPUT FILE RECORD				
Field Name	Location	Length	A/N	Comments
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.

CHART A-1: OCSS INSURANCE MATCH STANDARD INPUT FILE RECORD				
Field Name	Location	Length	A/N	Comments
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.

PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: The purpose of this voluntary information collection is to compare information regarding individuals owing past-due child support with information maintained by insurers pertaining to claims, settlements, awards, and payments to assist state child support agencies collect past-due support. Public reporting estimated burden for this collection of information is 0.083 hours per respondent, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. As provided by the 42 U.S.C. § 653(m), any confidential information collected for this program is secured and accessed only by authorized users. A federal agency may not conduct or sponsor, and 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, unless that collection of information displays a currently valid OMB Control Number. If you have any comments on this collection of information, please contact OCSSFedSystems@acf.hhs.gov

B. Debtor File Layout

The Debtor File is a standard, fixed-format layout used for sending individuals who owe child support to matching partners. This section explains the Debtor File record layout, including field definitions and required fields.

Chart B-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 B-1: Debtor File Layout

Field Name	Location	Length	A/N	Comments
Obligor SSN	1-9	9	A/N	The obligor's SSN for insurance matching purposes.
Filler	10-12	3	A/N	This is for future versions. This is all spaces.
Obligor Last Name	13-47	35	A/N	The obligor's last name to use for insurer matching purposes.
Obligor First Name	48-63	16	A/N	The obligor's first name.
Obligor Middle Name	64-79	16	A/N	The obligor's middle name.
Date of Birth	80-87	8	A/N	The obligor's date of birth in CCYYMMDD format. If the DOB is not available, this is all spaces.
Obligor Sex Code	88	1	A/N	The obligor's sex: F – Female M – Male If not available, this is a space.

Chart B-1: Debtor File Layout				
Field Name	Location	Length	A/N	Comments
Obligor Address Line 1 Text	89-128	40	A/N	The obligor's address information within this first street field. If not provided, this is all spaces.
Obligor Address Line 2 Text	129-168	40	A/N	The obligor's address information within this second street field. If not provided, this is all spaces.
Obligor Address City Name	169-193	25	A/N	The city associated with the obligor's address. If not provided, this is all spaces.
Obligor Address State Code	194-195	2	A/N	The alphabetic code for the state associated with the obligor's address. If not provided, this is all spaces.
Obligor Address ZIP Code	196-210	15	A/N	The five-digit ZIP Code and the four-digit extension code (if available) that is the geographic segment subunit of the ZIP Code; or the postal zone (up to 15 characters) specific to the country, other than the U.S., where the mail is delivered. If not provided, this is all spaces.
Obligor Address Foreign Country Indicator	211	1	A/N	Shows whether the obligor has a U.S. or foreign address: 1 – The obligor's address is in a foreign country. Space – The obligor's address is in the U.S.
Obligor Address Foreign Country Name	212-236	25	A/N	The foreign country associated with the obligor's address. If there is no country name, this is all spaces. If the address is not in a foreign country, this is all spaces.
Filler	237-300	64	A/N	This is for future versions. This is all spaces.

C. Summary of Changes

Chart C-1 lists the change to this document.

Chart C-1: Summary of Changes	
Location	**Change**
Appendix A: OCSE Insurance Match Standard Input File Record	Updated the OMB Control Number: 0970-0342 (expiring January 31, 2027) in the header and the document date.