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

# Debt Inquiry Service (DIS) Insurer Agreement and Profile

By completing and providing the information contained in the **"Debt Inquiry Insurer Profile Form,"** the insurance company or the agent of an insurance company agrees that it will:

- Provide information about individuals who are eligible to receive an insurance claim, payment, settlement, and/or award.

- Only use the information resulting from the data match for the purpose of contacting state child support agencies. In accordance with Section 452 of the Social Security Act, the information provided to insurers (or their designated agents) for purposes of conducting the data matches may not be used by such insurers or agents for any other purposes and may not be re-disclosed to any person except to the extent necessary to conduct the data matches. There may also be additional prohibitions or penalties which apply under state law.

- Not impersonate any individual, entity, or association, use false headers, or otherwise conceal or provide misleading information about it's identity while providing information to and receiving information from the DIS.

- Provide true, accurate, current, and complete information about the entity identified in the profile form.

- Provide written notice to the Federal Office of Child Support Enforcement, at least 30 days in advance, of its intent to no longer provide Debt Inquiry Payout files.

- Not use any information obtained as a result of involvement with the Debt Inquiry Service for employment decisions.

The Deficit Reduction Act of 2005, Pub. L. 109-171, s. 7306, amended Section 452 of the Social Security Act and authorizes OCSE, through the Federal Parent Locator Service, to “compare information concerning individuals owing past-due child support with information maintained by insurers (or their agents) concerning claims, settlements, awards, and payments.” 42 U.S.C. 652(l) (to be redesignated 42 U.S.C. 652(m)). The legislation includes a non-liability clause regarding insurer disclosure or any other action taken in accordance with this subsection.

An insurer's election to participate in the OCSE Debt Inquiry Service data match shall not be construed as consent to participate in any other centralized data process. When completed by a representative of the insurer (or their agent), this profile form will serve as the official operational agreement between the organization and OCSE.

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

◉ Accept ◯ Decline

# Debt Inquiry Profile Form

Required *

## General Information

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

Start Date: *

(MM/DD/YYYY)

FEIN: *

(Primary Federal Employer Identification Number, the FEIN that your organization will use on the batch for files being transferred. Format: 123456789)

Organization Type: *

Organization Name: *

Organization Short Name:

(Supply a shortened name, abbreviation, or acronym for your organization.)

## Address Information

Address Line 1: *

Address Line 2:

Address Line 3:

City: *

State: *

Zip Code: *

Format: 12345 or 123456789

Required *

# Contact Information

Enter business, debt inquiry, and technical contact information.

## Business Contact Information

Enter business contact information.

Contact Name: *

Contact Phone Number: *

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

Contact Fax:

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

Contact E-mail: *

(Format: name@somewhere.com)

☑ Click if you want E-mail notifications sent to this E-mail address

## Debt Inquiry Contact Information

Enter debt inquiry contact information.

Contact Name: *

Contact Phone Number: *

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

Contact Fax:

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

Contact E-mail: *

(Format: name@somewhere.com)

☑ Click if you want E-mail notifications sent to this E-mail address

Required *

## Technical Support Contact Information

Enter technical support contact information.

Contact Name: *

Contact Phone Number: *

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

Contact Fax:

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

Contact E-mail: *

(Format: name@somewhere.com)

☐ Click if you want E-mail notifications sent to this E-mail address

## Communication Preference

You must select a preferred method of communication for your organization: E-mail, 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, no characters such as spaces or parentheses. 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.xls)

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

## File Encryption:

If you choose file encryption, your organization must use OCSE's GPG public key to encrypt files destined for OCSE. The OCSE portal network administrator will e-mail the key to you. OCSE 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 OCSE.

Method of Transmission: *

- (●) Debt Inquiry web application
- ( ) Partner will send to OCSE
- ( ) OCSE will retrieve from partner

## Server Information

If you select "Debt Inquiry web application" as the transmission method, provide the public source IP addresses used by your organization to access the internet. In most cases, the addresses will be those of your company's internet proxy servers. Verify addresses with your network administrator.

| IP Address Information | |
|---|---|
| Public Source IP Address: | |
| Public Source IP Address: | |
| Public Source IP Address: | |

If you select "Partner will send to OCSE" as the transmission method, only fill in the IP address and port or host name and port for your production server and test server (if applicable). The OCSE portal network administrator will e-mail OCSE connection information to your organization's technical contact.

If you select "OCSE will retrieve from Partner" as the transmission method, fill in either an IP address or a host name entered for your production and test servers (if applicable). Both are not required.

| Production Server | |
|---|---|
| User ID: | |
| Password: | |
| IP Address: | |
| Host Name: | |
| Port: | |
| Directory Name: | |

| Test Server | |
|---|---|
| User ID: | |
| Password: | |
| IP Address: | |
| Host Name: | |
| Port: | |
| Directory Name: | |