

Financial Institution Data Match Election Agreement

Instructions:

All financial institutions are required to report under the Financial Institution Data Match (FIDM) program. Financial institutions must execute an agreement and elect a reporting method in order to enroll in the FIDM program. For an explanation of the FIDM program, please refer to the information contained in the Idaho Department of Health and Welfare's Financial Institution Data Match Program Handbook. The following agreement is divided into sections so that you can make reference to a specific area should you have questions. Many financial institutions have already signed FIDM agreements; however, to ensure that we have the most up-to-date information, ***we are asking you to please complete the information form listed below and the requested information throughout this agreement.*** Please indicate which Method Type your financial institution is using to report as well as media type, designation of agent/service bureau, and reporting month and week. Please note, only three media types are available now.

Complete Financial Institution Information:

Please complete the information form listed below for your financial institution.

Federal Employer Identification Number

Contact person

Financial Institution name

Telephone number

Address

Fax number

City/State/Zip

Email address

Select Preferred Type of Media to be Used

In this section you are asked to designate the media your entity wishes to use in reporting data to the Idaho Department of Health and Welfare’s FIDM program.

Reporting Method

All Accounts Method. Institutions may elect to send a file containing all accounts maintained by their entity on a quarterly basis. Method 1 filers must submit their all accounts files in one of the following acceptable media types:

_____ Upload from Web site _____ CD-ROM _____ Diskette

Matched Accounts Method. Institutions may elect to match a case file from the Department quarterly against all accounts maintained at the entity. These matched accounts must be submitted to the Department within 30 days of receipt of the case file. Method 2 filers must choose one of the media types listed below on which to receive the inquiry file.

_____ Download from Web site _____ CD-ROM _____ Diskette

Designate an Agent or Service Bureau (if applicable)

Designation of Agent

(“The Institution”), as a financial institution participating in the State of Idaho’s Financial Institution Data Match (FIDM) program pursuant to Idaho Code Section 56-0203F “Child Support Services – Agreements with financial institutions” requests that the Department of Health and Welfare (“the Department”) authorize its use of agent, (“the Agent”) for the purpose of satisfying the reporting requirements of Idaho Code Section 56-0203F.

Both the Institution and the Agent acknowledge and agree that any information received from the Department pursuant to Idaho Code Section 56-0203F is confidential and may be used solely for the purpose of complying with the reporting requirements of that section. Both the Institution and the Agent acknowledge and agree that they will not disclose any information contained in an informational return or request for information by the Department except for their respective authorized employees engaged in complying with the reporting requirements of Idaho Code Section 56-0203F or to authorized employees of the Department. Both the Institution and the Agent acknowledge and agree that they are bound by the confidentiality provisions of Idaho Code Section 9-340C and are subject to the penalties contained therein.

By signing below, I accept the above conditions and certify that I am authorized to do so on behalf of my institution or my company.

Please Print

Institution Name

Federal Employer Identification Number

Signature of Authorized Representative

Address

Name of Authorized Representative

City/State/Zip

Contact person

Telephone number

Fax number

Email address

Designate Your Quarterly Reporting Date

You are not required to *change* your current reporting month and week. You can continue to submit your data match files on your current schedule. If you know your reporting schedule, please indicate it on the form below.

Reporting Date: _____

Month

Week

This calendar can be used as a guideline for designating a reporting month and week.

Quarter	Months	Week 1	Week 2	Week 3	Week 4
Quarter 1	January, February, March	Days 1-7	Days 8-15	Days 16-22	Days >22
Quarter 2	April, May, June	Days 1-7	Days 8-15	Days 16-22	Days >22
Quarter 3	July, August, September	Days 1-7	Days 8-15	Days 16-22	Days >22
Quarter 4	October, November, December	Days 1-7	Days 8-15	Days 16-22	Days >22

- 9 If you select Month 1, Week 1, then your quarterly reporting dates will be: January 1-7th, April 1-7th, July 1-7th, October 1-7th.
- 9 If you select Month 2, Week 4, then your quarterly reporting date will be: February 22-30, May 22-31, August 22-31, November 22-31

Complete Your Enrollment

Customer Service representatives are available to assist you with any questions about the FIDM program or this Agreement between 8:00 am to 6:00 pm Mountain time or 7:00 am to 5:00 pm Pacific time at 1-877-965-3436.

Note: If you are an entity authorizing an agency or service bureau to do your reporting, both parties must sign this agreement and mail it in. For your protection, enrollment will not be completed over the telephone.

Mail in Your Enrollment

Please mail your signed, completed agreement to:

Informatix, Inc.
 Alliance FIDM Operations
 1760 Abbey Road
 East Lansing, MI 48823-7394

Signature	Title	Date
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Questions

Please call 1-877-965-3436 if you have technical questions regarding this agreement, data processing, technical support, scheduling, or general program information.

Also, please visit our website at: <http://fidm.statedatamatch.com> for more information and to upload your quarterly match files or download the Department's case file for matching.

<i>For FIDM program office use Only</i>	Date Received	Date Entered
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