STATE OF ALASKA Individual

Financial Data Match Agreement

I.	Parties to Agreement
	This agreement is between the Ctate of Alaska Child Compart Enforcement Divi

This agreement is between the State of Alaska, Child Support Enforcement Division and the Financial Institution identified below: **DIVISION NAME:** Child Support Enforcement Division

Contact Person: **Autumn Short** Title: Special Collections & Domestic Enforcement Manager 550 W. 7th, Suite 280 Address: Anchorage, AK 99501-6699 (907) 269-6838 Telephone Number: FAX Number: (907) 787-3134 E-MAIL: autumn.short@alaska.gov **FINANCIAL** INSTITUTION NAME: Contact Person: Address: _____ Telephone Number: FAX Number: E-MAIL: *The following person is designated as the contact person responsible for performing the data matches: *Agent (if any)______FEIN#____ *Contact Person:

Telephone Number: ______
FAX Number: _____
E-MAIL: _____

II. Scope and Purpose of Agreement

1. Purpose: The purpose of this agreement is to establish the procedures and requirements that must be met by the State of Alaska Child Support Enforcement Division and Financial Institutions, pursuant to AS 25.27.020 (D) and the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, Pub.L. 104-193, to operate a data match system to be used for identifying each non-custodial parent who maintains an account at the Financial Institution for use in the establishment, enforcement and/or collection of support obligations.

2. Definitions:

Account:

- A demand deposit account;
- Checking or negotiable withdrawal order account;
- A savings account;
- A time deposit account; or
- A money market mutual fund account.
 - "AS" Alaska Statute: AS 25.27.020(D) "procedures under which the agency (CSED) shall enter into contracts or agreements with financial institutions, including brokerage houses, insurance companies, and other companies providing individual investment, transaction, or deposit accounts, doing business in the state to develop and operate an automated data match system as required by 42 U.S.C. 666(a)(17); the agency may pay a reasonable fee to a financial institution for conducting a data match under a contract or agreement under this subparagraph; the fee may not exceed the actual costs incurred by the financial institution for conducting the data match".

• Confidential Information:

All data regarding Non-Custodial Parents provided by either party to the other pursuant to the terms and conditions of this contract.

• Electronic Funds Transfer (EFT): Any transfer of funds; other than a transaction originated by check, draft, or similar paper instrument, which is initiated through an electronic terminal, telephonic instrument, computer or magnetic tape so as to order, instruct, or authorize a financial institution to debit or credit an account.

• Financial Institution:

- A depository institution, as defined in section 3(c) of the Federal Deposit Insurance Act (12 U.S.C. 1813(c));
- An institution-affiliated party, as defined in section 3(u) of such Act (12 U.S.C. 1813(u));

- Any Federal Credit Union or State Credit Union, as defined in section 101 of the Federal Credit Union Act (12 U.S.C. 1752), including an institution-affiliated party of such credit union, as defined in section 206(r) of such Act (12 U.S.C. 1786(r)); and
- Any benefit association, insurance company, safe deposit company, moneymarket mutual fund, or similar entity authorized to do business in the state.
- Financial Record: The original, copy of, or information known to have been derived from, any record held by the Financial Institution pertaining to a customer's relationship with the Financial Institution.
- Non-Custodial Parent: The natural parent, adoptive parent, or a person having signed an affidavit acknowledging paternity which has been filed with state Bureau of Vital Statistics, who owe support.
- State IV-D Agency: The single and separate organizational division in the State that has responsibility of administering or supervising the administration of the State plan under IV-D of the Social Security Act.
- Support Obligation: The obligation to provide for the necessary care, support and
 maintenance, including medical expenses, of a dependent child or other person as
 required by statutes and the common law of
 this or another state.

3. Terms:

a. Match Methodology:

The Financial Institution may elect to transmit the required information to the Department by either of the following two methods. The method checked will be the method by which the financial institution agrees to participate.

______(1). Method 1 (All Accounts Method)
The Financial Institution shall quarterly submit to the Department or designated agent, a file identifying all open accounts. The Financial Institution must submit a supplemental file within 45 of the end of each subsequent calendar quarter. This supplemental file must identify each new account opened as well as each account closed in the prior quarter.

______(2). Method 2 (Matched Accounts Method)
Institution shall match a file supplied by the Department not more than quarterly against all accounts maintained at the institution. Institutions electing this option shall report information required by the Department on all accounts at the institution maintained by persons on the Department's inquiry file. Institution shall submit a match file within 45 days of receiving an inquiry file from the Department.

b. DATA ELEMENTS AND REQUIREMENTS:

All data supplied under this Agreement as required below shall be in accordance with the Financial Institution Data Match Specifications Handbook. The FIDM Specifications Handbook is accessible online at fidm.tier.com.

c. TRANSMISSION METHODOLOGY:

Please indicate the media for receiving and sending inquiry files from the state and for submitting accounts.

I will Receive file from state on:
CD
Diskette
FTP
Internet
Other (Specify)
I will Send accounts to state on:
CD
Diskette
FTP
Internet
Other (Specify)
*Please indicate which week of the quarter the Financial Institution will transmi
data or perform the data match. Calendar quarters begin January 1, April, July,
and October1 of each year. (e.g.: indicating week three will indicate that the
Financial Institution will perform the data match transmission on the weeks
beginning January 15, April 15, July 15, and October 15.)
WFFK.

d. Times Frames:

This agreement will commence upon receipt of signed agreement and continue thereafter year by year unless otherwise modified by mutual agreement of both parties. This Agreement may be amended, waived or voided in writing at any time by mutual consent of both parties.

Financial Institution
Title
Date
OR
Financial Institution Agent
Title
Date
Department
Child Support Enforcement Division
Title
Date

MAIL THE COMPLETED AGREEMENT FORM TO:

Child Support Enforcement Division Autumn Short 550 W. 7th, Suite 280 Anchorage, AK 99501-6699

For assistance contact Autumn Short at:

Telephone: (907) 269-6838 FAX: (907) 787-3134

SIGNATURES:

E-Mail: autumn.short@alaska.gov