

FINANCIAL INSTITUTION DATA MATCH AGREEMENT

This agreement establishes requirements to be met by the Pennsylvania Department of Human Services (DHS) and the Financial Institution self-identified below, hereinafter called the Financial Institution, pursuant to Title 23 of the Pennsylvania Consolidated Statutes (23 Pa. C.S.) §4304.1(b.1)(g) and section 466(a)(17) of the Social Security Act. (23 Pa. C.S. §4304.1(b.1)(g); 42 U.S.C. §666(a)(17).) The Financial Institution shall participate in the automated exchange of data, in accordance with 23 Pa. C.S. §4304.1(b.1)(1), by providing on a quarterly basis such identifying information, asset information and benefit information as defined in 23 Pa. C.S. §4304.1(g) as the Department may specify for any obligor who owes past due support as identified by the Department by name and Social Security number. This data exchange system will be implemented and managed through the DHS's Title IV-D Child Support Enforcement Program and/or its authorized agent.

All files must be provided to DHS in accordance with an approved format as set forth in the Federal Financial Data Match Specifications Handbook, incorporated herein by reference, and the Pennsylvania Addendum to the Federal Financial Data Match Specifications-Pennsylvania specific FIDM Program requirements. The Financial Institution shall provide the DHS with missing account information within 10 days of DHS or its agent(s) notifying the Financial Institution's Program Contact of the lack of information.

CONTACT DATA AND PROGRAM OPTION SHEET: A Financial Institution shall submit, with the signed agreement, the Contact Data and Program Option Sheet, incorporated herein by reference, to provide DHS with contact information, selection of match method, and media selection. The Contact Data and Program Option Sheet provides the match method processes and timelines for exchanging data with the DHS.

Public Law 104-200, Child Support Performance and Incentive Act of 1998, grants the Federal Office of Child Support Enforcement (OCSE) the authority to act as an intermediary between states and multistate financial institutions to aid in the exchange of information. If your Financial Institution operates in several states and has chosen to participate in the OCSE's Multistate Financial Institution Data Match (MSFIDM), your Financial Institution is not required to participate in Pennsylvania's In-State Financial Institution Data Match (PA FIDM) Program. In lieu of completing this agreement, please provide DHS with a copy of your Financial Institution's agreement with OCSE to participate in the MSFIDM (See DHS's address at the end of this agreement). Should your Financial Institution terminate its participation in the MSFIDM, DHS must be notified in writing within 30 days of the effective date of termination.

REIMBURSEMENT OF COSTS: (APPLIES TO MATCH METHOD 2 ONLY)

DHS may reimburse on a quarterly basis a Financial Institution, which selects Match Method 2, for costs directly related to the match of the DHS obligor file against account records maintained by the Financial Institution. The payment of fees shall be based upon auditable, actual, and reasonable costs not to exceed \$250 per quarter.

Reimbursement of match costs will be based on the exchange of an obligor name and Social Security number, not the number of accounts owned by the obligor at the Financial Institution. A Financial Institution must have successfully processed Match Method 2 media for the quarter. A Financial Institution may receive reimbursement for match costs when there are no resulting matches by submitting a Media Transmittal Form showing zero matches for the quarter. DHS shall only authorize payment of the actual costs incurred by the Financial Institution at an amount not to exceed the rate of reimbursement specified above.

With each reimbursement request, the Financial Institution must provide DHS with a detailed description of the methodology used by the Financial Institution to establish match costs. The methodology must document that costs used by the Financial Institution do not exceed rates charged for similar services in the financial industry. The Financial Institution or its agent(s) shall submit all requests for reimbursement to DHS within thirty (30) days following the file submission deadline for each quarter. Upon receipt of a properly documented claim for reimbursement, DHS or its agent will verify: the adequacy of the cost methodology; the successful processing of the data match; and the invoice's conformity with the submitted cost methodology.

Reimbursement requests are to be submitted to: Department of Human Services, Bureau of Child Support Enforcement, Location Code: [21OIMBCSE] PO Box 69181, Harrisburg, PA 17106.

Confidentiality: Both parties, DHS and the Financial Institution, shall ensure that any of their employees, third party data processors and other agents agree to take all steps necessary to ensure that information contained in their respective records shall be kept confidential and shall be used solely for the purposes delineated in 23 Pa. C.S. §4304.1. In accordance with 23 Pa. C.S. §4304.1(d), any person, government agency, employer, or agent of DHS who divulges such information in a manner not provided by law commits a misdemeanor of the third degree and, upon conviction, shall be sentenced to pay a fine of up to \$1000 per violation and costs and shall be subject to a term of imprisonment of not more than one year, or both. Both DHS and the Financial Institution agree to take all reasonable steps to ensure that their employees, third party data processors and agents keep this information confidential.

FIDM AGREEMENT

LIABILITY: 42 U.S.C. Section 666(a)(17)(C) establishes that a Financial Institution shall not be liable under any Federal or State law to any person for any disclosure of information through the Financial Institution Data Match (FIDM) Program. Similarly, Financial Institutions shall not be liable under any Federal or State law for encumbering or surrendering any assets they hold in response to a notice of lien or levy (i.e., an Order to Freeze Assets and/or an Order to Seize Assets) issued by the court or DHS. In addition, Financial Institutions will not be held liable for any other action taken in good faith to comply with the requirements of Section 666(a)(17)(C). Pennsylvania law at 23 Pa. C.S. §4304.1(e) provides immunity to Financial Institutions. A Financial Institution that provides information to the State in accordance with this agreement shall not be subject to civil or criminal liability to any account holder, person or other entity in accordance with 23 Pa C.S. §4304.1(e).

PENALTY: In accordance with 23 Pa C.S. §4304.1(c), following notice and hearing, DHS may impose a civil penalty of up to \$1000 per violation upon any Financial Institution which willfully fails to comply with a request by DHS for information pursuant to 23 Pa C.S. §4304.1.

ADDITIONAL TERMS: This agreement will commence upon the Financial Institution's receipt of a fully executed agreement from DHS and shall continue thereafter year to year unless otherwise modified by the mutual agreement of both parties. This Agreement may be amended, waived, or voided in writing at any time by mutual consent of both parties. Both parties to the agreement shall make a good faith effort to come to agreement should any modification be required.

NOTIFICATION: The Financial Institution shall notify DHS to advise of the following changes: address, name of business entity due to mergers or acquisitions, match methods, media type, contact information, Federal Employer Identification Number, and the like. DHS shall consult with the Financial Institution concerning what circumstances may require a new agreement. A change of address or contact information shall not require a new agreement. Changes of address or contact information may be made using the Contact Information Change Request which is available on the PA FIDM website at www.childsupport.state.pa.us.

TERMINATION: Should the Financial Institution decide to participate in the Federal Multistate Financial Institution Data Match Program, the Financial Institution shall advise DHS in writing within thirty (30) days of its entry into agreement with the Federal Office of Child Support Enforcement (OCSE) to participate in the MSFIDM. A copy of the Financial Institution's agreement with the OCSE shall be forwarded to DHS along with such notice. The information shall be mailed to DHS at the address listed at the end of this agreement.

SIGNATURES:

The parties hereby acknowledge the forgoing as the terms and conditions of their understanding.

DEPARTMENT OF HUMAN SERVICES

FINANCIAL INSTITUTION

DESIGNATED REPRESENTATIVE
OFFICE OF INCOME MAINTENANCE
DEPARTMENT OF HUMAN SERVICES

DATE

SIGNATURE OF AUTHORIZED OFFICER

DATE

NAME OF AUTHORIZED OFFICER *(Please type or Print)*

TITLE OF AUTHORIZED OFFICER *(Please type or Print)*

FINANCIAL INSTITUTION NAME

FINANCIAL INSTITUTION ADDRESS

FEDERAL EMPLOYER IDENTIFICATION NUMBER

DAYTIME TELEPHONE NUMBER *(including Area Code)*

Please sign, date, and mail to: PA FIDM Program, Bureau of Child Support Enforcement, Attention: PA FIDM Coordinator, PO Box 8018, Harrisburg, PA 17105 within 30 days of receipt. If you have any questions or concerns regarding this agreement, E-Mail: ra-pwpafidm-program@pa.gov or call the Financial Institution Data Match Program at (717) 705-7121.

Contact Data and Program Option Sheet

Please complete this form in its entirety

· **Program Contact** (Individual who should receive program mailings, address programmatic issues, compliance issues and Method 2 reimbursement requests)

FI Name	Federal Employer Identification Number	
Street Address	City, State, Zip	
Mailing Address (If Different From Above)	City, State, Zip	
Contact Person	Title	
Daytime Telephone Number and Extension	Fax Number	Email Address

· **Lien/Levy Contact** (Individual who the Courts should contact regarding the issuance of any order and/or other communications necessary for completing the freeze/seize process to collect support from delinquent obligors)

FI Name	Federal Employer Identification Number	
Street Address	City, State, Zip	
Mailing Address (If Different From Above)	City, State, Zip	
Contact Person	Title	
Daytime Telephone Number and Extension	Fax Number	Email Address

· **Data Processor Contact** (Person/entity performing the data match function)

DP Name	Federal Employer Identification Number	
Street Address	City, State, Zip	
Mailing Address (If Different From Above)	City, State, Zip	
Contact Person	Title	
Daytime Telephone Number and Extension	Fax Number	Email Address

Pennsylvania Financial Institution Data Match

· **Program Options** (Please choose one option from each column).

<u>Method</u>	<u>Media Sent to FIDM</u>	<u>Media Received from FIDM</u>
<input type="checkbox"/> Method 1 (Available only to Institutions with assets less than \$25 million or less than 100 accounts.) The <i>All Account Asset File</i> must be received by the 8 th day of the last month of the quarter. <input type="checkbox"/> Method 2 (Available to all Institutions but required for Institutions with assets in excess of \$25 million and more than 100 accounts.) The FI <i>Matches Asset Files</i> must be received by the 8 th day of the last month of the quarter.	<input type="checkbox"/> 3.5" diskette - ASCII - encrypted <input type="checkbox"/> CD – ASCII - encrypted <input type="checkbox"/> FTPs (FTP over SSL in explicit mode) <input type="checkbox"/> HTTPS (secure internet) <input type="checkbox"/> Preformatted Excel Spreadsheet <input type="checkbox"/> Typed Paper Document (Available to Non-Computerized Financial Institutions Only) <input type="checkbox"/> Others upon request	<input type="checkbox"/> 3.5" diskette - ASCII - encrypted <input type="checkbox"/> CD – ASCII - encrypted <input type="checkbox"/> FTPs (FTP over SSL in explicit mode) <input type="checkbox"/> HTTPS (secure internet) <input type="checkbox"/> Others upon request
<p>Reference the Multistate Financial Institution Data Match Specifications Handbook and the Pennsylvania Addendum to the Multistate Financial Institution Data Match Specifications Handbook for a detailed description of match methods.</p> <p>Note: Asset files provided by the Financial Institution with incomplete account information will result in PA FIDM personnel calling the Financial Institution for remedial action. The Financial Institution shall provide the missing account information within 10 days of notifying the Financial Institution's Program Contact of the lack of information. A written follow-up via facsimile, electronic mail or other method may be used to contact the Financial Institution.</p>		

· **Form Contact** (Individual who can answer questions about the data contained on this form).

_____	_____
Contact Name (Please Type or Print)	Date
_____	_____
Contact Title	FI Name
_____	_____
Daytime Phone Number	Federal Employer Identification Number
*	*

Please complete this document and return it with your completed PA FIDM Agreement to:

PA FIDM Program
Bureau of Child Support Enforcement
Attention: PA FIDM Coordinator
PO Box 8018
Harrisburg, PA 17105
Telephone: (717) 705-7121
Email: RA-PWPAFIDM-Program@pa.gov