FIDM EXEMPTION REQUEST

DCSS 0738 (04/18/2017)

Use this form to request an exemption from the Financial Institution Data Match (FIDM) program with the California Department of Child Support Services (DCSS). Please refer to Page 2 of this form for additional information.

Financial Institution's Name	Federal Employer Identification Number (FEIN)
Contact Name	Title

Street Address (number and street)	City	State	Zip Code
Mailing Address (if different from street address)	City	State	Zip Code

Phone Number	FAX Number	E-Mail Address

DCSS has the authority to exempt certain Financial Institutions (FI) from the FIDM process in some circumstances. For instance, an exemption may be granted when the FI participation would not generate sufficient revenue to be cost effective, or the FI can prove they are in an undercapitalized position, or when the FI is a Mutual Fund other than Money Market Mutual Fund.

To seek an exemption, please mark the appropriate box below and attach sufficient documentation to support your request. Please note that requests without sufficient documentation will be rejected.

1. ☐ My institution requests an exemption because it has been classified as undercapitalized. Please attach documentation to support the classification by a supervising banking authority.

2. ☐ My institution qualifies for an exemption because it is a Mutual Fund other than Money Market Mutual Fund (as defined in 17 CFR 270.12d1-1(d)(2)). Please attach documentation to support the fund classification.

3. ☐ My institution qualifies for an exemption for other reasons not presented above. Please present a detailed description for your request with documentation to fully support your position, including any applicable legal authority.

All approved exemptions must be resubmitted every two years after the date of Department review and consideration.

Please Return the Completed Form to the Address Below:

Department of Child Support Services
Financial Institution Data Match
P.O Box 419064
MS-331
Rancho Cordova, CA 95741-9064

Authorized Representative for Financial Institution

Officer's Name (please print)	Title
Signature	Date

Authorized Representative for the Department of Child Support Services

Officer's Name (please print)	Title
Signature	Effective Decision Date

Authority

California Family Code section 17453 Delinquent Child Support Obligations and Financial Institution Data Match states, (a) The department, in coordination with financial institutions doing business in this state, shall operate a Financial Institution Data Match System utilizing automated data exchanges to the maximum extent feasible. The Financial Institution Data Match System shall be implemented and maintained pursuant to guidelines prescribed by the department. These guidelines shall include a structure by which financial institutions, or their designated data-processing agents, shall receive from the department the file or files of past-due support obligors compiled in accordance with subdivision (c), so that the institution shall match with its own list of accountholders to identify past-due support obligor accountholders at the institution.

Exemption

DCSS is authorized to exempt a financial institution from the FIDM requirements if the financial institution provides DCSS with a written notice from its supervisory banking authority that it is determined to be undercapitalized, significantly undercapitalized, or critically undercapitalized as defined by FDIC Regulation 325.103(b)(3), (4), and (5), or NCUA Regulation 702.102. The notice from the supervisory banking authority provided pursuant to this subsection shall be subject to department information security protections.

DCSS will review and consider a FIDM Exemption Request based on a financial institution being classified as a Mutual Fund other than Money Market Mutual Fund (as defined in 17 CFR 270.12d1-1(d)(2)) with proper supporting documentation. A single FIDM Exemption Request may be presented for a family of funds as long as documentation identifies each entity.

DCSS will consider the presentation of a financial institution that believes they should receive an exemption for a reason other than presented here. A detailed description of the reasoning and appropriate supporting documentation that will fully support the request is required.

DCSS shall consider each FIDM Exemption Request and respond in writing to the financial institution within sixty calendar days of receipt of the FIDM Exemption Request. Unless otherwise stated, an approved exemption remains in effect for twenty-four months from the date of approval or until the FIDM Program Administrator receives written notice from the financial institution that a change has occurred in the underlying facts that warranted the exemption. The department reserves the right to rescind the approved exemption should information come to light that would present the financial institution no longer qualifies for an exemption. The rescind notice will be in writing and will have an effective date of sixty calendar days from the date of the notice.

At least sixty calendar days prior to expiration of the exemption, a financial institution that seeks to renew its exemption status shall complete and submit a new FIDM Exemption Request to the FIDM Program Administrator. Within sixty calendar days of determining that the facts upon which the exemption no longer exists, the financial institution shall notify the FIDM Program Administrator of the change and shall file a DCSS 2060, *Election*, with the FIDM Program Administrator to begin participation in the exchange process.

Where to Send the FIDM Exemption Form

Complete and sign Page 1 of this form. Mail to: Department of Child Support Services, Financial Institution Data Match, P.O. Box 419064, MS-331, Rancho Cordova, CA 95741-9064.

Form Instructions

Your Institution's Name and Contact Information: Enter your institution's name exactly how it appears on the DCSS 2060, *Election*. Provide the name, phone number, and email address of the person within your financial institution designated to answer questions about FIDM.

Type of Action Submitted: Answer one of the three categories and provide sufficient information for item 2 or 3 (if applicable).

FIDM Authorization: An authorized officer of your financial institution shall sign the form.

Assistance: To answer questions related to FIDM, email ***DCSSFIDMhelp@dcss.ca.gov***.