**DEPARTMENT OF HEALTH & HUMAN SERVICES**

## Federal Office of Child Support Enforcement (OCSE) Insurance Match Program

_____ supports the Federal Office of

       (Name of Insurer)

Child Support Enforcement's (OCSE) Insurance Match Initiative and authorizes our

claims repository, _____, to provide OCSE

       (Name of Repository)

with matched claims information.

_____
Insurer Representative Name

_____
Insurer Representative Title

_____
Insurer representative Phone Number

_____
Insurer Representative E-mail Address

_____     _____
Signature of Insurer Representative            Date

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Return the completed form to:
OCSE Insurance Match Program via fax: (202) 401-5558 or email to Insurancematch@acf.hhs.gov.