

**(INELIGIBLE PRODUCER OUTPUT RECORD)**

Format/Edits

Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
1	Record Type	1	2	9(02)	Required. Must be 61.
2	Id Type	3	1	9(01)	Will be: 1 = SSN 2 = EIN 3 = OTH (Other, SBI only) 5 = BIA Number
3	ID Number	4	9	9(09)	ID Number of the Primary Insured or the SBI, depending on the Record Number. If ID Type eq "1" - Valid SSN If ID Type eq "2" - Numeric > 0 If ID Type eq "3" - Numeric 999999999 If ID Type eq "5" - First 5 digits are FIPS State and County Code
4	Record Number	13	3	9(03)	Will be 001 if Ineligible Producer was reported as a primary insured. Will be 002-999 if Ineligible Producer was reported as an SBI.
5	Entity Type	16	1	X(01)	Will be: I = Individual P = Partnership S = Spouse O = Other (SBI only) X = All Others B = Bureau of Indian Affairs
6	Approved Insurance Provider	17	2	X(02)	AIP that reported the producer as ineligible. (05= FSA, 06 = CAT Fee Receivable, 08= FCIC)
7	Reinsurance Year	19	4	9(04)	Reinsurance year of the contract with the debt.
8	Ineligibility Status Flag	23	2	9(02)	See Exhibit 61-1 for values.
9	Date of Ineligibility	25	8	9(08)	Date ineligibility established (YYYYMMDD). (Reference the ITS Handbook)
10	Indebtedness Eligibility Date	33	8	9(08)	Date eligibility was re-established in the case of a debt (YYYYMMDD).
11	Notification Letter Date	41	8	9(08)	Date the notification letter was sent to the producer (YYYYMMDD).
12	Eligibility Reversal Date	49	8	9(08)	Date of defaulted payment agreement or bankruptcy dismissal. (YYYYMMDD).
13	CAT Ineligibility Flag	57	1	X(01)	If "Y", producer is ineligible to participate in the Catastrophic Risk Program (CAT) due to disqualification, debarment or suspension. Otherwise, will be "N".
14	CAT Eligibility Date	58	8	9(08)	Date that the producer eligibility is restored for CAT participation. (YYYYMMDD format).

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Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
15	Buyup Ineligibility Flag	66	1	X(01)	If "Y", the producer is ineligible to participate in the buy up program due to disqualification, debarment or suspension. Otherwise, will be "N".
16	Buyup Eligibility Date	67	8	9(08)	Date that the producer eligibility is restored for buyup program participation. (YYYYMMDD format).
17	Controlled Substance Year of Eligibility	75	4	9(04)	Crop year that eligibility will be restored for producers convicted of controlled substance abuse violations.
18	Special Purpose Flag	79	1	X(01)	Indicator for special conditions. 'D' indicates defaulted payment agreement established before the termination date. 'M' indicates debt delinquency date is for a prior reinsurance year and crop year.
19	Filler	80	6	X(06)	Must be spaces.
20	Last Name	86	20	X(20)	Last Name of the Ineligible Producer/SBI as reported.
21	First Name	106	10	X(10)	First Name of the Ineligible Producer/SBI as reported.
22	Middle Name	116	10	X(10)	Middle Name of the Ineligible Producer/SBI as reported.
23	Name Suffix	126	5	X(05)	Name suffix (Jr, Sr, ...) of the Ineligible Producer/SBI as reported.
24	Title	131	4	X(04)	Title (Dr, Mr, Ms ...) of the Ineligible Producer/SBI as reported.
25	Business Name	135	35	X(35)	Business name of the Ineligible Producer/SBI as reported.
26	Address Line 1	170	35	X(35)	Line 1 of the Street Address for the Ineligible Producer/SBI as reported.
27	Address Line 2	205	35	X(35)	Line 2 of the Street Address for the Ineligible Producer/SBI as reported.
28	City	240	35	X(35)	Address City for the Ineligible Producer/SBI as reported.
29	Address State	275	2	X(02)	Address State for the Ineligible Producer/SBI as reported.
30	Zip Code	277	5	9(05)	Zip Code for the Ineligible Producer/SBI as reported.
31	Zip Extension	282	4	9(04)	Zip code extension for the Ineligible Producer/SBI as reported.
32	Contact Office Name	286	35	X(35)	Name provided by the reporting organization of the office for the Ineligible Producer to contact in order to settle their debt.
33	Corresponding ID Number	321	9	X(09)	ID Number of Primary Insured if Producer is a SBI.

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Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
34	Originating AIP	330	2	X(02)	Used to identify originating AIP for CAT fee records.
35	Filler	332	4	X(04)	Must be spaces.
36	Contact Office Phone	336	10	X(10)	Telephone number of the Contact Office.
37	Crop Year	346	4	9(04)	Crop year of the latest crop on the policy with the debt.
38	Filler	350	34	X(34)	Must be spaces.
39	RMA Data Processed Date	384	8	9(08)	Latest date that information was processed by ITS for the producer (YYYYMMDD).
40	RMA Data Receipt Date	392	8	9(08)	Date that the data was originally received by RMA for processing in the ITS system (YYYYMMDD).