October 7, 2002

Field

No.

1

2

3

4

5

6

7

8

9

10

Payment Type

79

2

X(02)

Exhibit 12
PAYMENT RECORD – TYPE 12)
Format/Edits

FCIC-M13

(PAYMENT RECORD – TYPE 12) Format/Edits								
Field Name	Begin Pos	Size	Picture	Field Edits				
Record Type	1	2	9(02)	Required. Must be 12.				
Insurance Provider	3	2	X(02)	Required. Edit with RO/Company table.				
Location State	5	2	9(02)	Required. Edit with FIPS State table.				
Company	7	3	9(03)	For Reinsured edit with company table; for				
				FSA edit with the county table. Must be valid				
				Pic code for reinsurance year.				
Policy Number	10	7	9(07)	Required. Must be $>$ zeros.				
Crop Year	17	4	9(04)	Required. Must be the crop year of the crops				
				reported under the policy. This will equal the				
				Reinsurance Year or Reinsurance Year +/- 1				
				for applicable crop code.				
Type 12 Key Reserve	21	55	X(55)	Space Reserved for Additional key data				
				required in the future or for other record types.				
Record Number	76	3	9(03)	Must be $> 000$ and unique within a policy.				

Must be one of the following: '00' = Paid by Insured

02' = CAT fees paid after crop termination '03' = Reversal of CAT fees paid (02)

Paid Amount	81	12	S9(10)V9(0	<ul> <li>'04' = State Subsidy</li> <li>'04' = State Subsidy</li> <li>'05' = Producer Premium Payment from a Livestock Indemnity</li> <li>Required; Edit as follows:</li> <li>If Payment Type = 00 Then enter the premium amount paid by the insured.</li> <li>If Payment Type = 02 then enter amount of CAT fees collected, including interest, AFTER the crop termination date. The paid amount cannot exceed the total receivable amount</li> </ul>	
				<ul> <li>reported on the 65 record. The paid amount is cumulative.</li> <li>If Payment Type = 03 then enter the amount of CAT fees reversal. Amount must be same as 02 reported.</li> <li>If Payment Type = 04 then enter the amount of the state subsidy.</li> <li>If Payment Type = 05 then enter amount of livestock indemnity applied to producer premium.</li> <li>The sum of all paid amounts for a policy must be ≥ zero.</li> <li>Note:</li> </ul>	
Prepayment Flag	93	1	9(01)	Fees and related interest are not included in Payment Type = '00' or '05'. For example, no \$30 or \$100 administrative fees should be included in the paid amount. If the payment record is submitted before any Type 11, 13 or 19 Records are submitted for the policy and the paid amount is greater than zero, the flag must be = 1. Otherwise the flag	

11

October	r 7, 2002	(DA)	MENT	Exhibit 12	TVDE 19)	FCIC-M13		
(PAYMENT RECORD – TYPE 12) Format/Edits								
Field No.	Field Name	Begin Pos	Size	Picture	Field Edits			
INU.		105						
					must equal zero.			

October 7, 2002

Field Name

Field

No.

12

13

22

23

24

Filler

Transaction Rejected Flag

Transaction Source Flag

579

580

581

1

1

20

## Exhibit 12 (PAYMENT RECORD – TYPE 12) Format/Edits

Field Edits

Picture

Begin

Pos

Size

FCIC-M13

Paid Date	94	8	9(08)	The date of payment; must be $\leq$ the current
				date. Must be a valid date if the payment type
				= '00', '02', '03' or '05' and the paid amount
				is > zero. If 02, must be > Debt Delinquency
				Date. If 03 date must be same as 02. Date
				format must be MMDDCCYY.
Payment/Credit Memo	102	8	9(08)	Internal Use. The transaction sequence number
Parent Transaction				of the type 20 record that caused this type 12
Sequence Number				record to be created as a Payment/Credit
				memo.
Payment/Credit Memo	110	18	X(18)	Internal Use. The contract number of the type

14	Payment/Credit Memo Parent Contract Number	110	18	X(18)	Internal Use. The contract number of the type 20 record that caused this type 12 record to be created as a Payment/Credit memo.
15	CAT Fee Payment Validation Flag	128	8	X(08)	Internal Use.
16	Filler	136	415	X(415)	Must be Spaces.
17	FCIC Control Time	551	4	9(04)	Internal Use. The time the transaction batch file was received. (From when transmission started) HHMM Format.
18	FCIC Control Date	555	8	9(08)	Internal Use. The date the transaction batch file was received. (From when transmission started) MMDDCCYY Format.
19	Reinsurance Year	563	4	9(04)	Internal Use. The Reinsurance Year. CCYY format.
20	Batch Number	567	4	9(04)	Internal Use. The sequential number identifying the file that was submitted by the RO to FCIC/RMA.
21	Transaction Sequence Number	571	8	9(08)	Internal Use. The sequential number assigned to each transaction number processed by DAS <u>after it has been sorted</u> .

X(01)

X(01)

X(20)

Internal. Reserved

Internal. Reserved

Internal.