

(RECORD 5 OUTPUT FORMAT for FSA SCIMS)

Format/Edits

Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
1	Incoming Filename	1	20	X(20)	
2	Request Record Type	21	2	9(02)	Required. Must be 05.
3	Reinsurance Year	23	4	9(04)	
4	Approved Insurance Provider	27	2	X(02)	
5	Location State	29	2	9(02)	
6	Policy Issuing Company	31	3	9(03)	
7	Policy Number	34	7	9(07)	
8	Crop Year	41	4	9(04)	
9	Crop Code	45	4	9(04)	
10	Insurance Plan Code	49	2	9(02)	
11	Location County	51	3	9(03)	
12	Record Type	54	4	X(04)	Must be SCIM.
13	Primary or SBI Indicator	58	3	X(03)	
14	RMA Tax ID Type Code	61	1	X(01)	
15	FSA Tax ID Type Code	62	1	X(01)	
16	RMA Tax ID Type Name	63	40	X(40)	
17	FSA Tax ID Type Name	103	15	X(15)	
18	RMA Entity Type Code	118	1	X(01)	
19	FSA Business Type Code	119	2	X(02)	
20	RMA Entity Type Name	121	40	X(40)	
21	FSA Business Type Description	161	40	X(40)	
22	Business Name	201	50	X(50)	
23	Last Name	251	25	X(25)	
24	First Name	276	20	X(20)	
25	Middle Name	296	20	X(20)	
26	Marital Status Code	316	2	X(02)	
27	Marital Status Name	318	15	X(15)	
28	Inactive Customer	333	1	X(01)	
29	Inactive Customer Date	334	10	X(10)	
30	Language Preference Code	344	2	X(02)	
31	Language Preference	346	15	X(15)	
32	Limited Resource Producer	361	1	X(01)	
33	FSA Producer Info As of Date	362	10	X(10)	