

Instructions for Completing the Federal Crop Insurance Reimbursement Claim

The maximum reimbursement available to any farmer is \$4,000

Part I - Verification of Eligibility

1. Print your name, address, social security number and telephone number.
2. Check the appropriate box to indicate whether you are filing this claim as an individual, a partner in a family farm partnership, or as a stockholder in a family farm corporation.
3. Print the name of the family farm partnership or corporation and its business tax identification number.
 - Please attach USDA form Farm Operating Plan for Payment Eligibility Review for a Joint Venture or General Partnership (CCC-502B) if you are filing a claim as a partner in a family farm partnership.
 - Please attach USDA form Farm Operating Plan for Payment Eligibility Review for a Corporation (CCC-502C) if you are filing a claim as a shareholder in a family farm corporation.

Notice: If you are claiming a reimbursement for a family farm corporation or a family farm partnership under Minnesota Statutes [1996], Section 500.24, you have an annual obligation to file a Corporation/Limited Partnership Farming Report. Call the Minnesota Department of Agriculture at (612) 296-1264 if you have not registered and need a registration form.

4. Check the county or counties that identifies the location(s) of the eligible farm.

Part II - Verification of Eligible Loss (*attach one of the following to verify an eligible loss*)

Attach one of the following documents to verify that you collected a crop insurance indemnity payment, a disaster payment, or experienced a loss of at least 50 percent from the United States Department of Agriculture, Farm Service Agency, county yield on **wheat** or **barley** in one or more growing seasons between 1993 and 1997.

Item 1 - Crop Insurance Indemnity Payment

- Multiple Peril Crop Insurance Summary of Loss Statement; or
- Historical Experience Analysis

Item 2 - A Disaster Payment

- USDA Form CCC-441; or
- Farm Entitlement Report

Item 3 - A Yield Loss Of At Least 50 Percent

- Farm Service Agency (FSA) Summary of Loss Statement; or
- Historical Experience Analysis Statement

Part III - Verification of 1997 Crop Insurance Premium

Enter the total premiums, plus any administrative fees, paid for federal crop insurance on **wheat** and **barley** for the 1997 growing season. Attach a 1997 Schedule of Insurance or Summary of Coverage that identifies the crops you insured in 1997, the location of the crops insured, and the amount of insurance premiums paid for wheat and barley coverage. **Do not include interest paid with insurance premiums.**

IMPORTANT: Claim forms must be postmarked by August 1, 1998 and returned to the following address:

Minnesota Department of Agriculture
Federal Crop Insurance Program
90 West Plato Boulevard
Saint Paul, MN 55107-2094

Telephone: 612/215-3946