



Farm Produce Insurance Authority

PO Box 30017, Lansing MI 48909-7517

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FPIF #6 (Rev 2/19)

GRAIN PRODUCER ASSESSMENT REFUND REQUEST

I am hereby requesting reimbursement of the at a rate equivalent to 1.5 cents per \$1,000 of farm produce sold (.00015 per dollar) from each assessment withheld from payment for farm produce which I sold. This request must be received or postmarked by first class mail to the Farm Produce Insurance Authority not more than twelve (12) months after the premium was collected. Refunds will be processed no later than 60 days after receipt of a completed form.

(PLEASE PRINT CLEARLY)

Producer's Name (Payee on settlement):

Producer's Address

City State Zip County

Primary Phone Secondary Phone

Social Security Number or Federal ID Number

(A Social Security or federal ID number must be supplied under IRC6109 for the purpose filing IRS form 1099.)

Table with 3 columns: Date Premium Collected, Purchaser (Elevator or company collecting premium), Amount Withheld. Includes rows for Name, Branch, City, County and a TOTAL REFUND REQUESTED row.

I am enclosing a copy of the settlement sheets or other documentation showing: the amount of GRAIN SOLD and at a rate equivalent to 1.5 cents per \$1,000 of farm produce sold (.00015 per dollar) from each producer's payment was withheld.

I certify under penalties by law that the producer requesting this refund paid the assessment for which a refund is sought, the information in this request is not false or fraudulent, and a request has not been previously submitted nor a refund received on the grain to which this refund refers.

A producer that requests and receives an assessment refund forgoes protection or compensation from the Farm Produce Insurance Program on any and all grain. Re-entry information will be mailed with refund checks.

This form may be reproduced as needed.

Producer's Signature Date

Have you:

- Completed this form
Attached copies of settlement sheets or other documentation
Is Power of Attorney on file for a landlord? on file attached

Date(s) assessment Collected	Purchaser (Elevator or Company Collecting assessment) List each separately	Amount Withheld
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<b>(Enter Total on the front side of form)</b>		