

New Group Submission Checklist

Group Name: _____

Contact: _____

Contact Email: _____

Contact Phone: _____

<p>Thank you for selecting The Secure Plans. Please email as attachments the following forms to Sales@InsurgencyBenefits.com. Forms may be found on the Secure Plans web site.</p> <p>Please Note: Self-funded plans require more paperwork than fully insured programs. They are regulated by more agencies, for example. In addition, the administrator will often generate personalized documents for the group once they receive the forms identified below. On the other hand, self-funded plans offer the potential for claim fund refunds at the end of the group’s contract period.</p>	
For Employers and Employees	
<input type="checkbox"/>	<p>Employer Application Please be thorough and do not leave questions blank or unanswered. If a question doesn’t apply enter “N/A.”</p>
<input type="checkbox"/>	<p>Rate Sheet(s) Please sign and date rate sheets from your quote for the plans sold. Please do not send all proposed plans.</p>
<input type="checkbox"/>	<p>Current Carrier Billing Please include the latest invoice available</p>
<input type="checkbox"/>	<p>Employee Enrollment Forms Please verify thorough completion of all forms and that your desired effective date is indicated.</p>
<input type="checkbox"/>	<p>Secure Plans Employer Acknowledgements of Disclosures Please sign and date this document certifying the employer (Plan Sponsor) has reviewed the implications of self-funding.</p>
<input type="checkbox"/>	<p>Wage and Tax Report Most recent filing. Please reconcile this report by indicating which employees are enrolling, ineligible or declining.</p>
<input type="checkbox"/>	<p>COBRA For Current Participants please provide: Member demographics, copy of COBRA Election Form, Qualifying Event Date, Qualifying Event Reason, Coverage being selected, Premiums paid through date</p> <p>Will group have any stand-alone COBRA administration. <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If “yes”, indicate coverages (dental, vision) and the stand-alone COBRA rates to be used for the new effective date.</p>

IMPORTANT NOTE:

DO NOT CANCEL CURRENT COVERAGE UNTIL WRITTEN CONFIRMATION OF APPROVAL IS RECEIVED FROM THE SECURE PLANS UNDERWRITERS.

New Group Submission Checklist

<input type="checkbox"/>	<p>Claims History: If not provided previously.</p> <p>Please submit, for the past two years if available, medical and pharmacy claims experience and information concerning all claims over \$25,000. For groups providing two years of claims experience only, employees may skip medical questions (Section 7 of the Secure Plans Employee Application)</p>
<input type="checkbox"/>	<p>IRS W-9 Form</p>
<input type="checkbox"/>	<p>Additional Information</p> <p>As requested by the program underwriters, if any.</p>
<input type="checkbox"/>	<p>Mail Check for First Month Fees (Payable to The Loomis Company) to: <i>The Loomis Company, Attention Billing, 850 N. Park Road, Wyomissing, PA 19610</i></p> <p>Attach Copy of this Check to Employer Application</p> <p><i>Note: Client should not include payments for current COBRA participants. These should be submitted to your COBRA Administrator.</i></p> <p>Important Notice: Current coverage should not be cancelled until written approval is received from the program underwriters.</p>

For Brokers	
	<p><i>When submitting your first Secure Plan case or your first case with this Stop-Loss Carrier, please submit the following:</i></p>
<input type="checkbox"/>	<p>W-9 Form</p>
<input type="checkbox"/>	<p>Insurgency Benefits Producer Agreement and Exhibits</p> <p>Available from your general agent or through Sales@ProtectPlan.Info</p>
<input type="checkbox"/>	<p>Copy of Current E&O Policy</p>
<input type="checkbox"/>	<p>Stop-Loss Carrier Forms</p> <p>If this is your first case with this stop-loss carrier. Forms are on the web site.</p>

Next Steps:

Please submit your client's application and other material to Sales@InsurgencyBenefits.com. Insurgency Benefits, the program underwriter, or the program administrator may contact you for additional information and to obtain signatures on additional forms. If approved for coverage, the administrator will provide your group with ID Cards and Plan Documents.

IMPORTANT NOTE:

DO NOT CANCEL CURRENT COVERAGE UNTIL WRITTEN CONFIRMATION OF APPROVAL IS RECEIVED FROM THE SECURE PLANS UNDERWRITERS.

Instructions for completing this agreement

- The employer or the employer representative must complete the entire Application form with signature.
- The agent must sign and date this agreement.
- A signed copy of the proposal/quote must accompany this submission.
- A check made payable to "Group Resources, Inc. for the first month's total payment must be sent to Group Resources with a copy of this check attached to this application.

Requested Effective Date:

____/____/____

1. Company Information

Full Legal Name of Company / Plan Sponsor		
Street Address		
City	State	Zip
Mailing Address		
City	State	Zip
Company Contact		
Contact Phone Number	Email Address	Contact Fax Number
Nature of Business	Date Company Established / /	SIC Code
Federal Tax Identification Number		
Employer / Business Type (Check one): <input type="checkbox"/> Single Employer <input type="checkbox"/> Church or Government Agency <input type="checkbox"/> Union <input type="checkbox"/> Other		
Employer contribution percentage is _____% <input type="checkbox"/> Employee Only <input type="checkbox"/> Employee and Dependents		
NOTE: The employer is required to contribute at least 25% of the monthly premium due for Employee only coverage.		
Are subsidiaries/affiliates to be included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", list names and addresses: _____		
If subsidiaries/affiliates are included, do you want separate bills sent to each of these subsidiaries I affiliates? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<p>Fiscal Plan Year: The 12-month period upon which the Form 5500 is based on and filed. If you are a small group that does not file a Form 5500, the plan year must still be a 12-month period. Typically, this is the 12-month period beginning either: 1) the date open enrollment elections are effective; or 2) the date you normally make benefit changes.</p> <p>• Is the group ERISA or NON-ERISA? <input type="checkbox"/> ERISA <input type="checkbox"/> NON-ERISA • Profit/Non-Profit: <input type="checkbox"/> For Profit <input type="checkbox"/> Not for Profit</p>		

2. Benefit Information

List most recent/current insurance carrier(s) or TPA(s): _____
Current group health plan: <input type="checkbox"/> Fully Insured <input type="checkbox"/> Self-Funded <input type="checkbox"/> N/A - No Current Coverage
What was/is the original self-funded plan effective date? ____/____/____

3. Workers' Compensation Information

Name of Workers' Compensation Carrier		
Policy Number	Carrier's Phone Number	

4. COBRA Information

Are you subject to COBRA? Yes No

NOTE: You are subject to COBRA if you or your controlled group, as defined in 26 U.S.C. 1563, employed at least 20 full or part-time employees on at least 50% of the typical business days during the previous calendar year. You must include employees residing outside the U.S.

Will Group Resources administer COBRA coverage? Yes No If no, please provide administrator information:

Name: _____

Address: _____

Phone: _____ Fax: _____

Is anyone in your group currently under COBRA, state continuation plan, or within their election period? Yes No
 If yes, please list below: **NOTE:** Any COBRA applications received after approval of this application may result in a rate adjustment or declination.

Employee/Dependent	Termination Date of Original Coverage	Qualifying Event

5. Medical Plan Selections

Select Pricing Arrangement: Standard Network Risk Based Pricing (RBP)

Employers may select any or all plans:

Secure Co-Pay Plans

- 500 Co-Pay
- 1000 Co-Pay
- 2000 Co-Pay

- 3000 Co-Pay
- 4000 Co-Pay
- 5000 Co-Pay

Secure HSA Plans

- HSA 3000
- HSA 4000
- HSA 5000

6. Employee Information

Total number of full-time employees:	Total number of part-time employees:	Total number of eligible employees:
--------------------------------------	--------------------------------------	-------------------------------------

Total number of enrolling employees: _____

NOTE: Minimum participation requirement: groups of 50 or fewer eligible employees: 75% of all eligible employees; groups of 51 or more eligible employees: 60% of all eligible employees. Eligible employees are those full-time employees without coverage elsewhere. If Employer contributes 100% of the employee premium, 100% of employees must enroll.

Minimum hours (per week) required for eligibility: _____

NOTE: Minimum of 30 hours per week, 48 weeks per year, which may be reduced to 20 hours per week by request.

6. Employee Information (continued)

 Employee probationary period: 30 days 60 days

NOTE: Employee effective date first month after probationary period.

 Employee Classes (define): Class I Class II Class III Class IV

 Any excluded classes of employees? Yes No If "Yes", give descriptions and reasons _____

 Does current health insurer /TPA extend coverage/benefits for disabilities after termination date? Yes No

If "Yes", please provide copy of policy, employee certificate and/or Summary Plan Description (SPD)

IMPORTANT NOTICE: All eligibility information must be complete and accurate. Excess Loss Coverage may be rescinded, reformed or declined if employer provides false or misleading information.

7. Special Requests
(Subject to written approval by Group Resources and Excess Loss Coverage Carrier)

8. Applicant Agreement

The agent has explained the details of the coverage(s)/benefits and I, the undersigned, acknowledge reading the entire application, including the Claims Funding Agreement and Administrative Services Agreement. The answers I have provided are true and complete. I understand that the terms and conditions herein binds the applicant only when the applicant receives written approval.

The Secure Plans are level-funded plans designed to set your company's maximum financial responsibility. however, you may be subject to financial responsibility greater than your final quoted rates under some circumstances. For example, errors by the administrator or by you may result in additional financial exposure. To minimize such exposure, the administrator and employer must manage this plan in accordance with the standard plan documents. The excess-loss carrier has the right to audit claim and eligibility information prior to funding claims filed under the stop-loss policy.

Full Legal Business Name:

Signature:

Name:

Dated on / /

9. Agent / Producer Information

To avoid delays in commission processing, please complete the following section in its entirety.

Writing Agent

Second Writing Agent

Writing Agent:	Second Writing Agent:
Agency:	Agency:
Agency License Number:	Agency License Number:
Commission Payable to: <input type="checkbox"/> Broker <input type="checkbox"/> Agency	Commission Payable to: <input type="checkbox"/> Broker <input type="checkbox"/> Agency
Phone:	Phone:
Email:	Email:
Fax:	Fax:
Commission Percentage:	Commission Percentage:

I have notified the employer not to terminate present benefits until notified in writing of acceptance of this application.

Broker Signature:	Broker Signature:
Date:	Date:

10. General Agent Information

General Agency Name:	
General Agency Number:	General Agency License Number:
General Agency Contact:	General Agency Phone:
General Agency Email:	General Agency Fax:

11. Client Contact Information

Please provide the Contact Information for those involved in the administration of your plan.

NOTE: Only one person may be the Primary contact for each section.

Contact #1:

Name:		Title:			
Phone:	Fax:	Email:			
Primary Contact for: <input type="checkbox"/> Implementation <input type="checkbox"/> Privacy officer <input type="checkbox"/> Executive <input type="checkbox"/> Eligibility <input type="checkbox"/> Claims <input type="checkbox"/> Case Management <input type="checkbox"/> HR/Benefit manager <input type="checkbox"/> Web portal <input type="checkbox"/> Billing <input type="checkbox"/> Funding					
Additional Contact for: <input type="checkbox"/> Implementation <input type="checkbox"/> Privacy officer <input type="checkbox"/> Executive <input type="checkbox"/> Eligibility <input type="checkbox"/> Claims <input type="checkbox"/> Case Management <input type="checkbox"/> HR/Benefit manager <input type="checkbox"/> Web portal <input type="checkbox"/> Billing <input type="checkbox"/> Funding					

(continued)

Contact #2:

Name:		Title:	
Phone:	Fax:	Email:	
Primary Contact for: <input type="checkbox"/> Implementation <input type="checkbox"/> Privacy officer <input type="checkbox"/> Executive <input type="checkbox"/> Eligibility <input type="checkbox"/> Claims <input type="checkbox"/> Case Management <input type="checkbox"/> HR/Benefit manager <input type="checkbox"/> Web portal <input type="checkbox"/> Billing <input type="checkbox"/> Funding			
Additional Contact for: <input type="checkbox"/> Implementation <input type="checkbox"/> Privacy officer <input type="checkbox"/> Executive <input type="checkbox"/> Eligibility <input type="checkbox"/> Claims <input type="checkbox"/> Case Management <input type="checkbox"/> HR/Benefit manager <input type="checkbox"/> Web portal <input type="checkbox"/> Billing <input type="checkbox"/> Funding			

Contact #3:

Name:		Title:	
Phone:	Fax:	Email:	
Primary Contact for: <input type="checkbox"/> Implementation <input type="checkbox"/> Privacy officer <input type="checkbox"/> Executive <input type="checkbox"/> Eligibility <input type="checkbox"/> Claims <input type="checkbox"/> Case Management <input type="checkbox"/> HR/Benefit manager <input type="checkbox"/> Web portal <input type="checkbox"/> Billing <input type="checkbox"/> Funding			
Additional Contact for: <input type="checkbox"/> Implementation <input type="checkbox"/> Privacy officer <input type="checkbox"/> Executive <input type="checkbox"/> Eligibility <input type="checkbox"/> Claims <input type="checkbox"/> Case Management <input type="checkbox"/> HR/Benefit manager <input type="checkbox"/> Web portal <input type="checkbox"/> Billing <input type="checkbox"/> Funding			

12. Employer Mandate

What is the total count of full-time employees including full-time equivalent employees? _____

NOTE: If the answer to this question is LESS THAN 50 FTEs your are NOT required to complete the remainder of this section.

How are you determining your standard hours for full-time? 30 hours per week **or** 130 hours per month?

Are seasonal employees eligible for coverage if they meet the full-time employee status? Yes No

What is the employee payroll period? Weekly Bi-weekly Semi-monthly Other: _____

Select which methodology is used in determining the hours of service credited.

Measurement Period begins with the first day of the pay period that includes the first day of the Measurement Period and ends with the last day of the last pay period that ends on or before the last day of that Measurement Period.

OR

Measurement Period begins with the first day of the pay period that follows the first day of the Measurement Period and ends with the last day of the last pay period that includes the last day of that Measurement Period.

In determining eligibility for full-time and full-time equivalent employee status, are you using a measurement period (also referred to as a look-back period)? Yes No

If yes, the next 2 questions must be answered

For determining full-time employee status for ongoing employees, the length for all three periods must be defined.

Standard Measurement Period: _____ Standard Stability Period: _____ Administrative Period: _____

For determining full-time employee status for new variable hour, seasonal or part-time employees, the length of all three periods must be defined.

Initial Measurement Period: _____ Initial Stability Period: _____ Administrative Period: _____

13. Authorization for ACH Transfer

Please Print or Type

Group Resources requires monthly premium to be paid by ACH Transfer after initial month

Employer Name	Group #
Address	Telephone #

NOTE: Please allow 2-3 weeks for direct withdrawal to take effect.

Action (Check one): Enroll Change Cancel

- I hereby authorize Group Resources, Inc., hereinafter called COMPANY, to initiate debit entries from my account, indicated below and the depository name, hereinafter called DEPOSITORY, to debit the same account.
- Withdrawal from the following account: Checking Account Savings Account
- If your enrollment decreases more than 20%, you will continue to be responsible for at least 80% of the monthly Maximum medical claim liability determined for the first month of the plan year.

Depository Bank Name	
Bank Routing Number	Account Number

- I agree to allow the COMPANY to stop payment or posting of, reverse, or adjust any entry erroneously debited or credited to my account.
- This authorization is to remain in full force and effect until the COMPANY has received written notification from me of its termination in such time and manner as to afford the COMPANY a reasonable opportunity to act on it.

Print Name _____ Title (if applicable) _____

Signature _____ Date _____

Benefits are not effective until you receive written approval from the program underwriter or administrator. Do not cancel coverage until you receive written notice of approval. Applications will not be underwritten until all required information is submitted. The deposit amount will be returned to you if the Application is denied.

Please Attach Your Voided Check Here
(A scanned image of your check is also acceptable)

Employer Acknowledgement of Disclosures

Congratulation on selecting the Secure Plans, a fixed-cost, self-funded program. The Secure Plans may look a lot like traditional, fully-insured benefit plans, but there are significant differences of which you need to be aware. This Disclosure form covers many, but not all, of those differences. You should consult with your broker and other advisors to make sure you understand all these differences.

Self-Funding: Important Considerations

In traditional fully-insured plans, an insurance company is responsible for reimbursing all eligible claims. In self-funding arrangements, that responsibility shifts to the plan sponsor, which in the case of the Secure Plans is your company. Your exposure to claims is limited by including Excess Loss coverage (commonly called “Stop-Loss coverage”) as part of the program. Which means you should know the following:

- **Your Benefit Plans:** There are several health plans in the Secure Plans program. You, as the Plan Sponsor, may allow your employees to choose one or more of these plans, subject to underwriting guidelines.
- **Your Third Party Administrator:** Administrative functions for the Secure Plans are handled by Group Resources, Inc. As your plan administrator (often referred to as a “third party administrator” or “TPA”), Group Resources will, among other services:
 - Maintain proper funds on deposit for claims payment as received from you, the Plan Sponsor
 - Pay claims according to your plan document
 - Provide claim reports and other data to your company as Plan Sponsor and your Excess Loss insurer
 - Provide plan information and assist with filing government-required reports
 - Bill, collect and disperse fees, taxes and Excess Loss insurance premium for your Plan.
 - They do not process ACA fees for which you may be liable
- **Your Plan Document:** Group Resources will provide you with a Summary Plan Document explaining plan eligibility, benefits, limitations, exclusions termination provisions and other aspects of your Secure Plans coverage. Group Resources will also send you employee benefit descriptions, employee and dependent medical coverage cards and other documents related to the administration of your plans.
- **Your Excess Loss Carrier:** The Secure Plans protects your company against unexpected and excessive claims through stop-loss coverage. These insurance policies limit the amount your company, the Plan Sponsor, pay toward eligible medical claims.
 - **Specific Stop-Loss Coverage** protects your company against unexpected, high-dollar medical and prescription claims on any one individual. Your Secure Plan quote identified the per-person “attachment point” or deductible for this coverage This deductible is the amount you are responsible to pay toward eligible medical claims on behalf any individual member of your company’s plan. A minimum amount may be required by law. Eligible claims above this attachment point are reimbursed by your excess loss carrier.

- **Aggregate Stop-Loss Coverage** limits the total eligible medical and prescription expenses that your company will pay for all members of your plan during a Contract Period.
- Plan deductibles, co-pays and other payments made by covered individuals do not count towards either the specific or aggregate stop-loss coverage.
- The Secure Plans are a level funded plan designed to set your group's maximum financial responsibility. However, your company can be subject to financial responsibility greater than your final quoted rates under some circumstances. For example, errors by you or the administrator can result in additional financial exposure to you. To minimize exposure, you and the administrator must manage this plan in accordance with the standard plan documents. The stop-loss carrier has the right to audit claim and eligibility information prior to funding claims filed under the stop loss policy.
- **Your Contract Period:** The Secure Plans all feature a 12/18 Contract period. This means that eligible medical claims incurred within the first 12 months of your coverage and paid within 18 months from the start of the Contract Period are covered by the plan or Stop Loss coverage. The plan's total maximum costs for a 12/18 Contract period includes the costs for the six months of run-out claims—claims incurred in the first 12 months of coverage, but not submitted until the 13th month or later. **IMPORTANT NOTE:** Claims incurred during the first 12 months of coverage but submitted after the 18th month of the Contract Period are *not* covered by your stop-loss coverage and are the responsibility of the member or you, the Plan Sponsor.
- **Your Fixed-Costs:** Each month you are responsible for paying one-twelfth of the estimated costs plus monthly stop-loss insurance premiums, and various monthly administrative fees. These costs usually vary by the number of covered individuals in your plan during a month. They do not vary by the claims paid in any given month, however. If eligible claims paid out by Group Resources exceeds the amount you've paid toward claims, the difference will be advanced to you. Future monthly payments will "pay back" this advance. **IMPORTANT NOTE:** Since Aggregate Excess Loss coverage is determined by your Contract Period, if you terminate coverage prior to the end of your Contract Period you will be responsible for all eligible medical claims that would have been covered by the Aggregate Excess Loss coverage.

Referenced Based Pricing (RBP)

Choosing an RBP arrangement can significantly reduce the cost of coverage without reducing the quality of care. However, these reimbursement arrangements do not include a network for hospitals and other facilities providing services and other treatments to your employees and their dependents nor for certain other services such as durable medical equipment. Balance billing can incur when employee and their dependents access these non-network providers. (Balance billing can also incur when employees and their dependents access out-of-network providers under traditional PPO arrangements).

- The Secure Plans mitigate this risk by providing patient advocacy through Payer Compass. Payer Compass works to eliminate or minimize balance billing incidents and amounts. They also help educate patients and providers about RBP reimbursements prior to the claim being incurred.

- While Payer Compass has a strong track record in reducing and eliminating balance billing issues, there is no guarantee they will be successful in every incident.

Self-Funding Advantages and Disadvantages

Self-funding typically offers you, the Plan Sponsor, several **advantages** including:

- No premium tax on the self-funded claim fund
- You may offer the same health plan in multiple states
- You receive any surplus in your claims fund shortly after the end of your Contract Period. With the Secure Plans, you receive 100% of this surplus.

There also present some **disadvantages**, including:

- You, the employer, assume all risk up to the Excess Loss coverage attachment points. Your monthly payments cover this exposure. And with the Secure Plans, if incurred eligible claims exceed the amount you've paid into the claims fund up to that time, and it's within the Contract Period as outlined in your policy, you are advanced the difference
- Employers' assets are exposed to liability created by legal action against the self-funded plan. This risk is reduced by working with reputable administrators and carriers like those available to you through the Secure Plans
- Your company, working through the Secure Plan underwriters and administrators, are providing services normally provided by an insurance carrier. This calls on you to be disciplined when considering exceptions to coverage eligibility or other discretionary payments issues
- As the Plan Sponsor, you may have additional financial liabilities stemming from mistakes made by you or the administrator. For example, if an employee is allowed to join the plan prior to qualifying for coverage, claims paid prior to actual eligibility may be your responsibility.

Fixed-Cost Self-Funded programs with excess loss protection like the Secure Plans are an innovative way for many employers to maximize their employee benefit dollars. Reference Based Pricing arrangements may further reduce costs. Both offer advantages and disadvantages. By signing, below, you certify that you have read and understand the above information and acknowledge that the Secure Plans are part of a self-funded program and is not fully insured coverage. If you have opted for a RBP arrangement this document also acknowledges your receipt of those disclosures in this document.

Your Company Name

Your Name

Your Title or Position

Your Signature

Date Signed

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification (required): <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate	
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶	
	<input type="checkbox"/> Other (see instructions) ▶	
Address (number, street, and apt. or suite no.)		Requester's name and address (optional)
City, state, and ZIP code		
List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number									

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Employer identification number									

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,
- The U.S. grantor or other owner of a grantor trust and not the trust, and
- The U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a “saving clause.” Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity not subject to backup withholding, give the requester the appropriate completed Form W-8.

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS a percentage of such payments. This is called “backup withholding.” Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the Part II instructions on page 3 for details),
3. The IRS tells the requester that you furnished an incorrect TIN,
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the instructions below and the separate Instructions for the Requester of Form W-9.

Also see *Special rules for partnerships* on page 1.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account, for example, if the grantor of a grantor trust dies.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Name

If you are an individual, you must generally enter the name shown on your income tax return. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

Sole proprietor. Enter your individual name as shown on your income tax return on the “Name” line. You may enter your business, trade, or “doing business as (DBA)” name on the “Business name/disregarded entity name” line.

Partnership, C Corporation, or S Corporation. Enter the entity's name on the “Name” line and any business, trade, or “doing business as (DBA) name” on the “Business name/disregarded entity name” line.

Disregarded entity. Enter the owner's name on the “Name” line. The name of the entity entered on the “Name” line should never be a disregarded entity. The name on the “Name” line must be the name shown on the income tax return on which the income will be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a domestic owner, the domestic owner's name is required to be provided on the “Name” line. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on the “Business name/disregarded entity name” line. If the owner of the disregarded entity is a foreign person, you must complete an appropriate Form W-8.

Note. Check the appropriate box for the federal tax classification of the person whose name is entered on the “Name” line (Individual/sole proprietor, Partnership, C Corporation, S Corporation, Trust/estate).

Limited Liability Company (LLC). If the person identified on the “Name” line is an LLC, check the “Limited liability company” box only and enter the appropriate code for the tax classification in the space provided. If you are an LLC that is treated as a partnership for federal tax purposes, enter “P” for partnership. If you are an LLC that has filed a Form 8832 or a Form 2553 to be taxed as a corporation, enter “C” for C corporation or “S” for S corporation. If you are an LLC that is disregarded as an entity separate from its owner under Regulation section 301.7701-3 (except for employment and excise tax), do not check the LLC box unless the owner of the LLC (required to be identified on the “Name” line) is another LLC that is not disregarded for federal tax purposes. If the LLC is disregarded as an entity separate from its owner, enter the appropriate tax classification of the owner identified on the “Name” line.

Other entities. Enter your business name as shown on required federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name/disregarded entity name" line.

Exempt Payee

If you are exempt from backup withholding, enter your name as described above and check the appropriate box for your status, then check the "Exempt payee" box in the line following the "Business name/disregarded entity name," sign and date the form.

Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends.

Note. If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

The following payees are exempt from backup withholding:

1. An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2),
 2. The United States or any of its agencies or instrumentalities,
 3. A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities,
 4. A foreign government or any of its political subdivisions, agencies, or instrumentalities, or
 5. An international organization or any of its agencies or instrumentalities.
- Other payees that may be exempt from backup withholding include:
6. A corporation,
 7. A foreign central bank of issue,
 8. A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States,
 9. A futures commission merchant registered with the Commodity Futures Trading Commission,
 10. A real estate investment trust,
 11. An entity registered at all times during the tax year under the Investment Company Act of 1940,
 12. A common trust fund operated by a bank under section 584(a),
 13. A financial institution,
 14. A middleman known in the investment community as a nominee or custodian, or
 15. A trust exempt from tax under section 664 or described in section 4947.

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 15.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 9
Broker transactions	Exempt payees 1 through 5 and 7 through 13. Also, C corporations.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 5
Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt payees 1 through 7 ²

¹ See Form 1099-MISC, Miscellaneous Income, and its instructions.

² However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney, and payments for services paid by a federal executive agency.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited Liability Company (LLC)* on page 2), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note. See the chart on page 4 for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local Social Security Administration office or get this form online at www.ssa.gov. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/businesses and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting IRS.gov or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note. Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if item 1, below, and items 4 and 5 on page 4 indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on the "Name" line must sign. Exempt payees, see *Exempt Payee* on page 3.

Signature requirements. Complete the certification as indicated in items 1 through 3, below, and items 4 and 5 on page 4.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor ²
4. a. The usual revocable savings trust (grantor is also trustee) b. So-called trust account that is not a legal or valid trust under state law	The grantor-trustee ¹ The actual owner ¹
5. Sole proprietorship or disregarded entity owned by an individual	The owner ³
6. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulation section 1.671-4(b)(2)(i)(A))	The grantor*
For this type of account:	Give name and EIN of:
7. Disregarded entity not owned by an individual	The owner
8. A valid trust, estate, or pension trust	Legal entity ⁴
9. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
10. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
11. Partnership or multi-member LLC	The partnership
12. A broker or registered nominee	The broker or nominee
13. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
14. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulation section 1.671-4(b)(2)(i)(B))	The trust

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

² Circle the minor's name and furnish the minor's SSN.

³ You must show your individual name and you may also enter your business or "DBA" name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

⁴ List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships* on page 1.

*Note. Grantor also must provide a Form W-9 to trustee of trust.

Note. If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records from Identity Theft

Identity theft occurs when someone uses your personal information such as your name, social security number (SSN), or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Publication 4535, Identity Theft Prevention and Victim Assistance.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes.

Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to phishing@irs.gov. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at: spam@uce.gov or contact them at www.ftc.gov/idtheft or 1-877-IDTHEFT (1-877-438-4338).

Visit IRS.gov to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.