



150 Shoup Ave. #5
Idaho Falls, Idaho 83402-3653

Thank you for your interest in the Idaho Department of Health and Welfare's Access to Health Insurance Program.

This program helps pay for health insurance premiums for eligible adults and children. The program directly pays a private Health Insurance Carrier a portion of an eligible adult or child's health insurance premium up to \$100 per participant per month and up to \$500 per family per month.

Following this letter is an application packet for Health Insurance Carriers to enroll into the Access to Health Insurance Program. To complete the application process, fill out the requested application, include any requested documents, and send the completed packet to the address above.

If you have additional questions, please contact us at 1-866-326-2485 (toll-free), or visit the website at www.AccessToHealthInsurance.idaho.gov.

Sincerely,

Medicaid Eligibility Processing Center

Return this completed application packet to:

Idaho Department of Health and Welfare
Medicaid Eligibility Processing Center
150 Shoup Avenue, Suite #5
Idaho Falls, Idaho 83402-3653

For Department Use

Date Entered:

Date Scanned:

Enrollment Number:

Insurer Invoice Number:

**Access to Health Insurance
Premium Assistance for Adults & Children**

This packet is divided into three parts:

1. Part One contains the Vendor Application
2. Part Two contains the 1) Vendor Participation Agreement, 2) the Authorization of Electronic Funds Transfer, 3) W-9 Form.
3. Part Three contains Attachments (the applicant must provide copies).

Below is a list of all the individual documents. Except for attachments, all of these documents are included in this enrollment packet. See the instructions in Part 3 for information on attachments.

Checklist for Completing your Enrollment Packet

- ___ Access to Health Insurance Program **Vendor Application** (required)
- ___ Access to Health Insurance Program **Vendor Participation Agreement** (required)
- ___ **Authorization for Electronic Funds Transfer Form** (optional)
- ___ **W-9 Form** (required if not a current State of Idaho Vendor)
- ___ **Copy of Certificate of Authority** (required- listed in instructions for Part 3)

Once you have assembled and completed all of the required materials, take a moment to check off each item listed above. Incomplete applications are returned to the vendor. Be sure to **date and sign** all forms.

Make a copy of this enrollment packet for your records. Send the original to the address at the top of this page. If you have questions about the status of your application, contact the Medicaid Eligibility Processing Center at 1-866-326-2485 (toll-free).

NOTE: Do not send invoices with this enrollment packet. They will be returned.

Part 1: Access Card/Access to Health Insurance - Vendor Application

1. Legal Name, Business Name and Address:

Enter your business's legal name, as shown on required Federal tax documents (e.g. W-9), on the "Legal Name" line. This name should match the name shown on the charter or other legal document creating the entity. This is also the name that is entered on the Vendor Memorandum of Agreement in Part 2 of this enrollment packet. You may enter any trade or DBA name on the "Business Name" line. The street address is the physical address of the business or agency.

Legal Name: _____

Business Name: (if different than above) _____

Street Address: _____

City State Zip: _____

Billing Address: (if different than above) _____

City State Zip: _____

Phone (_____) _____ Email: _____

Fax: (_____) _____

2. Type of Insurance Vendor:

The Idaho Department of Insurance requires participating Insurance Companies who provide insurance products in the State of Idaho to file their products with the Department prior to marketing or using the product. Insurance companies who are authorized to issue health policies by the Idaho Department of Insurance are eligible to participate with the Children's Access Card Program. Idaho Code, Title 56, Chapter 2, Section 238, paragraph 8, defines a health policy. Insurance companies who are authorized to issue small group health policies by the Idaho Department of Insurance are eligible to participate in the Access to Health Insurance Program. Employer self-funded health plans are excluded from participation. Please indicate below whether your company is presently approved as a carrier of a large group health insurance plan, small group health insurance plan, or individual health insurance plan by the Idaho Department of Insurance. Circle all that apply:

Large Group Health Insurance Plans: Approved Not yet approved

Small Group Health Insurance Plans: Approved Not yet approved

Individual Health Insurance Plans: Approved Not yet approved

3. Federal Employer Identification Number (FEIN) or Social Security Number:

One of two tax identification numbers used by the Access Card Program whichever number is used, it must match the number on the W-9 form. Enter either FEIN here or SSN below; do not enter both.

Part 2: Access Card/Access to Health Insurance - Additional Documentation

Included in this enrollment packet are two additional documents. To complete this application you must:

A. Read, sign, and date the Access Card Program **Vendor Participation Agreement**. At the top of the form, enter the same name for the vendor as you entered for the Vendor's Legal Name and Address on page 2 of the application. An authorized agent must sign and date this agreement. This form is **required**

B. Complete the **Authorization of Electronic Funds Transfer** form **if** you wish to have your payments automatically deposited to your banking account. This form is **optional**. (Please refer to Page 7).

C. W-9 Form

Access Card/Access to Health Insurance - Participation Agreement

Vendor Participation Agreement

Vendor Legal Name and Address:

As a condition of participation as a Vendor in the Access Card or Access to Health Insurance Program, Vendor agrees to the following:

1. Compliance.

To comply with the Health Insurance Portability and Accountability Act (HIPAA), Sections 262 and 264 of Public Law 104-191, 42 USC Section 1320d, and federal regulations at 45 CFR Parts 160 and 164. The Vendor shall comply with all amendments of HIPAA and federal regulations made during the term of the Contract. The Vendor will comply with 45 CFR Section 164.506, regarding use and disclosure of information. The Vendor will comply with IDAPA 16.03.16 Premium Assistance Rules.

2. Contact.

- 2.1 To advise the Department of Health and Welfare (Department) of any change in its current address or change in ownership. The address must include a physical street address. If a P.O. Box is used, the company's home address and phone number must be included.
- 2.2 To advise the Department of any change in a health plan that affects premium assistance reimbursement.
- 2.3 All correspondence directed to the Vendor shall be sent to the mailing address on file with the State's fiscal agent and shall be deemed upon mailing to have been received by the Vendor.

3. Fairness.

To comply with Titles VI and VII of the 1964 Civil Rights Act and Sections 503 and 504 of the Rehabilitation Act of 1973, as amended, the Americans with Disabilities Act, and Section 402 of the Vietnam Era Veterans Readjustment Assistance Act.

4. Vendor Program Responsibilities.

- 4.1 To comply with any statutory or regulatory requirements required to sell insurance in the state of Idaho.
- 4.2 To fill out a W-9 form and submit it with this application if Vendor is not enrolled as a vendor with the State of Idaho Controllers office (if needed, one is attached)
- 4.3 To provide a copy of Vendor's Certificate of Authority to sell insurance issued by the State of Idaho.
- 4.4 If requested, to provide data as needed in a format provided by the Department for use in required federal reporting or quality assurance reviews.
- 4.5 To confirm each Access Card Program participant's eligibility for premium assistance prior to submitting an initial invoice for the participant.
- 4.6 To provide insurance to applicants who are enrolled in the Department of Health and Welfare Access Card Program. Vendor shall deem enrollment in the program as a qualifying event for coverage, by vendor.

5. Vendor Invoicing Responsibilities.

- 5.1 By submitting an invoice to the Department, the Vendor certifies that listed participants are enrolled and insured by the Vendor. Vendor agrees that payment received from the Department for an insurance policy cancelled after invoice submission constitutes an overpayment to Vendor.
- 5.2 All invoices must be submitted by the twentieth (20th) day of the month prior to the month of coverage for which payment is requested.
- 5.3 Invoices must be mailed to:
 - Idaho Department of Health and Welfare
 - Medicaid Eligibility Processing Center
 - 150 Shoup Avenue, Suite #5
 - Idaho Falls, Idaho 83402-3653
- 5.4 The Department will not process an invoice for payment if a Vendor has not completed the Participation Application and Agreement for the Access Card or Access to Health Insurance program.
- 5.5 If the Department overpays the Vendor, the Vendor will offset the invoicing to the Department rather than reimbursing the coverage to the participant or participant's employer.
- 5.6 The Department will not be a mediator between a vendor, employer, or employee for other unmet financial obligations.

6. Department Responsibilities to the Vendor.

- 6.1 The Department will register a Vendor into the program within three (3) business days from receipt of the Vendor's completed enrollment materials.
- 6.2 The Department will provide a voucher to eligible participants for notification to their insurance carrier of program enrollment in the Children's Access Card program.
- 6.3 The Department will submit a copy of the final Conditional Approval letter for notification of program enrollment in the Access to Health Insurance program.
- 6.4 The Department will notify the Vendor within three (3) business days from receipt of an invoice if a participant is no longer eligible to participate in the program.
- 6.5 The Department will pay an invoice for reimbursement of premium assistance payments if a participant is determined retroactively eligible, during the period indicated on the submitted invoice.
- 6.6 The Department approves a participant's eligibility for twelve continuous months, unless the participant program status changes because of program eligibility or loss of insurance.
- 6.7 The Department has in place a Contested Case process for Vendors to address discrepancies in billings.
- 6.8 The Department is a covered entity required to protect health information under the Federal rule 45 CFR Subtitle A, Subchapter C, Part 160.

7. Duration and Termination of Agreement.

- 7.1 This agreement shall remain in effect until terminated in writing.
- 7.2 This agreement may be terminated by either party without cause by giving thirty (30) days' notice in writing to the other party.
- 7.3 This agreement shall be terminated if judicial interpretation of federal or state laws, regulations or rules renders fulfillment of the agreement infeasible or impossible.

7.4 This agreement shall be terminated immediately if the Vendor's license or certification required by law is suspended, not renewed, or is otherwise not in effect at the time insurance is provided.

7.5 The Department may, in its discretion, terminate this agreement in writing when the Vendor fails to comply with any applicable rule, term or provision of this agreement, either immediately or upon such notice as the Department, in its sole discretion, deems appropriate. Vendor also understands and agrees that its conduct may be subject to additional penalties or sanctions under Idaho Code Sections 56-227, 56-227A, 56-227B, and 56-209(h). For the purposes of Idaho Code Section, 56-209h the Vendor agrees that it is a provider. The Vendor further understands that there are federal penalties for false reporting and fraudulent acts committed during the course and scope of this agreement. Notice of these sections shall in no way imply that they represent an exclusive or exhaustive list of available actions to deal with fraud and abuse.

8. Confidentiality.

Personal information of participants shall be protected, and shall only be released by Vendor with appropriate written authorization of the client, according to IDAPA 16.05.01, "Use and Disclosure of Department Records," and 42 CFR section 431.300.

9. Record Retention.

9.1 Records must be maintained for five (5) years.

9.2 Records are defined as any documentation concerning a participant who currently is, or who has had, premium assistance payments made on their behalf by the Department of Health and Welfare.

9.3 Upon written request, the Department of Health and Welfare may request these records for review, quality assurance, reporting requirements, or audit purposes. The Vendor shall submit their response within 10 business days from the date of the written request.

I have read the foregoing agreement, understand it and agree to abide by its terms and conditions. I further understand and agree that violation of any of the terms and conditions of this agreement constitute sufficient grounds for termination of this agreement and may be grounds for other action as provided by rule, regulation or statute.

Printed name of authorized Person: _____

Position: _____

By my signature, I affirm that I am authorized to enter into this agreement.

Signature Date

Authorization for Electronic Funds Transfer

Complete all the sections below **if** you wish to have your payments automatically deposited to your bank checking or savings account. The transaction routing number can be obtained from your bank.

Important: If you want the deposit made to a checking account, attach a voided check. If you want the deposit made to a savings account, attach a letter from the bank verifying the account.

Vendor Name	
Bank Number	Bank Phone Number
Bank Address	
Account Number	
Transaction Routing Number (nine digit) ___ ___ ___ ___ ___ ___ ___ ___ ___	
Type of Account (circle one)	Checking Savings

I authorize the electronic transfer of Access Card Program premium reimbursement payments made to the above Vendor. I understand that I am responsible for the validity of the above information.

Authorized Signature _____ Date _____

Name typed or printed: _____

For checking account deposit only,
attach a voided check here.

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	
	Business name, if different from above	
	Check appropriate box: <input type="checkbox"/> Individual/ Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶	
	<input type="checkbox"/> Exempt from backup withholding	
	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. 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									

or

Employer identification number									

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

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. person (including a U.S. resident alien).

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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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.

U.S. person. 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.

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.

Foreign person. If you are a foreign person, use the appropriate Form W-8 (see Pub. 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 recipient 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 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 30% of such payments (29% after December 31, 2003; 28% after December 31, 2005). This is called "backup withholding." Payments that may be subject to backup withholding include 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, or
2. You do not certify your TIN when required (see the Part II instructions on page 4 for details), or
3. The IRS tells the requester that you furnished an incorrect TIN, or
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**.

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 social security card. 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 social security card on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name" line.

Limited liability company (LLC). If you are a single-member LLC (including a foreign LLC with a domestic owner) that is disregarded as an entity separate from its owner under Treasury regulations section 301.7701-3, **enter the owner's name on the "Name" line.** Enter the LLC's name on the "Business 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" line.

Note: You are requested to check the appropriate box for your status (individual/sole proprietor, corporation, etc.).

Exempt From Backup Withholding

If you are exempt, enter your name as described above and check the appropriate box for your status, then check the "Exempt from backup withholding" box in the line following the business 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.

Exempt payees. Backup withholding is **not required** on any payments made to the following payees:

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

If the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt recipients except for 9
Broker transactions	Exempt recipients 1 through 13. Also, a person registered under the Investment Advisers Act of 1940 who regularly acts as a broker
Barter exchange transactions and patronage dividends	Exempt recipients 1 through 5
Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt recipients 1 through 7 ²

¹ See Form 1099-MISC, Miscellaneous Income, and its instructions.
² However, the following payments made to a corporation (including gross proceeds paid to an attorney under section 6045(f), even if the attorney is a corporation) and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees; 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-owner **LLC** that is disregarded as an entity separate from its owner (see **Limited liability company (LLC)** on page 2), enter your SSN (or EIN, if you have one). If the LLC is a corporation, partnership, etc., 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 on-line at www.ssa.gov/online/ss5.html. 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 get Forms W-7 and SS-4 from the IRS by calling 1-800-TAX-FORM (1-800-829-3676) or from the IRS Web Site at www.irs.gov.

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: Writing "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 items 1, 3, and 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). Exempt recipients, see **Exempt from backup withholding** on page 2.

Signature requirements. Complete the certification as indicated in 1 through 5 below.

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 or Archer MSA 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)	The grantor-trustee ¹
b. So-called trust account that is not a legal or valid trust under state law	The actual owner ¹
5. Sole proprietorship or single-owner LLC	The owner ³
For this type of account:	Give name and EIN of:
6. Sole proprietorship or single-owner LLC	The owner ³
7. A valid trust, estate, or pension trust	Legal entity ⁴
8. Corporate or LLC electing corporate status on Form 8832	The corporation
9. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
10. Partnership or multi-member LLC	The partnership
11. A broker or registered nominee	The broker or nominee
12. 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

¹List 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.

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

³You must show your individual name, but you may also enter your business or "DBA" name. You may use either your SSN or EIN (if you have one).

⁴List first and circle the name of the legal 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.)

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.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons who must file information returns with the IRS to report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA or Archer MSA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. The IRS may also provide this information to the Department of Justice for civil and criminal litigation, and to cities, states, and the District of Columbia to carry out their tax laws. We may also disclose this information to other countries under a tax treaty, or to Federal and state agencies to enforce Federal nontax criminal laws and to combat terrorism.

You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold 30% of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to a payer. Certain penalties may also apply.



Part 3: Attachments

Vendors are required to include copies of the following documentation unless otherwise noted. It is the vendor's responsibility to have valid documentation for all dates of service. Do not send original documents.

NOTE: Do **not** send invoices with this enrollment packet. They will be returned.

Idaho Vendors are **required** to include a copy of the following:

- Certificate of Authority from the Department of Insurance