

Optima Health Substitute Form W-9 (SF-W9)

If commissions will be paid to an **agency** please fill out **Section A** using the agency's tax information and have the agent fill out **Section B**.

If commissions will be paid to an **individual** please fill out **Section A** using the agent's social security # and do not fill out **Section B**

Section A: Please check the appropriate category to which commissions will be assigned

Office Use Only: V# _____

Check Only One:

____ Individual	Social Security #	_____
____ Sole Proprietor	Federal ID #	_____
____ Corporation	Federal ID #	_____
____ Other	Federal ID #	_____

Enter the following information in accordance with the TAX ID # used above:

Legal Name: _____
(Must match name on your federal return)

Trade Name: _____
(if applicable)

Mailing Address: _____

Mailing Address: _____
(for commission checks, if different)

Agent Telephone #: _____ **Agent Fax #:** _____

Agent Pager #: _____ **Agent Cell #:** _____ **Agent E-Mail:** _____

Please answer the following questions:

- | | | |
|--|-----|----|
| 1. Is this organization tax exempt under IRS Code Section 501 (a)? | YES | NO |
| 2. Is this a Minority-Owned, Woman-Owned and/or Small Business? | YES | NO |

Certification: Under penalties of perjury, I certify that:

The taxpayer identification name and number shown on this form is correct and I have _____/have not _____ been notified by the IRS that I am subject to backup withholding. If yes, date of notification _____.

Signature* _____ Date _____

(*By typing your name in the signature field with a back slash before and after your name, you agree and acknowledge that the same constitutes your signature to this agreement which shall become binding upon execution.)

Section B: Please complete the following information if agent is assigning commissions to be paid directly to the agency listed in Section A

PLEASE READ: All rights and responsibilities are assigned to the agency named above. In the event that the relationship between the above named agency and the undersigned agent is dissolved, all responsibility for servicing accounts and all commissions will remain with the agency unless the group submits an agent of record change.

Agent's Printed Name _____ Agent's Signature _____

Agent's Social Security Number _____ Date _____