



COMPETITIVE SOLICITATION BY:
TEXANS CAN ACADEMIES
RFQ: BEN2019

REQUEST FOR QUALIFICATIONS (RFQ) FOR
BENEFIT CONSULTANT, ONLINE BENEFIT MANAGEMENT,
SECTION 125 AND COBRA MANAGEMENT
PUBLICATION DATE: JANUARY 18, 2019

PROPOSAL STATEMENT SUBMITTAL DEADLINE:
FEBRUARY 8, 2019 BY 3:00 PM CST

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A. SUBMISSION CRITERIA

INVITATION TO SUBMIT QUALIFICATIONS

Texans Can Academies (Texans Can) formally provides all interested parties with the opportunity to submit qualifications on one or all of the following services:

- Benefit Consultant
- Online benefit management
- Section 125 management
- Flex Spending Accounts
- Dependent Care Spending Accounts
- COBRA management

It is the desire of the Texans Can to work through a single source Cafeteria Plan Administrator. The Cafeteria Plan Administrator's function will be to provide an on-line web portal from which to manage benefits. Management functions include and not limited to eligibility, single source billing / reconciliation. The system will interface with Texans Can's payroll system. It will be the Administrator's responsibility to oversee the entire Cafeteria Plan and be the single source of contact with Texans Can.

Cafeteria Plan administration will not be tied to products. Texans Can will evaluate products independent of administration of the plan. Texans Can will determine which benefits and carriers will be part of the benefit menu options to be administered and managed by the Plan Administrator. A Plan Administrator may recommend certain policies/products and may offer products for consideration under this Request for Proposal. However, the Plan Administrator shall not require their products to be offered on an exclusive basis.

Independent insurance agents and brokers are encouraged to participate in this Request for Proposal process. However, it is recommended that prospective Plan Administrators and carriers should refrain from issuing duplicate quotes to more than one agent or broker.

All interested parties should follow the formal outline, as given on the following pages, and submit their response qualifications by **February 8, 2019, 3:00 PM CST**. All questions concerning this request for qualifications must be in writing and emailed to purchasing@texanscan.org

EMPLOYER INFORMATION

Texans Can is a dropout and recovery school whose mission is to provide the highest quality education for all students, especially those who have struggled in a traditional high school setting, in order to ensure their economic independence. For more information on Texans Can,

please visit our website: <http://texanscan.org>

Texans Can has 14 locations across the state of Texas. Texans Can employs approximately 750 colleagues. It is our intent to transfer the administrative responsibilities to a consultant for the Section 125 / Cafeteria Plan Administration, Online Benefit Management, and COBRA to a Third Party Administrator. Preference will be given to those organizations that have a record of experience in providing administrative services to plans of this type.

RIGHT TO REJECT

Texans Can retains the right to reject any and all proposals submitted. Texans Can is not required to select the proposal with the lowest bid, but shall take into consideration other factors, including past experience, financial stability, references, ability to provide requested services, and any other factors found necessary for quality service.

FEES

All given fees shall be guaranteed for a minimum of 36 months beginning March 1, 2019.

TIME FRAME

Release RFQ	January 23, 2019
RFQ Deadline	February 8, 2019 3:00 p.m. CST
Vendor presentations	February 19
Award contract	March 1

SUBMISSION

Two (2) proposal copies and one electronic copy shall be mailed to:

Marian P. Hamlett
325 W. 12th Street
Dallas, TX 75208

Sealed proposals should reference "RFQ: BEN2019 - Due February 8, 2019" on the outside cover. If the proposal is an amendment to a proposal previously submitted this should be notated as well so the amended bid will overrule any prior submissions.

The company shall submit its formal proposal with the same format as provided in the specifications. Please retype the questionnaire and provide your answer when responding to the given question.

CONTRACTUAL TERM

Any contract issued between Texans Can and the successful bidder shall be guaranteed for

no less than three years, beginning March 1, 2019. There will also be an option of two 1-year extensions of the contract available after the first 3-year period for a possible 5-year term. The district reserves the right to cancel this contract at any time for any reason with a 60 day written notice.

EXCEPTIONS

By submitting a response to this Request for Qualification, the company guarantees that all requirements and qualifications stated in this RFQ will be met. In the event that certain requirements cannot be met, such deviations must be noted as an exception in the respondent's cover letter. Failure to notate any deviations to the request for qualification requirements and qualifications will allow Texans Can to assume all requirements/qualifications can be met by the prospective company.

EVALUATION CRITERIA

The following criteria will be utilized to evaluate proposals:

- a. Price – 15 points
- b. Reputation of Vendor – 15 points
- c. Vendor's Goods or Services – 15 points
- d. Meets needs of Texans Can – 50 points
- e. References – 5 points

B. COMPANY QUALIFICATIONS

Qualifications required of responding companies include:

If company cannot meet any of the following qualifications, such exceptions must be notated on the company's cover letter.

- ✓ Company/ Consultant must be LHIC Licensed and as a Third Party Administrator or contract with a licensed Third Party Administrator and maintain a good relationship with school districts in Texas.
- ✓ Included with the company's submittal should be at least five references located in Texas, preferably comparable size to Texans Can.
- ✓ Company/Consultant must have Online Enrollment System with capability of Exporting Enrollment data to selected insurance carriers.
- ✓ Act as a Consultant for the district in determining plan design and the type of insurance products, which best serve the employee's and the District's needs.
- ✓ Conduct meetings and enrollments with all personnel on a mutually agreed upon days to educate and inform, answer questions, and give presentation on the Section 125 plan, benefits and products.
- ✓ Annual review of insurance products, performance and status to assess the integrity of the benefits offered to employees.
- ✓ Must have capability of enrolling TRS Medical via the Online Enrollment System and export enrollment data to Aetna (Texans Can current medical provider).
- ✓ Must be able to provide a custom benefit website with full access to carrier information, sales brochures, claim forms and full access for employees to login and view benefit information and flex spending accounts.
- ✓ Company must be able to provide a toll-free telephone line for customer service and billing and have bi-lingual representative(s) of the company available during normal working hours.
- ✓ Company must provide full reconciliation of carrier billings to ensure accurate monthly billings.
- ✓ Company must be able to provide district with a Payroll Deduction file for eFinance payroll software import.
- ✓ Must have an assigned Account Manager that reports regularly to the district.

- ✓ Maintain compliance with I.R.C and Department of Labor regulations and rules of the employer for Section 125 and 403(b); including but not limited to, Plan Documents, Plan Changes and Amendments, Form 5500 and other IRS Filings.
- ✓ Act as District liaison for plan operations to assist with the resolution of employee, participant and administrative problems as they arise.

C. GENERAL QUESTIONNAIRE

BENEFIT CONSULTANT

All companies must complete this questionnaire. Please re-type each question with your corresponding answer.

- 1) Does Company/Consultant have an LHIC (Life & Health Insurance Counselor) license registered with Texas Department of Insurance? If so, please indicate if the company is a licensed consulting firm and who within the company is a licensed consultant.
- 2) Does your firm have any affiliation with an Insurance Carrier? If so, please identify the name of the insurance company and if your firm is required or encouraged to sell products offered by this company.
- 3) Does your firm review, evaluate and analyze all proposals received from insurance providers and submit findings to administrators and committees?
- 4) Annual review of insurance products, performance and status to assess the integrity of the benefits offered to employees.
- 5) Meet with district to review products up for renewal and make recommendations on bidding products?

GENERAL QUESTIONNAIRE – Section 125 Administration

All companies must complete this questionnaire. Please re-type each question with your corresponding answer.

- 1) What year was your company established?
- 2) Name, Address, City, State, Zip Code and Telephone number of home office of firm?
- 3) Does your Firm administer school districts within the State of Texas? If so, how many

schools are administered by your firm in the State of Texas and Nationwide?

- 4) Do you employ an onsite attorney that governs the Section 125 Administration? If so, does district have access to seek counsel from the Section 125 attorney?
- 5) Is your company wholly owned, a subsidiary or a division of another company? If your firm is a subsidiary or division of another company, please identify the company name and address.
- 6) Have any principals or the firm ever been named in a lawsuit dealing with the management of a Cafeteria Plan (125)? If so, please provide details.
- 7) Conduct meetings and enrollments with all personnel on a mutually agreed upon days to educate and inform, answer questions, and give presentation on the Section 125 plan, benefits and products.
- 8) Describe the ways you will inform and educate employees about various benefit programs.
- 9) Are your Account Managers or Enrollers required to meet sales quotas?
- 10) Does your firm provide districts with a Customized Benefit Website? If so, is this a service that you provide for all your accounts and is there a cost to the district for this service?
- 11) Do you provide a Flex Debit Card for Medical Reimbursement Flexible Spending Accounts? If so, is there a cost to the employee or employer.

GENERAL QUESTIONNAIRE – Online Benefit Management

All companies must complete this questionnaire. Please re-type each question with your corresponding answer.

- 1) Does your Firm offer an Online Enrollment System? If so, is it owned and operated in house or leased from an outside firm? If leased from an outside firm, please indicate the name of the firm and enrollment software.
- 2) Is the platform intended for member enrollment, or only of enrollers' or benefit administrators' usage?

- 3) How are adds, changes and terminations (ACT'S) handled post-open enrollment?
- 4) Do all of your clients enroll on your Online Enrollment System?
- 5) How long has your firm offered an Online Enrollment System?
- 6) What is the total count of employees administered through this Online Enrollment System?
- 7) How many clients are currently utilizing your Online Enrollment System?
- 8) How do we track the progress of open enrollments? Do you offer any communication services to members or administrators during the open enrollment process?
- 9) What is the approval process for open enrollments and ACTs?
- 10) What is the response time on an eligibility change or issue?
- 11) Do you load demographic information prior to enrollment?
- 12) Do you load existing benefit elections?
- 13) Is there auto-renewal of existing benefit elections?
- 14) Is there a limit to the number of type of benefits?
- 15) Are we required to offer any particular benefits with the use of your platform?
- 16) Are there any carrier requirements tied to the use of your platform? Any other service or provider requirements(such as payroll)?
- 17) Is the Online Enrollment System HIPAA Compliant?
- 18) Does your Online Enrollment System have the capability of enrolling TRS Medical? If so, how many years has your firm enrolled TRS Medical?
- 19) Please indicate the number of school districts your firm is currently enrolling TRS

Medical for?

- 20) Does your Online Enrollment System have the capability of Exporting enrollment data to the insurance carriers? If so, is this done for all enrolled carriers?
- 21) Does your Online Enrollment System have the capability of generating Payroll Files? If so, will it import to eFinance Payroll Software and provide ongoing payroll files?
- 22) Please provide names of companies that are accepting payroll files from your Online Enrollment System.
- 23) Does your Online Enrollment System allow for district Administrative access? If yes, what features would Administrators have access to?
- 24) Can your Online Enrollment System be programmed to determine complex eligibility rules for enrollment of Medical and Supplemental Benefits?
- 25) Do employee have 24/7 access to login and view benefit related items? If so, briefly explain what employees will have access to.
- 26) Explain how your Online Enrollment System is used to educate employees' on the benefits offered to the district?
- 27) Do you work with retirees?

GENERAL QUESTIONNAIRE – Electronic Data Interchange (EDI)

- 1) Do you communicate enrollment and eligibility information via EDI?
- 2) Is there a limit to the number of EDI feeds you will provide? Are there charges to build or transmit EDI?
- 3) Would you build and test the files...or would we?
- 4) How long does it take to establish EDI for a new client? Who is responsible for eligibility changes in the interim?
- 5) Do you provide EDI in formats other than a standard 834 file?
- 6) Do you provide full-files or change files?

- 7) What is the frequency of your EDI?
- 8) How do you handle urgent requests or changes that can't wait for the next file feed?
- 9) How do you resolve eligibility discrepancies with carriers or others?

GENERAL QUESTIONNAIRE – Billing Services

- 1) Do you provide billing services?
- 2) Do you offer a consolidated invoice?
- 3) Will you provide separate invoices for different levels of the hierarchy?
- 4) Do you remit payments on others behalf? Electronically or by check?
- 5) Can you accommodate billing at the individual level?
- 6) Do you provide COBRA billing?
- 7) Do you reconcile your invoice against those of the carriers?
- 8) How do you resolve financial discrepancies with carriers and other vendors?

GENERAL QUESTIONNAIRE – Reporting

- 1) Please describe what's included in your standard reporting package, and the frequency with which it is presented.
- 2) Do you have reporting capability for multiple hierarchies?
- 3) Does your platform permit us to set criteria and formatting for our own reports?
- 4) Are reports available electronically? In what format(s)?
- 5) How are special report requests accommodated? Is there a charge?
- 6) What compliance-related reporting do you offer?

GENERAL QUESTIONNAIRE – Cost Considerations

- 1) Please describe all costs and charges for your services. Please elaborate on what each service includes.
- 2) Are services bundled...or a la carte?
- 3) What factors drive costs up or down?
- 4) Specify all start-up, renewal, and add-on charges, even if you have referenced them in responses above.
- 5) Disclose all commissions, overrides, and other fees you receive from carriers and other parties.
- 6) Are their marketing fees or other funds payable to the Education Service Centers?

GENERAL QUESTIONNAIRE – COBRA Administration

All companies must complete this questionnaire. Please re-type each question with your corresponding answer.

- 1) Will firm offer COBRA compliance for employees leaving the district?
- 2) Briefly describe process of how COBRA participants are notified of their rights under COBRA and how these participants will be tracked to ensure compliance?
- 3) Does the COBRA Administration integrate with your Online Enrollment System?
- 4) Does employer have access to view COBRA system for status of COBRA participants?
- 5) Do you employ an onsite attorney that governs the COBRA Administration? If yes, does district have access to seek counsel from compliance attorney?
- 6) Are there any fees to the district associated with COBRA Administration?

D. Liability Protection

Please disclose the amount of liability protection and Errors and Omissions coverage in force. Please provide certificates with your proposal.

E. Company History

Briefly describe the development of your organization and your corporate business objectives. Explain how long you have been in business and how long you have been providing Consulting and TPA services. Please include a copy of your LHIC and TPA license in your proposal.

F. References

Provide the employer name, address, telephone number and contact name of five of your Texas clients that are of comparable size to Texans Can Academies.

G. Forms

VENDOR APPLICATION FORM

Prospective vendors must complete and return this application along with W-9 and Conflict of Interest forms in order to be added to the district database of vendors. This does not guarantee approval to provide goods or services.

Vendor/Company Name: _____

Contact: _____

Vendor Address: _____

City: _____

State: _____

Zip: _____

Phone: _____

Fax: _____

Website: _____

E-mail: _____

Bid Department: (if different from above)

Contact: _____

Address: _____

City: _____

State: _____

Zip: _____

Phone: _____

Fax: _____

E-mail: _____

Purchase Order Department: (if different from above)

Contact: _____

Address: _____

City: _____

State: _____

Zip: _____

Phone: _____

Fax: _____

E-mail: _____

Payment Information: (if different from above)

Contact: _____

Address: _____

City: _____

State: _____

Zip: _____

Phone: _____

Fax: _____

E-mail: _____

Social Class Designation:

Yes No

Yes No

1. Minority/Women Business Enterprise

4. Small Business

2. Historically Underutilized Business

5. Supplier Fair-Invitation

3. CMBL Certified

6. Other (specify) _____

If you checked 'Yes' to 1, 2, or 3, please specify the following:

Certification Number: _____

Name of Certifying Agency: _____

Residency:

Texas Government Code Chapter 2252, Subchapter A deems it necessary for Texans Can Academies to determine the residency of its bidders.

In Section 2252.001 (3), a 'Non-resident bidder' is defined as a person who is not a resident, whereas Section 2252.001 (4) refers to a 'Resident bidder' as a person whose principal place of business is in Texas, including a contractor whose ultimate parent company or majority owner has its principal place of business in this state. Section 2252.002 states "A governmental entity may not award a governmental contract to a nonresident bidder unless the nonresident underbids the lowest bid submitted by a responsible resident bidder by an amount that is not less than the greater of the following: (1) the amount by which a resident bidder would be required to underbid the nonresident bidder to obtain a comparable contract in the state in which the nonresident's principal place of business is located; or (2) the amount by which a resident bidder would be required to underbid the nonresident bidder to obtain a comparable contract in the state in which a majority of the manufacturing relating to the contract will be performed."

I certify that _____ is, under Chapter

(Name of Company Bidding)

2252.001, Sections (3) and (4), a _____ . The principal place of

(Resident Bidder/Non-Resident Bidder)

business under Chapter 2252.001, Sections (3) and (4), is in _____ .

(City, State)

Authorized Signature

Date

OFFERORS MUST SET FORTH FULL, ACCURATE AND COMPLETE INFORMATION. FAILURE TO DO SO MAY RENDER THE OFFER NON-RESPONSIVE OR UNACCEPTABLE. A FALSE STATEMENT IN ANY OFFER SUBMITTED TO THE DISTRICT MAY BE A CRIMINAL OFFENSE IN VIOLATION OF SECTION 37.10 OF THE *TEXAS PENAL CODE*.

CONFLICT OF INTEREST QUESTIONNAIRE

FORM CIQ

For vendor doing business with local governmental entity

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.

This questionnaire is being filed in accordance with Chapter 176, Local Government Code, by a vendor who has a business relationship as defined by Section 176.001(1-a) with a local governmental entity and the vendor meets requirements under Section 176.006(a).

By law this questionnaire must be filed with the records administrator of the local governmental entity not later than the 7th business day after the date the vendor becomes aware of facts that require the statement to be filed. See Section 176.006(a-1), Local Government Code.

A vendor commits an offense if the vendor knowingly violates Section 176.006, Local Government Code. An offense under this section is a misdemeanor.

Texans Can Officers and Board Members

Rudy Oeffering
Michael T. Casey
Fred Ertz
Anna Torres
Regina M. Thompson
Dale W. Young
Michelle A. Rankine
Jose Maldonado
Richard A. Marquez
James Ponce
Marian P. Hamlett
Daniel Cahalen
Pamela Carroll
Malcolm Wentworth

1 Name of vendor who has a business relationship with local governmental entity.

2 Check this box if you are filing an update to a previously filed questionnaire. (The law requires that you file an updated completed questionnaire with the appropriate filing authority not later than the 7th business day after the date on which you became aware that the originally filed questionnaire was incomplete or inaccurate.)

3 Name of local government officer about whom the information is being disclosed.

Name of Officer or Board Member

4 Describe each employment or other business relationship with the local government officer, or a family member of the officer, as described by Section 176.003(a)(2)(A). Also describe any family relationship with the local government officer. Complete subparts A and B for each employment or business relationship described. Attach additional pages to this Form CIQ as necessary.

A. Is the local government officer or a family member of the officer receiving or likely to receive taxable income, other than investment income, from the vendor?

Yes No

B. Is the vendor receiving or likely to receive taxable income, other than investment income, from or at the direction of the local government officer or a family member of the officer AND the taxable income is not received from the local governmental entity?

Yes No

5

Describe each employment or business relationship that the vendor named in Section 1 maintains with a corporation or other business entity with respect to which the local government officer serves as an officer or director, or holds an ownership interest of one percent or more.

6

Check this box if the vendor has given the local government officer or a family member of the officer one or more gifts as described in Section 176.003(a)(2)(B), excluding gifts described in Section 176.003(a-1).

7

Signature of vendor doing business with the governmental entity

Date

**AFFIDAVIT OF NON-COLLUSION, NON-CONFLICT OF INTEREST,
ANTI-LOBBYING**

**Benefit Consultant, Online Benefit Management,
Section 125, 403(b) & COBRA Administration
RFQ #12-002**

By submission of this bid, the undersigned certifies that:

Neither the bidder nor any of bidder's officers, partner, owners, agents, representatives, employees, or parties in interest, has in any way colluded, conspired, or agreed, directly or indirectly with any person, firm, corporation or other bidder or potential bidder any money or other valuable consideration for assistance in procuring or attempting to procure a contract or fix the prices in the attached bid or the bid of any other bidder, and further states that no such money or other reward will be hereinafter paid.

No attempt has been or will be made by this company's officers, employees, or agents to lobby, directly or indirectly, the Texans Can Academies Board of Trustees between bid submission date and award by the San Marcos Consolidated Independent School District Board of Trustees.

No officer or stockholder of the bidder is a member of the staff, or related to any employee of the San Marcos Consolidated Independent School District except as noted herein below:

The undersigned certifies that he/she is fully informed regarding the accuracy of the statements contained in this certification, and that the penalties herein are applicable to the bidder as well as to any person signing in his/her behalf.

Signature/Title: _____

Printed Name: _____

Date: _____

Request for Taxpayer Identification Number and Certification

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

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.			
	2 Business name/disregarded entity name, if different from above			
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.		4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):	
	<input type="checkbox"/> Individual/sole proprietor or single-member LLC	<input type="checkbox"/> C Corporation	<input type="checkbox"/> S Corporation	Exempt payee code (if any) _____
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____	Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.		Exemption from FATCA reporting code (if any) _____
	<input type="checkbox"/> Other (see instructions) ▶ _____	(Applies to accounts maintained outside the U.S.)		
	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)		
6 City, state, and ZIP code				
7 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 line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number													
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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); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

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 for Part II, later.

Sign Here

Signature of U.S. person ▶

Date ▶

General Instructions

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

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
 - Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
 - Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
 - Form 1099-S (proceeds from real estate transactions)
 - Form 1099-K (merchant card and third party network transactions)
 - Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
 - Form 1099-C (canceled debt)
 - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.
- If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*