



City of Kingsville
400 W. King Avenue
P.O. Box 1458
Kingsville, Texas 78363
Phone: (361) 595-8025

**Group Medical Employee Benefits Programs
RFP Number: 25-16**

The information contained in these specifications is confidential and is to be used only in connection with preparing a proposal for the following insurance services or insurance coverages: **(1) Medical Fully Insured Including Pharmacy, (2) Employee Assistance Program, (3) Wellness, (4) COBRA Administration, (5) Health Spending Account Administration (optional), and (6) Telehealth Services.**

Sealed responses consisting of an original signed proposal and two (2) copies must be received no later than:
Due Date: Tuesday, May 20, 2025, at 2:00 p.m. (CST)

Proposals shall be delivered to the following:

City of Kingsville

Finance Department
ATTN: Charles Sosa, Purchasing Manager
400 W. King Avenue
P.O. Box 1458
Kingsville, Texas 78363
Tel: (361) 595-8025 or (361) 595- 8036
csosa@cityofkingsville.com

Original bid/proposals need to be signed and delivered in a sealed envelope, plainly marked with vendor's name, bid/proposal number, proposal title, closing date and time.

Responses may be submitted by U. S. Mail, common carrier, or other courier or delivery service, or by hand delivery. The City of Kingsville (hereinafter called "City") will not be responsible for bids or related correspondence that are mis-sent, mis-delivered, or misplaced. The date/time record of the City will be the official time of receipt. Late proposals will be returned unopened.

Proposals submitted must be valid for one hundred twenty (120) days to allow evaluation and decision by the City Council and implementation.

ALTERNATE PROPOSALS WILL BE ACCEPTED PROVIDED THEY ARE WITHIN THE STATEMENT OF WORK OUTLINED IN THIS RFP; HOWEVER, PROPOSERS ARE CAUTIONED TO NOT DEVIATE FROM THE BASIC REQUIREMENTS NOTED IN THE STATEMENT OF WORK. EVALUATION AND/OR ACCEPTANCE OF AN ALTERNATE PROPOSAL WILL BE AT THE SOLE DISCRETION OF THE CITY. ALTERNATIVE PROPOSALS SHALL BE DELIVERED IN A SEPARATE, SEALED ENVELOPE MARKED AS ABOVE AND DESIGNATED ALTERNATIVE.

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SECTION I

1. BACKGROUND INFORMATION

Goals and Objectives

The City's primary objective is to provide high quality healthcare and related benefits at a competitive price. The City has a responsibility to ensure its employees with adequate network access. In addition, the City is required to manage insurance costs effectively and efficiently. The goal of this RFP process is to enter into agreement(s) with service provider(s) to provide employee benefit services. All coverages and administration will be effective **October 1, 2025. Open enrollment is scheduled for late August 2025.**

The City seeks services from companies who have experience in developing and maintaining the type of benefit programs requested, and who have a proven track record for providing quality care and effective services at competitive rates. The City is seeking to establish a long-term business relationship with the successful organizations that can provide pro-active plan management services.

2. CURRENT AND REQUESTED COVERAGES

The City will consider both all-inclusive and standalone services proposals for all coverages listed below.

Current Plan Information

(1.) Fully Insured Group Medical with Pharmacy

The City is currently fully-insured with United Healthcare as of October 1, 2022.

(2.) Employee Assistance Program

Current EAP – Integrated with group medical

(3.) Wellness Program

Currently, wellness is integrated in the medical plan.

(4.) COBRA Administrative Services

Current COBRA Administrator – United Healthcare

(5.) Health Spending Account Administration

Current – The City currently does not offer Health Spending Accounts to its Employees.

(6.) Telehealth Services

Current Telehealth Service – Integrated with medical plan through United Healthcare

Requested Coverages

- Medical Plan Design – The City is interested in maintaining a similar plan design offering options such as HMO, EPO and PPO plans with optional changes to an 80/20 co-insurance. Please provide a proposal as close as possible to the current medical plan design. In response to this RFP, you may suggest a better alternative, however the City requests the Proposers to limit the number of plan design options you propose.
- Fully Insured Group Medical – The City is interested in reviewing fully-insured group medical proposals. Please clearly identify all value-added services included with the fully insured program including chronic

disease management, wellness and Employee Assistance Programs.

- Wellness – The City is interested in receiving proposals for a wellness program. The City will review and consider wellness programs that are both stand alone and/or integrated with the health insurance.
- Employee Assistance Program (EAP) – The current EAP is currently integrated in group medical. The City will review and consider EAP's that are both stand alone and/or integrated with the health insurance.
- COBRA Administration –United Healthcare is the current COBRA Administrator. They also include Med D Calculations, annual reporting to CMS and other mandatory notifications.
- Health Spending Account Administration – The City currently does not offer Health Spending Accounts to its employees but is interested in reviewing proposals for Healthcare Flexible Spending Accounts.
- Telehealth – Telehealth services are currently integrated with group health. The City will consider telehealth solutions that are both stand alone and/or integrated with ~~the~~ health insurance.

3. EVALUATION PROCESS AND TIMELINE

Supporting Documents and Bid Package

All proposers are encouraged to complete the attached registration form to ensure they will receive all future correspondence. Interested parties will need to contact Acrisure, LLC Consultant, Valeria Ybarra, via email with a simultaneous copy to City of Kingsville to receive the full RFP package that includes medical claims information, rate sheets, questionnaires and required forms. All information will be sent to interested parties via a secure email.

Acrisure, LLC

Valeria Ybarra, Consultant
vvybarra@acrisure.com

Phyllis Herrington, Account Executive
pherrington@acrisure.com

500 N. Water Street, Suite 900
Corpus Christi, Texas 78401
Tell: (361) 884-2775
Fax: (361) 884-3470

City of Kingsville

Diana Gonzales, HR Director
dgonzales@cityofkingsville.com

400 W. King Avenue
P.O. Box 1458
Kingsville, Texas 78363
Tel: (361) 595-8017

Overview

Each proposal received will be analyzed and evaluated by selected City personnel and by Acrisure. Acrisure has been retained by the City and should not be listed as the commissioned agent of record for any proposals submitted to the City. ***All proposals should be released net commissions and should not include any form of agent/agency compensation.*** Please see General Terms and Conditions under Section III for further detail.

Evaluation Criteria

The City reserves the right to contact references to discuss the performance of Proposers 'to make on-site visits of Proposers' facilities to observe systems and personnel in action and based on the following criteria:

- Experience working with cities
- Experience of staff assigned to the City of Kingsville
- Multi-year rate guarantees and/or rate caps
- Plan design and contract language
- Cost
- Management reporting and services offered
- Completed questionnaires and rate sheets

Best and Final Offer (BAFO)

The City reserves the right to return to the Proposer(s) remaining in the competitive range to request a BAFO proposal based on one or more components of the initial proposal.

Although discussions and BAFOs may take place, Proposers are encouraged to provide their best offer/proposal initially and not anticipate discussions to make their best offer/proposal.

The City reserves the right to bundle coverages and/or services with the same company or choose a different company for each service requested. Each coverage/service must stand alone and cannot be contingent on securing other lines of coverage. If there is a financial advantage to choosing more than one coverage/service with Proposer's firm, the proposal should clearly outline these advantages and include both the standalone cost as well as the cost with bundling.

Timeline for RFP Process

The timeline for the process is as follows:

RFP Posted:	April 14, 2025
Questions Due:	May 9, 2025
RFP's Due:	May 20, 2025
Projected Award:	June 23, 2025

4. ORGNIZATION AND FORMAT

A title page for the proposal must show The City's name, title of proposal, RFP number, name of Proposer's firm, address, telephone number, fax number, name of contact person, email and phone number of the contact person, and date. A table of contents with section numbers must be provided to clearly identify the specified services by section as specified below. The body of the proposal must be tabbed as described in this section.

The **original signed proposal, two (2) copies and two (2) electronic copies** shall be submitted and organized in the following format using Section numbers:

Section I

- A. Cover Letter
- B. Registration Form
- C. Services Proposed Checklist
- D. Conflict of Interest Questionnaire
- E. W-9 Form

Section II

- A. Fully Insured Medical Questionnaire
- B. COBRA Questionnaire
- C. Geo Access Report Worksheet
- D. Network Disruption Report
- E. Pharmacy Disruption Report

Section III – Carrier Proposal and Supporting Documents

- A. Carrier Full Proposal
- B. Specimen Contracts and Benefit Summaries
- C. Organization Marketing/Communication/Background Information

5. GENERAL TERMS AND CONDITIONS

1. **Acceptance of Bid/Proposal Content** - The "General Terms & Conditions"; "Representation and Certification" form; "Special Terms & Conditions"; and Questionnaires/Certifications identified elsewhere in this RFP are an integral part of this RFP and will become a part of any subsequent contract(s) executed by this RFP and govern the relationship between the City and Vendor and are hereby made part of the agreement between the parties. Submission of a response shall be considered as the representation that the Bidder/Proposer has carefully investigated all past, present and required conditions of the service being offered in the solicitation. Failure of a Bidder/Proposer to accept these conditions in a final contract shall result in cancellation of the award.
2. **Responsiveness** - It is the Bidder/Proposer's responsibility to read and comply with the information provided. Failure to complete and submit the bid/proposal according to the information and instructions may result in disqualification.
3. **Questions** - Bidder/Offeror/Proposer/Vendor with questions/concerns about the solicitation, the evaluation, and/or resulting contract should be directed to the City with a simultaneous copy to Acrisure, LLC before May 9, 2025, at 5:00 p.m. Questions should be addressed to the following:

Acrisure, LLC

Valeria Ybarra, Consultant
vybarra@acirsure.com

Phyllis Herrington, Account Executive
pherrington@acirsure.com

500 N. Water Street, Suite 900
Corpus Christi, Texas 78401
Tell: (361) 884-2775
Fax: (361) 884-3470

City of Kingsville

Diana Gonzales, HR Director
dgonzales@cityofkingsville.com

400 W. King Avenue
P.O. Box 1458
Kingsville, Texas 78363
Tel: (361) 595-8017

4. **Late Submission** - Bids/proposals received after the time and date specified will **not** be accepted and will be returned unopened.
5. **Signature Block** - Bids/proposals received without proper signature will **not** be accepted.
6. **Instructions to Bidder/Proposer** - Facsimile (fax) bids/proposals will **not** be accepted.
7. **Instructions to Bidder/Proposer** - All prices and quotations must be typed or written in ink. Bids/proposals written in pencil will **not** be accepted. Mistakes may be crossed out and corrections inserted and initialed by Bidder/Proposer. Unit prices should be extended. The unit price will prevail in resolution of mathematical errors in extension or total. The Bidder must submit prices and other information required in the proper spaces on the bid/proposal forms provided. Deviation will result in disqualification of the bid/proposal.

8. **Acknowledgement of Amendments** - Changes to the bid/proposal, prior to award, may be made in the form of a numbered addendum. Each addendum must be returned with the signed "Sealed Bid/Proposal" form at the time and date of bid/proposal opening or prior to that time. If any numbered addendum is **not returned**, the bid/proposal **could be** disqualified.
9. **Tax Exemption** – The City is exempt from Texas State and Local Sales Tax and Federal Excise – IAW Article 20.04 (F) 3, Chapter 20, Title 122a, Taxation, General, RCS, 1925, as amended by the 57th Legislature, first Called Session, 1961 – **DO NOT INCLUDE TAX IN YOUR BID OR PROPOSAL.**
10. **Bid Withdrawal** - A Bidder/Proposer may withdraw bid/proposal upon written request at any time prior to the bid/proposal opening date and time. Bids/Proposals cannot be amended or altered, except to correct price extension errors, after the opening date and time.
11. **Termination** - The award or agreement resulting from this bid/proposal may be terminated or cancelled under the following circumstances:
 - a. City may cancel or terminate the award or agreement for convenience, with or without preference upon 60 day written notice.
 - b. Work under the agreement may be terminated in whole or in part by the City upon delivery to vendor of a notice of termination specifying the extent to which performance of work under the agreement is terminated and the date upon which termination becomes effective. This right of termination is in addition to and not in lieu of City rights to cancel undelivered goods or services under the agreement.
 - c. City may cancel all or any part of the undelivered goods or services of the agreement if vendor breaches any of the terms of the agreement, including, but not limited to, warranties of vendor, or if vendor becomes insolvent or begins bankruptcy or reorganization proceedings.
 - d. The City's rights of termination or cancellation are in addition to other remedies City may have in law or equity.
12. **Indemnification** - Vendor agrees to indemnify, defend, and hold the City harmless from any patent, copyright, trademark, or trade secret infringement claim or cause of action, or any similar intellectual or proprietary rights infringement claim or cause of action, which are based on or related on goods or services sold or used by the vendor in connection with this agreement. Vendor shall defend any such claims or causes of action at its own expense, and the City shall have the right to have such litigation monitored by its own counsel at the City expense.
13. **Applicable Law and Venue** – The validity, construction and effect of this contract and any and all extensions and/or modifications shall be governed by the laws of the State of Texas. Texas law shall govern regardless of any language in any attachment or other document that the Offeror may provide.
14. **Proprietary Information** – Bidder/Proposers must attach a detailed listing of any/all restrictions on the dissemination, public disclosure, or use of any data contained in their response and be informed that any declared proprietary information will be addressed as required by applicable law, regulation and the City policy.
15. **Contract Extensions (option year(s))** - Any contract may be extended beyond the base year(s) in writing via an addendum by the City with mutual agreement between the parties.

16. **Ethics in Public Contracting** – Employees are prohibited from receiving, soliciting any gifts, inducement or kickbacks. Bidder/Offeror/Proposer/Vender or agents will have no direct contact with City Commission Members or employees.
17. **Firm Price Period** - Bid/proposal pricing shall be firm for a minimum period of one hundred and twenty (120) calendar days following the date established for the opening date. A thirty (30) day minimum is required for City Council approval.
18. **Instructions to Bidder/Proposer** – The City reserves the right to award to a single vendor or multiple vendors i.e. primary, secondary and tertiary suppliers.
19. **Expenses Incurred in Bid/Proposal Preparation** – The City will not be liable in any way for any costs incurred by any Proposer in the preparation of its bids/proposals, nor for the presentation of its bids/proposals and/or participation in any discussions and/or negotiations.
20. **Acceptance by City Council** – No award of Contract shall be valid, and no contract is created or binding, until the bid/proposal has been accepted by the City Council.
21. **City of Kingsville Policies, Procedures, and Public Information Office** – Bidder/Proposer agrees and acknowledges that any and all documents submitted in response to and all bids/proposals are subject to disclosure under the State of Texas Open Records Act.
22. **Subcontractors** - Offerors shall include a list of all subcontractors in their proposal. Proposal shall also include a statement of the Subcontractor's qualifications. The City reserves the right to reject the successful Offeror's selection of any or all Subcontractors.

6. Proposal Checklist

Proposal Checklist

Please check all services included in your fully insured proposal.

- ☐ Fully Insured Group Medical
- ☐ Employee Assistance Program
- ☐ Chronic Disease Management for Diabetes and Related Medical Supplies
- ☐ Telehealth Services
- ☐ Wellness
- ☐ COBRA Administrative Services
- ☐ Health Spending Account Services

7. Registration Form

City of Kingsville
400 W. King Avenue
P.O. Box 1458
Kingsville, Texas 78363
Phone: (361) 595-8025

**Group Medical Employee Benefits Programs
RFP Number 25-16**

REGISTRATION FORM

Please complete the information below to receive a copy of the bid packet for Group Medical Employee Benefits Program RFP 25-16. Interested parties will need to contact Acrisure, LLC Consultant, Valeria Ybarra and Phyllis Herrington, via email with a simultaneous copy to City of Kingsville to receive the full RFP package that includes medical claims information, rate sheets, questionnaires and required forms. All information will be sent to interested parties via a secure email.

Acrisure, LLC

Valeria Ybarra, Consultant
vybarra@acrisure.com

Phyllis Herrington, Account Executive
pherrington@acrisure.com

500 N. Water Street, Suite 900
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Tell: (361) 884-2775
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City of Kingsville

Diana Gonzales, HR Director
dgonzales@cityofkingsville.com

400 W. King Avenue
P.O. Box 1458
Kingsville, Texas 78363
Tel: (361) 595-8017

Name Interested Company: _____

Name and Title of Contact Person: _____

Street Address / P.O. Box: _____

City, State, Zip Code: _____

Telephone Number: _____

Fax Number: _____

Email Address: _____

Website: _____

8. Conflict of Interest Questionnaire

CONFLICT OF INTEREST QUESTIONNAIRE
For vendor doing business with local governmental entity

FORM CIQ

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.

OFFICE USE ONLY

Date Received

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

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

CONFLICT OF INTEREST QUESTIONNAIRE

For vendor doing business with local governmental entity

A complete copy of Chapter 176 of the Local Government Code may be found at <http://www.statutes.legis.state.tx.us/Docs/LG/htm/LG.176.htm>. For easy reference, below are some of the sections cited on this form.

Local Government Code § 176.001(1-a): "Business relationship" means a connection between two or more parties based on commercial activity of one of the parties. The term does not include a connection based on:

- (A) a transaction that is subject to rate or fee regulation by a federal, state, or local governmental entity or an agency of a federal, state, or local governmental entity;
- (B) a transaction conducted at a price and subject to terms available to the public; or
- (C) a purchase or lease of goods or services from a person that is chartered by a state or federal agency and that is subject to regular examination by, and reporting to, that agency.

Local Government Code § 176.003(a)(2)(A) and (B):

- (a) A local government officer shall file a conflicts disclosure statement with respect to a vendor if:

(2) the vendor:

(A) has an employment or other business relationship with the local government officer or a family member of the officer that results in the officer or family member receiving taxable income, other than investment income, that exceeds \$2,500 during the 12-month period preceding the date that the officer becomes aware that

(i) a contract between the local governmental entity and vendor has been executed;
or

(ii) the local governmental entity is considering entering into a contract with the vendor;

(B) has given to the local government officer or a family member of the officer one or more gifts that have an aggregate value of more than \$100 in the 12-month period preceding the date the officer becomes aware that:

- (i) a contract between the local governmental entity and vendor has been executed; or
- (ii) the local governmental entity is considering entering into a contract with the vendor.

Local Government Code § 176.006(a) and (a-1)

- (a) A vendor shall file a completed conflict of interest questionnaire if the vendor has a business relationship with a local governmental entity and:

(1) has an employment or other business relationship with a local government officer of that local governmental entity, or a family member of the officer, described by Section 176.003(a)(2)(A);

(2) has given a local government officer of that local governmental entity, or a family member of the officer, one or more gifts with the aggregate value specified by Section 176.003(a)(2)(B), excluding any gift described by Section 176.003(a-1); or

(3) has a family relationship with a local government officer of that local governmental entity.

- (a-1) The completed conflict of interest questionnaire must be filed with the appropriate records administrator not later than the seventh business day after the later of:

(1) the date that the vendor:

(A) begins discussions or negotiations to enter into a contract with the local governmental entity; or

(B) submits to the local governmental entity an application, response to a request for proposals or bids, correspondence, or another writing related to a potential contract with the local governmental entity; or

(2) the date the vendor becomes aware:

(A) of an employment or other business relationship with a local government officer, or a family member of the officer, described by Subsection (a);

(B) that the vendor has given one or more gifts described by Subsection (a); or

(C) of a family relationship with a local government officer.

9. W-9 Form

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. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <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. <input type="checkbox"/> Other (see instructions) ►	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>	
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								
				-				
or								
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); 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.