Practitioner CAQH® Application Instructions and Checklist

To Join CDPHP:

To begin the credentialing and contracting process with CDPHP, **regardless of your CAQH status**, please call (518) 641-3321 or 1-888-258-0477. You can also email the CDPHP network and contracting department at providerNetwork@cdphp.com.

Instructions for New Practitioners Not in CAQH Database

- Complete the **Practitioner Data Collection Form**.

The completion of the Practitioner Data Collection Form will assist CDPHP in facilitating your receipt of either:

- ✓ A CAQH Registration kit and CAQH Provider ID, in order to complete the online application in the Universal Credentialing Database; **or**
- ✓ A CAQH paper application and registration kit, in order to manually complete a paper copy of the application.

Instructions for New Practitioners Already in CAQH Database

- Go to https://upd.caqh.org/oas/, login and click on the Registration button.
  - ✓ Check off **CDPHP** from the participating organizations list, or;
  - ✓ Click "Check here for all plans to receive data" to select all.

Application Checklist – What Practitioners Need to Start Completing the CAQH Application

- CAQH Provider ID number (included in registration kit sent from CAQH)
- Previously completed credentialing application (for reference)
- List of all previous practice locations
- Copies of:
  - ✓ Curriculum vitae (resume)
  - ✓ Medical license
  - ✓ DEA certification, if applicable
  - ✓ IRS Form W-9
  - ✓ Malpractice insurance face sheet
  - ✓ Summary of any pending and settled malpractice cases
- Identification numbers, such as UPIN, Medicare, Medicaid

If you need help completing the CAQH application, please contact the CAQH Help Desk:

Phone: 1-888-599-1771 E-Mail: caqh.updhelp@acsgs.com

Practitioner Data Collection Form

In order for CDPHP to add you to their CAQH roster and consider your participation with CDPHP, please complete the following information. If you have any questions while completing this form, please call CDPHP Credentialing Department at **(518)-641-3321** for assistance.

Are you registered with CAQH?	[ ] **Yes** [ ] **No**
	If yes, please provide your CAQH provider ID number:
National Provider Identification Number (NPI): (10 digits)	

Last Name:			
First Name:		**Middle Initial:**	
Date of Birth: (mm/dd/yyyy)			
E-mail address:			
Tax ID:			
Type of Degree:			
Specialty:			
Applying as:	[ ] Primary Care Provider [ ] Specialist [ ] Both		
State that issued Medical License:			
Medical License #			

See reverse side

Service Location:			
Group Practice Name			
Phone Number: (include area code)			
Fax Number: (include area code			
Street			
City			
County			
State		**Zip Code**	

Credentialing Mailing Address if different than above:			
Group Practice Name			
Phone Number: (include area code)			
Fax Number: (include area code			
Street			
City			
County			
State		**Zip Code**	

Hospital Affiliations:

Please fax the completed form to
CDPHP Credentialing Department at
fax: (518) 641-3209

Submit by mail to:
Capital District Physicians' Health Plan, Inc.
Attention: Credentialing
500 Patroon Creek Blvd., Albany, NY 12206

Physician Qualification Overview

1. The physician must hold a valid license as a Doctor of Medicine or a Doctor of Osteopathy in the State of New York, Vermont, and/or Massachusetts. License must be in good standing, free of restrictions and without probationary status.
2. The physician must have a current Federal Narcotic Prescription Number (DEA). Exemption from this requirement will be considered for physicians practicing as radiologists or pathologists, or on a case-by-case basis. However, any physician who intends to write **any** prescription for a CDPHP® member **must** have a DEA number.
3. The physician must attest in the application that he/she maintains current malpractice liability coverage in the amount of at least $1.3/$3.9 million.
4. The physician must provide a copy of a current resume or curriculum vitae at the time of initial credentialing.
5. **Effective June 1, 2007**
   All physicians who completed training after December 31, 1999, must be board certified in the specialty that is relevant to their scope of practice.
   - **Certification** must be achieved within five years of completion of training. Certification must be by the American Board of Medical Specialties (ABMS), American Osteopathic Association (AOA), or equivalent Canadian Boards.
   - Maintenance of certification (MOC) is expected of all applicants, and will be evaluated at the time of each recredentialing cycle.
6. All CDPHP participating physicians must maintain medical staff privileges in a hospital having contractual arrangements with the Plan. In addition, the physician must agree to inform CDPHP of any substantial change in clinical privileges at any time during his/her participation with the Plan. Exemption from medical staff membership requirements will be granted to physicians practicing as radiologists or pathologists, or on a case-by-case basis.
7. If an exemption from medical staff privileges is granted, per #6 above, CDPHP will require the following:
   - **Documentation** of CME credits consistent with MSSNY requirements, 50 credit hours per year. Evidence of compliance is required through copies of certificates or satisfactory documentation, i.e., transcript format.
   - Certificate of current health from primary care physician (PCP) or licensed allied health care professional. Certificate must be within a year from request date, and cannot be from a health care professional within the same practice site.
   - Documentation of board certification (per #5 above).
8. CDPHP reserves the right to request letters of reference. If requested, the physician must submit two letters of reference from individuals who are engaged in similar professional endeavors and who are **not** in practice or partnership with the applicant. References from CDPHP participating physicians are preferred.
9. Practice site assessment: A practice site evaluation may be required, including medical record keeping practices and appointment access studies for potential PCPs and obstetrician/gynecologists (OB/GYNs) prior to review by the credentials committee. All identified sites are assessed.
10. The physician must complete a credentialing application that documents his/her background, experience, training, demonstrated competence, reputation, ability to work with others and adherence to the ethics of his/her profession, in order to help ensure that any patient treated by the physician will receive high-quality medical care.

11. The physician must agree to abide by all rules and regulations set forth in the bylaws, administrative manuals, and provider agreements, and to abide by the Principles of Medical Ethics of the American Medical Association or the American Osteopathic Association.
12. Applicants still in residency and/or fellowship programs are not eligible for Plan participation. The credentials committee reserves the right to review and consider applicants for approval who are in fellowship training programs on a case-by case basis.
13. In order to comply with the Federal Clinical Laboratory Improvement Amendments (CLIA) of 1988, **all** laboratory-testing sites must have a CLIA certificate of waiver or CLIA certificate of registration to legally perform testing. The physician must provide CDPHP with a photocopy of his/her CLIA certificate, if applicable.

Qualification Requirements for Adjunct Practitioners

The following criteria pertain to all adjunct practitioner types. Specialty specific criteria are also outlined below:

- must hold a valid license in the State of New York, Vermont, Massachusetts, or Pennsylvania
- license must be in good standing, free of restrictions and without probationary status
- complete a credentialing application that documents his/her background, experience, training, demonstrated competence, reputation, ability to work with others, and adherence to the ethics of his/her profession, in order to help ensure that any patient treated by him/her will receive high-quality care
- maintain malpractice liability coverage in the amounts listed below under each specialty
- maintain cross-coverage arrangements with another CDPHP participating practitioner,
- must submit a curriculum vitae/resume
- CDPHP reserves the right to request letters of reference. If requested, the two letters of reference must be from individuals who are engaged in similar professional endeavors and who are not in practice or partnership with the applicant. References from CDPHP participating practitioners are preferred.

Audiology

- attest to maintaining current malpractice liability coverage in the amount of $1million/$1 million
- attest to being available to see CDPHP patients at least 20 hours per week

Certified Diabetes Educator

- must be certified by the National Certification Board for Diabetes Educators
- attest to maintaining current malpractice liability coverage in the amount of $1million/$1 million
- attest to being available to see CDPHP patients at least 20 hours per week

Certified Orthoptist

- must have a current certification issued by the American Orthoptic Council. The American Orthoptic Council is administered by the American Academy of Ophthalmology & Otolaryngology.
- attest to maintaining current malpractice liability coverage in the amount of $1 million/$1 million
- attest to being available to see CDPHP patients at least 20 hours per week

Certified Pharmicist

- be currently licensed and registered in New York, Vermont, Massachusetts, or Pennsylvania
- must be currently registered and certified to immunize in NY
- provide evidence that an approved immunization course has been completed within the past three years
- currently certified in Cardio Pulmonary Resuscitation (CPR) or Basic Life Support (BLS)
- attest to maintaining current malpractice liability coverage in the amount of $1million/$1 million
- must have a registration certificate that will contain the prefix "I"

Chiropractic

- attest to maintaining current malpractice liability coverage in the amount of $1million/$3 million
- agree to abide by all rules and regulations set forth in bylaws, administrative manuals, and practitioner agreements
- attest to obtaining at least 12 hours of continuing medical education (CME) in the last year

Dental

- attest to maintaining current malpractice liability coverage in the amount of $1million/$3 million
- agree to abide by all rules and regulations set forth in bylaws, administrative manuals, and practitioner agreements, and to abide by the Principles of Medical Ethics of the American Dental Association
- Oral Surgeons must have hospital privileges
- must have a current Federal Narcotic Prescription Number (DEA) certificate

Nutritionist (non-physician)

- must be a registered dietitian with the American Dietetic Association (ADA)
- attest to maintaining current malpractice liability coverage in the amount of $1million/$1 million.
- attest to being available to see CDPHP patients at least 20 hours per week

Optometry

- must be licensed to utilize diagnostic pharmaceutical agents
- attest to maintaining current malpractice liability coverage in the amount of $1million/$1 million
- attest to being available to see CDPHP patients at least 20 hours per week

Occupational Therapy

- attest to maintaining current malpractice liability coverage in the amount of $1million/$1 million
- attest to being available to see CDPHP patients at least 20 hours per week

Physical Therapy

- attest to maintaining current malpractice liability coverage in the amount of $1million/$1 million
- attest to being available to see CDPHP patients at least 20 hours per week

Podiatry

- attest to maintaining current malpractice liability coverage in the amount of $1 million/$3 million
- have at least 20 office hours available per week to see CDPHP patients.
- must have completed a residency program following graduation; and/or be board certified by the American Board of Podiatric Surgery
- have privileges with at least one CDPHP participating hospital

Licensed Psychology

- attest to maintaining current malpractice liability coverage in the amount of $1million/$1 million
- obtained a doctoral degree in psychology (Ph.D, Psy.D, and ED.D)
- complete at least two years of supervised experience in health services
- completion of 30 hours of supervised practice in crisis treatment and/or brief therapy
- attest to being available to see CDPHP patients at least 20 hours per week

Licensed Master/Clinical Social Worker Psychotherapy "R" Privilege (LMSW or LCSW)

- attest to maintaining current malpractice liability coverage in the amount of $1million/$1 million
- be licensed and currently registered as a licensed clinical social worker
- document completion of 36 months of supervised experience in psychotherapy, following three years of supervised experience that qualified the individual for licensure
- complete 36 months of direct client contact in psychotherapy
- completion of 30 hours of supervised practice in crisis treatment and/or brief therapy
- attest to being available to see CDPHP patients at least 20 hours per week

Mental Health Practitioners (Marriage & Family Therapists (MFT), Mental Health Counselors (MHC)

- attest to maintaining current malpractice liability coverage in the amount of $1million/$1 million
- have a master's or higher degree in marriage and family therapy
- pass a State-approved exam
- complete at least 1,500 client contact hours of clinical experience (MFT)
- complete at least 3,000 hours of post-master's supervised experience (MHC)
- attest to being available to see CDPHP patients at least 20 hours per week

Speech Therapy

- attest to maintaining current malpractice liability coverage in the amount of $1million/$1 million
- attest to being available to see CDPHP patients at least 20 hours per week
- attest to obtaining at least 16.5. hours of continuing medical education (CME) in the last year

Statement of Practitioner's Rights

Credentialing and Recredentialing Application Information

By applying for membership in the Capital District Physicians' Health Plan (CDPHP), I am hereby notified that I have the right to the following:

1. To review the information obtained from any outside primary source that is presented to the Credentials Committee in support of my credentialing and/or recredentialing application. For example, malpractice insurance carriers, state licensing boards, and hospitals. *Letters of reference, and National Practitioner Data Bank (NPDB) documentation are not subject to this disclosure. (Note: Disclosure of NPDB documentation is a Federal violation.)*

   A. Upon CDPHP's receipt of a written, signed and dated request by the applicant, the Credentials Department will release under **confidential** cover to the applicant by Certified Mail, Return Receipt Requested the information that is presented to the Credentials Committee in support of his/her credentialing/recredentialing application.

2. To correct erroneous information submitted by another party.

   A. The applicant may submit corrections to CDPHP's department of credentialing and provider file maintenance within thirty (30) days of the day in which he/she first becomes aware of the problem. Changes must be submitted in writing, signed and dated by the practitioner, and addressed to the attention of the credentials specialist. The credentials specialist will document receipt of the corrections in correlation with the specified section(s) of the practitioner's application. All such correspondence will be presented to the Credentials Committee.

3. CDPHP will notify the practitioner of any information obtained during the credentialing and/or recredentialing process that varies substantially from the information provided to CDPHP by the practitioner. I will have thirty (30) days from notification to clarify and/or correct these discrepancies. All such explanations will be reviewed by CDPHP's Credentials Committee.

4. To inquire about the status of a credentialing or recredentialing application.

   A. Inquiries will be accepted via telephone and/or written request to CDPHP's department of credentialing and provider file maintenance. Subsequent to issues addressed with the applicant as described in Sections 2-3, the credentials specialist may advise the applicant of his/her application status. For example, anticipated schedule of review by the credentials committee, specific discussion regarding the completeness or incomplete documents required to finalize the review and analysis in preparation for the credentials committee's review.

Primary Care Physicians and OB/Gyns – Access Standards

After Hours Access to Care

CDPHP's Participating Physician Agreement specifies 24-hour coverage for a physician's practice. The Quality Management (QM) Committee has defined this as the ability to respond to a member/patient call within one (1) hour. To monitor compliance with this requirement, CDPHP's network services staff will place phone calls to all primary care physicians (PCPs) and OB/Gyns during the regularly scheduled recredentialing cycle.

Response Requirements:

Members who are not able to receive a return call from the practitioner must be given clear instructions on how to reach a live voice. This may be referring them to the health plan's member services number which can be found on their ID card.

APPOINTMENT AVAILABILITY STANDARDS	
TYPE OF VISIT	**TIME TO AN APPOINTMENT**
Urgent Care	Within 24 Hours
Non-urgent "sick" visit:	Within 48 hours
Emergency Care	Immediately
Routine Primary Care; Preventive Care Appointments	Within 4 weeks
Initial Prenatal within first trimester	Within 3 weeks
Initial Prenatal within 2nd or 3rd trimester	Within 1 week
Initial Family Planning	Within 2 weeks
Initial newborn	Within 2 weeks of hospital discharge

REMITTANCE AGENT DESIGNATION

I, _____ hereby designate and authorize _____, to act as my remittance agent for all claims submitted to Capital District Physicians' Health Plan, Inc. and its wholly owned subsidiaries (collectively "CDPHP"). I direct CDPHP to send all remittance and/or claims reimbursement checks for services that I have provided for CDPHP members to the following named remittance agent:

Name: _____

Address: _____

_____

Tax I.D. Number: _____

Effective Date: _____

Signature: _____

_____
(Print Name)

_____
(Provider Number)

_____
(Date)

Return form to:
CDPHP
500 Patroon Creek Blvd
Albany, NY 12206

Form **W-9**
(Rev. November 2005)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give form to the requester. Do not send to the IRS.

Print or type
See **Specific Instructions** on page 2.

Name (as shown on your income tax return)

Business name, if different from above

Check appropriate box: ☐ Individual/ Sole proprietor ☐ Corporation ☐ Partnership ☐ Other ▶ ☐ 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. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 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. 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 ▶**

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.

In 3 above, if applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

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

For federal tax purposes, you are considered a person if you are:

- An individual who is a citizen or resident of the United States,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or
- Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.

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

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

- The U.S. owner of a disregarded entity and not the entity,

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 enter 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.

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

Individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends. For more information on exempt payees, see the Instructions for the Requester of Form W-9.

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

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

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 an LLC that is disregarded as an entity separate from its owner (see Limited liability company (LLC) above), and are owned by an individual, enter your SSN (or "pre-LLC" EIN, if desired). If the owner of a disregarded LLC is a corporation, partnership, etc., enter the owner's EIN.

Note: See the chart on this page 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. Get 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 above.

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.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to give 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.

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.

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	The owner [3]
For this type of account:	**Give name and EIN of:**
6. Sole proprietorship	The owner [3]
7. A valid trust, estate, or pension trust	Legal entity [4]
8. Corporate	The corporation
9. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
10. Partnership	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

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

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

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

[4] List 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.