



## Sub-Retail Agency Information Fact Sheet

Wellmark Blue Cross Blue Shield of Iowa  
Wellmark Blue Cross Blue Shield of South Dakota

Independent Licensees of the Blue Cross and  
Blue Shield Association

<b>Agency Information</b> <input type="checkbox"/> Iowa Only <input type="checkbox"/> South Dakota Only <input type="checkbox"/> Both States <input type="checkbox"/> Group and Individual Business <input type="checkbox"/> Group Business Only <input type="checkbox"/> Individual Business Only		
General Agency Name Group Benefits, Ltd		General Agency 3 Digit # IA 663                      SD 496
General Agency Contact Name Brian Hewitt		Phone # ( 515 ) 453-8207
Email Address for Contact      Contracting@grpbenltd.com		Fax # ( 515 ) 222-5342
<b>Sub-Retail Agency Information (Business Information)</b>		
Sub-Retail Agency Legal Name (as recorded with the Secretary of State, unless sole proprietor)		
DBA (if applicable)		
Tax ID/SSN		Phone # (       )
Address		Fax # (       )
City	State	Zip Code
Website Address (if applicable)		
<b>Change in Lines of Business Sub-Retail Agency will be selling</b>		
Change in line(s) of business sold <input type="checkbox"/> Add   or <input type="checkbox"/> Remove <input type="checkbox"/> Group <input type="checkbox"/> Individual		
<b>Sub-Agency Contacts</b> (please provide information for all four contact positions)		
Primary Contact Name - REQUIRED (Individual authorized to sign the contract)		<input type="checkbox"/> Owner <input type="checkbox"/> President <input type="checkbox"/> Vice-President <input type="checkbox"/> Other (specify) _____
Email Address - REQUIRED (Individual email address required for primary - not a shared email address)		Phone # (       )
Contracting & Licensing Contact Name		
Email Address		Phone # (       )
Commission Contact Name		
Email Address		Phone # (       )
Agent of Record Changes Contact Name		
Email Address		Phone # (       )
<b>Agency Organizational Structure and Requirements</b>		
<b>Items Needed</b> (If not previously provided) 1. Copy of E&O certificate of coverage (If Sub-Retail Agency has a blanket policy to cover all Agents) 2. W-9 3. Copy of Business Entity License (SD Only)	<b>Agency Structure &amp; Ownership</b> 1. Does your Agency Commonly Own any other Entity <input type="checkbox"/> Yes <input type="checkbox"/> No 2. Is your Agency Commonly Owned by any other Entity <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes to either question, provide details of the ownership structure. <input type="checkbox"/> Provide legal documentation listing all owners, individual or corporate, and percentages owned	
By signing below, I attest that I am authorized to sign on behalf of the Sub-Retail Agency named above, and the information provided herein is true to the best of my knowledge and belief.		
Primary Contact Signature _____		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](http://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 <b>one</b> 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) ► _____ <b>Note:</b> 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 <b>not</b> 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) _____  <i>(Applies to accounts maintained outside the U.S.)</i>
	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 ►
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## 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](http://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.



## Agent Information Fact Sheet

Wellmark Blue Cross and Blue Shield of Iowa, Wellmark Health Plan of Iowa, Inc., Wellmark Synergy Health, Inc., Wellmark Value Health Plan, Inc. and Wellmark Blue Cross and Blue Shield of South Dakota are independent licensees of the Blue Cross and Blue Shield Association.

<b>Agency Information: (To be completed by General or Retail agency)</b> <input type="checkbox"/> Iowa Only <input type="checkbox"/> South Dakota Only <input type="checkbox"/> Both States			
General /Retail Agency Name: Group Benefits, Ltd			Agency 3 Digit #: IA 663 SD 496
General/Retail Agency Contracting Contact: Brian Hewitt		Phone #: ( 515 ) 453-8207	
E-mail Address for Contracting Contact: Contracting@grpbenltd.com		Fax #: ( 515 ) 222-5342	
Sub-Retail Agency Name (if applicable):		Sub-Retail Agency Tax ID:	
New Agent will be selling the following business line(s) <input type="checkbox"/> Group Only <input type="checkbox"/> Individual Only <input type="checkbox"/> Group & Individual			
Existing Agent change(s): <input type="checkbox"/> Add OR <input type="checkbox"/> Remove <input type="checkbox"/> Group <input type="checkbox"/> Individual <input type="checkbox"/> Address/Phone Update			
<b>Agent Information: Business Information</b>			
Agent Name:		Phone #: ( )	
Business Name:		Cell #: ( )	
Address:		Fax #: ( )	
City:	State:	Zip Code: -	
E-mail Address:		FFM ID:	
Date of Birth: ____/____/____	Social Security #: - -	NPN #:	
<b>Agent Information: Home Information</b>			
Address:		Phone #: ( )	
City:	State:	Zip Code: -	
<b>Agent Questionnaire:</b>			
1. Are you an employee of the above General/Retail Agency? <input type="checkbox"/> Yes or <input type="checkbox"/> No, I am an employee of the above Sub-Retail Agency			
2. Have you ever had an Agent license cancelled, suspended or had a fine imposed by the Insurance Commissioner? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what was the date of the order? ____/____/____			
3. Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details on a separate sheet.			
<b>Miscellaneous:</b>			
<b>Items Needed:</b> 1. Copy of Agent's current Iowa license & non-resident license (if different) 2. Copy of Agent's current E&O certificate of coverage 3. Copy of W-2, W-4 or 1099 (additional documentation will be required for 1099 Agents)		<b>Training &amp; Appointment Requirements:</b> 1. All newly appointed Agents are required to complete New Agent Training classes within <b>180</b> days of becoming active Agents. 2. Appointment Fee(s) will be billed to your General/Retail Agency the month following your appointment.	
I attest that the information provided herein is true to the best of my knowledge and belief and request that Wellmark appoint me as an Agent as required under applicable law.			
Agent Signature _____		Date ____/____/____	

# Required Federal Accessibility and Nondiscrimination Notice



## Discrimination is against the law

Wellmark complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. Wellmark does not exclude people or treat them differently because of their race, color, national origin, age, disability or sex.

## Wellmark provides:

- Free aids and services to people with disabilities so they may communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, call 800-524-9242.

If you believe that Wellmark has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with: Wellmark Civil Rights Coordinator, 1331 Grand Avenue, Station 5W189, Des Moines, IA 50309-2901, 515-376-4500, TTY 888-781-4262, Fax 515-376-9073, Email [CRC@Wellmark.com](mailto:CRC@Wellmark.com). You can file a grievance in person, by mail, fax or email. If you need help filing a grievance, the Wellmark Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail, phone or fax at: U.S. Department of Health and Human Services, 200 Independence Avenue S.W., Room 509F, HHH Building, Washington DC 20201, 800-368-1019, 800-537-7697 (TDD).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

ATENCIÓN: Si habla español, los servicios de asistencia de idiomas se encuentran disponibles gratuitamente para usted. Comuníquese al 800-524-9242 o al (TTY: 888-781-4262).

注意：如果您说普通话，我们可免费为您提供语言协助服务。请拨打 800-524-9242 或（听障专线：888-781-4262）。

CHÚ Ý: Nếu quý vị nói tiếng Việt, các dịch vụ hỗ trợ ngôn ngữ miễn phí có sẵn cho quý vị. Xin hãy liên hệ 800-524-9242 hoặc (TTY: 888-781-4262).

NAPOMENA: Ako govorite hrvatski, dostupna Vam je besplatna podrška na Vašem jeziku. Kontaktirajte 800-524-9242 ili (tekstualni telefon za osobe oštećena sluha: 888-781-4262).

ACHTUNG: Wenn Sie deutsch sprechen, stehen Ihnen kostenlose sprachliche Assistenzdienste zur Verfügung. Rufnummer: 800-524-9242 oder (TTY: 888-781-4262).

تنبيه: إذا كنت تتحدث اللغة العربية، فإننا نوفر لك خدمات المساعدة اللغوية، المجانية. اتصل بالرقم 800-524-9242 أو (خدمة الهاتف النصي: 888-781-4262).

ສິ່ງຄວນເອົາໃຈໃສ່, ພາສາລາວ ຖ້າທ່ານເວົ້າ: ພວກເຮົາມີບໍລິການຄວາມຊ່ວຍເຫຼືອດ້ານພາສາໃຫ້ທ່ານໂດຍບໍ່ເສຍຄ່າ ຫຼື 800-524-9242 ຕິດຕໍ່ທີ. (TTY: 888-781-4262.)

주의: 한국어 를 사용하시는 경우, 무료 언어 지원 서비스를 이용하실 수 있습니다. 800-524-9242번 또는 (TTY: 888-781-4262)번으로 연락해 주십시오.

ध्यान रखें : अगर आपकी भाषा हिन्दी है, तो आपके लिए भाषा सहायता सेवाएँ, निःशुल्क उपलब्ध हैं। 800-524-9242 पर संपर्क करें या (TTY: 888-781-4262)।

ATTENTION : si vous parlez français, des services d'assistance dans votre langue sont à votre disposition gratuitement. Appelez le 800 524 9242 (ou la ligne ATS au 888 781 4262).

Geb Acht: Wann du Deutsch schwetze duscht, kannscht du Hilf in dei eegni Schprooch koschdefrei griege. Ruf 800-524-9242 odder (TTY: 888-781-4262) uff.

โปรดทราบ: หากคุณพูด ไทย เรามีบริการช่วยเหลือด้านภาษาสำหรับคุณโดยไม่คิดค่าใช้จ่าย ติดต่อ 800-524-9242 หรือ (TTY: 888-781-4262)

PAG-UKULAN NG PANSIN: Kung Tagalog ang wikang ginagamit mo, may makukuha kang mga serbisyong tulong sa wika na walang bayad. Makipag-ugnayan sa 800-524-9242 o (TTY: 888-781-4262).

တကယ်တမ်း-နမူနာကတိကုဉ်းကုဉ်းတကယ်တမ်းတကယ်တမ်း,လားဘဝ်လားဘဝ်လဲ,ဆီလားနီလဲ. ဆဲးကုဉ်းဆူဝဲဝဲ-၅၂၄-၉၂၄၂မုတမု(TTY: ၈၈၈-၇၈၁-၄၂၆၂)တကုဉ်.

ВНИМАНИЕ! Если ваш родной язык русский, вам могут быть предоставлены бесплатные переводческие услуги. Обращайтесь 800-524-9242 (телетайп: 888-781-4262).

सावधान: यदि तपाईं नेपाली बोल्नुहुन्छ भने, तपाईंका लागि निःशुल्क रूपमा भाषा सहायता सेवाहरू उपलब्ध गराइन्छ। 800-524-9242 वा (TTY: 888-781-4262) मा सम्पर्क गर्नुहोस्।

ማሳሰቢያ: ከማርኛ የሚናገሩ ከሆኑ፣ የቋንቋ አገዛ አገልግሎቶች፣ ከከፍተኛ ነፃ፣ ያገኛሉ። በ 800-524-9242 ወይም በ(TTY: 888-781-4262) ደውሎ ያነጋግሩ።

HEETINA To a wolwa Fulfulde laabi walliinde dow wolde, naa e njobdi, ene ngoodi ngam maada. Hebir 800-524-9242 malla (TTY: 888-781-4262).

FUULEFFANNAA: Yo isin Oromiffaa, kan dubbattan taatan, tajaajilloonni gargaarsa afaanii, kaffaltii malee, isiniif ni jiru. 800-524-9242 yookin (TTY: 888-781-4262) quunnamaa.

УВАГА! Якщо ви розмовляєте українською мовою, для вас доступні безкоштовні послуги мовної підтримки. Зателефонуйте за номером 800-524-9242 або (телетайп: 888-781-4262).

Ge': Diné k'éhjí yáníłti'go níká bizaad bee áká' adoowoł, t'áá jiik'é, náhóló. Kojí' hólné' 800-524-9242 doodaii' (TTY: 888-781-4262)