



23291 Mill Creek Drive, Suite 100, Laguna Hills, CA 92653  
Phone (949) 830-1600 ♦ Toll-Free (877) 4-DENTAL ♦ Fax (949) 830-1655  
[www.caldental.net](http://www.caldental.net), e-mail [marketing@caldental.net](mailto:marketing@caldental.net)

## AGENT INFORMATION SHEET

Agent's Name \_\_\_\_\_

Agency Name \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Fax Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Federal Tax  
I. D. Number \_\_\_\_\_ - \_\_\_\_\_  
(If other than a sole proprietorship)

CA D.O.I.  
License # \_\_\_\_\_  
(If a licensed corporate agent)

Social Security Number \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Life Agent  
License # \_\_\_\_\_

E-mail address \_\_\_\_\_

Send Notices and Compensation to: Business \_\_\_\_\_ Home \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Fax Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-mail address \_\_\_\_\_

If business is a corporation or partnership, please list officers and shareholders or partners

**Name**

**Title**

\_\_\_\_\_  
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# California Dental Network, Inc.

## Agent Agreement

This Agreement is made and entered into by and between California Dental Network, Inc. (herein after referred to as "CDN"), and the Agent identified herein (herein after referred to as "Agent") as of CDN's Approval Date below. In consideration of the mutual covenants contained herein, the parties hereby agree to the following:

### **1. Agent Shall:**

- (a). From time to time as Agent determines appropriate, offer CDN benefit plans to their clients, or potential clients, who reside or have employees or group members who reside, within CDN's service area.
- (b). Procure and submit to CDN applications for enrollment from such clients and, upon acceptance of the application by CDN, enroll or arrange for enrollment of the individuals, employees or group members, and their dependents.
- (c). Be authorized to serve the interest of the individuals, families or groups (contract holders) under their contract with CDN and to solicit new coverage during the terms of their representation.

### **2. Agent Shall Not:**

- (a). Alter any terms of the contract, evidence of coverage, or any marketing materials of CDN, including but not limited to the covered benefit, exclusions or limitations, premium amounts or due dates.
- (b). Collect any funds on behalf of CDN, except in the form of a check made payable to "California Dental Network, Inc.", which must be forwarded to CDN on the first business day following Agent's receipt.

### **3. CDN Shall:**

- (a). Have the sole right to accept or reject applications for individual, family or group enrollment.
- (b). Have the right to approve all marketing, membership, enrollment, educational or informational materials used by Agent in connection with CDN or its benefit plans.
- (c). Have the right to change any of the terms and/or conditions of this Agreement, upon a 30-day notice to Agent, unless the California Department of Managed Health Care or other regulatory agency with competent jurisdiction requires a shorter period. Notwithstanding this provision, CDN may change the Agent Fee set forth in Attachment A at anytime without notice to Agent. Any changes will apply to all new business effective from the date of change. No changes shall apply to any existing business until the renewal or anniversary date of each account.

### **4. Compensation:**

CDN will pay to Agent, as full compensation for the services provided for herein, a monthly Agent Fee as set forth in Attachment-A, "Schedule of Agent Fees". Such Agent Fees shall be based upon the "Net Premiums" received by CDN for "Business affected by Agent".

For purposes of this Agreement:

"Net Premiums" means: Premiums received, less any refunds or credits due to the contract holder for cancellations, termination's, changes in coverage, or other issues that would cause CDN, in its sole opinion, to not have earned the premiums received. Premiums do not include administrative or other processing fees charged by CDN.

"Business affected by Agent," means: Contracts for coverage with individuals, families, or groups where the Agent has the permission of the contract holder to serve their interests under the contract and to solicit new coverage during the term of such representation. CDN may require Agent to provide a Agent of Record letter, in a form acceptable to CDN, from the contract holder as a condition to receive or continuing to receive Agent Fees.

Agent Fees accruing here under shall be payable in the month following CDN's receipt of premiums from the contract holder. Agent acknowledges that CDN does not routinely issue payments of Agent Fees of less than \$5.00. In such cases, Agent Fees will accrue to the benefit of Agent, and will be paid when the total exceeds \$5.00, or is requested by Agent.

Agent Fees maybe offset for amounts due CDN for fees previously paid to Agent in error, on premiums CDN subsequently returned to the contract holder, or that were based on misunderstanding or misrepresentation of Agents right to represent the contract holder. Agent shall refund within 30 days of a notice from CDN any amount due CDN, regardless of CDN's right to offsets contained herein.

**5. Term and Termination:**

This Agreement shall be effective from the Approval Date below, and shall remain in effect until terminated by either party, with or without cause, by delivering written notice to the other party at least 30 days prior to the effective date of termination. In the event of termination without cause, Agent shall continue to receive Agent Fees on "Business affected by Agents", as set forth in section 4 above, for business effective prior to the termination date, and subject to CDN's rights set forth in Section 3. In the event of termination "For Cause", Agent's right to Agent Fee shall cease upon termination. CDN may terminate this Agreement "For Cause" in the event Agent:

- 1. Violates any law, regulation or policy of the Knox-Keene Health Care Service Plan Act, the California Department of Managed Health Care or the California Department of Insurance;
- 2. Violates any material provision of this Agreement, or fails to strictly observe any rules, regulations, requirements, policies or instructions of CDN;
- 3. Makes any representation or performs any fraudulent or dishonest act affecting CDN or its groups or members.

**6. Independent Contractor Status:**

Agent is an Independent Contractor and not an agent or employee of CDN. Agent is solely responsible for the costs and actions of its principles, agents, employees or representative.

**7. Compliance with Applicable Laws and Regulations:**

This Agreement shall be governed by the laws of the State of California. Both parties shall comply, and cause their employees, representatives, or agents to comply with the requirements of the Knox-Keene Health Care Service Plan Act, and the regulations and pronouncements promulgated by the Department of Managed Health Care thereunder. Agent must notify CDN within 5 day of the initiation of any disciplinary proceeding by the California Department of Insurance or California Department of Managed Health Care, against Agent or its principles, agents, representative or employees.

All records, books and papers of a management company, solicitor firm and any provider or subcontractor providing services to a Knox-Keene Health Care Service Plan shall be open to inspection, during normal business hours, by the Department of Managed Health Care. Agent shall preserve for a period of not less than five (5) years, the first two (2) years of which shall be in an easily accessible place at Agents office, the books of accounts and other records required under the provision of, and for the purpose of the Knox-Keene Act. After such books and records have been preserved for two years, they may be warehoused or stored, or microfilmed, subject to their availability to the Department of Managed Health Care within not more than five (5) days after a request therefor.

**8. Arbitration:**

Any disputes, controversies, or claims arising out of or relating to the interpretation of this Agreement shall be settled by final and binding arbitration in accordance with the Commercial Arbitration Association, to the extent such rules are not inconsistent with this Agreement. Any award rendered by the arbitrators shall be final and binding upon the parties hereto, and judgment upon any such award may be entered in any court having jurisdiction thereof. Any Arbitration shall be conducted in Orange County, California, and the fees and expenses of the arbitrators shall be borne equally by the parties. Each party shall pay its own fees and costs relating to any arbitration proceedings, including attorney's fees.

**9. Entire Agreement:**

This Agreement and attachments represent the entire contract between the parties hereto. Any amendments to this Agreement must be prepared by CDN, in written form and delivered to Agents last know address. This Agreement may not be assigned by either party, except that CDN may assign this Agreement to a subsidiary or other Knox-Keene Licensed Health Care Service Plan, upon 30 day written notice to Agent. In the event any provision of this Agreement shall be held invalid or unenforceable in any court of competent jurisdiction, or governmental agency, such ruling shall apply to only those provision, unless this Agreement would thus be rendered impossible to perform in accordance with the intent of the parties as herein stated.

In witness whereof, the parties hereto have entered into this Agreement on the Approval Date indicated below.

**Agent:**

**Name:** \_\_\_\_\_  
(Please Print)

**By:** \_\_\_\_\_  
(Signature)

**Date:** \_\_\_\_\_

**California Dental Network, Inc.:**

**By:** \_\_\_\_\_

**Approval Date:** \_\_\_\_\_

**California Dental Network, Inc.**  
**Attachment-A Schedule of Agent Fees**  
 (Revised 11/16)

<u>Standard Prepaid Plans:</u>	<u>First Year</u>	<u>Renewals</u>
<b>Individual Plans</b>		
<b>Plan 460 with</b>		
Annual Payment	40%	40%
Monthly Payments	30%	30%
<b>Plan 411</b>	10%	10%
<b>Plan 595</b>	20%	20%
 <b>Group Plans</b>		
<b>Plan 460</b>	25%	25%
All Other Prepaid Group Plans		
<b>2 to 100 Employees</b>	10%	10%
<b>Over 100 Employees</b>	Negotiable	Negotiable
 <b>Covered California Plans</b>		
<b>Individual Plans</b>	12%	12%
<b>Group Plans</b>	8%	8%

**Indemnity Plans:**

Agent shall also be paid the following commission rates for Indemnity plans sold through CDN:

<b>Group Plans</b>		
<b>2 to 100 Employees</b>	10% Graded*	10% Graded*
<b>Over 100 Employees</b>	Negotiable	Negotiable

\* - Graded Commissions maybe paid at flat rates based upon estimated annualized premiums for each group

Payments of the above Agent Fees are subject to the terms and conditions of the Agent Agreement.

This schedule is subject to change, from time to time, without notice. Any changes to this schedule will apply to new business effective after the date of any change.

## HIPAA Business Associate Addendum to California Dental Network, Inc. Agent Agreement

This Addendum is effective on April 14, 2004 and amends and is made part of the Agent Agreement ("Agreement") by and between California Dental Network, Inc. ("Covered Entity" or "CE") and the Agent identified in the Agreement ("Business Associate" or "BA"). This Addendum will be considered as duly executed if the BA continues to accept commission payments and/or sells CE's plans until such time as BA sends CE written notice of termination of the Agreement.

CE and BA agree to modify their Agreement to comply with the Administrative Simplification requirements of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), as set forth in Title 45, Parts 160 and 164 of the Code of Federal Regulations (the "CFR"). In the event of conflicting terms or conditions, this Addendum shall supersede the Agreement.

### Definitions

- A. **"Business Associate"** ("BA") shall mean the Agent identified in the Agreement, and it shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 CFR Section 160.103.
- B. **"Covered Entity"** ("CE") shall mean California Dental Network, Inc.
- C. **"Individual"** shall have the same meaning as the term "individual" in 45 CFR Section 164.501 and shall include a person who qualifies as a personal representative in accordance with 45 CFR Section 164.02(g).
- D. **"Privacy Rule"** shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 CFR Part 160 and Part 164, Subparts A and E.
- E. **"Protected Health Information"** ("PHI") shall have the same meaning as the term "protected health information" in 45 CFR Section 164.501, limited to the information created or received by BA from or on behalf of CE.
- F. **"Required By Law"** shall have the same meaning as the term "required by law" in 45 CFR Section 164.501.
- G. **"Secretary"** shall mean the Secretary of the Department of Health and Human Services or his/her designee.
- H. **"Designated Record Set"** shall have the meaning given to such term under the Privacy Rule, including, but not limited to 45 CFR Section 164.501.

### Obligations and Activities of BA

- A. BA agrees to not use or disclose PHI other than as permitted or required by the Agreement or as Required By Law. BA acknowledges that this Addendum does not in any manner grant BA any greater rights than CE enjoys, nor shall it be deemed to permit or authorize BA to use or further disclose PHI in a manner that would otherwise violate the requirements of HIPAA if done by CE.
- B. BA agrees to develop and use appropriate procedural, physical and electronic safeguards to prevent use or disclosure of the PHI other than as provided for by this Addendum.
- C. BA must limit any use, disclosure, or request for use or disclosure to the minimum amount necessary to accomplish the intended purpose of the use, disclosure or request in accordance with the requirements of HIPAA.
- D. BA agrees to mitigate, to the extent practicable, any harmful effect that is known to BA of a use or disclosure of PHI by BA in violation of the requirements of this Addendum.
- E. BA agrees to report to CE any use or disclosure of the PHI not provided for by this Addendum of which it becomes aware.
- F. BA agrees to ensure that any agent, including a subcontractor, to whom it provides PHI received from, or created or received by BA on behalf of CE agrees to the same restrictions and conditions that apply through this Addendum to BA with respect to such information.
- G. BA agrees to provide access, at the request of CE, and in the time and manner designated by CE, to PHI in a Designated Record Set, to CE or, as directed by CE, to an Individual in order to meet the requirements under 45 CFR Section 164.524.
- H. BA agrees to make any amendment(s) to PHI in a Designated Record Set that the CE directs or agrees to pursuant to 45 CFR Section 164.526 at the request of CE or an Individual, and in the time and manner designated by CE. This provision is not necessary if BA does not have PHI in a Designated Record Set.
- I. BA agrees to make internal practices, books, and records, including policies and procedures and PHI, relating to the use and disclosure of PHI received from, or created or received by BA on behalf of, CE available to the CE, for Department of Managed Health Care compliance and State confidentiality oversight, or to the Secretary in the time and manner designated by CE or designated by the Secretary, for purposes of the Secretary determining CE's compliance with the Privacy Rule.
- J. BA agrees to document such disclosures of PHI and information related to such disclosures as would be required for CE to respond to a request by an Individual for an accounting of disclosures of PHI in accordance with 45 CFR Section 164.528.
- K. BA agrees to provide to CE or an Individual, in a reasonable time and manner or as designated by CE, information collected in accordance with the Agreement, to permit CE to respond to a request by an Individual for an accounting of disclosures of PHI in accordance with 45 CFR Section 164.528.
- L. BA agrees to comply with CE's Privacy Policies and Procedures to the extent applicable to BA's activities performed on behalf of CE.

### Permitted Uses and Disclosures by Business Associate

General Use and Disclosure Provision:

Except as otherwise limited in this Addendum, BA may use or disclose PHI to perform functions, activities or services for or on behalf of CE as specified in the Agreement, provided that such use or disclosure would not violate the Privacy Rule if done by CE or the minimum necessary policies and procedures of the CE.

**Specific Use and Disclosure Provisions:**

- A. Except as otherwise limited in this Addendum, BA may use PHI for the proper management and administration of the BA or to carry out the legal responsibilities of the BA.
- B. Except as otherwise limited in this Addendum, BA may disclose PHI for the proper management and administration of the BA, provided that disclosures are Required By Law, or BA obtains reasonable assurances from the person to whom the information is disclosed that it will remain confidential and used or further disclosed only as Required By Law or for the purpose for which it was disclosed to the person, and the person notifies the BA of any instances of which it is aware in which the confidentiality of the information has been breached.
- C. Except as otherwise limited in this Agreement, BA may use PHI to provide Data Aggregation services to CE as permitted by 42 CFR Section 164.504(e)(2)(i)(B).
- D. BA may use PHI to report violations of law to appropriate Federal and State authorities, consistent with CFR Section 164.502(j)(l).

**Obligations of Covered Entity**

**Provisions for Covered Entity to Inform Business Associate of Privacy Practices And Restrictions:**

- A. CE shall provide BA with the notice of privacy practices that CE produces in accordance with 45 CFR Section 164.520m as any changes to such notice.
- B. CE shall notify BA of any limitation(s) in its notice of privacy practices of CE in accordance with 45 DFR Section 164.520, to the extent that such limitation may affect BA's use or disclosure of PHI.
- C. CE shall notify BA of any changes in or revocation of permission by Individual to use or disclose PHI, to the extent that such changes may affect BA's use or disclosure of PHI.
- D. CE shall notify BA of any restriction to the use or disclosure of PHI that CE has agreed to in accordance with 45 CFR Section 164.422, to the extent that such restriction may affect BA's use or disclosure of PHI.
- E. CE agrees to provide BA with a current copy of CE's Privacy Policies and Procedures, as amended from time to time.

**Permissible Requests by Covered Entity:**

CE shall not request BA to use or disclose PHI in any manner that would not be permissible under the Privacy Rule if done by CE, except if the BA will use or disclose PHI for data aggregation or management and administrative activities of BA.

**Term and Termination**

- A. The Term of this Addendum shall be effective as of April 14, 2004 and shall terminate when all of the PHI provided by CE to BA, or created or received by BA on behalf of CE, is destroyed or returned to CE, or, if it is infeasible to return or destroy PHI, protections are extended to such information, in accordance with the termination provisions in this Section.
- B. For Termination for Cause, upon CE's knowledge of a material breach by BA, CE shall either:
  - 1. Provide an opportunity for BA to cure the breach or end the violation and terminate this Addendum and the Agreement if BA does not cure the breach or end the violation within the time specified by CE.
  - 2. Immediately terminate this Addendum and the Agreement if BA has breached a material term of this Addendum and cure is not possible; or
  - 3. If neither termination nor cure is feasible, CE shall report the violation to the Secretary.
- C. Effect of Termination is as follows:
  - 1. Except as provided in paragraph (2) of this section, upon termination of this Addendum, for any reason, BA shall return or destroy all PHI received from CE, or created or received by BA on behalf of CE. This provision shall apply to PHI that is in the possession of subcontractors or agents of the BA. BA shall retain no copies of the PHI.
  - 2. In the event that BA determines that returning or destroying the PHI is infeasible, BA shall provide to CE notification of the conditions that make return or destruction infeasible. Upon the negotiated terms that return or destruction of PHI is infeasible, BA shall extend the protections of this Agreement to such PHI and limit further uses and disclosures of such PHI to those purposes that make the return or destruction infeasible, for so long as BA maintains such PHI.

**Miscellaneous**

- A. **Regulatory References** - References in this Addendum to sections in the Privacy Rule mean the sections as in effect or as amended.
- B. **Amendment** – The Parties agree to take such action as is necessary to amend this Addendum from time to time as is necessary for CE to comply with the requirements of the Privacy Rule and HIPAA, Pub. L. No. 104-91.
- C. **Survival** – The respective rights and obligations of BA under Term and Termination Section C of this Addendum shall survive the termination of this Agreement.
- D. **Interpretation** – Any ambiguity in this Addendum shall be resolved to permit CE to comply with the Privacy Rule.

# Request for Taxpayer Identification Number and Certification

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

Please print or type

Name (See **Specific Instructions** on page 2.)

Business name, if different from above. (See **Specific Instructions** on page 2.)

Check appropriate box:  Individual/Sole proprietor  Corporation  Partnership  Other ▶ .....

Address (number, street, and apt. or suite no.)

Requester's name and address (optional)

City, state, and ZIP code

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. 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 2.** 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 2.

**Note:** If the account is in more than one name, see the chart on page 2 for guidelines on whose number to enter.

Social security number								

or

Employer identification number								

List account number(s) here (optional)

## Part II For U.S. Payees Exempt From Backup Withholding (See the instructions on page 2.)

## Part III 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 2.)

**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 get 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.

**Use Form W-9 only if you are a U.S. person** (including a resident alien), to give your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

**If you are a foreign person, use the appropriate Form W-8.** See **Pub. 515**, Withholding of Tax on Nonresident Aliens and Foreign Corporations.

**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.

**What is backup withholding?** Persons making certain payments to you must withhold and pay to the IRS 31% of such payments under certain conditions. This is called "backup withholding." Payments that may be subject to backup withholding include interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

If you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return, payments you receive will not be subject to backup withholding. **Payments you receive will be subject to backup withholding if:**

1. You do not furnish your TIN to the requester, or
2. You do not certify your TIN when required (see the Part III instructions on page 2 for details), or
3. The IRS tells the requester that you furnished an incorrect TIN, or
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the Part II instructions and the separate **Instructions for the Requester of Form W-9**.

### Penalties

**Failure to furnish TIN.** If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

**Civil penalty for false information with respect to withholding.** If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

**Criminal penalty for falsifying information.** Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

**Misuse of TINs.** If the requester discloses or uses TINs in violation of Federal law, the requester may be subject to civil and criminal penalties.

## 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.

**Caution:** A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.

**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.

### 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's Internet Web Site at [www.irs.gov](http://www.irs.gov).

If you 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.

### Part II—For U.S. Payees Exempt From Backup Withholding

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 separate Instructions for the Requester of Form W-9.

If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding. Enter your correct TIN in Part I, write "Exempt" in Part II, and sign and date the form.

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

### Part III—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).

**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 state tuition program payments, IRA or 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 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 31% 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 <sup>1</sup>
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor <sup>2</sup>
4. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee <sup>1</sup>
b. So-called trust account that is not a legal or valid trust under state law	The actual owner <sup>1</sup>
5. Sole proprietorship	The owner <sup>3</sup>
For this type of account:	Give name and EIN of:
6. Sole proprietorship	The owner <sup>3</sup>
7. A valid trust, estate, or pension trust	Legal entity <sup>4</sup>
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

<sup>1</sup> 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.

<sup>2</sup> Circle the minor's name and furnish the minor's SSN.

<sup>3</sup> 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).

<sup>4</sup> 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.







## Direct Deposit Authorization

**All newly appointed California Dental Network Providers/Agents are required to have their capitation/commission payments electronically deposited into their bank accounts.**

- Include a voided check or savings deposit slip with this form; otherwise the form will be returned to you and electronic funds deposit will be delayed. **DO NOT SEND A CHECKING DEPOSIT SLIP !!!**
- Verify the nine-digit Routing/ABA number that is reprinted on your check or savings account deposit slip with the financial institution to be used for direct deposit of your commission funds

### Section 1: Provider/Agent Information

Name		SSN or Tax ID	
Address		Phone #	
City	State	Zip	Email

### Section 2: Account Information

Depository/Bank Name		Phone #	
City		State	Zip
Routing/ABA #	Checking <input type="checkbox"/>	Savings <input type="checkbox"/>	Account #

### Authorized Agreement for Automatic Deposits (ACH Credits)

I hereby authorize California Dental Network Inc., 23291 Mill Creek Drive Suite 100 Laguna Hills, CA 92653, hereinafter called COMPANY, to initiate credit entries to my (our) checking/savings account indicated above and the depository named above, hereinafter called DEPOSITORY, to credit and debit the same account. By requesting and accepting appointment with California Dental Network Inc., I agree to be paid by EFT.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please allow 4 Weeks for the Direct Deposit to Take Effect.**  
Funds are deposited to your account 1 business day after the statement are available