

# Group Life and/or Accidental Death and Dismemberment Claim Form



# EQUITABLE

Equitable Financial Life Insurance Company  
Equitable Financial Life Insurance Company of America  
For Assistance Call (866) 274-9887; Fax (469) 417-1956  
Email: [EQHLifeClaims@webtpa.com](mailto:EQHLifeClaims@webtpa.com)

**Regular Mail:** Equitable's Employee Benefits Group - P.O. Box 2107, Grapevine, TX 76099-2107

**Express Mail:** Equitable's Employee Benefits Group - 8500 Freeport Pkwy 4th Floor, Irving, TX 75063

**Please send the completed form and all attachments to: Equitable's Employee Benefits**

## Who is responsible for completing this form?

1. **Employer Statement** This section of the form should be completed by the employer who should mail it to the address noted above. The following information should also be provided.
  - a. A copy of the death certificate (a photocopy is acceptable)
  - b. The original enrollment form and any other enrollment forms indicating any change in coverage and
  - c. The most recent beneficiary designation form.
2. **Accidental Death Statement:** If the claim is related to an accidental death; this section of the form should be completed by the employee or beneficiary. The completed form should be mailed to the address noted above.
3. **Dismemberment Statement:** If the claim is related to dismemberment; the first section should be completed by the beneficiary and the remaining sections should be completed by the attending physician. Please be aware any expenses charged by the physician are the responsibility of the beneficiary. This form should be mailed to the address noted above.

## Questions?

If you have questions about the claim process or need help to complete these forms, please call the above toll-free number. Our customer representatives are available to help.

Policy Number

Employer Name



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**To be completed by the Beneficiary**

### **Fraud Warning**

**Alaska and New Hampshire:**

Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided under state law.

**Alabama, Arkansas, Louisiana, Maryland, New Mexico, Rhode Island, Texas, West Virginia:**

Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to civil and criminal penalties, including fines and confinement in prison.

**Arizona and California:**

For your protection, Arizona or California law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**Colorado:**

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

**Delaware, Florida, Idaho, Indiana, and Oklahoma:**

Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

**District of Columbia, Maine, Tennessee, Virginia and Washington:**

**WARNING:** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company or any other person. Penalties may include imprisonment, fines or a denial of insurance benefits.

**Kentucky and Pennsylvania:**

Any person who knowingly and with the intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and subjects such person to criminal and civil penalties.

**Minnesota:**

A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**New Jersey:**

Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

**New York:**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**NY STATE RESIDENTS READ AND SIGN ONLY:**

I have read and understood the New York State Fraud Warning.

Signature \_\_\_\_\_: Date: \_\_\_\_\_

**Ohio:**

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**Oregon and All Other States:**

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement that is material to the interests of an insurer may be guilty of insurance fraud.

**Puerto Rico:**

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances are present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years

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**EMPLOYER STATEMENT – To be completed by the Employer (PLEASE PRINT)**

**A. Information About the Type of Claim – Please check all that apply and provide the policy and group numbers**

Type of Coverage Being Claimed	Type of Claim Submitted	Class	Location
<input type="checkbox"/> Life Insurance	<input type="checkbox"/> Employee Death <input type="checkbox"/> Dependent Death		
<input type="checkbox"/> Accidental Death	<input type="checkbox"/> Employee Death <input type="checkbox"/> Dependent Death		
<input type="checkbox"/> Dismemberment	<input type="checkbox"/> Employee <input type="checkbox"/> Dependent		

**B. Information About the Employer**

Employers Name

Street  Suite

City  State  Zip Code

**C. Information About the Employee – The term “Employee” refers to employees, member and/or retirees.**

Employee Name (Last Name, First Name, MI)  Gender  Male  Female

Street  Suite

City  State  Zip Code

Social Security Number  Date of Birth (MM DD YYYY)  Original Date of Hire (MMDDYYYY)  Date of Death (MMDDYYYY)

Home Telephone Number  Cellular Telephone Number

Date Employee Entered Eligible Class (MMDDYYYY)  Termination & Rehire Dates (MMDDYYYY)  
Termination:  Rehire:

If this employee is or has been known by another name(s) (such as a nickname, maiden name, etc.) Please provide name(s)

Employment Status  Full-time  Part-time  Retired  Exempt  Non-Exempt Hours Worked Per Week:  If eligibility is not based on hours worked, please describe

Salary/Rate of Pay  Hourly  Salary Amount \$  Job Title/Class   
 Weekly  Bi-weekly  Semi-monthly

Please provide the following salary verification documentation. This information is necessary to accurately determine the amount of the insurance benefit.

If the definition of annual earnings is:	Then provide as stated in your policy
W-2	A copy of the prior year W2 and the last payroll statement for the same year
Salary with commissions and/or bonus	<ul style="list-style-type: none"> <li>Payroll reports</li> <li>Documentation of commissions and/or bonuses</li> </ul>
Last Date Physically at Work (mmddyyyy)	Reason for Stopping Work <input type="text"/>
	If yes, when did the employee retire (mmddyyyy)? <input type="text"/>

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**EMPLOYER STATEMENT (Continued)**

Employee's Name

Date of Birth (mmddyyyy)

**Amount of Insurance**

	Basic	Effective Date of Coverage (mmddyyyy)	Voluntary/Supplemental	Effective Date of Coverage (mmddyyyy)
Life Insurance	\$ _____	_____	\$ _____	_____
Accidental Death & Dismemberment	\$ _____	_____	\$ _____	_____
Dependent Life	\$ _____	_____	\$ _____	_____
Dep - Accidental Death & Dismemberment	\$ _____	_____	\$ _____	_____

**Changes to the Amount of Insurance**

	Amount of last change	Date of last change (mmddyyyy)
Basic Life	\$ _____ <input type="checkbox"/> Increase <input type="checkbox"/> Decrease	_____
Voluntary/Supplemental Life	\$ _____ <input type="checkbox"/> Increase <input type="checkbox"/> Decrease	_____
Dependent Life	\$ _____ <input type="checkbox"/> Increase <input type="checkbox"/> Decrease	_____
Basic AD&D	\$ _____ <input type="checkbox"/> Increase <input type="checkbox"/> Decrease	_____
Voluntary/Supplemental AD&D	\$ _____ <input type="checkbox"/> Increase <input type="checkbox"/> Decrease	_____
Dependent AD&D	\$ _____ <input type="checkbox"/> Increase <input type="checkbox"/> Decrease	_____

Date the premium payment was paid through for this employee (mmddyyyy)

Was this employee terminated?  Yes  No  
If yes, termination date (mmddyyyy): \_\_\_\_\_

**D. Information About the Dependent – Please completed this section if the claim is for the death of the employee's dependent.**

**Dependent Name (Last Name, First Name, MI)**

Relationship to Employee

Dependent Date of Birth (mmddyyyy)

Dependent Date of Death (mmddyyyy)

Spouse \*  Child

Dependent Social Security Number

Dependent Gender

Dependent Effective Date of Coverage (mmddyyyy)

Male  Female

**Changes to the Amount of Insurance**

	Amount of last change	Date of last change (mmddyyyy)
Basic Life	\$ _____ <input type="checkbox"/> Increase <input type="checkbox"/> Decrease	_____
Supplemental Life	\$ _____ <input type="checkbox"/> Increase <input type="checkbox"/> Decrease	_____
Voluntary Life	\$ _____ <input type="checkbox"/> Increase <input type="checkbox"/> Decrease	_____
Dependent Life	\$ _____ <input type="checkbox"/> Increase <input type="checkbox"/> Decrease	_____
Basic Accidental Death & Dismemberment	\$ _____ <input type="checkbox"/> Increase <input type="checkbox"/> Decrease	_____
Supplemental Accidental Death & Dismemberment	\$ _____ <input type="checkbox"/> Increase <input type="checkbox"/> Decrease	_____
Voluntary Accidental Death & Dismemberment	\$ _____ <input type="checkbox"/> Increase <input type="checkbox"/> Decrease	_____
Dependent Accidental Death & Dismemberment	\$ _____ <input type="checkbox"/> Increase <input type="checkbox"/> Decrease	_____

Date the premium payment was paid through for this dependent (mmddyyyy)

Was the employee in active employment at the time of the dependent's death?  
 Yes  No

\* Note: Spouse includes the Proposed Insured's legally married spouse, or civil union partner or domestic partner if legally recognized in the governing jurisdiction

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**EMPLOYER STATEMENT (Continued)**

Employee's Name

Date of Birth (mmddyyyy)

**E. Information About the Employee's Beneficiary(ies) – If claim is for the death of the employee, please complete this section. If there are more than three. Please provide the following information for each additional beneficiary on a separate sheet of paper and include it with this form.**

Name, Address & Telephone Number	Relationship	Social Security Number	Date of Birth	Percentage
Name				
Street				
City, State, Zip, Telephone #				
Name				
Street				
City, State, Zip, Telephone #				
Name				
Street				
City, State, Zip, Telephone #				
				Total Must Equal 100%

A copy of the most recent beneficiary designation form is enclosed \_\_\_\_ Yes \_\_\_\_ No If no, please explain. \_\_\_\_\_

**F. Information About Minor Beneficiary – If any of the above beneficiaries are minor children, please complete this section. If there is more than one, please provide the following information for each additional minor beneficiary on a separate sheet of paper and include it with this form.**

Name of Minor Child (Last Name, Suffix, First Name, MI)

Adult Representative of Minor Child (Last Name, Suffix, First Name, MI)

Mailing Address of Adult Representative

City, State, Zip, Telephone Number of Adult Representative

**G. Information About and Signature of Administrator (Please print)**

The above statements are true and complete to the best of my knowledge and belief.

Administrator's Name

Administrator's Name

Telephone Number

Administrator Email Address

**Signature**

**Date Signed**

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**Accidental Death Statement (Please Print)**

To be completed by: - the beneficiary or next of kin, if the claim is related to the accidental death of the employee  
- the employee, if the claim is related to the accidental death of a dependent

Please attach copies of any police and/or emergency medical services reports.

**A. Information About the Employee**

Employee Name (Last Name, First Name, MI)

Date of Birth (mmddyyyy)

**B. Information About the Deceased**

Deceased Name (Last Name, Suffix, First Name, MI)

Deceased Social Security Number

Deceased Date of Birth (mmddyyyy)

Date of Death (mmddyyyy)

Relationship to the Employee  Self  Spouse  Civil Union Partner  Domestic Partner  Child

**C. Information About the Accident**

Date of the accident (mmddyyyy)

Time of accident:

Where did the accident happen?

Describe how the accident happened

**D. Information About the Responding Authorities**

Names of Public Agencies (Fire Dept., Police Dept., EMS, etc.)

Telephone Number

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Telephone Number

**E. Information About Physicians/Hospitals**

Please provide the following information about all the physicians/hospitals who attended the deceased for injuries sustained in this accident. If there were more than three, please share the following information for each additional physician/hospital on a separate sheet of paper and include it with the form.

Physicians/Hospital Name	Mailing address	Telephone
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

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Accidental Death Statement (Continued)

**F. Information About Previous Medical Conditions**

Please provide the following information about all physicians who treated the deceased for any medical condition in the last five years. If there were more than five, please share the following information for each additional physician on a separate sheet of paper and include it with this form.

Physician Name, Specialty, Address and Telephone Number	Medical Condition Treated

**G. Signature**

The above statements are true and complete to the best of my knowledge and belief

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

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**Dismemberment Statement (Please Print)**

Please be aware any expensed charged by the physician is the responsibility of the beneficiary.

Please attach copies of any police and/or emergency medical services reports.

### ATTENDING PHYSICIAN'S STATEMENT

**To be completed by Employee**

Patient's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

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

**To be completed by Physician**

Type of Injury \_\_\_\_\_ On what date did you first examine and treat the patient for this injury? \_\_\_\_\_

Had patient previously had medical attention for this injury?  Yes  No If "Yes," by whom? \_\_\_\_\_

Describe the injury and its affected body part(s). \_\_\_\_\_ Date of injury \_\_\_\_\_

What complications, if any, have arisen? \_\_\_\_\_

What surgery was performed?. \_\_\_\_\_ Date of surgery \_\_\_\_\_

Name of Surgeon \_\_\_\_\_

Name and address of Hospital \_\_\_\_\_ Hospitalized From: \_\_\_\_\_ To: \_\_\_\_\_

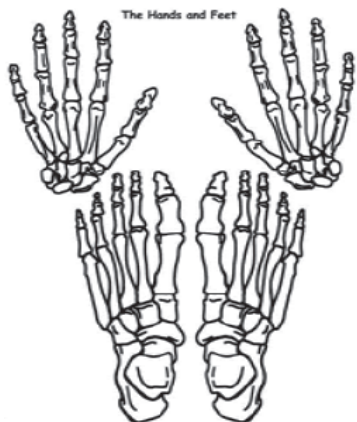
Was the injury described above, of itself, and independent of all other causes, solely responsible for the loss? Yes \_\_\_\_\_ No \_\_\_\_\_

If "No", give the particulars of any contributing cause or causes: \_\_\_\_\_

Was claimant under the influence of alcohol and/or other drugs at the time of the accident or injury? Yes \_\_\_\_\_ No \_\_\_\_\_ Unknown \_\_\_\_\_

If the injury described above caused an amputation or loss of body usage, is this amputation or loss irrecoverable? Yes \_\_\_\_\_ No \_\_\_\_\_

Please indicate location of amputation or area of injury on the chart below:



Add any necessary comments below.



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### ATTENDING PHYSICIAN'S STATEMENT (page 2)

#### Loss of Hearing/Speech or Sight

In your medical opinion, has this patient sustained completed and irrecoverable hearing loss due to an injury? Yes\_\_\_\_\_ No\_\_\_\_\_

Right ear\_\_\_\_\_ Left ear\_\_\_\_\_ Both ears\_\_\_\_\_

Please provide copies of auditory test results.

In your medical opinion, has this patient sustained complete and irrecoverable loss of speech due to an injury? Yes\_\_\_\_\_ No\_\_\_\_\_

Please provide copies of speech test results.

Please indicate best corrected visual acuity and/or area of injury as of \_\_\_\_\_ (Date).

Right eye: \_\_\_\_\_ Corrected \_\_\_\_\_ Uncorrected

Left eye: \_\_\_\_\_ Corrected \_\_\_\_\_ Uncorrected

Physician Name: (please print)

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone number: \_\_\_\_\_ Fax number: \_\_\_\_\_ Taxpayer's Identification number: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Specialty/Degree: \_\_\_\_\_ Date \_\_\_\_\_

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**Beneficiary Statement**

Each beneficiary should complete all sections as well as the W9 form.

**Section 1: Deceased's Information**

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_  
Social Security Number \_\_\_\_\_ Date of Death \_\_\_\_\_

**Section 2: Beneficiary's Information**

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone \_\_\_\_\_ Date of Birth \_\_\_\_\_

**Section 3: Taxpayer Identification Number and Certification**

Equitable requires your Taxpayer Identification Number. The Taxpayer Identification Number is either the Social Security Number or the Employer Identification Number. If you:

- Are an individual, your Taxpayer Identification Number is the Social Security Number.
- Represent a trust or estate, the Taxpayer Identification Number is its Employer Identification Number.
- Represent a minor, please provide the minor's Social Security Number.
- Are applying for a Taxpayer Identification Number, please write "applied for" in the space provided.

**Taxpayer Identification Number/Form W9 Certification:**

Under penalties of perjury, I certify that (cross out any item that is not true):

1. The number shown on the application is my correct social security/Tax ID number,
2. I am not subject to backup withholding due to failure to report interest or dividend income,
3. I am not subject to FATCA reporting

If you crossed out item 3 above, please indicate country of citizenship

And attach applicable IRS Form W-9 (BEN, BEN-E, EXP, ECI, IMY).

Social Security Number or Taxpayer Identification Number of beneficiary \_\_\_\_\_

X \_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please return the completed form(s) to: Equitable Financial Life Insurance Company  
Employee Benefits Group  
P.O. Box 2107  
Grapevine, TX 76099-2107  
Fax to: (469) 417-1956



By signing the filled-out form, you:

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. 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, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting*, later, for further information.

**Note:** If you are a U.S. person and 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.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 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 section 1446 withholding on your share of partnership income.

In the cases below, the following person must give 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.

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

**Foreign person.** If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Pub. 515, *Withholding of Tax on Nonresident Aliens and Foreign Entities*).

**Nonresident alien who becomes a resident alien.** Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items.

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

**Example.** Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

## Backup Withholding

**What is backup withholding?** Persons making certain payments to you must under certain conditions withhold and pay to the IRS 24% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive 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 be subject to backup withholding if:**

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the instructions for Part II for details),
3. The IRS tells the requester that you furnished an incorrect TIN,
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 *Exempt payee code*, later, and the separate Instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships*, earlier.

## What is FATCA Reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code*, later, and the Instructions for the Requester of Form W-9 for more information.

## Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

## 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

### Line 1

You must enter one of the following on this line; **do not** leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account (other than an account maintained by a foreign financial institution (FFI)), list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9. If you are providing Form W-9 to an FFI to document a joint account, each holder of the account that is a U.S. person must provide a Form W-9.

a. **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

**Note: ITIN applicant:** Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

b. **Sole proprietor or single-member LLC.** Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or “doing business as” (DBA) name on line 2.

c. **Partnership, LLC that is not a single-member LLC, C corporation, or S corporation.** Enter the entity’s name as shown on the entity’s tax return on line 1 and any business, trade, or DBA name on line 2.

d. **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. 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 line 2.

e. **Disregarded entity.** For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a “disregarded entity.” See Regulations section 301.7701-2(c)(2)(iii). Enter the owner’s name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner’s name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity’s name on line 2, “Business name/disregarded entity name.” If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

### Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

### Line 3

Check the appropriate box on line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box on line 3.

IF the entity/person on line 1 is a(n) . . .	THEN check the box for . . .
• Corporation	Corporation
• Individual • Sole proprietorship, or • Single-member limited liability company (LLC) owned by an individual and disregarded for U.S. federal tax purposes.	Individual/sole proprietor or single-member LLC
• LLC treated as a partnership for U.S. federal tax purposes, • LLC that has filed Form 8832 or 2553 to be taxed as a corporation, or • LLC that is disregarded as an entity separate from its owner but the owner is another LLC that is not disregarded for U.S. federal tax purposes.	Limited liability company and enter the appropriate tax classification. (P= Partnership; C= C corporation; or S= S corporation)
• Partnership	Partnership
• Trust/estate	Trust/estate

### Line 4, Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space on line 4 any code(s) that may apply to you.

#### Exempt payee code.

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys’ fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

- 1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)
- 2—The United States or any of its agencies or instrumentalities
- 3—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
- 4—A foreign government or any of its political subdivisions, agencies, or instrumentalities
- 5—A corporation
- 6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession
- 7—A futures commission merchant registered with the Commodity Futures Trading Commission
- 8—A real estate investment trust
- 9—An entity registered at all times during the tax year under the Investment Company Act of 1940
- 10—A common trust fund operated by a bank under section 584(a)
- 11—A financial institution
- 12—A middleman known in the investment community as a nominee or custodian
- 13—A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over \$600 required to be reported and direct sales over \$5,000 <sup>1</sup>	Generally, exempt payees 1 through 5 <sup>2</sup>
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

<sup>1</sup> See Form 1099-MISC, Miscellaneous Income, and its instructions.

<sup>2</sup> However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

**Exemption from FATCA reporting code.** The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) written or printed on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)

B—The United States or any of its agencies or instrumentalities

C—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

G—A real estate investment trust

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940

I—A common trust fund as defined in section 584(a)

J—A bank as defined in section 581

K—A broker

L—A trust exempt from tax under section 664 or described in section 4947(a)(1)

M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

**Note:** You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

## Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns. If this address differs from the one the requester already has on file, write NEW at the top. If a new address is provided, there is still a chance the old address will be used until the payor changes your address in their records.

## Line 6

Enter your city, state, and ZIP code.

## 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.

If you are a single-member LLC that is disregarded as an entity separate from its owner, enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

**Note:** See *What Name and Number To Give the Requester*, later, 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 SSA office or get this form online at [www.SSA.gov](http://www.SSA.gov). You may also get this form by calling 1-800-772-1213. Use 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 apply for an EIN online by accessing the IRS website at [www.irs.gov/Businesses](http://www.irs.gov/Businesses) and clicking on Employer Identification Number (EIN) under Starting a Business. Go to [www.irs.gov/Forms](http://www.irs.gov/Forms) to view, download, or print Form W-7 and/or Form SS-4. Or, you can go to [www.irs.gov/OrderForms](http://www.irs.gov/OrderForms) to place an order and have Form W-7 and/or SS-4 mailed to you within 10 business days.

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and 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:** Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

**Caution:** A disregarded U.S. 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 item 1, 4, or 5 below indicates otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code*, earlier.

**Signature requirements.** Complete the certification as indicated in items 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 made in settlement of payment card and third party network transactions, 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), ABLE accounts (under section 529A), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions.**

You must give your correct TIN, but you do not have to sign the certification.

**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) other than an account maintained by an FFI	The actual owner of the account or, if combined funds, the first individual on the account <sup>1</sup>
3. Two or more U.S. persons (joint account maintained by an FFI)	Each holder of the account
4. Custodial account of a minor (Uniform Gift to Minors Act)	The minor <sup>2</sup>
5. 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>
6. Sole proprietorship or disregarded entity owned by an individual	The owner <sup>3</sup>
7. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))	The grantor*
For this type of account:	Give name and EIN of:
8. Disregarded entity not owned by an individual	The owner
9. A valid trust, estate, or pension trust	Legal entity <sup>4</sup>
10. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
11. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
12. Partnership or multi-member LLC	The partnership
13. A broker or registered nominee	The broker or nominee

For this type of account:	Give name and EIN of:
14. 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
15. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(b)(2)(i)(B))	The trust

<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 and you may also enter your business or DBA name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

<sup>4</sup> List first and circle the name of the 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.) Also see *Special rules for partnerships*, earlier.

\*Note: The grantor also must provide a Form W-9 to trustee of trust.

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.

**Secure Your Tax Records From Identity Theft**

Identity theft occurs when someone uses your personal information such as your name, SSN, or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Pub. 5027, Identity Theft Information for Taxpayers.

Victims of identity theft who are experiencing economic harm or a systemic problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

**Protect yourself from suspicious emails or phishing schemes.**

Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to [phishing@irs.gov](mailto:phishing@irs.gov). You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at [spam@uce.gov](mailto:spam@uce.gov) or report them at [www.ftc.gov/complaint](http://www.ftc.gov/complaint). You can contact the FTC at [www.ftc.gov/idtheft](http://www.ftc.gov/idtheft) or 877-IDTHEFT (877-438-4338). If you have been the victim of identity theft, see [www.IdentityTheft.gov](http://www.IdentityTheft.gov) and Pub. 5027.

Visit [www.irs.gov/IdentityTheft](http://www.irs.gov/IdentityTheft) to learn more about identity theft and how to reduce your risk.

## Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.