Clover Health Provider Tax ID Update Form

*Required Attachment: W-9

Required Information: (please print clearly)			Contact person handling the requested change:			
Practice Name:			Name:			
Tax ID:			Phone #: ()			
Is this Tax ID contracted with Clover? ☐ Yes ☐ No			Fax #: ()			
Effective date:			Email:			
Provider Information: (Individuals only)						
Last Name:						
First Name:						
National Provider Identifier (NPI):						
Provider Information: (Groups only)						
Group Name:		Gro	oup NPI:			
Does this update apply to all providers under this Tax ID? Yes No (Please list all applicable NPIs below) *Attach separate roster if there are not enough fields to complete the form.						
Provider Name:		NPI	l:			
Provider Name:		NPI	Pl:			
Provider Name:		NPI	l:			
Primary Office Address: (If more than one, attach a separate list of all office addresses)						
Street Address:				Suite #:		
City:			State:	Zip:		
Phone:	Fax:		Email:			
Billing Address:						
Same as primary address? ☐ Yes ☐ No						
Street Address:			Suite #:			
City:				State:	Zip:	
Phone:	Fax:			Email:		
Signature:	Title:				Date:	



Request for Taxpayer Identification Number and Certification

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

	1 Name (as snown on your income tax return). Name is required on this line; do not leave this line blank.	
Print or type Specific Instructions on page 2.	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: ☐ Individual/sole proprietor or ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Tr single-member LLC ☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶	ust/estate 4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any)
Print or type	Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line the tax classification of the single-member owner.	code (if any)
百밀	Under (see instructions) ► 5 Address (number, street, and apt. or suite no.) Request	(Applies to accounts maintained outside the U.S.) ster's name and address (optional)
eci	3 Address (number, street, and apt. or suite no.)	ster's flame and address (optional)
See S p	6 City, state, and ZIP code	
	7 List account number(s) here (optional)	
Pa	rt I Taxpayer Identification Number (TIN)	
	r your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid	Social security number
resid	up withholding. For individuals, this is generally your social security number (SSN). However, for a lent alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other es, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a</i>	
	on page 3.	or
Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4		Employer identification number
guid	elines on whose number to enter.	-
Pa	rt II Certification	
Unde	er penalties of perjury, I certify that:	
1. T	ne number shown on this form is my correct taxpayer identification number (or I am waiting for a numb	ber to be issued to me); and
S	am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have ervice (IRS) that I am subject to backup withholding as a result of a failure to report all interest or divido longer subject to backup withholding; and	
3. Ia	am a U.S. citizen or other U.S. person (defined below); and	
4. Th	e FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is con	rrect.
	ification instructions. You must cross out item 2 above if you have been notified by the IRS that you use you have failed to report all interest and dividends on your tax return. For real estate transactions	

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

U.S. person ▶ **General Instructions**

Signature of

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

instructions on page 3.

Sign

Here

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)

Date ▶

• 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? on page 2.

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? on page 2 for further information.