

Payer Information					
CPID	Payer ID	Payer	Type	Est Days	Multi CH
Special Enrollment Instructions					
Vendor Information					
Submitter ID	Submitter Name				
Provider Information					
Tax ID	NPI	Provider Number	Name		
Address			City	State	Zip
Contact Name				Contact Phone	
Contact Email Address					
Confirmation Addresses					
Primary Email Address			Secondary Email Address		
ERA Receiver					
Distribution Detail					



OLD SURETY LIFE

INSURANCE COMPANY

P.O. BOX 54407 - OKLAHOMA CITY, OK 73154-1407

5201 NORTH LINCOLN BOULEVARD - OKLAHOMA CITY, OK 73105

405-523-2112

Toll Free # 1-800-272-5466

Fax # 1-405-524-4011

"Serving you
- since '32"

Electronic Remittance Advice (ERA) Authorization Agreement

DEG1	PROVIDER INFORMATION
Provider Name	
Doing Business As (DBA)	
Provider Address	
City	
State/Province	
Zip Code/Postal Code	
DEG2	PROVIDER IDENTIFIERS INFORMATION
Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)	
National Provider Identifier (NPI)	
DEG3	PROVIDER CONTACT INFORMATION
Provider Contact Name	
Telephone Number	
Email Address	
Fax Number	
DEG7	ELECTRONIC REMITTANCE ADVICE INFORMATION
Preference For Aggregation of Remittance Data (e.g., Account Number Linkage to Provider Identifier) - Select from below	
Provider Tax Identification Number (TIN)	
National Provider Id (NPI)	
Method of Retrieval	
DEG8	ELECTRONIC REMITTANCE ADVICE CLEARINGHOUSE INFORMATION
Clearinghouse Name	
Clearinghouse Contact	
Telephone Number	
Email Address	
DEG10	SUBMISSION INFORMATION
Reasons For Submission – Select from below	
<input type="checkbox"/>	New Enrollment
<input type="checkbox"/>	Change Enrollment
<input type="checkbox"/>	Cancel Enrollment

(continued on next page)

Electronic Remittance Advice (ERA) Authorization Agreement

Authorized Signature

**Written Signature of
Person Submitting**

Printed Name of Person
Submitting Enrollment

Printed Title of Person
Submitting Enrollment

Authorization Agreement – By signing above, I hereby agree that I have read and agree to the terms and conditions stated in the Authorization Agreement below.



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Direct Deposit – Electronic Funds Transfer Authorization Agreement

(please print)

EFT form must be
submitted
to Change Healthcare with
other forms including the
W9.
Thank you.

Home office use only

Medical Provider Information

Bank Information

(Medical Provider/Facility Name)	(Bank Name)
(Address)	(Address)
(City) (State) (Zip)	(City) (State) (Zip)
Phone: ()	Phone: ()
e-mail address:	ABA Routing #:
Secure e-mail address for Confidential Details	Account #
Tax ID # NPI #	Please check only one <input type="checkbox"/> Checking <input type="checkbox"/> Savings

(Please attach a voided check here; please **do not** attach a deposit slip.)

I hereby authorize Old Surety Life Insurance Company to initiate credit entries to my bank account. I understand that this authorization will allow Old Surety Life Insurance Company to debit the above account if funds are credited erroneously to this account. This authority is to remain in effect until revoked by me in writing and until Old Surety Life Insurance Company actually receives such notice of termination.

SIGNATURE: _____ DATE: _____

Due to pre-noting requirements with your bank, please allow up to 30 days for your first EFT to commence. A check will be mailed to you until your EFT program begins.

Approved By: _____ DATE: _____

Old Surety Life Insurance Company

**Request for Taxpayer
Identification Number and Certification**

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

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type.
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
2 Business name/disregarded entity name, if different from above	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ▶ _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
6 City, state, and ZIP code	
7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number
- -
or
Employer identification number
-

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

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

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-DIV (dividends or interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.