



of Tennessee

plans for better health. plans for a better life.®

1 Cameron Hill Circle
Chattanooga, TN 37402
bcbst.com

Supplier Self-Certification Form

All information on this form is required.

Please print or type clearly. Company must submit D & B No, Federal Tax ID Number, or TIN/SSN. **All information on this form is required.** Incomplete forms will be returned. Failure to submit a completed form may result in inactivation, and/or non-payment. *This information is being requested by BCBST on behalf of BCBST or one of its Affiliates.*

Company Name: _____ **Dun & Bradstreet No.:** _____

dba Name: _____ **Fed Tax ID / SSN Number:** _____

Physical Address: _____ **Requested Payment Terms:** _____

City: _____, **State:** _____ **ZIP:** _____

Remittance Address: _____

City: _____, **State:** _____ **ZIP:** _____

Email Address: _____ **Fax (if available):** _____

Accounts Receivable

Contact Name: _____ **Phone:** _____

Email Address: _____ **Fax (if available):** _____

Principal Product or Service _____

NAICS Code(s) 52.219-9(j)(2): _____

(Do not leave this entry blank; go to web link to search NAICS code www.census.gov/eos/www/naics)

Number of Employees _____

Gross Annual Sales: _____

For Internal Use Only

Verified Status _____

HUBZone _____ (initial) SDB _____ 8(a) _____

Date _____

Return completed form to: Disbursements_GM@bcbst.com

September 1, 2011



of Tennessee

plans for better health. plans for a better life.®

1 Cameron Hill Circle
Chattanooga, TN 37402
bcbst.com

Supplier Self-Certification Form

Business Classification - check all that apply

See Federal Acquisition Regulation 52.219-1 Small Business Program Representations at http://www.acquisition.gov/far/current/html/52_217_221.html

Self-Certification Required

You must indicate EITHER Large Business or Small Business, then check all others that apply below.

Large Business _____

Small Business _____

African-American (*non-Hispanic*) _____

Alaska Native Corporations and all Native U.S. American Tribes _____

Asian American (*Individuals of East Asia, South Asia, and Southeast Asia origin*) _____

Hispanic American (*Individuals of Spanish speaking origin, regardless of race*) _____

Historically Black Colleges and Universities and Minority Institutions _____

Service Disabled Veteran _____

Veteran-Owned _____

Woman-Owned _____

Lesbian, Gay, Bisexual, and Transgender _____

Other _____

Small Business Administration Certification Required for the following classifications:

Certificate from SBA must be submitted with this form

8(a) _____

HubZone _____

Small Disadvantaged Business _____

Supplier may wish to review the definition for the above categories in the Federal Acquisition Regulation 19.7 or 52.219-8 at www.acquisition.gov/far. Supplier may also refer to the Small Business Administration's website at www.sba.gov/size, or contact your local SBA office.

*Under 15 U.S.C. 645(d), any person who misrepresents its size status shall (1) be punished by a fine, imprisonment, or both; (2) be subject to administrative remedies; and (3) be ineligible for participation in programs conducted under the authority of the Small Business Act

Return completed form to: Disbursements_GM@bcbst.com

September 1, 2011



of Tennessee

plans for better health. plans for a better life.®

1 Cameron Hill Circle
Chattanooga, TN 37402
bcbst.com

Supplier Self-Certification Form

Changes to Information Contained on this Form

The Supplier Self-Certification form is valid until an updated form is submitted. It is the supplier's responsibility to notify BCBST if supplier size, classification, ownership or other relevant information changes. BCBST or any of its Affiliates, do not represent that by completing this form the Supplier shall be selected to perform services or provide materials to BCBST or its Affiliates. Supplier may submit changes on this same form to the email address or physical address provided.

Supplier Application Verification

I hereby verify that neither I or my business has ever been excluded from doing business with any federally or state funded programs and I (we) have never been barred or suspended from doing business under Executive Order 12549, Debarment and Suspension, 13 CFR 145. The undersigned certifies that they are the authorized to sign on behalf of the Company listed above and that all of the information provided on this form is true and accurate. I (we) understand that misrepresentation may be cause for removal as a qualified vendor, along with any other penalties allowed by law. Further, I affirm that the company's employment practices do not discriminate because of age, race, creed, color, sex, national origin, religion, or disability. I also affirm that the company is not currently debarred from bidding by any State or Federal agency and that the company has not been convicted of any violations of the Federal Anti-Kickback Enforcement Act.

Name of Individual Who Prepared this Form

Date

Authorized Individual's Name (Printed) Phone

Title

Signature

Date

Return completed form to: Disbursements_GM@bcbst.com

September 1, 2011