



**of Tennessee**  
plans for better health. plans for a better life.®

1 Cameron Hill Circle  
Chattanooga, TN 37402  
bcbst.com

### Supplier Enrollment & Self-Certification Form

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: \_\_\_\_\_ Payment Terms: *Net 45*

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Remit To Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Accounts Receivable  
Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address for A/R Contact: \_\_\_\_\_

**\*Our Preferred Method of Payment is Mastercard – Please Consider this as your Company Form of Payment as this will Increase Efficiency and Simplify the Payment Process**  
**\* There are no additional fees associated**

**For MasterCard payment method please provide a valid email address:** \_\_\_\_\_

**Alternative form of Payment:**  Direct Deposit via ACH (Complete Electronic Funds Transfer EFT Authorization Form)

#### **OUR COMMITMENT TO SUPPLIER DIVERSITY**

BCBST values a diverse-owned vendor database, and considers it an important and critical tool that enables us to maintain a competitive edge in today's ever-changing marketplace. To ensure that our suppliers reflect our employees, customer base, and overall society as a whole, BCBST is committed to maintain accurate records of supplier diversity classifications and other relevant information to support our commercial, federal and state government contracts. We appreciate your assistance with this, and look forward to a long and mutually beneficial business relationship with your company. **For more information please visit:**

<http://www.bcbst.com/why-bcbst/about-us/corporate-responsibility/diversity/suppliers-and-partners/index.page>?

#### **Self-Certification is Required**

See Federal Acquisition Regulation 52.219-1 Small Business Program Representations at

<http://www.gpo.gov/fdsys/pkg/CFR-2008-title48-vol2/pdf/CFR-2008-title48-vol2-sec52-218.pdf>

**You MUST select Non-Profit, Large Business or Small Business, and check all others that apply on the next page.**

Non-Profit \_\_\_\_\_

Large Business \_\_\_\_\_

Small Business \_\_\_\_\_

Return completed form to: [Supplier\\_Registration@BCBST.com](mailto:Supplier_Registration@BCBST.com)

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## Supplier Enrollment & Self-Certification Form

If you select one or more of the following government classifications, **a third party certificate validating ownership** (i.e., minority, women, service disabled veteran or LGBT) is preferred with this form. Third party certification may be obtained from the county, state, or a nationally recognized organization (e.g., <http://www.tn.gov/businessopp/> , <http://www.nmsdc.org/nmsdc> , <http://www.wbenc.org/> , <http://www.nglcc.org/> )

- **African American Owned** (non-Hispanic) \_\_\_\_\_
- **Alaska Native Corporations and all Native U.S. American Tribes** \_\_\_\_\_
- **Asian American Owned** (Individuals of East Asia, South Asia, and Southeast Asia origin) \_\_\_\_\_
- **Hispanic American Owned** (Individuals of Spanish speaking origin, regardless of race) \_\_\_\_\_
- **Service Disabled Veteran-Owned** (must be 51% owned and operated) \_\_\_\_\_
- **Veteran Owned** (must be 51% owned and operated) \_\_\_\_\_
- **Woman Owned** (must be 51% owned and operated) \_\_\_\_\_
- **Lesbian, Gay, Bisexual, or Transgender Owned** (must be 51% owned and operated) \_\_\_\_\_
- Other \_\_\_\_\_

**Small Disadvantaged Business Administration Certification Required for the following classifications:**

Certificate from SBA **must** be submitted with this form if you select one or more of the following items:

- **8(a)** \_\_\_\_\_
- **HUB-Zone** \_\_\_\_\_
- **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 [https://www.acquisition.gov/sites/default/files/current/far/html/Subpart%2019\\_7.html](https://www.acquisition.gov/sites/default/files/current/far/html/Subpart%2019_7.html) Supplier may also refer to the Small Business Administration's website at [www.sba.gov/size](http://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.

**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 disbarred 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: [Supplier\\_Registration@BCBST.com](mailto:Supplier_Registration@BCBST.com)

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