

Bankers Life and Casualty Company  
**ASSIGNMENT OF BENEFITS FORM**

**Instructions:** Please complete and sign this form if you and your provider have agreed to establish an Assignment of Benefits. You must first establish if the provider is willing to consider this Assignment of Benefits. The service provider will need to submit their Tax Identification Number (Social Security Number if service provider is an independent provider) and attach a completed W-9 form so the payments will be made directly to the service provider.

The Assignment of Benefits will not be in effect until Bankers Life and Casualty Company has received the completed form. The Assignment of Benefits may be terminated in the future upon receipt of a written request stating you or the provider wishes to revoke the Assignment of Benefits.

You may return the completed form via fax to 1-866-485-7632 or mail to: Bankers Life and Casualty Company, PO Box 64918, St. Paul, MN 55164-0918.

Claimant Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_

I, \_\_\_\_\_, the Claimant or the guardian or other legal Representative of the Claimant (legal documentation of guardianship or other representative capacity, if appropriate, is attached), hereby authorize direct payment to \_\_\_\_\_ (provider) of any long-term care benefits otherwise payable to or on behalf of the Claimant for the services provided at a rate not to exceed the Provider's regular charges. It is agreed that payment to the Provider, pursuant to this Assignment of Benefits, by the plan administrator shall discharge Bankers Life and Casualty Company of any and all obligation under the plan to the extent of such payments. It is understood by the undersigned that he/she is financially responsible for any charges not covered by this Assignment of Benefits. This Assignment of Benefits is valid for Bankers Life and Casualty Company.

<p>_____</p> <p><i>Service Provider Representative Signature</i></p> <p style="text-align: right;">_____</p> <p style="text-align: right;"><i>Date</i></p> <p>_____</p> <p><i>Printed Name of Service Provider Representative</i></p>	<p>_____</p> <p><i>Claimant/Legal Representative Signature</i></p> <p style="text-align: right;">_____</p> <p style="text-align: right;"><i>Date</i></p> <p>_____</p> <p><i>Printed Name of Claimant/Legal Representative*</i></p> <p><i>*If you are signing as a legal representative, describe the scope of your authority to act on the Claimant's behalf and include a copy of the documentation of your legal authority.</i></p>
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<b>Provider's Federal Tax ID Number/Social Security Number:</b> _____			
_____ Name of Service Provider			
_____ Street Address	_____ City	_____ State	_____ ZIP Code

# Request for Taxpayer Identification Number and Certification

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

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type.  
See Specific Instructions on page 3.

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

<b>Social security number</b>											
				-			-				
<b>OR</b>											
<b>Employer identification number</b>											
				-							

## 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.

<b>Sign Here</b>	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](http://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-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)
- 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.*

