



Dear Trading Partner:

Elevance Health, Inc. Accounts Payable is pleased to provide you with the opportunity to receive payments through Electronic Funds Transfer (EFT). This service, which is at no cost to you, is intended to provide your organization with faster receipt of payments and an automated remittance advice.

The remittance advice is provided through a Bank of America sponsored secured Internet site at no cost to you. You will begin receiving payments electronically into the designated bank account once the completed and signed attached forms are received by Elevance Health and processed.

Your Account Representative will receive an email inviting them to enroll as a participant in the Bank of America Global Advice service from APVendor@elevancehealth.com. A second email will be received containing a token, which is required for enrollment. Enrollment instructions are included in the invitation email. User IDs cannot exceed 15 characters and are created by the Account Representative. Please make note of your User ID when enrolling.

Elevance Health will be notified once you have successfully enrolled. When Elevance Health approves your enrollment, you will receive an email with the URL to Global Advice and your User ID. A separate email will be sent with your temporary password.

It is not necessary to have an established bank account with Bank of America to enroll or receive remittance advice information through the Global Advice program website.

Global Advice URL: <https://globaladvice.bankofamerica.com/bofa/jsp/index.jsp>

By completing this form, you are hereby authorizing enrollment into the Elevance Health EFT program; including validation of data provided through a third party Elevance Health partner. Please allow seven (7) business days for account verification.

Please return the completed form to your Elevance Health contact.

If you have any questions about our EFT program, please call 1-888-236-0013 or send an email to APVendor@elevancehealth.com.

Thank you.



Exhibit B
New Electronic Funds Transfer (EFT) Request
Elevance Health, Inc. Accounts Payable

Please read and complete the following:

1. Trading Partner hereby agrees to Electronic Funds Transfer (EFT) for Elevance Health, Inc. Accounts Payable payments.
2. Trading Partner shall inform Elevance Health, Inc. Accounts Payable of all updates pertaining to these documents at least 20 days prior to implementation of changes. In the interim, a check will be issued and mailed to the payment address currently on file.
3. EFT shall be subject to all rules, procedures, and requirements of the banking institution involved and of any concerned regulatory agencies.
4. Trading Partner hereby represents and warrants that this request for payment via EFT is signed by an executive or officer-level authorized representative and he/she hereby represents and warrants that he/she is authorized to make this request on behalf of the Trading Partner. The Trading Partner will also assign an individual to act as a contact for the account.
5. By completing this form, you are hereby authorizing enrolment into the Elevance Health, Inc. EFT program; including validation of data provided through a third party Elevance Health, Inc. partner. Please allow seven (7) days for account verification.

Trading Partner (Company) Name: _____

Trading Partner (Company) Tax ID/SS #: _____

Authorized Officer:

Name (Print or Type)	Signature

Title	Date	Phone

Account Representative:

Name (Print or Type)	Signature

Title	Date	Phone

Email Address	Fax

The Authorized Officer name and signature requested are that of a person in an executive or officer-level position.

The Account Representative will be the point of contact for Elevance Health, Inc. Accounts Payable in the event any questions may arise regarding the provided account information.

Note: Electronic Funds Transfer (EFT) Authorization must accompany this request. Incomplete forms will be returned.



Exhibit B
New Electronic Funds Transfer (EFT) Request
Elevance Health, Inc. Accounts Payable

FOR COMPANY AND INDIVIDUAL USE	
Bank Name	
Routing Number	
Account Number	
Tax ID	
Name on Bank Account	
Address Line 1	
Address Line 2	
City, State, Zip	
LAST PAYMENT TO YOU FROM ELEVANCE HEALTH*	
Date*	
Amount*	
CONTACT INFORMATION	
Phone Number	
Fax Number	
Email Address	
FOR INDIVIDUAL USE ONLY	
SSN	
First Name	
Last Name	
REMIT ADDRESS IF DIFFERENT FROM ABOVE	
Remit Address Line 1	
Remit Address Line 2	
Remit City, State, Zip	
ONLY CHECKING ACCOUNTS CAN BE ACCEPTED FOR ACH ELECTRONIC FUNDS TRANSFER PLEASE ALLOW SEVEN (7) BUSINESS DAYS FOR ACCOUNT VERIFICATION AND ENROLLMENT COMPLETION	

An authorized bank account holder must sign this form. I hereby authorize Elevance Health, Inc. Accounts Payable or its affiliates to initiate deposit (credits) payments to the financial institution indicated above. Elevance Health, Inc. Accounts Payable will comply with all ACH rules as stated in the *National Automated Clearing House Association ACH Rules* in conjunction with the administration of any payments to this account. This authority is to remain in full force and effect until I revoke it by giving 20 days prior written notice to Elevance Health, Inc. Accounts Payable.

Account Representative:

Name (Print or Type)

Signature

Title

Phone

Email Address

Fax

Date

Requested Start Date
(Required for existing suppliers)

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"/> 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) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	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-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.