

OLD SURETY (29237) ERA-ENROLLMENT INSTRUCTIONS

WHICH FORMS SHOULD I COMPLETE?

This payer requires providers enroll in EFT to receive ERA.

- Complete the ERA Enrollment Authorization Agreement and Direct Deposit EFT Authorization Agreement.
 - o You must attach a voided check or bank letter, plus a completed W9 Form.

WHERE SHOULD I SEND THE FORM(S)?

- Fax completed forms to 405-524-4011 and Email to Optum.ERA@officeally.com
 - Email Subject: Old Surety Life_ERA & EFT Enrollment Request

WHAT IS THE TURNAROUND TIME?

Standard Processing Time is 30 Business Days.

HOW DO I CHECK STATUS?

- Once you receive confirmation from Office Ally that the enrollment has been uploaded to Optum's portal, please allow 30 business days to receive the electronic remittance files.

OLD SURETY LIFE

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

Electronic Remittance Advice (ERA) Authorization Agreement DEG1 PROVIDER INFORMATION **Provider Name** Doing Business As (DBA) **Provider Address** City State/Province Zip Code/Postal Code PROVIDER IDENTIFIERS INFORMATION DEG2 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 Provider Tax Identification Number (TIN) National Provider Id (NPI) Method of Retrieval DEG8 **ELECTRONIC REMITTANCE ADVICE CLEARINGHOUSE INFORMATION** Clearinghouse Name Optum Clearinghouse Contact | Enrollments Team Telephone Number |866-678-8646 #2 Email Address | Enrollments@optum.com **SUBMISSION INFORMATION** DEG₁₀ Reasons For Submission – Select from below **New Enrollment Change Enrollment Cancel Enrollment**

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.



- since '32"

OLD SURETY LIFE

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

405-523-2112

Toll Free # 1-800-272-5466

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

Direct Deposit – Electronic Funds Transfer Authorization Agreement

Home office use only	

(pleas	e print)
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 ☐ Checking ☐ Savings
I hereby authorize Old Surety Life Insurance Company to init	
this account. This authority is to remain in effect until revoked Company actually receives such notice of termination.	o debit the above account if funds are credited erroneously to d by me in writing and until Old Surety Life Insurance
SIGNATURE:	DATE:
Due to pre-noting requirements with your bank, please all check will be mailed to you until your EFT program begin	
Approved By:Old Surety Life Insurance Company	DATE:



Request for Taxpayer Identification Number and Certification

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

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

	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								
Print or type. Specific Instructions on page 3.						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)			
cję.	is disregarded from the owner should check the appropriate box for the tax classification of its own	ner.		(Annlies to a	accounts maint	ained outsi	de the IIS)		
ğ	Other (see instructions) ► 5 Address (number, street, and apt. or suite no.) See instructions.	Requeste	r's name a	(Applies to accounts maintained outside the U.S.) and address (optional)					
See	6 City, state, and ZIP code				,				
	7 List account number(s) here (optional)								
Par	Taxpayer Identification Number (TIN)								
				urity nun	nber _				
	If the account is in more than one name, see the instructions for line 1. Also see What Name	and	Employer identification number						
Numb	er To Give the Requester for guidelines on whose number to enter.		.	-					
Part	Certification	'							
Under	penalties of perjury, I certify that:								
2. I am Sen	number shown on this form is my correct taxpayer identification number (or I am waiting for not subject to backup withholding because: (a) I am exempt from backup withholding, or (b vice (IRS) that I am subject to backup withholding as a result of a failure to report all interest onger subject to backup withholding; and) I have no	ot been n	otified by	y the Inte				
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	ng is corre	ct.						
you ha acquis	cation instructions. You must cross out item 2 above if you have been notified by the IRS that you failed to report all interest and dividends on your tax return. For real estate transactions, item 2 ition or abandonment of secured property, cancellation of debt, contributions to an individual retinent and dividends, you are not required to sign the certification, but you must provide your pr	2 does not rement arra	apply. Fo angement	r mortga (IRA), an	ge interes nd genera	t paid, lly, payr	nents		
Sign Here		Date ►							
_									

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.