

REQUEST FOR PROPOSALS (RFP)
SPECIFICATIONS
FOR
EMPLOYEE BENEFITS INSURANCE PLANS
EFFECTIVE JANUARY 1, 2025
FOR THE
BROWNSVILLE PUBLIC UTILITIES BOARD
1425 ROBINHOOD DRIVE
BROWNSVILLE, TEXAS 78521
P065-24

Proposal Due: September 20, 2024, 3:00 PM via EMAIL

BROWNSVILLE PUBLIC UTILITIES BOARD
REQUEST FOR PROPOSAL
Employee Benefits Insurance Plans

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NOTE: Exhibits can be obtained through email request to Maggie.Parker@alliant.com , cc dsolitaire@brownsville-pub.com, by completing and signing the Proposal Acknowledgement Form, Page 2.

**LEGAL NOTICE
AND
INVITATION FOR PROPOSALS
PROPOSAL P065-24**

The Brownsville Public Utilities Board (hereafter referred to as the BPUB) will accept proposals for EMPLOYEE BENEFITS INSURANCE PLANS until **3:00 PM local time, Friday, September 20, 2024** via email to Maggie.Parker@alliant.com with a copy to DSolitaire@brownsville-pub.com. To obtain the best and final offer(s), revisions by short-listed candidates may be permitted after original proposal submission, and before contract award. All proposals will later be made available to the public for inspection after the contract is awarded. If a proposer indicates and justifies in his proposal(s) that certain information in the proposal(s) is confidential or a trade secret, the BPUB will review those materials with the proposer prior to releasing the materials for public inspection after the contract award.

Detailed specifications, including the criteria for proposal evaluations, may be obtained by emailing Maggie.Parker@alliant.com with DSolitaire@brownsville-pub.com on copy. Please include “**P065-24 PROPOSAL FOR EMPLOYEE BENEFITS INSURANCE PLANS, September 20, 2024, 3:00 PM**” in the subject line of your email submission to Maggie.Parker@alliant.com.

The BPUB reserves the right to reject any or all competitive proposals and waive any irregularities contained therein and to accept any competitive proposals deemed most advantageous to the BPUB. Any competitive proposal received after **3:00 PM, local time, September 20, 2024**, will be automatically rejected and returned to the proposer unopened. **Proposers must submit their proposals via EMAIL.**

By:

Maggie Parker

Benefits Consultant

(832) 925-5253

Please submit this page upon receipt
ACKNOWLEDGEMENT FORM
EMPLOYEE BENEFITS INSURANCE PLANS
P065-24

For any clarifications, please contact Maggie Parker at Alliant Insurance Services, Inc., at (832) 925-5253 or e-mail: maggie.parker@alliant.com

Please email this page upon receipt of the RFP package or legal notice.

Check one:

☐ **Yes, I will be able to send a RFP; obtained RFP package from website.**

☐ **Yes, I will be able to send a RFP; please email the RFP package.**

Email: _____

☐ **No, I will not be able to send a RFP for the following reason:**

If you are unable to send your proposal, kindly indicate your reason above and return this form **via email to:** Maggie.parker@alliant.com. This will ensure you remain active on our vendor list.

RFP Workbook and Exhibits

Upon return of this acknowledgement form, all RFP exhibits will be provided to the email address listed below. The company listed below agrees that the information to be provided is confidential and is to only be used in connection with preparing a proposal for employee benefits insurance plans. The company also agrees to comply with Federal and State privacy and insurance laws and regulations.

Company Name

Authorized Signature

Address

Type Signatory's Name and Title

Telephone Number / Fax Number

Date

Signatory's Email Address

NOTICE TO PROPOSERS

Information provided in these specifications is to be used for purposes of preparing a proposal detailing costs of providing the services and insurance specified. It is further expected that each proposer will read these specifications with care, since failure to meet each condition or a combination of specified conditions may annul the proposal.

The Brownsville Public Utilities Board (hereafter referred to as the BPUB) reserves the right to reject any or all proposals or any portion thereof and to accept the proposal deemed most advantageous to the BPUB.

Proposers are required to submit proposals on the basis of these specifications. Alternative proposals (for service on a basis different from requested in these specifications) will receive consideration if such alternatives are clearly explained. Any exceptions to coverage requested herein must be clearly noted in writing and be included as a part of the proposal.

BPUB believes that the data contained in these specifications is sufficient for preparation of a proposal. The information is believed to be accurate and is based upon the latest available information, but it is not to be considered in any way as a warranty. Requests for additional information should be directed in writing to Maggie Parker, Benefits Consultant, at (832) 925-5253, or Email to: Maggie.Parker@alliant.com

THE BPUB SYSTEM

The City, located in Cameron County on the Rio Grande approximately 23 miles from the Gulf of Mexico, is a home rule city organized and existing under the laws of the state of Texas, including the City's Charter, as amended (the "charter"). The City owns and operates a combined electric, water, and wastewater utilities system (collectively, the "system") serving the City and certain areas outside the city. The City's authority with regard to public utility ownership and services is generally exercised through the Brownsville Public Utilities Board (the "Board"). The Board, created and established by Article VI of the Charter as a separate and distinct agency of the city, has authority to control, manage, and operate the system and to expand and apply System revenues, subject to certain limitations. The Charter provides that the power to issue bonds; to encumber, sell, or hypothecate the system; and the city retains to fix rates, fees, and charges of the system. The mailing address of the Board is Post Office Box 3270, Brownsville, Texas 78523-3270, and the telephone number of the Board is (956) 983-6100. The Board's fiscal year is the 12-month period ended September 30 of each year and is referred to herein as the "fiscal year."

GENERAL INFORMATION AND INSTRUCTIONS
STATEMENT OF PURPOSE

1. The information contained in these specifications is confidential and is to be used only in connection with preparing a proposal for all or part of the following employee benefit plans:
 - Group Basic Life Insurance & Group Voluntary Life Insurance
 - Group Long Term Disability (LTD) Insurance
 - Group Voluntary Short Term Disability (STD) Insurance
 - Group Voluntary Vision Insurance
 - Group Voluntary Accident Insurance
 - Group Voluntary Critical Illness with Cancer Insurance
 - Group Voluntary Hospital Indemnity Insurance
 - Section 125/ FSA Plan Administration
 - COBRA Plan Administration
2. BPUB reserves the right to accept or reject all or any part of the proposals, waive minor technicalities, and award the proposal to best serve the interest of the BPUB. The BPUB also reserves the right to waive or dispense with any of the formalities contained herein.
3. Proposals are to be submitted on the basis of the specifications contained herein. Alternate proposals will also be considered, if the alternatives are clearly explained. All deviations from the specifications must be clearly identified and explained.
4. The information contained herein is believed to be accurate and up-to-date, but is not intended to be an express or implied warranty.
5. Proposals will only be accepted via email. Any proposals received after the deadline will be returned to the proposer unopened.
6. Insurance companies are asked to submit any and or all proposals inclusive of the commissions and technology credits requested in the RFP workbooks.
7. At the proposal opening, only the identity of the proposers will be disclosed by the BPUB. The contents of each proposal will not be disclosed in order to protect the integrity of the follow-up negotiation process with short-listed candidates.
8. To obtain the best and final offer(s), revisions by short-listed candidates may be permitted after original proposal submission, and before contract award.
9. All proposals will later be made available to the public for inspection after the contract is awarded through email request to the Officer of Public Information at OpenRecords@brownsville-pub.com. If a proposer indicates and justifies in their proposal(s) that certain information in the proposal(s) is confidential or a trade secret, the BPUB will review those materials with the proposer prior to releasing the materials for public inspection after the contract award.
10. Alliant Insurance Services, Inc. is the independent insurance consulting firm providing technical assistance to the BPUB during the RFP process.
11. Vendors are cordially invited to the proposal opening, but are not required to attend.

TIMELINE

1. These specifications are to be released for action on or about **September 3, 2024**. Please provide your response (s) to this RFP in the same format and/or program the RFP is sent out to all proposers. Do not modify or in any way change the format and or your submissions to the RFP in any manner. Any changes to the RFP or to the requested format of the responses to the RFP, could be grounds for a proposal to be disqualified from consideration.
2. Last day to submit questions is Thursday, September 12, 2024.
3. **EMAILED** proposals are to be delivered to Maggie.Parker@alliant.com by 3:00 p.m. CST **Friday, September 20, 2024**. Please cc DSolitaire@brownsville-pub.com
4. Proposals not received electronically via email by 3:00 p.m. CST on Friday, September 20, 2024, will not be considered. Neither Brownsville Public Utilities Board nor Alliant Insurance Services are responsible for any technology delays that may exist. It is each vendor's responsibility to ensure their email response is received timely.
5. Consideration and action on Employee Benefit Insurance Plans proposals will be presented to the Board **on or about October 14, 2024**.
6. The successful proposer will be notified **on or about October 15, 2024**.
7. Coverages are to be effective January 1, 2025.
8. Policies or contracts are to be provided to the BPUB 30 days after such effective date.
9. The contract term desired is three years with years two and three subject to administration and Board approval.
10. BPUB would like for any proposer to submit any and or all electronic enrollment capabilities available, with all other responses to the RFP.
11. Initial enrollment is to be from BPUB enrollment records as of **December 31, 2024**.

PREPARATION OF PROPOSAL

The proposer must complete the RFP Workbook provided with this RFP release for each line of coverage you intend to quote in order to be considered. Please ensure the RFP Workbook remains in excel format and is completed in its entirety.

Products in this RFP will be awarded on a "market basket" basis which means you can respond and be considered for one or more lines of coverage. As such, please ensure you complete the RFP Workbook for each product for which you wish to be considered.

SUBMISSION OF PROPOSAL

The proposal shall be submitted via email to Maggie.Parker@alliant.com with a copy to DSolitaire@brownsville-pub.com. The subject line of the email shall include:

“P065-24 PROPOSAL FOR EMPLOYEE BENEFITS INSURANCE PLANS”.

Proposals must be submitted via email to Maggie.Parker@alliant.com to arrive by **3:00 PM, local time on Friday, September 20, 2024.**

WITHDRAWAL OF PROPOSAL

Proposers may withdraw their proposals anytime up to the time specified as the closing time for acceptance of proposals. However, no proposer shall withdraw or cancel their proposal for a period of 60 days after said closing date for acceptance of proposal nor shall the successful proposer withdraw or cancel or modify their proposal, except at the request of the BPUB, after having been notified that the BPUB has accepted the said proposal.

INTERPRETATION OF SPECIFICATIONS

If any person contemplating submitting a proposal is in doubt as to the true meaning of any part of these specifications, they may submit to Maggie Parker, Benefits Consultant, a written request for interpretation of it. Ms. Parker’s contact information is as follows:

Email: Maggie.parker@alliant.com

CRITERIA USED IN EVALUATING PROPOSALS

1. Although insurance proposals will be accepted from insurers despite their Best’s Rating, more favorable consideration will be given to those proposals submitted by insurers with ratings of at least an “A-” or better in the most recent edition of A.M. BEST’S LIFE/HEALTH KEY RATING GUIDE. If the insurance company is not rated by Best’s, audited financial statements must be provided.
2. Any insurers, agents or third party administrators shall be duly licensed by the State of Texas, and comply with all applicable State insurance laws and requirements or duly constituted applicable insurance regulatory authorities. A local government self-insurance pool organized under the Texas Interlocal Cooperation Act or other State law shall also be an acceptable provider, with satisfactory reinsurance information and audited financial statements.
3. The proposal must be in easily understood format with coverage benefits and exclusions clearly described.
4. Favorable consideration will be given to a proposer that provides insurance coverage for most, if not all requested voluntary insurance plans.
5. Proposals will be first evaluated on technical factors other than cost, including coverage, services and financial stability. After a preliminary evaluation of the technical criteria, cost will be included in the evaluation process. Cost will be evaluated on an equal basis with the technical criteria.

QUALIFICATIONS

1. All insurance companies and agents submitting proposals must be properly licensed by the State of Texas and have a demonstrated level of good performance with government entities in Texas.
2. The agent must have an errors and omissions policy with a minimum limit of \$1,000,000; satisfactory proof of coverage must be provided to BPUB. **Please enclose a copy of the declaration page for your errors and omissions policy or a certificate of insurance with your proposal.**
3. The proposer must have a willingness to commit to specified levels of performance for service and quality. The insurance company and/or agent must commit to an annual minimum of 10 days at BPUB for employee enrollment.
4. The proposer must provide sufficient telephone service, preferably toll-free and local service, to handle inquiries directly from plan participants as well as BPUB business officials.
5. The insurance company must have the capability to provide loss run reports on a quarterly basis and/or upon request by the BPUB.
6. The proposer must have an organization that has demonstrated the ability to deliver cost-effective enrollment/policyholder service and efficient claims processing.
7. The proposer must have sufficient number of claims representatives including bilingual staff who are available during normal working hours for claims processing and insurance verification. **The BPUB will not verify claims or be involved in the filing of claims except to provide the necessary forms.**
8. The company must provide insurance plans eligible for IRC Section 125, Cafeteria Plans. The company must provide legal opinion that the insurance plans being proposed are eligible for IRC Section 125, Cafeteria Plan and are in compliance with IRS Rules and Regulations. **Participation will be voluntary, and premiums will be paid by employees through payroll deductions.**
9. The successful proposer will conduct the initial enrollment meeting(s) and, as requested, approved with mutual consent of BPUB and proposer(s) thereafter.
10. The enrollment process will include, but is not limited to, scheduling appointments by department, completing enrollment applications, mailing ID cards and insurance certificate booklets **directly** to insured employees, and providing employees summary reports for payroll deductions.
11. The successful company will provide brochures, certificate of insurance booklets, and insurance ID cards at the company's expense.
12. BPUB is not requesting the inclusion of local agent services with this RFP. Alliant Insurance Services is Consultant of Record for Brownsville Public Utilities Board and will also serve as the Broker of Record for all lines of coverage included in this RFP.

DEVIATION FROM SPECIFIED COVERAGE OR SERVICE

Proposals are to be submitted on the basis of the specifications contained herein. Proposer must include the RFP Submission Forms with its proposal. All costs to be incurred and billed to the BPUB will be firm and included in these forms. Alternative proposals will also be considered, provided the alternatives are clearly explained. **All deviations from the specifications must be clearly identified and explained.**

UNDERWRITING DATA

The BPUB has assembled the underwriting exposure, and loss data included in these specifications. While every effort has been made to ensure the accuracy of this information, it cannot be guaranteed. It shall be the responsibility of the successful proposer to review this information and work with the BPUB on an ongoing basis to ensure all relevant exposures are included in the BPUB's program.

If it becomes necessary to revise any part of this proposal, a written addendum will be provided to all proposers. BPUB is not bound by any oral representation, classifications, or changes made in the written specifications by the BPUB employees, unless such classification or change is provided to proposers in a written addendum from an authorized representative of the BPUB Purchasing Department.

COMPLIANCE WITH LAWS

All proposers involved shall observe and comply with all regulations, laws, ordinances, etc., of Local, State, and Federal government as they apply to this proposal process.

TERM OF CONTRACT AND EXTENSION/RENEWAL RIGHTS

The term of the contract for insurances or service shall be for not less than one year, subject to earlier termination as provided by the law and by the terms of the contract. In addition, unless otherwise specified in the proposal, the award of this proposal shall include the right at the option of the BPUB, and contingent upon the agreement by both parties, to any change in premium costs or benefits to renew and extend this contract on a year to year basis as may be permitted by applicable law and Board approval as may be in the best interest of the BPUB; if the maximum term of this contract and all renewals of it shall be not more than three years before such contract must again be offered for competitive proposals.

AUTHORIZED SIGNATURE

All proposal forms must be signed by persons who have legal authority to bind the insurer and administrator to the services proposed. **Failure to sign the proposal will disqualify it.**

DISQUALIFICATION AND REJECTION OF PROPOSALS

Failure to comply with the requirements or the procedures set forth herein, or to satisfy the insurance and servicing criteria as set forth in the specifications, may result in disqualification. It is not intended that exceptions to the specification will, in and of themselves, result in disqualification.

CONTINUITY OF COVERAGE

All employees and dependents covered by the current plan are to receive immediate coverage under the new plan. Continuity of coverage for current participants is to be on a “no loss/no gain” basis for all insurance coverage. In addition, proposers must waive the actively at-work provisions.

ENROLLMENT

The basis for the “take over” of employee benefits for each Provider is to be the BPUB’s enrollment records as of December 31, 2024. Each selected Provider will be expected to provide a knowledgeable person to explain benefit provisions during enrollment meetings. The selected Providers will also be responsible for providing enrollment materials before the employee benefit enrollment meetings.

CONTRACT WITH VENDOR/ENTITY INDEBTED TO BPUB

It is a policy of the BPUB to refuse to enter into a contract or other transaction with an individual, sole proprietorship, joint venture, Limited Liability Company or other entity indebted to BPUB.

BROWNSVILLE PUB RIGHTS

1. If only one or no proposal is received by "submission date", the BPUB has the right to reject, re-propose, accept and/or extend the proposal by up to an additional two (2) weeks from original submission date.
2. The right to reject any/or all proposals and to make award as they may appear to be advantageous to the Brownsville Public Utilities Board.
3. The right to hold proposal for 60 days from submission date without action, and to waive all formalities in proposal.
4. The right to extend the total proposal beyond the original 60-day period prior to an award if agreed upon in writing by both parties and if proposal holds firm.
5. The right to terminate all or any part of the unfinished portion of the project resulting from this solicitation within thirty (30) days written notice; upon default by the vendor, for delay or non-performance by the Vendor, or if it is deemed in the best interest of the Utilities for convenience.

UNAUTHORIZED COMMUNICATIONS

After release of this solicitation, Proposer’s contact regarding this RFP with members of the RFP evaluation, interview or selection panels, and employees of the BPUB or officials of the BPUB other than the Purchasing Manager or Purchasing Staff is prohibited and may result in disqualification from this procurement process. No officer, employee, agent or representative of the Proposer shall have any contact or discussion, verbal or written, with any members of the BPUB Board of Directors, members of the RFP evaluation, interview, or selection panels, BPUB

staff, or directly or indirectly through others, seek to influence any BPUB Board member, BPUB staff regarding any matters pertaining to this solicitation, except as herein provided. If a representative of any Proposer violates the foregoing prohibition by contacting any of the above listed parties with whom contact is not authorized, such contact may result in the Proposer being disqualified from the procurement process.

FORMS CHECKLIST

The following documents are to be submitted as a part of the Bid/RFP/RFQ document

NAME	FORM DESCRIPTION	SUBMITTED WITH BID	
		YES	NO
Required Forms (if applicable)	Acknowledgement Form	<input type="checkbox"/>	<input type="checkbox"/>
	Debarment Certificate	<input type="checkbox"/>	<input type="checkbox"/>
	Ethic Statement	<input type="checkbox"/>	<input type="checkbox"/>
	Conflict of Interest Questionnaire	<input type="checkbox"/>	<input type="checkbox"/>
	W9 or W8 Form	<input type="checkbox"/>	<input type="checkbox"/>
	Direct Deposit Form (Will be provided to awarded vendor)	<input type="checkbox"/>	<input type="checkbox"/>
	Residence Certification Form	<input type="checkbox"/>	<input type="checkbox"/>
	House Bill 89 Form	<input type="checkbox"/>	<input type="checkbox"/>
	RFP Workbooks BY line of coverage for which you are responding. Please ensure Workbooks are all returned in the same Excel format.	<input type="checkbox"/>	<input type="checkbox"/>
References	References for each line of coverage have been provided in each RFP Workbook.	<input type="checkbox"/>	<input type="checkbox"/>

ETHICS STATEMENT (Complete and Return this form with Proposal)

The undersigned firm, by signing and executing this proposal, certifies and represents to the Brownsville Public Utilities Board that firm has not offered, conferred or agreed to confer any pecuniary benefit, as defined by (1.07 (a) (6) of the Texas Penal Code, or any other thing of value as consideration for the receipt of information or any special treatment of advantage relating to this proposal; the firm also certifies and represents that the firm has not offered, conferred or agreed to confer any pecuniary benefit or other thing of value as consideration for the recipient's decision, opinion, recommendation, vote or other exercise of discretion concerning this proposal, the firm certifies and represents that firm has neither coerced nor attempted to influence the exercise of discretion by any officer, trustee, agent or employee of the Brownsville Public Utilities Board concerning this proposal on the basis of any consideration not authorized by law; the firm also certifies and represents that firm has not received any information not available to other firms so as to give the undersigned a preferential advantage with respect to this proposal; the firm further certifies and represents that firm has not violated any state, federal, or local law, regulation or ordinance relating to bribery, improper influence, collusion or the like and that firm will not in the future offer, confer, or agree to confer any pecuniary benefit or other thing of value of any officer, trustee, agent or employee of the Brownsville Public Utilities Board in return for the person having exercised their person's official discretion, power or duty with respect to this proposal; the firm certifies and represents that it has not now and will not in the future offer, confer, or agree to confer a pecuniary benefit or other thing of value to any officer, trustee, agent, or employee of the Brownsville Public Utilities Board in connection with information regarding this proposal, the submission of this proposal, the award of this proposal or the performance, delivery or sale pursuant to this proposal.

The vendor shall defend, indemnify, and hold harmless the Brownsville Public Utilities Board, all of its officers, agents and employees from and against all claims, actions, suits, demands, proceeding, costs, damages, and liabilities, arising out of, connected with, or resulting from any acts or omissions of contractor or any agent, employee, subcontractor, or Supplier of contractor in the execution or performance of this proposal.

I have read all of the specifications and general proposal requirements and do hereby certify that all items submitted meet specifications.

COMPANY: _____

AGENT NAME: _____

AGENT SIGNATURE: _____

ADDRESS: _____

CITY: _____

STATE: _____ ZIP CODE: _____

TELEPHONE: _____ TELEFAX: _____

FEDERAL ID#: _____ AND/OR SOCIAL SECURITY #: _____

DEVIATIONS FROM SPECIFICATIONS IF ANY:

NOTE: QUESTIONS AND CONCERNS FROM PROSPECTIVE CONTRACTORS SHOULD BE RAISED WITH OWNER AND ITS CONSULTANT (IF APPLICABLE) AND RESOLVED IF POSSIBLE, PRIOR TO THE PROPOSAL SUBMITTAL DATE. ANY LISTED DEVIATIONS IN A FINALLY SUBMITTED PROPOSAL MAY ALLOW THE OWNER TO REJECT A PROPOSAL AS NON-RESPONSIVE.

CERTIFICATION REGARDING

DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY
MATTERS (Complete and Return this form with Proposal)

Name of Entity: _____

The prospective participant certifies to the best of their knowledge and belief that they and their principals:

Are not presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from covered transactions by any Federal department or agency:

Have not within a three year period preceding this proposal been convicted of, had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

Are not presently indicted for or otherwise criminally or civilly charged by a government entity (Federal, State, Local) with commission of any of the offenses enumerated in paragraph (1) (b) of this certification; and have not within a three year period preceding this application/proposal had one or more public transactions (Federal, State, Local) terminated for cause or default.

I understand that a false statement on this certification may be grounds for rejection of this proposal or termination of the award. In addition, under 18 USC Section 1001, a false statement may result in a fine up to a \$10,000.00 or imprisonment for up to five (5) years, or both.

Name and Title of Authorized Representative (Typed)

Signature of Authorized Representative

Date

☐ I am unable to certify to the above statements. My explanation is attached.

CONFLICT OF INTEREST QUESTIONNAIRE For vendor doing business with local governmental entity		FORM CIQ
<p>This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.</p> <p>This questionnaire is being filed in accordance with Chapter 176, Local Government Code, by a vendor who has a business relationship as defined by Section 176.001(1-a) with a local governmental entity and the vendor meets requirements under Section 176.006(a).</p> <p>By law this questionnaire must be filed with the records administrator of the local governmental entity not later than the 7th business day after the date the vendor becomes aware of facts that require the statement to be filed. See Section 176.006(a-1), Local Government Code.</p> <p>A vendor commits an offense if the vendor knowingly violates Section 176.006, Local Government Code. An offense under this section is a misdemeanor.</p>	OFFICE USE ONLY	
1 Name of vendor who has a business relationship with local governmental entity.	Date Received	
2 <input type="checkbox"/> Check this box if you are filing an update to a previously filed questionnaire. (The law requires that you file an updated completed questionnaire with the appropriate filing authority not later than the 7th business day after the date on which you became aware that the originally filed questionnaire was incomplete or inaccurate.)		
3 Name of local government officer about whom the information is being disclosed.		
_____ Name of Officer		
4 Describe each employment or other business relationship with the local government officer, or a family member of the officer, as described by Section 176.003(a)(2)(A). Also describe any family relationship with the local government officer. Complete subparts A and B for each employment or business relationship described. Attach additional pages to this Form CIQ as necessary.		
<p>A. Is the local government officer or a family member of the officer receiving or likely to receive taxable income, other than investment income, from the vendor?</p> <p style="text-align: center;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </p> <p>B. Is the vendor receiving or likely to receive taxable income, other than investment income, from or at the direction of the local government officer or a family member of the officer AND the taxable income is not received from the local governmental entity?</p> <p style="text-align: center;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </p>		
5 Describe each employment or business relationship that the vendor named in Section 1 maintains with a corporation or other business entity with respect to which the local government officer serves as an officer or director, or holds an ownership interest of one percent or more.		
6 <input type="checkbox"/> Check this box if the vendor has given the local government officer or a family member of the officer one or more gifts as described in Section 176.003(a)(2)(B), excluding gifts described in Section 176.003(a-1).		
7		
_____ Signature of vendor doing business with the governmental entity		_____ Date

CONFLICT OF INTEREST QUESTIONNAIRE
For vendor doing business with local governmental entity

A complete copy of Chapter 176 of the Local Government Code may be found at <http://www.statutes.legis.state.tx.us/Docs/LG/htm/LG.176.htm>. For easy reference, below are some of the sections cited on this form.

Local Government Code § 176.001(1-a): "Business relationship" means a connection between two or more parties based on commercial activity of one of the parties. The term does not include a connection based on:

- (A) a transaction that is subject to rate or fee regulation by a federal, state, or local governmental entity or an agency of a federal, state, or local governmental entity;
- (B) a transaction conducted at a price and subject to terms available to the public; or
- (C) a purchase or lease of goods or services from a person that is chartered by a state or federal agency and that is subject to regular examination by, and reporting to, that agency.

Local Government Code § 176.003(a)(2)(A) and (B):

- (a) A local government officer shall file a conflicts disclosure statement with respect to a vendor if:

- (2) the vendor:

(A) has an employment or other business relationship with the local government officer or a family member of the officer that results in the officer or family member receiving taxable income, other than investment income, that exceeds \$2,500 during the 12-month period preceding the date that the officer becomes aware that

(i) a contract between the local governmental entity and vendor has been executed;

or

(ii) the local governmental entity is considering entering into a contract with the vendor;

(B) has given to the local government officer or a family member of the officer one or more gifts that have an aggregate value of more than \$100 in the 12-month period preceding the date the officer becomes aware that:

(i) a contract between the local governmental entity and vendor has been executed; or

(ii) the local governmental entity is considering entering into a contract with the vendor.

Local Government Code § 176.006(a) and (a-1)

- (a) A vendor shall file a completed conflict of interest questionnaire if the vendor has a business relationship with a local governmental entity and:

(1) has an employment or other business relationship with a local government officer of that local governmental entity, or a family member of the officer, described by Section 176.003(a)(2)(A);

(2) has given a local government officer of that local governmental entity, or a family member of the officer, one or more gifts with the aggregate value specified by Section 176.003(a)(2)(B), excluding any gift described by Section 176.003(a-1); or

(3) has a family relationship with a local government officer of that local governmental entity.

- (a-1) The completed conflict of interest questionnaire must be filed with the appropriate records administrator not later than the seventh business day after the later of:

- (1) the date that the vendor:

(A) begins discussions or negotiations to enter into a contract with the local governmental entity; or

(B) submits to the local governmental entity an application, response to a request for proposals or bids, correspondence, or another writing related to a potential contract with the local governmental entity; or

- (2) the date the vendor becomes aware:

(A) of an employment or other business relationship with a local government officer, or a family member of the officer, described by Subsection (a);

(B) that the vendor has given one or more gifts described by Subsection (a); or

(C) of a family relationship with a local government officer.

BROWNSVILLE PUBLIC UTILITIES BOARD
RESIDENCE CERTIFICATION

In accordance with Art. 601g, as passed by the 1985 Texas Legislature, the following will apply. The pertinent portion of the Act has been extracted and is as follows:

Section 1. (a)

(1) "Nonresident bidder" means a bidder whose principal place of business is not in this state, but excludes a contractor whose ultimate parent company or majority owner has its principal place of business in this state.

(2) "Texas resident bidder " means a bidder whose principal place of business is in this state, and includes a contractor whose ultimate parent company or majority owner has its principal place of business in this state.

Section 1. (b)

The state or governmental agency of the state may not award a contract for general construction, improvements, services, or public works projects or purchases of supplies, materials or equipment to a nonresident bidder unless the nonresident's bid is lower than the lowest bid submitted by a responsible Texas resident bidder by the same amount that a Texas resident bidder would be required to underbid a nonresident bidder to obtain a comparable contract in the state in which the nonresident's principal place of business is located.

I certify that

(Company Name) is a **resident Texas bidder** as defined in Art. 601g.

Signature: _____

Print Name: _____

I certify that _____ (Company Name) is a **nonresident bidder** as defined in Art. 601g. and our principal place of business is:

(City and State)

Signature: _____

Print Name: _____

Organization Name

House Bill 89 Verification

I, _____ (Person name), the undersigned representative of
(Company or Business name) _____
_____ (hereafter referred to as company)
being an adult over the age of eighteen (18) years of age, after being duly sworn by the undersigned
notary, do hereby depose and verify under oath that the company named- above, under
the provisions of Subtitle F, Title 10, Government Code Chapter 2270:

1. Does not boycott Israel currently; and
2. Will not boycott Israel during the term of the contract providing that:
 - (1) "company" does not include a sole proprietorship; and
 - (2) the law applies only to a contract that:
 - (a) is between a governmental entity and a company with 10 or more full-time employees; and
 - (b) has a value of \$100,000 or more that is to be paid wholly or partly from public funds or the governmental entity

Pursuant to Section 2270.001, Texas Government Code:

1. "Boycott Israel" means refusing to deal with, terminating business activities with, or otherwise taking any action that is intended to penalize, inflict economic harm on, or limit commercial relations specifically with Israel, or with a person or entity doing business in Israel or in an Israeli-controlled territory, but does not include an action made for ordinary business purposes; and
2. "Company" means a for-profit sole proprietorship, organization, association, corporation, partnership, joint venture, limited partnership, limited liability partnership, or any limited liability company, including a wholly owned subsidiary, majority-owned subsidiary, parent company or affiliate of those entities or business associations that exist to make a profit.

DATE SIGNATURE OF COMPANY REPRESENTATIVE

On this the ____ day of _____, 20____, personally appeared

_____, the above-named person, who after by me being
duly sworn, did swear and confirm that the above is true and correct.

NOTARY SEAL _____

NOTARY SIGNATURE _____
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.**

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)		
	2 Business name/disregarded entity name, if different from above.		
	3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____ Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead 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 Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ <i>(Applies to accounts maintained outside the United States.)</i>	
	3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions _____ <input type="checkbox"/>		
	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. See also *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:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- 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.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

Form W-8BEN-E(Rev. October 2021)
Department of the Treasury
Internal Revenue Service**Certificate of Status of Beneficial Owner for
United States Tax Withholding and Reporting (Entities)**► For use by entities. Individuals must use Form W-8BEN. ► Section references are to the Internal Revenue Code.
► Go to www.irs.gov/FormW8BENE for instructions and the latest information.
► Give this form to the withholding agent or payer. Do not send to the IRS.

OMB No. 1545-1621

Do NOT use this form for:

- U.S. entity or U.S. citizen or resident W-9
- A foreign individual W-8BEN (Individual) or Form 8233
- A foreign individual or entity claiming that income is effectively connected with the conduct of trade or business within the United States (unless claiming treaty benefits) W-8ECI
- A foreign partnership, a foreign simple trust, or a foreign grantor trust (unless claiming treaty benefits) (see instructions for exceptions) . . . W-8IMY
- A foreign government, international organization, foreign central bank of issue, foreign tax-exempt organization, foreign private foundation, or government of a U.S. possession claiming that income is effectively connected U.S. income or that is claiming the applicability of section(s) 115(2), 501(c), 892, 895, or 1443(b) (unless claiming treaty benefits) (see instructions for other exceptions) W-8ECI or W-8EXP
- Any person acting as an intermediary (including a qualified intermediary acting as a qualified derivatives dealer) W-8IMY

Instead use Form:**Part I Identification of Beneficial Owner**

1 Name of organization that is the beneficial owner	2 Country of incorporation or organization																
3 Name of disregarded entity receiving the payment (if applicable, see instructions)																	
4 Chapter 3 Status (entity type) (Must check one box only): <table style="width: 100%;"><tr><td><input type="checkbox"/> Simple trust</td><td><input type="checkbox"/> Tax-exempt organization</td><td><input type="checkbox"/> Corporation</td><td><input type="checkbox"/> Partnership</td></tr><tr><td><input type="checkbox"/> Central Bank of Issue</td><td><input type="checkbox"/> Private foundation</td><td><input type="checkbox"/> Complex trust</td><td><input type="checkbox"/> Foreign Government - Controlled Entity</td></tr><tr><td><input type="checkbox"/> Grantor trust</td><td><input type="checkbox"/> Disregarded entity</td><td><input type="checkbox"/> Estate</td><td><input type="checkbox"/> Foreign Government - Integral Part</td></tr><tr><td colspan="4"><input type="checkbox"/> International organization</td></tr></table> If you entered disregarded entity, partnership, simple trust, or grantor trust above, is the entity a hybrid making a treaty claim? If "Yes," complete Part III. <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Simple trust	<input type="checkbox"/> Tax-exempt organization	<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Central Bank of Issue	<input type="checkbox"/> Private foundation	<input type="checkbox"/> Complex trust	<input type="checkbox"/> Foreign Government - Controlled Entity	<input type="checkbox"/> Grantor trust	<input type="checkbox"/> Disregarded entity	<input type="checkbox"/> Estate	<input type="checkbox"/> Foreign Government - Integral Part	<input type="checkbox"/> International organization			
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<input type="checkbox"/> International organization																	
5 Chapter 4 Status (FATCA status) (See instructions for details and complete the certification below for the entity's applicable status.) <table style="width: 100%;"><tr><td style="width: 50%; vertical-align: top;"><input type="checkbox"/> Nonparticipating FFI (including an FFI related to a Reporting IGA FFI other than a deemed-compliant FFI, participating FFI, or exempt beneficial owner). <input type="checkbox"/> Participating FFI. <input type="checkbox"/> Reporting Model 1 FFI. <input type="checkbox"/> Reporting Model 2 FFI. <input type="checkbox"/> Registered deemed-compliant FFI (other than a reporting Model 1 FFI, sponsored FFI, or nonreporting IGA FFI covered in Part XII). See instructions. <input type="checkbox"/> Sponsored FFI. Complete Part IV. <input type="checkbox"/> Certified deemed-compliant nonregistering local bank. Complete Part V. <input type="checkbox"/> Certified deemed-compliant FFI with only low-value accounts. Complete Part VI. <input type="checkbox"/> Certified deemed-compliant sponsored, closely held investment vehicle. Complete Part VII. <input type="checkbox"/> Certified deemed-compliant limited life debt investment entity. Complete Part VIII. <input type="checkbox"/> Certain investment entities that do not maintain financial accounts. Complete Part IX. <input type="checkbox"/> Owner-documented FFI. Complete Part X. <input type="checkbox"/> Restricted distributor. Complete Part XI.</td><td style="width: 50%; vertical-align: top;"><input type="checkbox"/> Nonreporting IGA FFI. Complete Part XII. <input type="checkbox"/> Foreign government, government of a U.S. possession, or foreign central bank of issue. Complete Part XIII. <input type="checkbox"/> International organization. Complete Part XIV. <input type="checkbox"/> Exempt retirement plans. Complete Part XV. <input type="checkbox"/> Entity wholly owned by exempt beneficial owners. Complete Part XVI. <input type="checkbox"/> Territory financial institution. Complete Part XVII. <input type="checkbox"/> Excepted nonfinancial group entity. Complete Part XVIII. <input type="checkbox"/> Excepted nonfinancial start-up company. Complete Part XIX. <input type="checkbox"/> Excepted nonfinancial entity in liquidation or bankruptcy. Complete Part XX. <input type="checkbox"/> 501(c) organization. Complete Part XXI. <input type="checkbox"/> Nonprofit organization. Complete Part XXII. <input type="checkbox"/> Publicly traded NFFE or NFFE affiliate of a publicly traded corporation. Complete Part XXIII. <input type="checkbox"/> Excepted territory NFFE. Complete Part XXIV. <input type="checkbox"/> Active NFFE. Complete Part XXV. <input type="checkbox"/> Passive NFFE. Complete Part XXVI. <input type="checkbox"/> Excepted inter-affiliate FFI. Complete Part XXVII. <input type="checkbox"/> Direct reporting NFFE. <input type="checkbox"/> Sponsored direct reporting NFFE. 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6 Permanent residence address (street, apt. or suite no., or rural route). Do not use a P.O. box or in-care-of address (other than a registered address). <table style="width: 100%;"><tr><td style="width: 70%;">City or town, state or province. Include postal code where appropriate.</td><td style="width: 30%;">Country</td></tr></table>		City or town, state or province. Include postal code where appropriate.	Country														
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7 Mailing address (if different from above) <table style="width: 100%;"><tr><td style="width: 70%;">City or town, state or province. Include postal code where appropriate.</td><td style="width: 30%;">Country</td></tr></table>		City or town, state or province. Include postal code where appropriate.	Country														
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For Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 59689N

Form **W-8BEN-E** (Rev. 10-2021)