

**INDEPENDENT MEMBER REPRESENTATIVE SERVICES AGREEMENT  
(FOR HEALTH CARE SHARING)**

This **INDEPENDENT MEMBER REPRESENTATIVE SERVICES AGREEMENT** dated as of the \_\_\_\_\_ day of \_\_\_\_\_, 2016 and between:

Crown HealthShare Administrators, Inc, a Texas Corporation, (hereinafter "Company") at 6001 W. William Cannon Blvd. #102, Austin, TX 78749

and

\_\_\_\_\_,  
**INDEPENDENT MEMBER REPRESENTATIVE.**, with a business address as set forth on the below:  
\_\_\_\_\_  
\_\_\_\_\_

W I T N E S S E T H:

**WHEREAS**, the purpose of this Agreement is to set forth the objectives, obligations and responsibilities essential to the relationship between Company and the Independent Member Representative operating as an independent representative of Company in order to provide Authorized Company Products to customers of Company at the Location.

**NOW, THEREFORE**, for good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the parties agree as follows:

1. **Appointment:** During the Term, Company hereby appoints the Independent Member Representative as its Member Representative for the purpose of selling only Authorized Company Products pursuant to (a) the application processing guidelines, standards and rules of Company (b) any other guidelines, rules and policies of Company, (c) any applicable state and Federal laws and regulations, including those of the Internal Revenue Service and any other applicable laws and regulations of Texas, the United States and any other applicable jurisdiction. The Independent Member Representative hereby accepts such appointment.
2. **Non-Exclusivity of Services and Exclusivity of Location:** The parties agree that during the Term the Independent Member Representative shall be permitted to provide insurance and financial services in addition to the Authorized Company Products. The parties agree that the Independent Member Representative shall be authorized to provide Authorized Company Products solely at the Location(s).
3. **Independent Member Representative Expenses:** Independent Member Representative will be solely responsible for payment of Independent Member Representative's Location expenses, costs, overhead, rent, utilities, salaries, wages and benefits of the employees of Independent Member Representative. The parties agree that all costs or bills of the Independent Member Representative, including but not limited to rent, utilities, phone, faxes, postage and other overhead costs, shall be paid by Independent Member

***IN WITNESS WHEREOF***, the parties hereto have caused this instrument to be duly executed as of the day and year first above written.

\_\_\_\_\_

By: \_\_\_\_\_

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

Title: \_\_\_\_\_

**INDEPENDENT MEMBER REPRESENTATIVE:** \_\_\_\_\_

**By:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Location:** \_\_\_\_\_

(where Independent Member Representative does business in the Authorized Company Products)

**Address for Legal Notices: (must be a street address)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Exhibit B

Automatic Commission Deposit Authorization

IMR Name: \_\_\_\_\_

Agency Code: \_\_\_\_\_

In connection with that certain Company Independent Member Representative Services Agreement between Independent Member Representative and Company (the "Agreement"), Independent Member Representative hereby authorizes Crown HealthShare Administrators, Inc. ("Company") to automatically credit Independent Member Representative's account for any commissions due Independent Member Representative from Company to the following account:

Bank Name: \_\_\_\_\_

City/State: \_\_\_\_\_

Routing Transit #: \_\_\_\_\_  
(9 digits)

Account Number: \_\_\_\_\_

Independent Member Representative understands this Authorization for automatic deposits by Company shall remain in full force and effect unless and until such time as Independent Member Representative has given Company official legal notice to terminate the Agreement and deposits. Independent Member Representative further understands that all provisions of the current Commission Schedule (as set forth in the Agreement) shall remain the same (except as shall be amended as per the terms of the Agreement).

- Any changes made to the account mentioned above will require completion of new forms and voided check copies.

IN WITNESS WHEREOF, the parties agree to this document as of the date of the Company Independent Member Representative Services Agreement.

\_\_\_\_\_  
Authorized Independent Member Representative Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name (Authorized Signature)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Authorized Company Signature

\_\_\_\_\_  
Date

# Request for Taxpayer Identification Number and Certification

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

Print or type See Specific Instructions on page 2.	<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; check only <b>one</b> 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) ▶ _____ <b>Note.</b> For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____	<b>4</b> 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>
	<b>5</b> Address (number, street, and apt. or suite no.)	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 Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Note.** If the account is in more than one name, see the instructions for line 1 and the chart on page 4 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:

- 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 on page 3.

<b>Sign Here</b>	<b>Signature of U.S. person ▶</b>	<b>Date ▶</b>
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## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/fw9](http://www.irs.gov/fw9).

### 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? on page 2.*

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.