

Lisa M. Santelli Senior Legal Counsel

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October 27, 2015

NYS Tax Department Data Entry Section W A Harriman Campus Albany, New York 12227-0826

Re: Excellus Health Plan, Inc. Contractor Certification ST-220-TD

To Whom it May Concern:

Enclosed please find a signed and notarized copy of Contractor Certification ST-220-TD for Excellus Health Plan, Inc.

Please do not hesitate to contact me if you have any questions.

Sincerely,

Lisa M. Santelli

Enclosure



Department of Taxation and Finance

effective April 26, 2006)

Contractor Certification (Pursuant to Tax Law Section 5-a, as amended,

For information, consult Publication 223, Questions and Answers Concerning Tax Law Section 5-a (see Need help? below).

Contractor name			
Excellus Health Plan, Inc.			
Contractor's principal place of business	City	State	ZIP code
165 Court Street	Rochester	NY	14647
Contractor's mailing address (if different than above)	City	State	ZIP code
Contractor's federal employer identification number (EIN)	Contractor's sales tax ID number (if dif	fferent from contractor's EIN)	Contractor's telephone number
15-0329043			(585)454-1700
Covered agency or state agency	Contract number or description		Covered agency telephone number
Department of Health	C030705		()
Covered agency address	City	State	ZIP code
Empire State Plaza, Corning Tower	Albany	NY	12237
Is the estimated contract value over the full term of the con	tract (but not including renewals) more	than \$100,000?	
Yes X No Unknown at this time			

General information

Tax Law section 5-a, as amended, effective April 26, 2006, requires certain contractors awarded certain state contracts valued at more than \$100,000 to certify to the Tax Department that they are registered to collect New York State and local sales and compensating use taxes, if they made sales delivered by any means to locations within New York State of tangible personal property or taxable services having a cumulative value in excess of \$300,000, measured over a specified period. In addition, contractors must certify to the Tax Department that each affiliate and subcontractor exceeding such sales threshold during a specified period is registered to collect New York State and local sales and compensating use taxes. Contractors must also file Form ST-220-CA, Contractor Certification to Covered Agency, certifying to the procuring state entity that they filed Form ST-220-TD with the Tax Department and that the information contained on Form ST-220-TD is correct and complete as of the date they file Form ST-220-CA.

All sections must be completed including all fields on the top of this page, all sections on page 2, Schedule A on page 3, if applicable, and *Individual, Corporation, Partnership, or LLC Acknowledgement* on page 4. If you do not complete these areas, the form will be returned to you for completion.

For more detailed information regarding this form and Tax Law section 5-a, see Publication 223, *Questions and Answers Concerning Tax Law Section 5-a, (as amended, effective April 26, 2006).* See *Need help?* for more information on how to obtain this publication.

Note: Form ST-220-TD must be signed by a person authorized to make the certification on behalf of the contractor, and the acknowledgement on page 4 of this form must be completed before a notary public.

Mail completed form to:

NYS TAX DEPARTMENT DATA ENTRY SECTION W A HARRIMAN CAMPUS ALBANY NY 12227-0826

Privacy notification

New York State Law requires all government agencies that maintain a system of records to provide notification of the legal authority for any request, the principal purpose(s) for which the information is to be collected, and where it will be maintained. To view this information, visit our Web site, or, if you do not have Internet access, call and request Publication 54, *Privacy Notification*. See *Need help?* for the Web address and telephone number.

Need help?				
Visit our Web site at <i>www.tax.ny.gov</i> get information and manage your taxes online check for new online services and features 				
Telephone assistance				
Sales Tax Information Center:	(518) 485-2889			
To order forms and publications:	(518) 457-5431			
Text Telephone (TTY) Hotline (for persons with hearing and speech disabilities using a TTY):	(518) 485-5082			
Persons with disabilities: In compliance Americans with Disabilities Act, we will end lobbies, offices, meeting rooms, and oth accessible to persons with disabilities. If you have about special accommodations for persons with disabilities information center.	ensure that our er facilities are e questions			

I, <u>James Hadner</u>, hereby affirm, under penalty of perjury, that I am <u>Sv. ViuPrisidut +</u> (name) Assistant (title) Sv uppuller

of the above-named contractor, and that I am authorized to make this certification on behalf of such contractor

Complete Sections 1, 2, and 3 below. Make only one entry in each section.

Section 1 – Contractor registration status

The contractor has made sales delivered by any means to locations within New York State of tangible personal property or taxable services having a cumulative value in excess of \$300,000 during the four sales tax quarters which immediately precede the sales tax quarter in which this certification is made. The contractor is registered to collect New York State and local sales and compensating use taxes with the Commissioner of Taxation and Finance pursuant to Tax Law sections 1134 and 1253, and is listed on Schedule A of this certification.

The contractor has not made sales delivered by any means to locations within New York State of tangible personal property or taxable services having a cumulative value in excess of \$300,000 during the four sales tax quarters which immediately precede the sales tax quarter in which this certification is made.

Section 2 – Affiliate registration status

The contractor does not have any affiliates.

□ To the best of the contractor's knowledge, the contractor has one or more affiliates having made sales delivered by any means to locations within New York State of tangible personal property or taxable services having a cumulative value in excess of \$300,000 during the four sales tax quarters which immediately precede the sales tax quarter in which this certification is made, and each affiliate exceeding the \$300,000 cumulative sales threshold during such quarters is registered to collect New York State and local sales and compensating use taxes with the Commissioner of Taxation and Finance pursuant to Tax Law sections 1134 and 1253. The contractor has listed each affiliate exceeding the \$300,000 cumulative sales threshold during such quarters on Schedule A of this certification.

To the best of the contractor's knowledge, the contractor has one or more affiliates, and each affiliate has not made sales delivered by any means to locations within New York State of tangible personal property or taxable services having a cumulative value in excess of \$300,000 during the four sales tax quarters which immediately precede the sales tax quarter in which this certification is made.

Section 3 – Subcontractor registration status

L The contractor does not have any subcontractors.

□ To the best of the contractor's knowledge, the contractor has one or more subcontractors having made sales delivered by any means to locations within New York State of tangible personal property or taxable services having a cumulative value in excess of \$300,000 during the four sales tax quarters which immediately precede the sales tax quarter in which this certification is made, and each subcontractor exceeding the \$300,000 cumulative sales threshold during such quarters is registered to collect New York State and local sales and compensating use taxes with the Commissioner of Taxation and Finance pursuant to Tax Law sections 1134 and 1253. The contractor has listed each subcontractor exceeding the \$300,000 cumulative sales threshold during such quarters on Schedule A of this certification.

To the best of the contractor's knowledge, the contractor has one or more subcontractors, and each subcontractor has not made sales delivered by any means to locations within New York State of tangible personal property or taxable services having a cumulative value in excess of \$300,000 during the four sales tax quarters which immediately precede the sales tax quarter in which this certification is made.

Sworn to this day of <u>October</u>, 20 15 (sign before a notary public)

Senior Vice President & Assistant Treasurer

(title)

Schedule A – Listing of each entity (contractor, affiliate, or subcontractor) exceeding \$300,000 cumulative sales threshold

List the contractor, or affiliate, or subcontractor in Schedule A only if such entity exceeded the \$300,000 cumulative sales threshold during the specified sales tax quarters. See directions below. For more information, see Publication 223.

A Relationship to contractor	B Name	C Address	D Federal ID number	E Sales tax ID number	F Registration in progress

Column A – Enter C in column A if the contractor; A if an affiliate of the contractor; or S if a subcontractor.

- Column B Name If the entity is a corporation or limited liability company, enter the exact legal name as registered with the NY Department of State, if applicable. If the entity is a partnership or sole proprietor, enter the name of the partnership and each partner's given name, or the given name(s) of the owner(s), as applicable. If the entity has a different DBA (doing business as) name, enter that name as well.
- Column C Address Enter the street address of the entity's principal place of business. Do not enter a PO box.
- Column D ID number Enter the federal employer identification number (EIN) assigned to the entity. If the entity is an individual, enter the social security number of that person.
- Column E -- Sales tax ID number Enter only if different from federal EIN in column D.
- Column F If applicable, enter an X if the entity has submitted Form DTF-17 to the Tax Department but has not received its certificate of authority as of the date of this certification.

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Individual, Corporation, Partnership, or LLC Acknowledgment
STATE OF New York }
COUNTY OF Monroe }
On the 22^{d} day of October in the year 2015, before me personally appeared James Haefner,
known to me to be the person who executed the foregoing instrument, who, being duly sworn by me did depose and say thathe resides at <u>165 Court Street</u> ,
Town of,
County of Monroe
State of <u>New York</u> ; and further that:
(Mark an X in the appropriate box and complete the accompanying statement.)
□ (If an individual): _he executed the foregoing instrument in his/her name and on his/her own behalf.
(If a corporation): _he is the Senior Vice President and Assistant Treasurer
of <u>Excelled</u> <u>HeathPlan</u> , the corporation described in said instrument; that, by authority of the Board of Directors of said corporation, _he is authorized to execute the foregoing instrument on behalf of the corporation for purposes set forth therein; and that, pursuant to that authority, _he executed the foregoing instrument in the name of and on behalf of said corporation as the act and deed of said corporation.
□ (If a partnership): _he is a
of, the partnership described in said instrument; that, by the terms of said partnership,he is authorized to execute the foregoing instrument on behalf of the partnership for purposes set forth therein; and that, pursuant to that authority,he executed the foregoing instrument in the name of and on behalf of said partnership as the act and deed of said partnership.
(If a limited liability company): _he is a duly authorized member of
on behalf of the limited liability company for purposes set forth therein; and that, pursuant to that authority, _he executed the foregoing instrument in the name of and on behalf of said limited liability company as the act and deed of said limited liability company.
on behalf of the limited liability company for purposes set forth therein; and that, pursuant to that authority, _he executed the foregoing instrument in the name of and on behalf of said limited liability company as the act and deed of said limited
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