WellCare

WELLCARE HEALTH PLANS, INC.
8735 Henderson Road, Tampa, FL 33634

SUPPLIER REGISTRATION FORM

Fax Form to: (888) 850-8240

Dear Supplier:
We thank you for your interest in becoming a Supplier within The WellCare Group of Companies, including **Comprehensive Health Management, Inc.,** for the provision of goods and/or services. As part of our supplier registration process, we require that all suppliers complete, sign and return this Form as directed below, including information regarding minority owned business enterprises information. Submittal of this form does not guarantee that a business relationship will be entered into with WellCare.

Individual / Company Name: _____

Main / Corporate Headquarters Address: _____

City: _____ State: _____ Zip Code: _____

Telephone #: _____ Fax #: _____

Contact Name: _____ Title: _____

E-mail: _____ Web Site Address: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Overnight Delivery Address: _____

City: _____ State: _____ Zip Code: _____

Form of Business: ☐ Individual ☐ Sole Proprietor ☐ Partnership ☐ Corporation ☐ Limited Liability Company (LLC)
Type of Supplier: ☐ Distributor ☐ Manufacturer ☐ Service Provider ☐ Consultant

FEIN/SSN: _____ Tax Exempt: ☐ Yes ☐ No Standard Industry Code (SIC): _____

Payment Terms: ☐ NET due in 45 days ☐ Discount of ___% if paid within ___ days

Is your company a minority or woman-owned business? ☐ Yes ☐ No If yes, please check "√" the appropriate boxes:
(see next page for descriptions)
☐ 51% Woman-owned ☐ 51% Minority-owned ☐ Native American ☐ African American ☐ Asian-Pacific American
☐ Hispanic American ☐ Asian-Indian American ☐ Service -Disabled Veteran ☐ Other _____
If yes, please check all boxes that apply for minority or woman-owned business certification type(s):
☐ Small Business Administration (SBA) ☐ National Minority Supplier Development Council (NMSDC)
☐ National Women's Business Council (NWBC) ☐ Women's Business Enterprise National Council (WBENC)
☐ Native American Business Alliance (NABA) ☐ Regional Minority Supplier Development Council
☐ Government Agency: _____ ☐ State Agency: _____ State: __
☐ Other: _____ ☐ None of the above categories apply (not certified).

Are you, your company, or any of your subcontractors currently, or have you or they ever been excluded, suspended, debarred sanctioned or otherwise ineligible to participate in Federal Health Care Programs, Medicare, or Medicaid? ☐ Yes ☐ No

Have you, your employees or subcontractors ever been convicted of a crime under 18 U.S.C. Section 1033, a state or federal felony, or any crime involving dishonesty or breach of trust? ☐ Yes ☐ No

If you answered yes to the above, please explain: _____
_____

The undersigned Supplier, on behalf of itself and its employees, agents and subcontractors, acknowledges and agrees to comply with WellCare's code of conduct and business ethics and compliance program, as may be amended from time to time, which provides guidance and oversight to ensure that all work is performed in an ethical and legal manner. Details of the program may be found at the "About Us" or "Corporate Governance" sections of WellCare's web site www.wellcare.com. Further, the undersigned Supplier warrants that neither Supplier nor any of its employees, agents or subcontractors have been barred from being awarded a contract or subcontract or from contracting with a unit or agency of the Federal, State or local government as a result of a violation of a law, rule or regulation. The Supplier hereby certifies that the information provided herein is current, complete, and accurate as of the date signed below. The Supplier further agrees to advise WellCare of any significant changes in writing.

_____ _____ _____
Printed Name & Title of Supplier's Authorized Representative | Signature | Date

Business Classifications / Definitions

Minority-Owned Business Enterprise (MBE)
A U.S. business organized for profit, which is at least 51% owned, operated and controlled by one or more socially and economically disadvantaged individuals. In the case of a publicly owned business, at least 51% of the stock is owned by such individuals, and the management and daily business operations are controlled by one or more such individuals.

Woman-Owned Business Enterprise (WBE)
A U.S. business organized for profit, which is at least 51% owned, operated and controlled by one or more women. In the case of a publicly owned business, at least 51% of the stock is owned by one or more women, and the management and daily business operations are controlled by such individuals.

Small Business
A U.S. business organized for profit, independently owned and operated, not dominant in its field of operation, and meets the size standards as prescribed in government regulations for specific industries. (Refer to the U.S. Small Business Administration for further information at www.sba.gov.)

Small Disadvantaged Business
A small business that is at least 51% owned, operated and controlled by one or more socially and economically disadvantaged individuals. In the case of a publicly owned business, at least 51% of the stock is owned by such individuals, and the management and daily business operations are controlled by one or more such individuals.

Socially and Economically Disadvantaged
- African American – A U.S. citizen whose origins are people of color ("Black") from Africa.
- Asian-Indian American – A U.S. citizen whose origins are in India, Pakistan or Bangladesh.
- Asian-Pacific American - A U.S. citizen whose origins are in Japan, China, Taiwan, Korea, Vietnam, Laos, Cambodia, the Philippines, Samoa, Guam, or the U.S. Trust Territories of the Pacific or the Northern Marinas.
- Hispanic American - A U.S. citizen of true-born Hispanic heritage from any of the Hispanic-speaking areas of Latin America or the following regions: Mexico, Central America, South America, and the Caribbean basin only.
- Native American – A person who is an American Indian, Eskimo, Aleut or Native Hawaiian, and regarded as such by the community of which the person claims to be a part. Native (continental) Americans must be documented members of a North American tribe, band or otherwise organized group of native people who are indigenous to the continental United States and proof can be provided through a Native American Blood Degree Certificate.
- Service-Disabled Veterans – U. S. veterans with disabilities incurred or aggravated in the line of duty during active service with the armed forces.