



40 Square Consortium Health Plan Membership Agreements And Terms

By enrolling in this health plan, I understand I must become a member of 40 Square Cooperative Solutions. I have read the **40 Square Cooperative Solutions' bylaws** (<https://40square.coop/wp-content/uploads/2017/11/40-Square-Bylaws-FINAL-as-amended-by-board-2017.10.24.pdf>), as well as comply with and agree to the **membership requirements of the cooperative** (<https://40square.coop/wp-content/uploads/2017/11/Membership-Agreement-2017.9.26-FINAL.pdf>). If requested at any time, I understand I must provide documentation supporting the terms of membership requirements, including, but not limited to, copies of my most recent income tax filing and proof of having a Common Law employee.

By enrolling in this health plan, I have read the **40 Square Consortium bylaws** (<https://40square.coop/wp-content/uploads/2017/11/40-Square-Consortium-Bylaws-2017.11.1.pdf>) and agree to the **40 Square Consortium Health Plan and Trust Participation Agreement**. (<https://40square.coop/wp-content/uploads/2017/11/40-Square-Consortium-Participation-Agreement-2017.11.1.pdf>)

By enrolling in this health plan, I understand I must agree to become a member of the 40 Square Cooperative Solutions' cooperative. I must purchase one share of cooperative voting stock in the amount of \$100.00 upon enrollment and ten shares of cooperative Common Stock in the amount of \$1,000.00, either in one payment or monthly over the course of the first year.

Payment for Cooperative Voting Stock (Required)

- For the purchase of voting stock, please debit \$100.00 my account electronically

Payment for Cooperative Common Stock (Choose One)

- For the purchase of Common Stock, please debit my account electronically, one-time, for the full \$1000.00
- For the purchase of Common Stock, please debit my account for the next twelve months electronically by \$83.33 each month

I agree to all of the terms outlined above and contained in the associated documents

Signature: _____ Date: _____

To properly comply with Federal Internal Revenue Service (IRS) regulations, it is necessary for us to obtain and confirm a correct taxpayer identification number (TIN) or Social Security Number (SSN) for all payees, as well as an indication of filing status (sole proprietor, corporation, etc.), a declaration of exemption from backup withholding if applicable, and a certifying signature. The IRS requires a withholding of 28% from any potential future patronage payments if an entity fails to furnish its taxpayer identification number and signature to us.

A W-9 form needs to be completed with your complete name or business name (as shown on your income tax return) along with your tax identification number. Once 40 Square Cooperative Solutions receives this form, and upon final payment, an invoice will be issued for your stock.

