Medical Donation Overview

UKPEAĠVIK IÑUPIAT CORPORATION

Ukpeaġvik Iñupiat Corporation (UIC) is committed to supporting its shareholders and communities. Our medical donation program is designed to help shareholders off-set the cost of an unexpected medical emergency.

Eligibility & Definitions

- 1. The patient must be an UIC shareholder, and they must express a medical emergency
 - A <u>medical emergency</u> is defined as an acute injury or illness that poses an immediate risk to a person's life or long-term health
- 2. One application per medical emergency will be considered
- 3. Medical donations are allowed once per calendar year

If you meet the qualifications defined above, you may continue the application process. Participation in the program is discretionary and controlled by UIC Medical Donations Policy (UIC-EM-2-6-001)

How to Apply

- 1. Complete the "Medical Donation Application" (Page 2)
- 2. Attach supporting medical documentation from your provider
- 3. Attach a completed and signed Form W-9
- 4. Submit Application
 - In-Person: 1250 Agvik Street, Barrow, AK 99723
 - Email: stock@uicalaska.com
 - Fax: (907) 802 3141

Medical Donation Application



I am applying for myself

PROGRAM

I am applying on behalf of a UIC Shareholder

Applicant Information:			
Name of UIC Shareholder with a Medical E	Emergency		
Shareholder's Date of Birth			
Phone Number			
Authorized Representative Information	on (if applica	<u>able):</u>	
Name of Authorized Representative			
Phone Number			
To be considered for a medical donation, p	lease describe	e your medical emergency and the a	ssistance needed
Required: Copy of a document or stateme	ent from a qu	alified medical professional verify	ying the
shareholder's medical emergency.			
If the application meets UIC's policy r	equirements	s and is approved:	
I would like my check printed in:	Barrow	Anchorage	
I prefer to have my check mailed to th	e following ac	ddress	
BY SIGNING BELOW, I CERTIFY THAT ALL I			
TRUE TO THE BEST OF MY KNOWLEDGE. I PROVIDING FALSE INFORMATION. I ALSO			

Print Name Signature Date

INFORMATION AND WILL FOLLOW THE PROCEDURES AND POLICIES OF UIC'S MEDICAL ASSISTANCE



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.

	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.					
	2 Business name/disregarded entity name, if different from above					
page 3.	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Che following seven boxes.	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):				
e. ins or	Individual/sole proprietor or C Corporation S Corporation Partnership single-member LLC	☐ Trust/estate	Exempt payee code (if any)			
t de la compa	Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partners					
Print or type. Specific Instructions on page	Note: Check the appropriate box in the line above for the tax classification of the single-member ow LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the or another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single is disregarded from the owner should check the appropriate box for the tax classification of its owner.	Exemption from FATCA reporting code (if any)				
cifi	Other (see instructions)		(Applies to accounts maintained outside the U.S.)			
Spe		Requester's name and address (optional)				
See						
	6 City, state, and ZIP code					
	7 List account number(s) here (optional)					
Par	t I Taxpayer Identification Number (TIN)					
	your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avo	oid Social sec	urity number			
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 <i>How to get a</i>] - [] - []				
TIN, la	ater.	or				
Treter in the decedant le in more than one harne, eee the metradaente let inte 1.7 liee eee 77/101 faire and		nd Employer	identification number			
Numb	per To Give the Requester for guidelines on whose number to enter.		-			
Par	t II Certification					
Unde	r penalties of perjury, I certify that:					
2. I ar Ser	e number shown on this form is my correct taxpayer identification number (or I am waiting for a n not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) rvice (IRS) that I am subject to backup withholding as a result of a failure to report all interest o longer subject to backup withholding; and	I have not been no	otified by the Internal Revenue			
3. I ar	m a U.S. citizen or other U.S. person (defined below); and					
4 The	PATCA code(s) entered on this form (if any) indicating that I am exempt from EATCA reporting	n is correct				

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,

Sign Here	Signature of	Date ▶	
		re not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, late	
acquisition	ı or abandonment of secu	property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, paymen	nts

General Instructions

Section references are to the Internal Revenue Code unless otherwise

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.

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 taxpaver 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,