SUPPLIER REGISTRATION

**Return to:**

# Shannon Happel

#  Senior Buyer

**CGS Administrators, LLC**

# 2 Vantage Way, Nashville, TN 37228

#  615-782-4532

Fax: 615-782-4420

Shannon Happel@cgsadmin.com

**PLEASE PRINT OR TYPE**

Company Name:

Address:

City/State/ZIP:

Remittance Address:

Remittance City/State/ZIP:

Contact Person: Email Address:

Telephone: Fax: Cellphone:

Federal Tax ID or SS#: DUNS:

Primary NAICS Code(s): Alternate NAICS Code(s):

1. Business Class (Select all that apply. See definitions on the following page.)

Large Business Small Business

Women Owned Business Historically Underutilized Business Zone (HUBZone Business) Service-Disabled Veteran Owned Business Veteran Owned Business Disadvantaged Business

*Note: Please review the definitions for the above categories in the Federal Acquisition Regulations 19.1 or 52.219-8 at* [*www.*](http://www.arnet.gov/FAR)  [*ARNET.gov/FAR. I*](http://www.arnet.gov/FAR)*f you do not understand your size status, please refer to the Small Business Administration’s website at* [*www.*](http://www.sba.gov/size) [*SBA.gov/size*](http://www.sba.gov/size) *or contact your local SBA office.*

1. Products/Services Provided:
2. If your company qualifies as a small disadvantaged business as defined by Federal Acquisition Regulation (FAR, Part 19), answer 3a and 3b:
	1. Please Select the Appropriate Category:

Native American (American Indian, Eskimo, Aleut and Native Hawaiian) Black American

Hispanic American Indian Tribe

Asian-Pacific American *(i.e., U.S. citizens whose origins are in Japan, China, Philippines, Vietnam, Korea, Samoa, Guam, U.S. Trust Territory of the Pacific Islands, Republic of Palau, Northern Mariana Islands, Laos, Kampuchea (Cambodia), Taiwan, Burma, Thailand, Malaysia, Indonesia, Singapore, Brunei, Republic of the Marshall Islands, Federated States of Micronesia, Macao, Hong Kong, Fiji, Tonga, Kiribati, Tuvalu, or Nauru) Native Hawaiian Organization (any community service organization serving Native Hawaiians in, and chartered as a not-for-profit organization by, the state of Hawaii, which is controlled by Native Hawaiians, and whose business activities will principally benefit such Native Hawaiians) Subcontinent Asian American (i.e.,*

*U.S. citizens whose origins are in India, Pakistan, Bangladesh, Sri Lanka, Bhutan, the Maldives Islands or Nepal)*

Other Minority Found to Be Socially Disadvantaged (U.S. citizen) or Economically Disadvantaged by the Small Business Administration (SBA) or the National or Local Minority Supplier Development Council (NMSDC)

INTERNAL USE ONLY WATCHDOG SAM SELF-CERTIFICATION

DATE: INITIALS

* 1. Minority Certified? (If yes, please attach a copy of certification.) Yes No
	2. Disabled Veteran – Veterans Administration (**Documentation must be provided**)
	3. HUBZone Small Business Administration (SBA)(**Documentation must be provided.**)
1. Average Annual Sales (previous three years):
2. Number of Employees (past 12 months):
3. Year Company Established:
4. Insurance Requirements: *(Please attach a copy of insurance certificate. Note: Additional licensing/insurance may be required for certain goods/services.)*

• General Liability Insurance: one million dollars ($1,000,000) per occurrence, two million dollars ($2,000,000) aggregate

* Automobile Liability Insurance: one million dollars ($1,000,000) per incident, two million dollars ($2,000,000) aggregate

• Workers’ Compensation: State Statutory Limits. Contractor shall name BlueCross BlueShield of South Carolina as a certificate holder and produce a certificate of insurance and appropriate declaration pages

1. Licenses: (Specify type and number of applicable state licenses.):
2. Customer References:

Name Company Name Email Address Telephone

Name Company Name Email Address Telephone

Name Company Name Email Address Telephone

*Vendors and suppliers to BlueCross BlueShield of South Carolina shall treat all information on bids, proposals and purchase orders as confidential and shall not release such information to any third party.*

Federal Acquisition Regulation Clauses

The following provisions are made a part of each agreement and purchase order regardless of dollar amount. Summary descriptions are provided below. Also see: [www.acquisition.gov/far/current/ html/FARTOCP52.html#wp372482.](http://www.acquisition.gov/far/current/html/FARTOCP52.html#wp372482)

1. FAR 52.203-13 **Contractor Code of Business Ethics and Conduct:** Contractor to have written code of business ethics and conduct and implement a business ethics awareness and compliance program and internal control system. (Applies if value is >$5 million and has

a performance period of more than 120 days.)

1. FAR 52.203-15 **Whistleblower Protections Under the American Recovery and Reinvestment Act of 2009:** Contractor shall post notice of employees’ rights and remedies for whistleblower protections provided under section 1553 of the American Recovery and Reinvestment Act of 2009 (Pub. L. 111-5). (Applies if source of fundingis ARRA.)
2. FAR 52.219-8 **Utilization of Small Business Concerns:** (in all subcontracts that offer further subcontracting opportunities, if the subcontract exceeds $650,000) Contractor hereby agrees to carry out this policy in awarding of subcontracts to the fullest extent consistent with efficient contract performance. Small business concerns, veteran owned small business concerns, service disabled veteran owned

small business concerns, HUBZone small business concerns, small disadvantaged business concerns, and women owned small business concerns shall have the maximum practicable opportunity to participate in performing contracts.

1. FAR 52.222-21 **Prohibition of Segregated Facilities:** Contractor certifies that it does not and will not maintain or provide for its employees any segregated facilities at any of its establishments.
2. FAR 52.222-26 **Equal Opportunity:** Contractor certifies that it does not discriminate against any employee or applicant for employment because of race, color, religion, sex or national origin.
3. FAR 52.222-35 **Equal Opportunity for Special Disabled Veterans, Vietnam Era Veterans, and Other Eligible Veterans:** Contractor agrees to comply with rules, regulations and relevant orders of the Secretary of Labor issued under the Vietnam Era Veteran’s Readjustment Assistance Act of 1972, as amended. (Applies if value is >$100,000.)
4. FAR 52.222-36 **Affirmative Action for Workers with Disabilities:** Contractor agrees to comply with rules, regulations and relevant orders of the Secretary of Labor issues under the Rehabilitation Act of 1973, as amended. (Applies if value is >$15,000.)
5. FAR 52.222-40 **Notification of Employee Rights Under the National Labor Relations Act:** Contractor shall post a notice, in the form of a poster, informing employees of their rights concerning union membership and payment of union dues and fees.
6. FAR 52.222-50 **Combating Trafficking in Persons:** Contractor agrees to comply with U.S. Government’s zero- tolerance policy forbidding: engaging in severe forms of trafficking in persons during the period of performance of the contract; procuring commercial sex acts

during the period of performance of the contract; or using forced labor in performance of contract. (Applies if work is to be performed outside of U.S.)

1. FAR 52.247-64 **Preference for Privately Owned U.S.-Flag Commercial Vessels:** Contractor shall use privately owned U.S.-flag commercial vessels to ship at least 50 percent of gross tonnage involved under this contract (computed separately for dry bulk carriers, dry cargo liners, and tankers) whenever shipping any equipment, materials, or commodities under conditions set forth in paragraph (a) of this clause, to extent that such vessels are available at rates that are fair and reasonable for privately owned U.S.-flag commercial vessels.

## Suppliers performing services that include the receipt or maintenance of any protected health information from or on behalf of Company (“PHI”) must adhere to the HIPAA Privacy & Security Rules (45 CFRPart 160 and Part 164, Subparts A, C, E) and the HITECH Act and any of its applicable regulations, guidance or other interpretations issued by the United States Department of Health and Human Services and the United States Federal Trade Commission. Prior to performing any services, Supplier agrees to execute a HIPAA Business Associate Agreement and to otherwise cooperate in all respects with Company’s efforts to comply with federal and state laws and rules governing privacy.

**Suppliers for Medicare projects shall comply with the Business Partners Systems Security Manual (BPSSM), Publication IOM 100-17; as well as Appendix A of the Acceptable Risk Safeguards (ARS), Publication IOM 100-25; both of which are mandated by the Centers for Medicare & Medicaid Services (CMS); as applicable, to protect the confidentiality, integrity and availability of**

**sensitive Medicare information within the application and/ or obtained as a result of or through its relationship with BlueCross BlueShield of South Carolina. These documents can be viewed at the CMS Information Security website:**

**(** [**https://www.cms.gov/Research-Statistics-Data-and-Systems/CMS-Information-**](https://www.cms.gov/Research-Statistics-Data-and-Systems/CMS-Information-Technology/InformationSecurity/Information-Security-Library.html) [**Technology/InformationSecurity/Information -Security-Library.html**](https://www.cms.gov/Research-Statistics-Data-and-Systems/CMS-Information-Technology/InformationSecurity/Information-Security-Library.html)**), or by submitting a written request. Supplier’s security program may be evaluated before acquisition and monitored during provision of services.**

**Suppliers for Medicare projects shall not perform any activities associated with BlueCross projects at a location outside the United States, including the transmission of data or other information to a destination outside the United States, without the prior written approval of BlueCross BlueShield of South Carolina.**

Agreed to:

Print Name (Owner/President/or Officer) Title

Signature Date

# Rev 08-18-15

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