Arlington Public Schools

Procurement Office
2110 Washington Blvd., Arlington, VA 22204 • Phone: (703) 228-7643 • Fax: (703) 841-0681
www.apsva.us

September 24, 2025

Via E-mail

CareFirst BlueCross BlueShield
Attn: Sue Yenyo, Sales Consultant, National Accounts
3060 Williams Drive, Suite 600
Fairfax, VA 22031
E-mail: sue.yenyo@carefirst.com

Subject: Contract No. 56FY23 - Health Care Services for Arlington Public Schools

Dear Ms. Yenyo,

Amendment No. 3 to Contract No. 56FY23 is presented for your signature to revise the payment method for Stop Loss overages from check to ACH transfer. This Amendment shall be effective from the date that this Amendment is fully executed, through December 31, 2026. All other terms and conditions shall remain unchanged.

Please indicate your acceptance by having an officer of your firm sign and return the acceptance portion attached. Upon receipt, this office will sign and execute the Amendment and return one (1) copy to your office.

In addition, you are requested to provide an updated Certificate of Insurance at your earliest convenience.

Sincerely,

Rodney W. Ward

Rodney W. Ward
Senior Procurement Specialist
Arlington Public Schools
Procurement Office
Direct: (703) 228-7643
E-mail: Rodney.ward@apsva.us

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Amendment No. 3

Subject: Contract No. 56FY23 - Health Care Services for Arlington Public Schools

Contractor:
CareFirst BlueCross BlueShield
Attn: Sue Yenyo, Sales Consultant, National Accounts
3060 Williams Drive, Suite 600
Fairfax, VA 22031
E-mail: sue.yenyo@carefirst.com

Contract:
56FY23

By mutual agreement, Contract No. 56FY23 is hereby amended to revise the payment method for Stop Loss overages from check to ACH transfer. This Amendment shall be effective from the date that this Amendment is fully executed, through December 31, 2026.

All other terms and conditions shall remain unchanged.

	Arlington Public Schools	**CareFirst BlueCross BlueShield**
Authorized Signature:	Danielle Godfrey	
Printed Name and Title:	Danielle Godfrey Procurement Director	Reggie White SVP, Enterprise Sales
Date:	September 29, 2025	September 29, 2025

Claim Reimbursement Set-up Form

Legal Company Name: Arlington Public Schools

1. Please Provide a company W-9 Form.

2. ACH Payment Information

Bank Name	WELLS FARGO BANK, N.A.
Bank Routing Number	121000248
Bank Account Number	2000043155059

3. Notification of Stop Loss Reimbursements (EOR)

Name	APS Finance Office
Email	aps.finance@apsva.us
Phone Number	703-228-7652

4. Company contact regarding Banking and Payment Questions

Name	Sair Molina
Email	sair.molina@apsva.us
Phone Number	703-228-2882

Signature

I hereby authorize CareFirst BlueCross BlueShield to initiate credit entries and to initiate, if necessary, adjustments for any credit entries made in error to the account indicated above and the depository named above to credit the same to such account. Only in the event of termination of the CareFirst stop loss policy, and money is owed to CareFirst due to overpayment, I hereby authorize CareFirst to initiate debit entries to refund any amounts owed to CareFirst. This authority will remain in full force and effective until 30 days after CareFirst BlueCross BlueShield has received written notification from me of its termination or until such time that CareFirst BlueCross BlueShield sends written notice to me that this agreement is terminated.

09-25-2025

Form **W-9**
(Rev. March 2024)
Department of the Treasury
Internal Revenue Service

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.

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See *Specific Instructions* on page 3.

1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)

Arlington County School Board

2 Business name/disregarded entity name, if different from above.

Arlington Public Schools

3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor ☐ C corporation ☐ S corporation ☐ Partnership ☐ Trust/estate

☐ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . . .

Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.

☑ Other (see instructions) Government Entity

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any)

Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any)

(Applies to accounts maintained outside the United States.)

3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions . . . . . ☐

5 Address (number, street, and apt. or suite no.). See instructions.

2110 Washington Boulevard

Requester's name and address (optional)

6 City, state, and ZIP code

Arlington, Virginia 22204-5719

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid 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 *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

			–			–				

or

Employer identification number

5	4	–	6	0	0	1	1	2	8

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. 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, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here | **Signature of U.S. person** | **Date** 06/11/2025

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

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*.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they