



Zimmer New England Compliance

TO: Zimmer New England (ZNE) Vendor

DATE: October 5, 2012

RE: Supplier Vendor Conflict of Interest Disclosure Form

Zimmer New England's Compliance Policies and Procedures require that we conduct due diligence in choosing vendors to confirm they are selected for their performance and value rather than their ability to potentially influence our customers' buying decisions which are paid for, in part, with Federal Medicare funds.

To that end, ZNE annually makes a good faith effort to identify those vendors who have personal interests or relationships (including ownership, management or family relationships) with any Zimmer New England employee or any Health Care Professional, i.e. Physician, Nurse, Hospital Administrator, etc. who is in a position to influence the expenditure of Medicare funds.

Such relationships do not automatically disqualify a vendor from doing business with ZNE, but they do merit review to confirm that the vendor was an appropriate choice based upon criteria that objectively evaluate need and performance.

At the same time, ZNE requests that you complete a W-9 Request for Taxpayer Identification Number and Certification Form for our records.

To assist our efforts, we would appreciate your cooperation in completing the enclosed disclosure form and W-9 form and returning them via fax to 518-446-0324 (attn: Heather Angley) or e-mail to:
heather.angley@zimmer.com

Thank you in advance for your cooperation.



Zimmer New England

Compliance

Section 9

Supplier Vendor Conflict of Interest Disclosure Form

Supplier Vendor Information

Legal Name of Organization:

Mandatory Poster Agency

Tax Identification Number:

38-3468792

Address:

5859 W.Saginaw Hwy #843 Lansing, MI 48917 (Corp. Office) Phone Number: 877-321-4144

Supplier Vendor Evaluation of relationships with Zimmer Employees

(Please check appropriate box below)

<input checked="" type="checkbox"/>	To the best of my knowledge, there are no conflict of interest situations that exist between the company, as listed above, and employees at Zimmer New England.
<input type="checkbox"/>	To the best of my knowledge, there is the potential for a conflict of interest situation between the company, as listed above, and employees at Zimmer New England.

Name of Zimmer New England Employee:

Name of Zimmer New England Employee:

Supplier Vendor Evaluation of relationship or affiliation with a Health Care Professional

(Please check appropriate box below)

<input checked="" type="checkbox"/>	To the best of my knowledge, the company, as listed above, does not have a relationship or affiliation (such as by ownership, management, or family relationship) with a Health Care Professional or Referral Source.
<input type="checkbox"/>	The company, as listed above, does have a relationship or affiliation (such as by ownership, management, or family relationship) with a Health Care Professional or Referral Source.

Summary of Relationship or Situation:

Name of Health Care Professional:

Name of Health Care Professional:

Any action or proposed action that your organization has undertaken to eliminate the conflict of interest disclosed above:

Any other known conflict of interest issues:

Signature of Designated Supplier Vendor Representative Officer: The undersigned affirms to the best of his/her knowledge and belief and after reasonable inquiry that the foregoing information is true and accurate. The undersigned also affirms that he/she is authorized to sign on behalf of the Recipient/Payee indicated above.

Amber Blais

Signature

Amber Blais

Printed Name

10/15/12

Date

Admin. Assit.

Title

Health Care Professional – Individuals (clinical or non-clinical, including, but not limited to, physicians, physician assistants, nurses, technicians, PhD, primary investigator, medical fellows, and research coordinators) and entities (such as hospitals, medical centers and group purchasing organizations) that directly or indirectly purchase, lease, recommend, use, prescribe or arrange for the purchase or lease of Zimmer Products.

Immediate Family Relationship – This includes spouse, children, stepchildren, grandchildren, parents, stepparents, siblings, grandparents, in-laws, and any person living in the same household as the individual assess their potential conflict of interest.

**Request for Taxpayer
 Identification Number and Certification**

Give Form to the
 requester. Do not
 send to the IRS.

Print or type
 See Specific Instructions on page 2.

Name (as shown on your income tax return)

*Mandatory Poster Agency
 Labor Law Poster Service*

Business name/disregarded entity name, if different from above

Labor Law Poster Service

Check appropriate box for federal tax classification:

Individual/sole proprietor C Corporation S Corporation Partnership Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ►

Exempt payee

Other (see instructions) ►

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

5859 W. Saginaw Hwy #343

Requester's name and address (optional)

City, state, and ZIP code

Lansing, MI 48917 (Corp. Office)

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 the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Employer identification number

3	8	-	3	4	6	8	7	9	2
---	---	---	---	---	---	---	---	---	---

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).

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 on page 4.

**Sign
 Here**

Signature of
 U.S. person ►

Amber Blais

Date ►

10/15/12

General Instructions

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

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business.

Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.