

# SAMPLE

## TPS Client Merchant Self-Assessment

SIGIS: Special Interest Group for IAS Standards

Third Party Servicer (TPS) Company Name: **SuiteRx**

(The TPS is required to be certified with their Product/Service before merchant completes this application)

TPS Product/Service Name: **IPS**

Date: **07/01/2009**

Merchant Name		<b>Sample Pharmacy</b>	
DBA Name, If Different (For multiple dba's please contact certification@sig-is.org)			
Merchant Contact Name		<b>John Sample</b>	
Merchant Contact Title/Email Address		<b>Owner / <a href="mailto:johnsample@samplepharm.com">johnsample@samplepharm.com</a></b>	
Merchant Address		<b>100 Sample Street</b>	
City, State Zip Code		<b>Sampleville, SA 12345</b>	
Merchant's MCC  Grocery Stores/Supermarkets (5411) Discount Stores/Wholesale Clubs (5300) Discount Stores/Wholesale Clubs (5310) Miscellaneous General Merchandise (5399) Convenience Store (5499) Drug Stores and Pharmacies (5912) Drugs, Drug Properties & Sundries (5122) Other		<b>5912</b>	
Type of Goods & Services: Check all that apply and at least one		IIAS Processing Support: Check all that apply and at least one	
OTC healthcare products	<input checked="" type="checkbox"/>	At all POS terminals/lanes	<input checked="" type="checkbox"/>
Prescriptions/Rx	<input checked="" type="checkbox"/>	At all pharmacy POS/lanes	<input checked="" type="checkbox"/>
		At online store or mail order store	<input type="checkbox"/>
		At limited POS terminals	<input type="checkbox"/>
<b>FSA/HRA Card BIN Loading Responsibility and Frequency</b>		Does the TPS software automatically load the FSA/HRA Card BIN list: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If No, how often to you download the FSA/HRA BIN list? <input type="checkbox"/> Monthly (Maximum Allowed Time Frame) <input type="checkbox"/> Weekly (Recommended Time Frame) <input type="checkbox"/> Other (Please Describe)	
<b>Responsibility for Qualified Healthcare Product (QHP) Flags in Merchant's Inventory</b>		Will you have any responsibility for QHP Flags in your inventory? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No – SKIP TO "QUALIFIED HEALTHCARE PRODUCT (QHP) ITEM EXCEPTION PROCESSES" QUESTION BELOW (If yes, please describe) <input type="checkbox"/> Branded Item Support (SIGIS Eligible Product List) <input type="checkbox"/> Private Label Item Support <input type="checkbox"/> Prescription/Rx Support <input type="checkbox"/> Other Healthcare Services (Flu Shots, etc.)	

	<p>I will use the SIGIS Eligible Product List for establishing QHP flags:  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>How often are updates to the inventory QHP flags downloaded to client software:  <input checked="" type="checkbox"/> Monthly (SIGIS List Update Timing)  <input type="checkbox"/> Biweekly (Private Label/3<sup>rd</sup> Party Updates)  <input type="checkbox"/> Weekly (Private Label/3<sup>rd</sup> Party Updates)  <input type="checkbox"/> Daily (Private Label/3<sup>rd</sup> Party Updates)  <input type="checkbox"/> Other (Please Describe)</p>
<b>Qualified Healthcare Product (QHP) Item Exception Processes</b>	<p>Have you setup a process to review items that should be included in your Healthcare Qualified Items database to ensure the appropriate products, including Nationally Branded Items that are in the file provided by SIGIS, as well as other eligible Private Label items and Specialty/Promotional Packaged items are included in the database?  <input checked="" type="checkbox"/> Yes (Please answer questions that follow.)  <input type="checkbox"/> No (Please describe what arrangements have been established with your POS Vendor.)</p> <p>If yes, Merchant will perform the following:  <input checked="" type="checkbox"/> Submit QHP inquiries to the SIGIS List Working Group, if/when needed  <input checked="" type="checkbox"/> Submit QHP disputes to the SIGIS List Working Group, if/when needed</p>
<b>Retention of Healthcare Product Detail for IIAS Transactions</b>	<p>Who has responsibility for storing healthcare product detail for IIAS transactions?  <input type="checkbox"/> In-House/Retailer Retention  <input checked="" type="checkbox"/> TPS Retention  <input type="checkbox"/> Acquirer Retention  <input type="checkbox"/> Third Party Retention (Please Describe)  <input type="checkbox"/> Other (Please Describe)</p>
<b>IIAS Transaction Retention</b>	<p><b>Skip this question if "TPS Retention" is checked above.</b>  <input type="checkbox"/> Storing Truncated Card Number  <input type="checkbox"/> Storing Non-Truncated Card Number</p> <p><i>Note: If Non-Truncated is selected above, transaction data must be stored in a method that adheres to the PCI Data Security Standard (DSS).</i></p>
<b>Store Training</b>	<p>Describe store training support and who will support training? Please describe: <b>SuiteRx Training Manual provided by SuiteRx</b></p>
<b>Name of Acquirer/Acquirer Processor of Merchant</b>	<b>RBS WorldPay</b>

**Authorized Signature  
Merchant Attestation:**

- By checking this box the undersigned on behalf of Merchant hereby acknowledges and attests that:
1. The information provided in the Client Merchant Detail Form is true, accurate and complete, in all respects, and that the undersigned has the authority to make this acknowledgement and attestation.

2. The Merchant gives permission for its name to be listed in the SIGIS Members List on the SIGIS website. The Merchant's planned implementation date is: - OR –  Merchant's IIAS is Implemented and Live

*NOTE: If you have a future live date, confirmation of implementation must be provided to SIGIS in order for you to be listed on the SIGIS Merchant List as Live. This is important as consumers rely on this list to tell them where they can use their cards. If your planned implementation date is revised, you must notify SIGIS to provide an accurate date to be reflected on the SIGIS Merchant List.*

Signature	<i>John Sample</i>
Signer Name:	<b>John Sample</b>
Signer Title:	<b>Owner</b>
Date:	<b>07/01/2009</b>

(Must be a member of SIGIS)

### TPS Approval Attestation:

- By checking this box the undersigned on behalf of TPS hereby acknowledges and attests that the information submitted by Merchant has been reviewed, that Merchant is a customer of TPS, and that based on the scope of services provided by TPS to Merchant, Merchant has submitted the correct form and the information in the form is consistent with said scope of services.

TPS Company Name	<b>SAMPLE</b>	
Signature		
Signer Name:		
Signer Title:		<b>DOES NOT APPLY</b>
Date:		

(Must be a member of SIGIS)

### Acquirer/Acquirer Processor Approval Attestation:

- By checking this box the undersigned on behalf of Acquirer/Acquirer Processor hereby acknowledges and attests that the Merchant is a client of Acquirer/Acquirer Processor.

Acquirer/Acquirer Processor Name	<b>SAMPLE</b>	
Signature		
Signer Name:		
Signer Title:		<b>DOES NOT APPLY</b>
Date:		

(Must be a member of SIGIS)

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