

## Tricare Reimbursement Registration Process

1. In order to receive payment from the Mississippi Military Department for TRICARE reimbursement, you must become a vendor with the State of Mississippi. Military Department staff will set your account up in the MAGIC Accounts Payable system. Please complete and sign the attached form W-9. This form is kept internal with the State of Mississippi and is used to verify payment to a legitimate person or business. You will only need to fill out boxes 1, 5, and 6 at the top of the form. Include a valid email address in the field beside Box 7. This email will be used for your vendor setup. Please fill out the SSN portion in part 1 of the form and sign and date in Part 2.
2. The Military Department will register you in the State of Mississippi MAGIC Supply portal and you will receive an e-mail with logon instructions. Please login and make sure you receive your 10-digit vendor number. This number begins with 31- and should be put in the "Vendor Number" field on every reimbursement request submitted to our office.
3. The State of Mississippi Department of Finance and Administration (DFA) requires new vendors to register for electronic payment via the State's e-payment channel, Paymode. Military Department staff is not authorized to complete this step on your behalf due to the sensitive banking information necessary for enrollment. You will only need the information on your W-9 and your bank account and routing number to register.



Below is the State of Mississippi Direct Paymode Registration Link/URL:

<https://vendor.paymode.com/StateofMississippi/G-YB62GV5YA>

**Please be sure to use only this link to sign up for Paymode to avoid network fees for payment processing.** This registration should be done as soon as possible to allow time to update your payment status to electronic in our system.

Attached is an overview of the Paymode enrollment process.

lick the **enroll now** button to begin registration

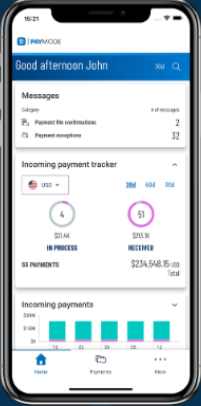


## Fast track your cash application with Paymode


Stop letting manual processes hold your cash hostage. With Premium membership from Paymode, enjoy quick payments and effortless reconciliation, so you can put your money to work sooner.

- Options to transfer remittance data automatically to your financial system
- Visibility into upcoming payments
- Reporting to help you manage cash flow

**Enroll Now**



enter your email address and click continue

Ask for Help

### Join Now

To begin supporting your company's conversion to electronic payment, enter your email address below

Email


Email address is required

#### Did You Know ?

Paymode is the largest and fastest-growing electronic settlement network, with over 600,000 network members and \$500 billion in payments processed last year.

**Continue**

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Powered by  **Bottomline**

reate a password and a security uestion answer. lick don t have a code by the nrollment ode field. The system will generate a code

### Create Membership

Email  
lkovarik@mil.ms.gov

Create Password

ⓘ Ⓜ Your password must contain at least one letter, one number, and either one symbol (which is not a letter or a number) or an upper case letter. Your password must also be at least 10 characters in length.

Re-Enter Password Ⓜ Password is required

Enrollment Code  [I don't have a code](#) ⓘ

Entering the unique enrollment code provided by email streamlines your enrollment process by linking your account to the information provided by your payer.

### Create a security question & answer

For your protection, whenever you call Paymode Member Services, we ask you this security question to verify your identity.

Select a Question  
--Create Your Own--

Question

Answer

[Next](#)

nter your name and phone number

1 About You   2 Company Information   3 Bank Information   4 Review & Submit

### About You

First Name  ⓘ Ⓜ First name is required

Last Name

Title

Office phone   Extension

US 1

The number used here must be capable of receiving phone calls and/or text messages containing one time passwords for security and authentication purposes

Mobile phone (optional)

US 1

[Save and Continue](#)

Enter your first and last name in the company name field and enter your address the same address from your previous screen and phone number

The screenshot shows the 'Company Information' step of a four-step onboarding process. The steps are: 1. About You, 2. Company Information (current), 3. Bank Information, and 4. Review & Submit. The form includes the following fields: 'Company Name' (with a red error message 'Legal name is required'), 'Company 'Doing Business As' (DBA) Name (optional)', 'Country of Company' (dropdown menu set to 'United States of America'), 'Company Address', 'Company Address Line 2', 'City', 'State/Province' (dropdown menu set to '--Please Select--'), 'Zip/Postal Code', and 'Main company phone number' (with a dropdown menu set to 'US 1').

Enter the number of employees at your company and put your social security number in the Corporate Tax ID field. Make sure the box under address that says 'Same as company address above' is checked

The screenshot shows the 'Remittance Address' step of the onboarding process. It includes the following fields: 'Who is trying to pay you through Paymode?', 'Number of employees at your company' (with the value '1' entered), and 'Corporate Tax ID'. Below these is the 'Remittance Address' section with 'Address 1' and a checked checkbox for 'Same as Company Address Above'. There is also a link to '+ Add another address'. At the bottom, there are 'Back' and 'Save and Continue' buttons.

When you hit **Save and Continue** a pop up box will ask if you want to add your banking information directly via Plaid. You can follow the on screen prompts to do this or edit it out and add the information manually shown below

### Bank Information

#### Receiving Bank

Country of Bank  
United States

Transit Routing Number  
 ! ?  
Transit routing number is required

Bank Account Number

Re-Enter Bank Account Number

Bank Account Description (optional)

Currency  
USD--US Dollar

#### Network fee

Network fee for each transaction: 0% ?

#### Paymode Account ID

This secure number will allow your customers to route payments through Paymode directly into your bank account without ever exposing your sensitive bank account information.

Receiver ID  
 ✓ ·  Receivables ✓ ?

[Back](#) [Save and Continue](#)

Regardless the Paymode account that is automatically generated. Click **save and continue**.

Review all the information at the top of the next screen for accuracy. Click edit beside each field to make corrections

Bottomline | PAYMODE [Logout](#) [Ask for Help](#)

1 About You 2 Company Information 3 Bank Information 4 Review & Submit

### Review & Submit

**1 About You** [Edit](#)

First Name  
Last Name  
Title  
--  
Office Phone  
Mobile Phone  
--

**2 Company Information** [Edit](#)

Company's Legal Name  
Company's DBA Name  
Country of Company  
United States of America  
Company Address  
City  
State Zip Code  
Mississippi  
Company's Phone Number  
Corporate Tax ID  
\*\*\*\*\*  
Remittance addresses  
Address 1  
Same as company address

**3 Bank Information** [Edit](#)

Country of Bank  
United States of America  
Transit Routing Number  
Your Bank  
USAA FEDERAL SAVINGS BANK  
Bank Account Number  
Currency  
USD  
Paymode Account ID  
Receiver ID  
ReceivablesC  
Network fee  
Network fee for each transaction: 0%

Scroll down to the bottom of the screen to sign agree to the Paymode Network Terms of Use

Agree to the Paymode Network Terms of Use

- Read and scroll to the end of document and "Accept Terms of Use" checkbox
- Type in your first and last name to confirm you have read and agreed to the Terms of Use

j. Vendor means a Network Member that has enrolled to send invoices to, or receive payments from, other Network Members.

k. Website means the website provided by Bottomline to Network Member in order to access and use the Services.

[View the Terms of Use in Adobe PDF format.](#)

Version 9.0  
09/24/2024

Accept Terms of Use [Download Terms of Use](#)

First and last name  Date 25-Mar-2026

First and last name required

Confirm your acceptance on behalf of your organization by entering your first name and last name

The next screen prompts you to verify your information. At this time you will only need to verify your phone number and email address. Bank verification is not necessary unless Paymode encounters an issue linking your bank account

**1 Verify Phone Numbers**

Validation of phone numbers secures your account against unauthorized activity.  
Failure to validate a phone number may delay eligibility for payments.

\*\*\*-\*\*-7702

[Verify](#)

**2 Verify Bank Information**

Your membership may not become eligible for payment without a bank document to help secure your account

Example documents:

- Bank Statement with full account number visible
- Voided Check - starter check does not qualify
- Bank Letter with banker name and phone number

[Verify](#)

**3 Verify Email Address**

Proceed to the confirmation email you received to finish verification or resend using the Resend Verification Email button. Verifying your email will help secure your account and allows us to notify you in a timely manner.

[Resend Verification Email](#)

Challenge questions are required in the event you forget your password or cannot log in to your account

**PAYMODE** ? 👤 Last login: Never

Challenge questions

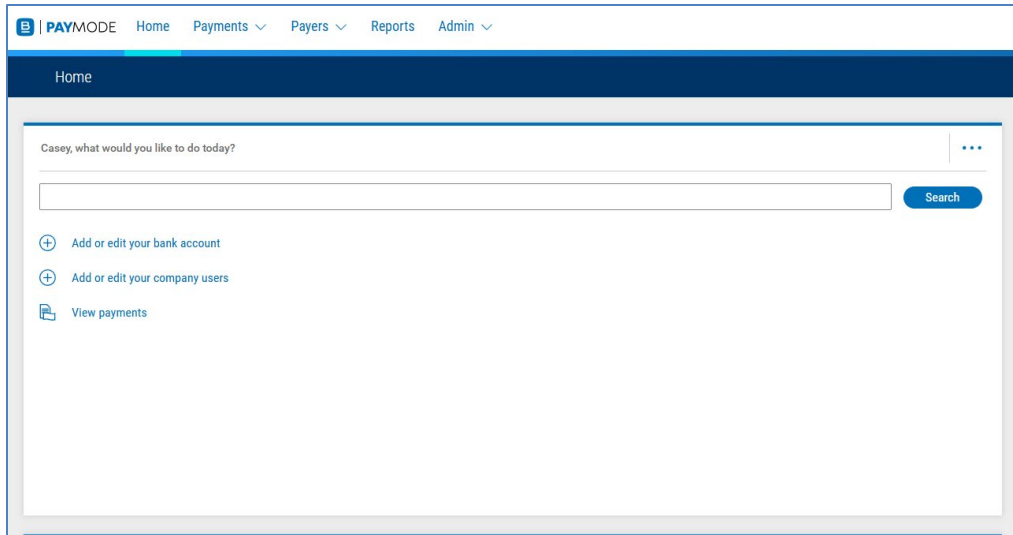
Challenge Questions Setup

Select questions that can be used to verify your identity in the future as needed

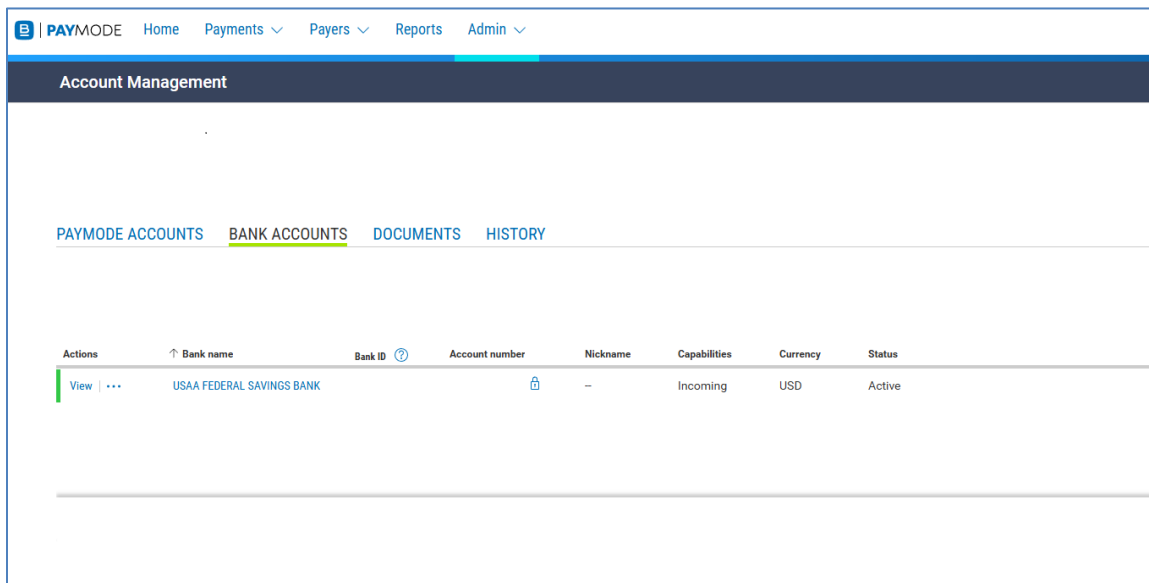
QUESTION 1	<input type="text"/>	ANSWER	<input type="text"/>
QUESTION 2	<input type="text"/>	ANSWER	<input type="text"/>
QUESTION 3	<input type="text"/>	ANSWER	<input type="text"/>
QUESTION 4	<input type="text"/>	ANSWER	<input type="text"/>
QUESTION 5	<input type="text"/>	ANSWER	<input type="text"/>
QUESTION 6	<input type="text"/>	ANSWER	<input type="text"/>

[Save](#)

once you hit save you will be directed to the Paymode home screen



you can click **add or edit your bank account to view your account status.** It should say **active** but might show **Pending** while the system links it



# Request for Taxpayer Identification Number and Certification

Go to [www.irs.gov/FormW9](http://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.

<b>Print or type.</b> See <i>Specific Instructions</i> on page 3.	<b>1</b>	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.)	
	<b>2</b>	Business name/disregarded entity name, if different from above.	
	<b>3a</b>	Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.  <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate  <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____ <b>Note:</b> 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.  <input type="checkbox"/> Other (see instructions) _____	<b>4</b> 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) _____  <i>(Applies to accounts maintained outside the United States.)</i>
	<b>3b</b>	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 _____ <input type="checkbox"/>	
	<b>5</b>	Address (number, street, and apt. or suite no.). See instructions.	Requester's name and address (optional)
	<b>6</b>	City, state, and ZIP code	
	<b>7</b>	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.

<b>Social security number</b>									
				-					
<b>or</b>									
<b>Employer identification number</b>									

**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.

## 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.

<b>Sign Here</b>	Signature of U.S. person	Date
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## 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](http://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

**SUBJECT: TRICARE Premium Reimbursement Program**

**Enclosure 1: TRICARE Premium Reimbursement Program, Health Insurance Coverage Attestation**

I, \_\_\_\_\_, hereby attest that, as of the date below, I am not receiving health insurance coverage through my civilian employer.

I understand that to be considered an eligible recipient for the TRICARE premium reimbursement program, I must not be receiving health insurance coverage through my civilian employer.

I further understand and agree that I am obligated to promptly notify the Mississippi Military Department if I begin receiving health insurance coverage from my civilian employer.

I understand that this attestation may be used to determine my eligibility for the TRICARE premium reimbursement program, and I affirm that the information provided is true and accurate to the best of my knowledge.

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**SUBJECT: TRICARE Premium Reimbursement Program**

**Enclosure 2: Program Enrollment (all lines must be filled)**

LAST NAME FIRST NAME MI SSN \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY COUNTY ST ZIP \_\_\_\_\_

CELL PHONE NUMBER \_\_\_\_\_

PEBD/LES Pay Date/Enlistment Date DATE OF BIRTH (MM/DD/YYYY)  
(MM/DD/YYYY) \_\_\_\_\_

BRANCH \_\_\_\_\_ PAY GRADE \_\_\_\_\_ RANK \_\_\_\_\_

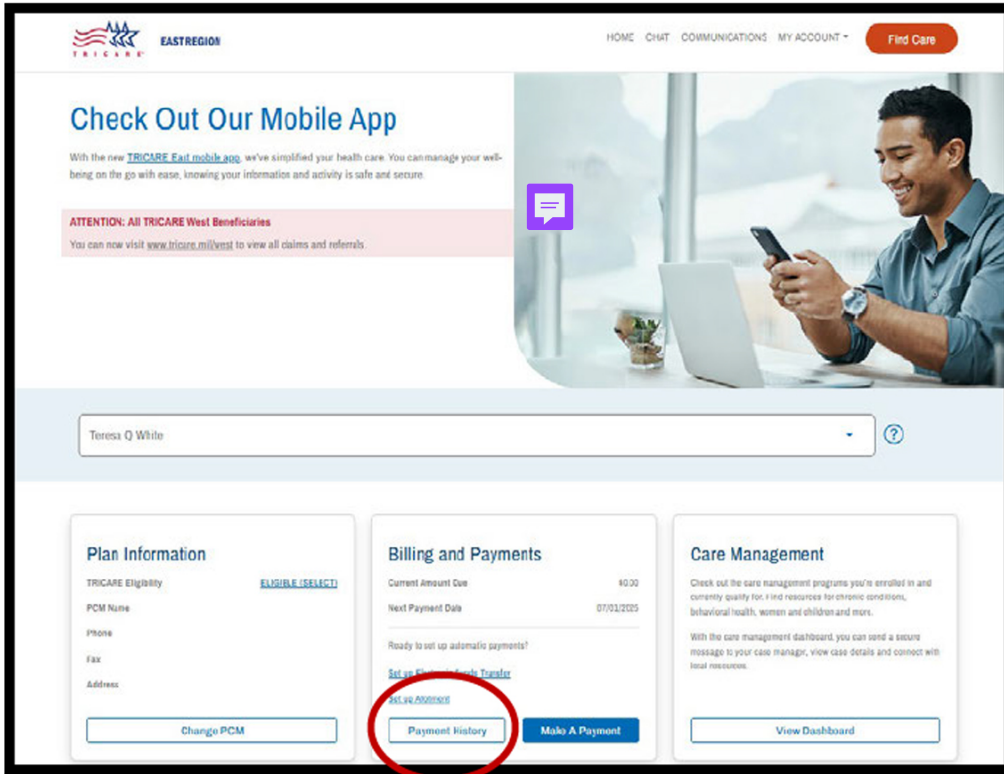
UNIT UNIT CITY UNIT ZIP CODE \_\_\_\_\_

Premium Amount:

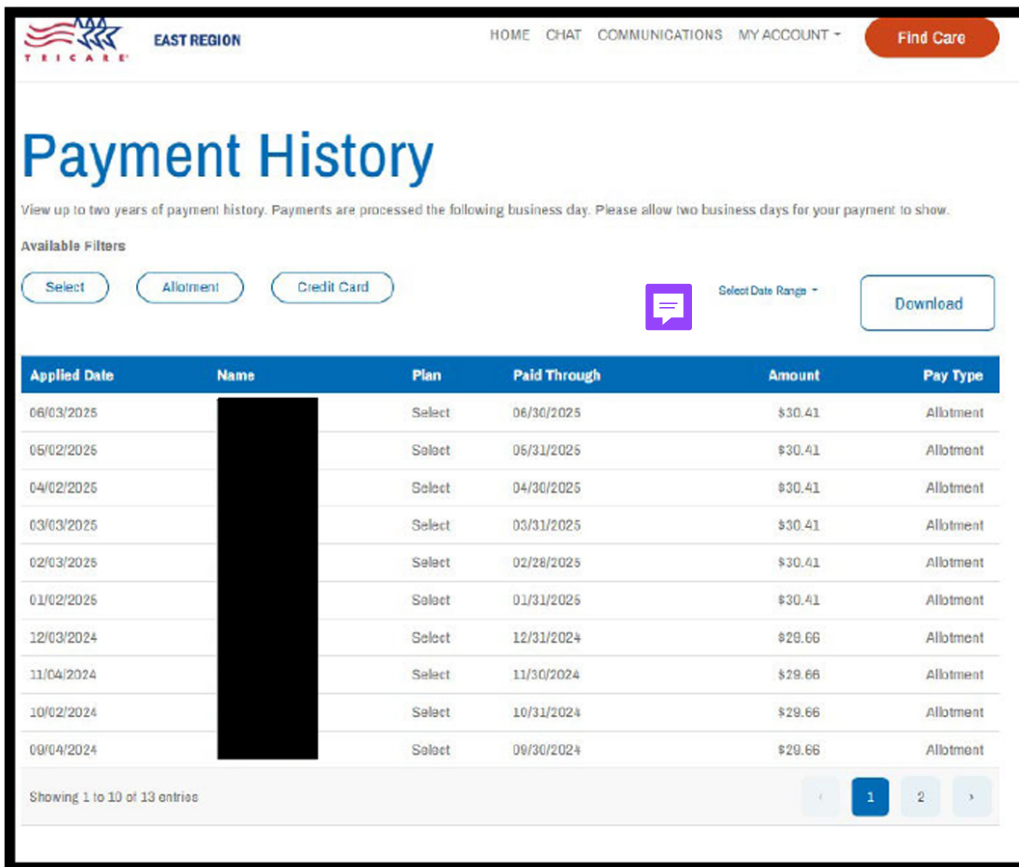
Reimbursement Period: Vendor Number: \_\_\_\_\_

**SUBJECT:TRICARE Premium Reimbursement Program**

**Enclosure 3: TRICARE Reserve Select Instructions**



After logging into Tricare, select "Payment History"



From the "Payment History" screen, print to PDF.