



CONFIDENTIAL

# APPLICATION

## for consideration to serve on the Board of Directors or the Director Selection Council

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Are you interested in applying for membership on

\_\_\_\_\_ Board of Directors

\_\_\_\_\_ Director Selection Council

*(You may check both if you wish, though you could serve on only one at a time.)*

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**Please print or type.**

1. Full name: \_\_\_\_\_  
First Middle Last
2. Current employer or other principal business affiliation:  
\_\_\_\_\_
3. Business address:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Position title: \_\_\_\_\_
5. Business phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Cellular phone: \_\_\_\_\_ E-mail address: \_\_\_\_\_
6. If retired, give year and last employer: \_\_\_\_\_
7. If union member, give union name, local and position:  
\_\_\_\_\_  
\_\_\_\_\_
8. BCBSM Individual, Group, or Group Self-funded coverage: **(You must be a member to serve unless serving as an "At-Large Director".)**  
Group # (if applicable): \_\_\_\_\_ Enrollee ID # \_\_\_\_\_
9. If you have other health care coverage, give details:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Brief statement of qualifications and experience in the health care benefits, corporate management or other fields which would qualify you:

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(If more space is needed, attach additional page.)

11. Please attach the Director, Officer and Selection Council Member Disclosure along with a resume, biographical information, or other materials relevant to your application.

**Certification and Authorization:** I hereby certify the information in this application is complete and accurate to the best of my knowledge and I acknowledge my obligation to promptly inform BCBSM of any material changes. I further authorize BCBSM to verify the above information and my status as a current subscriber or member enrolled to receive health care benefits administered by BCBSM or one of its subsidiaries or affiliates.

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*(Date)*

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*(Signature)*



## Director & Director Selection Council Member Conflict of Interest Disclosure Statement

**Personal Data:** This section requests general personal data, necessary because of statutory or bylaw requirements, desirable for adequate corporate records, and possible public release.

First Name	Middle Name	Last Name
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### Business Information

Are you retired?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
If retired, please provide the year and name of your last employer.	
Current Employer or Principal Business Affiliation	
Position Title	
Business Address	Please indicate if preferred mailing address <input type="checkbox"/> Yes <input type="checkbox"/> No
Business Phone	Business Fax
Cell Phone	Email Address

### Personal Information

Home Address	Please indicate if preferred mailing address <input type="checkbox"/> Yes <input type="checkbox"/> No	
City	State	Zip Code
Home Phone	Personal Cell Phone	Home Fax
Secondary Address		
City	State	Zip Code
Birth Date	Place of Birth (City & State)	
Spouse Name (if married)		

### Professional and Educational Information

Colleges or Universities Attended (include all)	Degree(s) Earned
Professional or Business Association Memberships (past/present, offices held)	
Civic or Community Affiliations (past/present, offices held)	

## Director & Director Selection Council Member Conflict of Interest Disclosure Statement

Name \_\_\_\_\_

- For purposes of determining statutory compliance, bylaw qualifications and federal contract compliance, please answer the following questions.
- All questions must be answered by selecting the "Yes" box or "No" box; if an occurrence happens at all, the response is "Yes".
- All questions answered "Yes" must contain an explanation describing the potential other interest. Please email Blue Cross Blue Shield of Michigan Board Relations at [boardrelations@bcbsm.com](mailto:boardrelations@bcbsm.com). if you have additional information to share that does not fit in the boxes provided.
- In addition to annual reports, all directors have an affirmative duty to disclose, at the time it arises, any situation, transaction or relationship which may constitute a conflict of interest. Questions or material changes between disclosure periods should be directed to the Blue Cross Blue Shield of Michigan Corporate Secretary.
- A glossary of terms titled **COI Definitions** is attached to the end of this form for your reference.

Disclosure	Yes	No	If Yes, please provide explanation
1. Have you or any <b>Related Party</b> * held employment by a <b>competitor</b> * or major <b>vendor</b> * or <b>supplier</b> * of the <b>Enterprise</b> * within the last ten years? Please explain.	<input type="checkbox"/>	<input type="checkbox"/>	
2. Have you or any <b>Related Party</b> * held membership on the board of a <b>competitor</b> * or major vendor or supplier of the <b>Enterprise</b> *? Please explain.	<input type="checkbox"/>	<input type="checkbox"/>	
3. Are you or a <b>Related Party</b> *, a <b>Provider</b> * or affiliated with a <b>Provider</b> *? Please explain.			
4. Do you or a <b>Related Party</b> * supply goods or services to the <b>Enterprise</b> * in return for any remuneration or value? Please explain.			
5. Are you or a <b>Related Party</b> *, an employee, agent, officer, director, or holder of five percent (5%) or more of the voting interest of any company, or affiliate thereof, that is in direct or indirect competition with the <b>Enterprise</b> *? Please explain.			
6. In the last ten years, has a petition under the federal bankruptcy laws or any state insolvency law been filed by or against you, or has a receiver, fiscal agent or similar officer been appointed by a court for your business or property, or any partnership in which you were a general partner or executive? Please explain.	<input type="checkbox"/>	<input type="checkbox"/>	
7. Do you know of any legal proceedings in which either you or a <b>Related Party</b> * is a party to or has material interest adverse to the <b>Enterprise</b> *? Please explain.	<input type="checkbox"/>	<input type="checkbox"/>	



<p>13. Do you have a <b>Related Party</b>* currently working for the <b>Enterprise</b>* or have you or a <b>Related Party</b>* worked for the <b>Enterprise</b>* in the past three years? Please explain.</p>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>14. Do you or a <b>Related Party</b>* influence negotiations with Enterprise staff? Please explain.</p>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>15. Are you a board member, officer, advisor, or other representative for any board or governing body outside of the <b>Enterprise</b>*? Please explain.</p>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>16. Have you at any time during the preceding two years had an ownership interest of 5% or more in an entity that terminated, voluntarily or involuntarily, a Medicare Advantage or Part D contract with the Centers for Medicare &amp; Medicaid Services, or have you served on the board of directors for any such entity? Please explain.</p>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>17. Is there anything that has not been asked on this questionnaire that you believe the <b>Enterprise</b>* should know? Example: conflict relating to use of confidential information obtained as a result of your employment, concerning you, a relative, or <b>cohabitant</b>*. Please explain.</p>	<input type="checkbox"/>	<input type="checkbox"/>	

**Disclosure of Other Interests**

**Certification and Authorization:** I hereby certify the information set forth in the disclosure statement above is complete and accurate to the best of my knowledge, and I acknowledge my obligation to promptly inform the enterprise of any material changes.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Code of Business Conduct and  
Corporate Ethics and Compliance Policy  
Responsibilities Acknowledgment**

I have reviewed and understand the BCBSM Code of Business Conduct and Corporate Ethics and Compliance Policy, as applicable to my appointment(s), and fully understand my responsibility to comply with these policies.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## CONFLICT OF INTEREST DEFINITIONS:

- **Business Opportunities:** All ideas, concepts or information received or developed (in whatever form) concerning any business, transaction or potential transaction outside the enterprise.
- **Cohabitant:** An individual whom you live with regardless of relationship status.
- **Competitor:** An entity providing similar products and or services as the enterprise (i.e, HAP, Centene, etc.).
- **Enterprise:** Blue Cross Blue Shield of Michigan, its affiliates and subsidiaries.
- **Financial Interests:** Interests relating to or consisting of money gained like salary or other payments for services or equity interests like stocks, stock options, intellectual property rights and the like.
- **Gifts and/or Entertainment:** Anything of value given; including meals, lodging, discounts, loans, cash, favorable terms on any product or service, services, equipment, prizes, products, transportation, use of vehicles or vacation facilities, stocks or other securities, home improvements, tickets and gift certificates.
- **Outside Work:** Any work, service or other activity (paid or unpaid) performed outside of the enterprise.
- **Personal Relationships:** Relationship between individuals who have or have had a continuing relationship of a romantic or intimate nature.
- **Provider:** A licensed healthcare professional that provides and/or authorizes healthcare services to an individual and/or entity.
- **Related Party:** A relative or member of your household, relative may include immediate or extended family by blood, marriage or adoption.
- **Supplier:** An individual and/or entity providing products or services to the enterprise.
- **Trading with Company:** Engaging in a business for profit with ownership interests represented by shares of stock.
- **Vendor:** An individual or entity providing products and/or services for the enterprise.



## Provider Definitions

### **FACILITY PROVIDERS:**

- Acupuncturist
- Athletic Trainer
- Chiropractors
- Dental Assistants
- Dental Hygienists
- Dentists
- Dietitian or Nutritionist
- Licensed Practical Nurses
- Marriage and Family Therapists
- Medical Doctors
- Nurse Anesthetists
- Nurse Midwives
- Nurse Practitioners
- Occupational Therapists
- Optometrists
- Osteopathic Physicians
- Pharmacists
- Physical Therapists
- Physician's Assistants
- Podiatrists
- Professional Counselors
- Psychological Assistants
- Psychologists
- Registered Nurses
- Social Workers
- Speech and Language Pathologists
- Trained Attendants

### **PROFESSIONAL PROVIDERS:**

- Acupuncturist
- Athletic Trainer
- Chiropractors
- Dental Assistants
- Dental Hygienists
- Dentists
- Dietitian or Nutritionist
- Licensed Practical Nurses
- Marriage and Family Therapists

- Medical Doctors
- Nurse Anesthetists
- Nurse Midwives
- Nurse Practitioners
- Occupational Therapists
- Optometrists
- Osteopathic Physicians
- Pharmacists
- Physical Therapists
- Physician's Assistants
- Podiatrists
- Professional Counselors
- Psychological Assistants
- Psychologists
- Registered Nurses
- Social Workers
- Speech and Language Pathologists
- Trained Attendants
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## **OTHER PROVIDERS**

Audiometrists

Audiologists

Durable Medical Equipment

Hearing Aid Dealers

Hearing Therapists

Nursing Home Administrators

Opticians

Partial Hospitalization Psychiatric Programs

Prosthetic-Orthotic Appliance Dealers

Psychiatric Units

Rehabilitation Centers

Respiratory Care Professionals

Sanitarians

Veterinarians