



Director & Director Selection Council Member Conflict of Interest Disclosure Statement

CONFIDENTIAL

Personal data: This section requests general personal data, necessary because of statutory or by-law qualification requirements and desirable for adequate corporate records and possible public releases.

Please print or type

1. Full name: _____
First Middle Last

2. Current employer or principal business affiliation: _____

3. Business address: _____

4. Position title: _____

5. Business phone: ___ - ___ - _____ Business fax: ___ - ___ - _____
Cellular phone: ___ - ___ - _____ E-mail address: _____

6. If retired, give year: _____
Last employer: _____

7. Home address: _____

8. Home phone: ___ - ___ - _____ Home fax: ___ - ___ - _____

9. Date and place of birth: _____

10. Blue Cross Blue Shield of Michigan Individual, Group, or Group Self-funded coverage:
Group No.: _____ Enrollee ID: _____
Component: _____

11. If you have other health care coverage, give details: _____

12. If married, first name of spouse: _____
Number of children: _____

13. Academic education:

| <u>College/University</u> | <u>Degree(s)</u> |
|---------------------------|------------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

14. Professional/business association memberships (past/present; offices held):

15. Civic/community affiliations (past/present; offices held):

16. Please attach resume, biographical information, or other relevant materials, if available.

| For professional health care providers only: | |
|---|---|
| 17. Current license: | Yes <input type="checkbox"/> No <input type="checkbox"/> Type _____ |
| 18. BCBSM participation: | Yes <input type="checkbox"/> No <input type="checkbox"/> |

Other interests: For purposes of determining compliance, bylaw qualifications and federal contract compliance, please answer the following questions with a “yes” or “no” response only. If an occurrence happens at all (that is, sometimes, once in a while, occasionally, etc.), the response is “yes.” Explanation of “yes” answers should be provided below. When responding to questions to be “affiliated” means to directly, or indirectly, through one or more intermediaries, control, be controlled by, or be under common control with another person or entity.

1. Are you or a member of your household or immediate family, which includes any person related by blood, marriage, or adoption (“Related Party”), a Provider or affiliated with a Provider? A “Provider” is (a) member of a healthcare profession or healthcare related trade organization, (b) an officer, executive, director, trustee, or employee of an organization or entity that provides healthcare services, or (c) a person who has greater than five percent (5%) financial interest in a healthcare provider?

Yes No

(See Page 6 for examples of what constitutes a provider.)

2. Do you or a Related Party, or any organization with which you or a Related Party are affiliated, or in which you or a Related Party have an ownership interest, supply goods or services to BCBSM or otherwise expect to receive any remuneration from BCBSM other than employment compensation, director and committee fees and pension or other forms of deferred compensation for prior service (provided such compensation is not contingent in any way on continued service)?

Yes No

3. Do you or a Related Party negotiate, or influence negotiations, with BCBSM staff?

Yes No

4. Have you or a Related Party, directly or indirectly, received any gift or favor (other than common business courtesies) from any organization doing business with BCBSM? If so, please report gift, organization, value and date of gift over \$100.

Yes No

5. Are you or a Related Party 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 BCBSM or that might be considered to have an interest in conflict with those of BCBSM?

Yes No

6. Have you taken any action to influence, coerce, manipulate or mislead BCBSM auditors for the purpose of creating materially misleading content of audited BCBSM financial statements?

Yes No

7. Have you at any time during the preceding two years had an ownership interest of 5 percent (5%) or more in an entity that terminated, voluntarily or involuntarily, a Medicare Advantage or Part D contract with the Centers for Medicare & Medicaid Services, or have you served on the board of directors for any such entity?

Yes No

8. Have you or a Related Party worked for BCBSM or a BCBSM affiliate within the last three (3) years?

Yes No

9. Do you know of any legal proceedings in which either you or a Related Party is a party adverse to BCBSM or in which either you or a Related Party has a material interest adverse to BCBSM?

Yes No

10. In the last ten years (10), have you been convicted in a criminal proceeding or named as the subject of a pending criminal proceeding or were you found by a court of competent jurisdiction in a civil action or by an administrative agency to have violated any federal or state law, and the judgment or finding has not been subsequently reversed, suspended, or vacated (excluding traffic offenses and other minor offenses)?
- Yes No
11. In the last ten years (10), 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 at or within two years before the time of such filing, or any corporation or business association of which you were an executive officer at or within two years before the time of such filing?
- Yes No
12. Is there anything that has not been asked on this questionnaire that you believe BCBSM should know; e.g., previous employment by a competitor or major vendor or supplier of BCBSM, previous membership on the Board of a competitor or major vendor or supplier of BCBSM?
- Yes No
13. Were you or a Related Party, at any time a participant in a transaction with BCBSM involving indebtedness?
- Yes No
14. Is there any contract, agreement, plan or arrangement, whether written or unwritten, that provides for payment(s) or the provision of other benefits, including perquisites and healthcare benefits, at, following, or in connection with (i) any termination, including without limitation resignation, severance, retirement or other termination (including constructive termination) of your employment with BCBSM, (ii) a change in control of BCBSM or (iii) a change in your responsibilities?
- Yes No
15. Do other employees of BCBSM, or members of the BCBSM Board, serve on boards or governing bodies outside of the BCBSM enterprise of which you are a director, board member, officer, advisor, or other representative?
- Yes No
16. A conflict may exist when a director, directly or indirectly, or one of his or her relatives or cohabitants (a person you live with, but are not related to) owns any beneficial interest in an organization which is a competitor of the Company or which has current or prospective business with the Company as a supplier, customer or contractor, and when that person may be able to influence such business with the Company. (A conflict is not likely to exist, however, where the financial interest consists of stock shares, bonds or other securities of a company listed on a public securities exchange, and the amount of interest is less than five percent of the value of the class of the securities). Do you have anything related to Financial Interests to disclose concerning you, a relative or cohabitant?
- Yes No

17. A conflict may exist when a director one of his or her relatives or cohabitant uses for personal gain or for the benefit of others any confidential information obtained as a result of his or her directorship. Do you have anything related to Confidential Information to disclose concerning you, a relative or cohabitant as a result of your directorship with the Company or as a result of information acquired in your role?

Yes

No

18. A conflict may exist when a director, without knowledge and consent of the Company, appropriates to himself or herself or to another person or organization the benefit of any business venture, opportunity or potential opportunity about which such director learns or develops in the course of his or her directorship, and which is related to any current or prospective business of the Company. Do you have anything related to current or prospective Business Opportunities to disclose?

Yes

No

Explanations

Please explain any “yes” answers. Show question number for which explanation is given. Use extra sheet, if necessary.

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

Provider Definitions

Facility Providers

| | |
|---|--|
| Ambulance and Emergency Medical Services | Hospitals |
| Ambulatory Health Care Facilities | Intermediate Care Facilities |
| Clinical and Other Laboratories | Kidney Disease Treatment Centers |
| County Medical Care Facilities | Mental and Psychiatric Hospitals |
| Freestanding Hemodialysis Units | Mental Disabilities Facilities |
| Freestanding Outpatient Surgical Facilities | Nursing Homes |
| Health Maintenance Organizations | Outpatient Physical Therapy Agencies |
| Home Health Agencies | Outpatient Psychiatric Care Facilities |
| Home Infusion Therapy Providers | Pharmacies |
| Homes for the Aged | Skilled Nursing Facilities |
| Hospices | Substance Abuse Treatment Programs |
| Hospital Long Term Care Units | Tertiary Health Services Facilities |

Professional Providers

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

Other Providers

| | |
|-----------------------------|--|
| Audiometrists | Partial Hospitalization Psychiatric Programs |
| Audiologists | Prosthetic-Orthotic Appliance Dealers |
| Durable Medical Equipment | Psychiatric Units |
| Hearing Aid Dealers | Rehabilitation Centers |
| Hearing Therapists | Respiratory Care Professionals |
| Nursing Home Administrators | Sanitarians |
| Opticians | Veterinarians |

Certification and Authorization: I hereby certify the information on this form 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.

(Date)

(Signature)

PLEASE MAIL COMPLETED FORM TO:

Corporate Secretary
Blue Cross Blue Shield of Michigan
600 E. Lafayette Blvd. #2000
Detroit, Michigan 48226-2998