



Gwinnett

GWINNETT COUNTY
DEPARTMENT OF FINANCIAL SERVICES
PURCHASING DIVISION

75 Langley Drive | Lawrenceville, GA 30046-6935
O: 770.822.8720 | F: 770.822.8735
GwinnettCounty.com

BL117-24 Provision of Individual Stop Loss Coverage on an Annual Contract

Page 8

CODE OF ETHICS AFFIDAVIT

*(THIS FORM SHOULD BE FULLY COMPLETED AND RETURNED WITH
YOUR SUBMITTAL AND WILL BE REQUIRED PRIOR TO EVALUATION)*

In accordance with Section 54-33 of the Gwinnett County Code of Ordinances the undersigned bidder/proposer makes the following full and complete disclosure under oath, to the best of his/her knowledge, of the name(s) of all elected officials whom it employs or who have a direct or indirect pecuniary interest in or with the bidder/proposer, its affiliates or its subcontractors:

1. **Aetna Life Insurance Company**
(Company Submitting Bid/Proposal)

2. (Please check one box below)

No information to disclose (complete only section 4 below)

Disclosed information below (complete section 3 & section 4 below)

3. (if additional space is required, please attach list)

Gwinnett County Elected Official Name

4.

BY:

Authorized Officer or Agent Signature

Mark Sternat

Printed Name of Authorized Officer or Agent

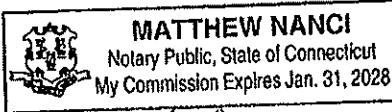
Director of Business Development

Title of Authorized Officer or Agent of Contractor

Sworn to and subscribed before me this

8th day of November, 2024

Notary Public



Note: See Gwinnett County Code of Ethics Ordinance EO2011, Sec. 54-33. The ordinance will be available to view in its' entirety at www.gwinnettcounty.com



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1. ReliaStar Life Insurance Company
(Company Submitting Bid/Proposal)

2. (Please check one box below)

No information to disclose (*complete only section 4 below*)

Disclosed information below (*complete section 3 & section 4 below*)

3. (if additional space is required, please attach list)

N/A

Gwinnett County Elected Official Name

4.

BY: *Krista Snow*

Authorized Officer or Agent Signature

Krista Snow

Printed Name of Authorized Officer or Agent

Vice President

Title of Authorized Officer or Agent of Contractor

Sworn to and subscribed before me this

28th day of October, 20 24

Notary Public



(seal)

Note: See Gwinnett County Code of Ethics Ordinance EO2011, Sec. 54-33. The ordinance will be available to view in its' entirety at www.gwinnettcounty.com



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1. SUN LIFE ASSURANCE COMPANY OF CANADA

(Company Submitting Bid/Proposal)

2. (Please check one box below)

No information to disclose (*complete only section 4 below*)

Disclosed information below (*complete section 3 & section 4 below*)

3. (if additional space is required, please attach list)

Gwinnett County Elected Official Name

4.

BY:



Authorized Officer or Agent Signature

Michael Hoefer

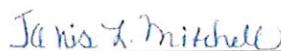
Printed Name of Authorized Officer or Agent

VP, Distribution Health and Risk Solutions

Title of Authorized Officer or Agent of Contractor

Sworn to and subscribed before me this

19th day of November, 2024



Notary Public



(seal,

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1. Symetra Life Insurance Company
(Company Submitting Bid/Proposal)

2. (Please check one box below)

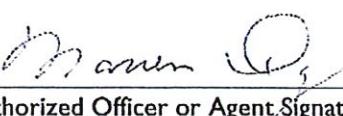
No information to disclose (complete only section 4 below)

Disclosed information below (complete section 3 & section 4 below)

3. (if additional space is required, please attach list)

Gwinnett County Elected Official Name

4.

BY: 
Authorized Officer or Agent Signature

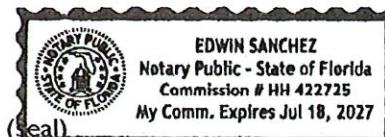
Marien Diaz
Printed Name of Authorized Officer or Agent

Vice President Stop Loss Claims
Title of Authorized Officer or Agent of Contractor

Sworn to and subscribed before me this

14th day of November, 2024.

Notary Public



Note: See Gwinnett County Code of Ethics Ordinance EO2011, Sec. 54-33. The ordinance will be available to view in its' entirety at www.gwinnettcounty.com