



EXHIBIT C – CODE OF ETHICS AFFIDAVIT

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 Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. dba Anthem Blue Cross and Blue Shield
(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: Pamela Stahl
Authorized Officer or Agent Signature

Pamela Stahl

Printed Name of Authorized Officer or Agent

President and General Manager

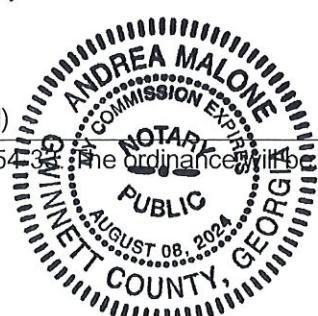
Title of Authorized Officer or Agent of Contractor

Sworn to and subscribed before me this

21 day of December, 20 20

Andrea Malone
Notary Public

(seal)



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



Gwinnett

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GWINNETT COUNTY
DEPARTMENT OF FINANCIAL SERVICES
PURCHASING DIVISION

75 Langley Drive | Lawrenceville, GA 30046-6935
(O) 770.822.8720 | (F) 770.822.8735
www.gwinnettcounty.com

RP001-21, Provision of a HMO Program on an Annual Contract Page 15

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1. Kaiser Foundation Health Plan of Georgia, Inc.
(Company Submitting Bid/Proposal)

2. (Please check one box below)

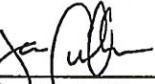
No information to disclose (complete only section 4 below)

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

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

Gwinnett County Elected Official Name

4.

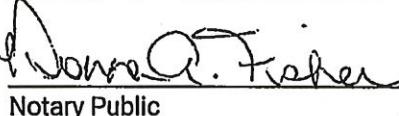
BY: 
Authorized Officer or Agent Signature

Jim Cullinan
Printed Name of Authorized Officer or Agent

Vice President, Marketing, Sales and Business Development
Title of Authorized Officer or Agent of Contractor

Sworn to and subscribed before me this

15 day of December, 2020


Donnia A. Fisher
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.

7.14.17