



GWINNETT COUNTY
DEPARTMENT OF FINANCIAL SERVICES
PURCHASING DIVISION

EXHIBIT C – CODE OF ETHICS AFFIDAVIT

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

RP002-21, Provision of a Retiree Medicare Advantage Plan on an Annual Contract

Page 13

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

5th day of January, 2021

Notary Public

TODD E. COOPER

NOTARY PUBLIC

MY COMMISSION EXPIRES DEC. 31, 2022

(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



EXHIBIT C – CODE OF ETHICS AFFIDAVIT

R P002-21

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:

A handwritten signature in black ink.

Authorized Officer or Agent Signature

John Paik

Printed Name of Authorized Officer or Agent

Vice President & GM, Group Retiree Solutions

Title of Authorized Officer or Agent of Contractor

Sworn to and subscribed before me this

5 day of January 2021

Theresa P. Wollman

NOTARY PUBLIC OF NEW JERSEY

Comm. # 2425103

My Commission Expires 9/13/2022

(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



RP002-21, Provision of a Retiree Medicare Advantage Plan on an Annual Contract Page 13

CODE OF ETHICS AFFIDAVIT

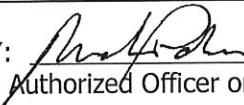
**(THIS FORM SHOULD BE FULLY COMPLETED AND RETURNED WITH YOUR
SUBMITTAL AND WILL BE REQUIRED PRIOR TO EVALUATION)**

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. <u>Centene Corporation</u> (Company Submittling Bid / Proposal)

2. (Please check one box below)
<input checked="" type="checkbox"/> No information to disclose (<i>complete only section 4 below</i>)
<input type="checkbox"/> Disclosed information below (<i>complete section 3 & section 4 below</i>)

3. (if additional space is required, please attach list)
Gwinnett County Elected Official Name

4. BY:  Authorized Officer or Agent Signature	Sworn to and subscribed before me this ____ day of _____, 20____
Michael R. Polen Printed Name of Authorized Officer or Agent	Notary Public
Senior Vice President and CEO of Medicare Solutions Title of Authorized Officer or Agent of Contractor	(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

7.14.17



January 6, 2021

Ms. Dana Garland
Purchasing Associate III
75 Langley Drive
Lawrenceville, GA 30046

RE: RP002-21, Provision of a Retiree Medicare Advantage Plan on an Annual Contract.

Dear Ms. Dana Garland:

Due to COVID-19, notary seals can't be provided.

Sincerely,

Jonathan Liu

Jonathan Liu

Manager, Proposal Unit



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. Cigna Health and Life Insurance Company (CHLIC), Cigna Healthcare 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.

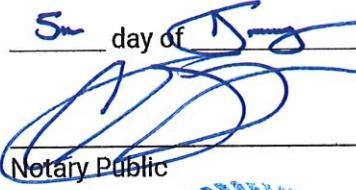

BY: _____
Authorized Officer or Agent Signature

Bryan Holgerson

Printed Name of Authorized Officer or Agent

Vice President of CHLIC and Authorized Signatory
Title of Authorized Officer or Agent or Contractor

Sworn to and subscribed before me this

5 day of July, 20 21

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



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. Humana 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: Steve McCulley
Authorized Officer or Agent Signature

Steven E. McCulley
Printed Name of Authorized Officer or Agent

Senior Vice President, Medicare Administration
Title of Authorized Officer or Agent of Contractor

Sworn to and subscribed before me this

28th day of January, 2021

Rebecca King French
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



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. 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.

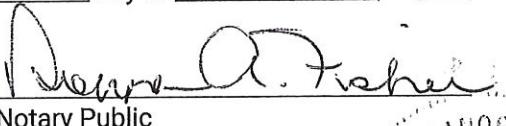
BY: 
Authorized Officer or Agent Signature

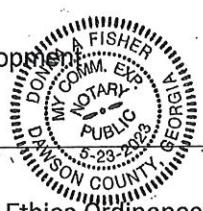
Jim Cullinan
Printed Name of Authorized Officer or Agent

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

Sworn to and subscribed before me this

15 day of December, 2020


Notary Public



Note: See Gwinnett County Code of Ethics Ordinance E02011, Sec. 54-33. The ordinance will be available to view in its' entirety at www.gwinnettcounty.com

7.14.17



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. Sierra Health and Life Insurance Company, Inc. (a UnitedHealthcare underwriting entity)
(Company Submitting Bid/Proposal)

2. (Please check one box below)

No information to disclose (complete only section 4 below)

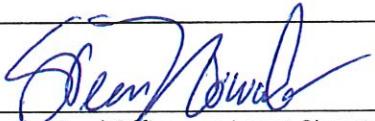
Disclosed information below (complete section 3 & section 4 below)

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

Gwinnett County Elected Official Name

4.

BY:

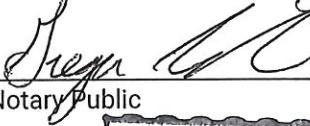

Authorized Officer or Agent Signature

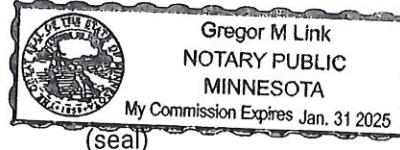
Steve Nowak
Printed Name of Authorized Officer or Agent

Vice President of Underwriting
Title of Authorized Officer or Agent of Contractor

Sworn to and subscribed before me this

21 day of January, 2021


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