



EXHIBIT C – CODE OF ETHICS AFFIDAVIT

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

RP005-21, Provision of Life, Accident and Disability Plans on an Annual Contract

Page 15

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. 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)

Gwinnett County Elected Official Name

4. Krista J Snow

BY: Krista J Snow
Authorized Officer or Agent Signature

Printed Name of Authorized Officer or Agent

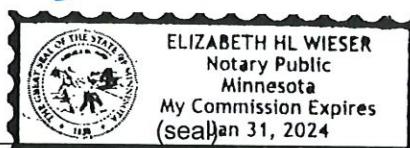
Vice President

Title of Authorized Officer or Agent of Contractor

Sworn to and subscribed before me this

7 day of July, 2021

Elizabeth H. Wieser
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



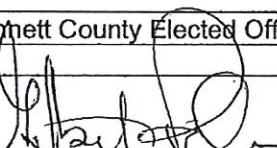
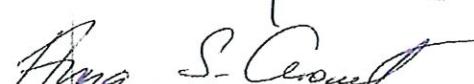
RP005-21, Provision of Life, Accident and Disability Plans on an Annual Contract

Page 15

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>Greater Georgia Life Insurance Company (d/b/a Anthem Life)</u> (Company Submitting Bid/Proposal)	
2. (Please check <input checked="" type="checkbox"/> one box below) <input checked="" type="checkbox"/> No information to disclose (complete only section 4 below) <input type="checkbox"/> Disclosed information below (complete section 3 & section 4 below)	
3. (if additional space is required, please attach list)	
Gwinnett County Elected Official Name	Gwinnett County Elected Official Name
Gwinnett County Elected Official Name	Gwinnett County Elected Official Name
4. BY:  Authorized Officer or Agent Signature Gilbert Palmer Printed Name of Authorized Officer or Agent Director, Specialty Sales Title of Authorized Officer or Agent of Contractor	Sworn to and subscribed before me this 12 day of July, 2021  Notary Public Anna S. Gionet State of Florida My Commission Expires 09/24/2021 Commission No. GG 140868 

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



RP005-21, Provision of Life, Accident and Disability Plans on an Annual Contract

***(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. The Lincoln National 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: Gail Anderson
Authorized Officer or Agent Signature

Sworn to and subscribed before me this

____ day of _____, 20____

Gail Anderson
Printed Name of Authorized Officer or Agent

Notary Public

VP, Pre-Sale Support
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



Lincoln National Corporation
150 N. Radnor-Chester Road
Radnor, PA 19087-5221

www.LincolnFinancial.com

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

RE: Notary and Signatures

July 15, 2021

Dear Dana,

Please note that Lincoln has submitted our proposal with electronic signatures. However, due to COVID-19 we are unable to provide in-person notary signatures for the Exhibit B – Contractor Affidavit and Exhibit C – Code of Ethics Affidavit forms. Additionally, we are not able to complete notary signatures via DocuSign or a similar electronic program.

Thank you for the opportunity to present our products, services, and competitive rates. Our team at Lincoln looks forward to partnering with you to best serve Gwinnett County Group Protection needs.

Sincerely,

Josh Robertson
Sales Representative, Intermediary Sales
Lincoln Financial Group
770-799-7911
Josh.Robertson@lfg.com



RP005-21, Provision of Life, Accident and Disability Plans on an Annual Contract

Page 15

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. Metropolitan Life Insurance Company (Company Submitting Bid/Proposal)	
2. (Please check <input checked="" type="checkbox"/> one box below)	
<input checked="" type="checkbox"/> No information to disclose (complete only section 4 below)	
<input type="checkbox"/> Disclosed information below (complete section 3 & section 4 below)	
3. (if additional space is required, please attach list)	
Gwinnett County Elected Official Name	Gwinnett County Elected Official Name
Gwinnett County Elected Official Name	Gwinnett County Elected Official Name
4. BY:  Authorized Officer or Agent Signature Michael McDermott Printed Name of Authorized Officer or Agent Vice President Title of Authorized Officer or Agent of Contractor	
Sworn to and subscribed before me this 9th day of July, 2021  Notary Public ASHLEY L PEYTON NOTARY PUBLIC STATE OF NEW JERSEY ID # 50137916 MY COMMISSION EXPIRES SEPTEMBER 25, 2025 (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

**RP005-21, Provision of Life, Accident and Disability Plans on an Annual Contract****Page 15****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. Life Insurance Company of North America (LINA)

(Company Submitting Bid/Proposal)

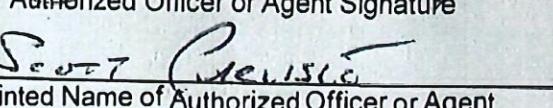
2. (Please check one box below) No information to disclose (complete only section 4 below) Disclosed information below (complete section 3 & section 4 below)**3. (if additional space is required, please attach list)**

Gwinnett County Elected Official Name

4.

BY:

Authorized Officer or Agent Signature

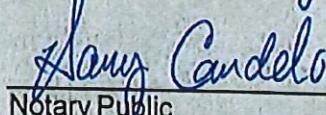

Printed Name of Authorized Officer or Agent

Vice President - National Account Sales

Title of Authorized Officer or Agent or Contractor

Sworn to and subscribed before me this

13th day of July, 2021


Notary Public

Harry Candelos
NOTARY PUBLIC
DeKalb County, GEORGIA
My Commission Expires 08/21/2022

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
RP003-21, Provision of a Voluntary Benefits Program on an Annual Contract

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. The Prudential Insurance Company of America
(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.

Sworn to and subscribed before me this

BY: Sara Guinn-Bailey
Authorized Officer or Agent Signature

12 day of February, 2021

Sara Guinn-Bailey
Printed Name of Authorized Officer or Agent

Notary Public

Vice President, Underwriting
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



Electronic Signature Statement

Prudential's number one priority is the health and safety of our associates. Like all businesses, entities and individuals, this public health crisis has challenged Prudential to think creatively regarding how to temporarily alter business practices to best serve our customers and keep our associates safe. We have done this by extending lapse periods and relaxing proof requirements in certain circumstances. Procuring wet signatures on documents including RFP documents requires a physical presence in the office. Given the increasing number of states issuing executive orders severely curtailing travel and access to offices, and in an effort to ensure the health and safety of our associates while remaining committed to our existing and prospective clients, Prudential respectfully requests that you accept the attached electronically signed response. For purposes of facilitating the recordation of Prudential's RFP, Prudential represents that this electronic signature is the legal equivalent of Prudential's wet signature and has the same force and effect as if this electronic signature was an actual signature. Prudential agrees to be legally bound by the RFP. Prudential further states that no corporate certification authority is necessary to validate this electronic signature.



EXHIBIT C – CODE OF ETHICS AFFIDAVIT

**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

RP005-21, Provision of Life, Accident and Disability Plans on an Annual Contract

Page 15

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>Hartford Life and Accident Insurance Company</u> (Company Submitting Bid/Proposal)	
2. (Please check <input checked="" type="checkbox"/> 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		Gwinnett County Elected Official Name
Gwinnett County Elected Official Name		Gwinnett County Elected Official Name
4. BY: <u>Adam Krawiec</u> <small>DocuSigned by: 910DC95A8B034F1</small> Authorized Officer or Agent Signature <u>Adam Krawiec</u> Printed Name of Authorized Officer or Agent		
Sworn to and subscribed before me this _____ day of _____, 20_____		
Notary Public <small>(seal)</small>		
<u>Vice President</u> Title of Authorized Officer or Agent of Contractor		

Per RFP, electronic signatures will be accepted; however, we are happy to notarize if awarded.

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



Gwinnett County Board of Commissioners

RFP #RP005-21/ Original Signatures

In light of ongoing challenges related to COVID-19, original signatures and notarized documents can will be provided if awarded.



RP005-21, Provision of Life, Accident and Disability Plans on an Annual Contract

Page 15

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. Minnesota 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: Susan Munson-Regala
Authorized Officer or Agent Signature

Susan Munson-Regala

Printed Name of Authorized Officer or Agent

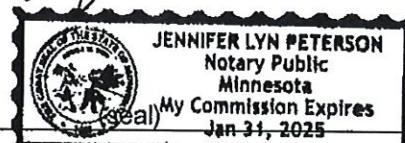
Vice President and Actuary

Title of Authorized Officer or Agent of Contractor

Sworn to and subscribed before me this

8th day of July, 2021

Jennifer Lyn Peterson
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



RP005-21, Provision of Life, Accident and Disability Plans on an Annual Contract

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>Madison National Life Insurance Company, Inc.</u> (Company Submitting Bid/Proposal)
2. (Please check <input checked="" type="checkbox"/> one box below) <input checked="" type="checkbox"/> No information to disclose (complete only section 4 below) <input type="checkbox"/> Disclosed information below (complete section 3 & section 4 below)
3. (if additional space is required, please attach list) Gwinnett County Elected Official Name _____ Gwinnett County Elected Official Name _____ Gwinnett County Elected Official Name _____ Gwinnett County Elected Official Name _____
4. Sworn to and subscribed before me this BY:  Authorized Officer or Agent Signature _____ Diann Thumser Printed Name of Authorized Officer or Agent _____ Notary Public _____ Vice President, Underwriting 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



www.madisonlife.com

July 1, 2021

Gwinnet County
Attn: Dana Garland, CPPB, Purchasing Associate III
Department of Financial Services, Purchasing
75 Langley Dr.
Lawrenceville, GA 30046-6935

Dear Dana Garland,

Madison National Life Insurance Company, Inc. takes COVID 19 seriously. Our associates are working remotely and following social distancing as directed by the CDC. At this time, we are providing an electronic signature but we are happy to provide a wet signature / notary, if required, at a later date. Thank you in advance for your understanding.

Stay safe and well,

Diann Thumser
VP, Underwriting