



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

BL120-19, Individual Stop Loss Coverage 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. Amalgamated 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	Gwinnett County Elected Official Name
_____	_____
Gwinnett County Elected Official Name	Gwinnett County Elected Official Name

4. Sworn to and subscribed before me this
BY: [Signature] 5 day of November, 2019
Authorized Officer or Agent Signature
John A. Brantley Notary Public
Printed Name of Authorized Officer or Agent
Executive Vice President
Title of Authorized Officer or Agent of Contractor
ROSEMARY CONTRERAS
Notary Public, State of New York
No. 01CO6155896
Qualified in Westchester County
Commission Expires November 20, 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



Proud Winner of the Annual *Achievement of Excellence Award* in Procurement since 1999



BL120-19, Individual Stop Loss Coverage 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. 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	Gwinnett County Elected Official Name
_____	_____
Gwinnett County Elected Official Name	Gwinnett County Elected Official Name

4. Sworn to and subscribed before me this


BY: Amy Hall 31 day of October, 2019

Authorized Officer or Agent Signature

Amy Hall
 Printed Name of Authorized Officer or Agent

Vice President
 Title of Authorized Officer or Agent of Contractor

Elizabeth Hl Wieser
 Notary Public



ELIZABETH HL WIESER
 Notary Public
 Minnesota
 My Commission Expires
 (seen) 31, 2024

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

