

Department of Financial Services
Purchasing Division



75 Langley Drive • Lawrenceville, GA 30046-6935
(tel) 770.822.8720 • (fax) 770.822.8735

gwinnettcounty

Proposal Name Comprehensive Wellness Program on an Annual Contract Bld/Proposal RP0040-13

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 60-33 of the Gwinnett County Code of Ordinances the undersigned bidder/proposer makes the following full and complete disclosure, under oath, 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 sub-contractors:

1. ASSET HEALTH INC
(Company Submitting Bid/Proposal)

2. (Please check one box below)
 No information to disclose (complete section 4 below)
 Disclosed information below (complete section 3 & section 4 below)

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

_____	_____
Elected Official Name	Elected Official Name
_____	_____
Elected Official Name	Elected Official Name

4. BY: Josiah K Haas
Signature of Affiant
Josiah K Haas
Name - Typed or printed
PRESIDENT
Title

Sworn to and subscribed before me this
28 day of June, 2013

Kennyle Jones
Notary Public

KENNYLE JONES
Notary Public - Michigan
Oakland County
My Commission Expires Dec 20, 2019

Note: See Gwinnett County Code of Ethics Ordinance EO2011-01, Section 60-33. 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 14 Consecutive Years (1999 - 2012)



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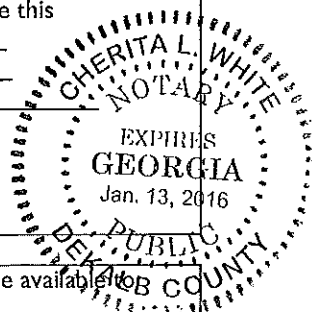
1. Kaiser Foundation Health Plan of Georgia, Inc.
(Company Submitting Bid/Proposal)

2. (Please check one box below)
 No information to disclose (complete section 4 below)
 Disclosed information below (complete section 3 & section 4 below)

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

_____	_____
Elected Official Name	Elected Official Name
_____	_____
Elected Official Name	Elected Official Name

4. BY: [Signature] Sworn to and subscribed before me this
Signature of Affiant 23rd day of April, 2013
Daniel J. Styf [Signature]
Name - Typed or printed Notary Public
VP, Regional & Marketing Strategy (seal)
Title



Note: See Gwinnett County Code of Ethics Ordinance EO2011, Sec. 60-33. The ordinance will be available in its' entirety at www.gwinnettcounty.com





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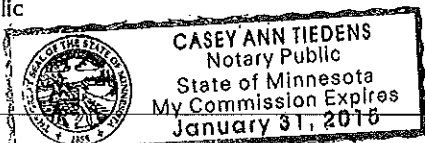
1. StayWell Health Management, LLC
(Company Submitting Bid/Proposal)

2. (Please check one box below)
 No information to disclose (complete section 4 below)
 Disclosed information below (complete section 3 & section 4 below)

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

<u>N/A</u>	<u>N/A</u>
Elected Official Name	Elected Official Name
<u>N/A</u>	<u>N/A</u>
Elected Official Name	Elected Official Name

4. BY: AC Corbin Sworn to and subscribed before me this
Signature of Affiant 24 day of April, 2013
Andrew C. Corbin Notary Public
Name – Typed or printed
President (seal)
Title



Note: See Gwinnett County Code of Ethics Ordinance EO2011, Sec. 60-33. This ordinance will be available to view in its' entirety at www.gwinnettcounty.com

