



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

RP001-19, Provision of Medical & Pharmacy Benefit Administration 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. United HealthCare Services, 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

Gwinnett County Elected Official Name

Gwinnett County Elected Official Name

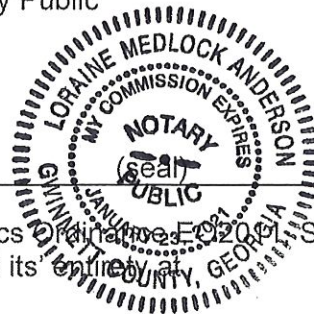
Gwinnett County Elected Official Name

4. BY: [Signature]
Authorized Officer or Agent Signature
Junior Harewood
Printed Name of Authorized Officer or Agent

Sworn to and subscribed before me this
17 day of January, 2019

[Signature]
Notary Public

Executive Director
Title of Authorized Officer or Agent of Contractor



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



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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)

N/A

Gwinnett County Elected Official Name

Gwinnett County Elected Official Name

Gwinnett County Elected Official Name

Gwinnett County Elected Official Name

4.

BY:

Mark Sternat
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

3rd day of January, 2019

Patrick Cosgrove
Notary Public

Patrick James Cosgrove
Notary Public-Connecticut
My Commission Expires
April 30, 2023

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



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1. Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. d/b/a 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

Gwinnett County Elected Official Name

Gwinnett County Elected Official Name

Gwinnett County Elected Official Name

4. BY: [Signature]

Authorized Officer or Agent Signature

Jeff Fusile

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

7th day of January, 2019

[Signature]

Notary Public **Janine McCullom**

**NOTARY PUBLIC
DeKalb County
State of Georgia**

My Comm. Expires June 22, 2020
(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

