



# EXHIBIT C – CODE OF ETHICS AFFIDAVIT

## 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 <input checked="" type="checkbox"/> <b>one</b> 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 &amp; 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></u> Authorized Officer or Agent Signature Pamela Stahl 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 <u>21</u> day of <u>December</u> , 20 <u>20</u> <u></u> Notary Public (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.gwinnettcountry.com](http://www.gwinnettcountry.com)



### 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

\_\_\_\_\_  
Gwinnett County Elected Official Name

\_\_\_\_\_  
Gwinnett County Elected Official Name

\_\_\_\_\_  
Gwinnett County Elected Official Name

4.

Sworn to and subscribed before me this

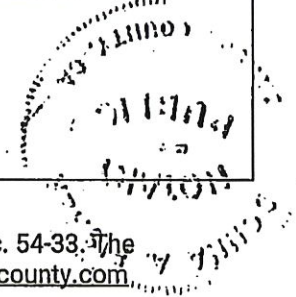
BY:   
Authorized Officer or Agent Signature

15 day of December, 2020

Jim Cullinan  
Printed Name of Authorized Officer or Agent

Notary Public

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



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](http://www.gwinnettcounty.com).

7.14.17