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233 Spring St. 12th Fl. East Bldg.
New York, NY 10013
tel: 212.651.8200
www.activehealth.com

Gwinnett County
Department of Financial Services, Purchasing Division
75 Langley Drive
Lawrenceville, GA 30046-6935
770.822.8720

3/16/2022

To whom it may concern,

We received your notification regarding signatures for the following request for proposal: **Wellness Proposal RP008-22**. Due to the ongoing office and travel limitations related to COVID-19, in-person signatures and notary could not be provided by our signatories at this time. We have inserted electronic signature on the following documents via Adobe Sign:

EXHIBIT A – SERVICE PROVIDER INFORMATION
EXHIBIT E – CONTRACTOR AFFIDAVIT
EXHIBIT F – CODE OF ETHICS AFFIDAVIT

We appreciate your flexibility in permitting the submission of electronic signatures during this challenging time. Please do not hesitate to contact me if you require any additional information regarding this request for proposal.

Sincerely,

A handwritten signature in black ink, appearing to read "Carol B. Ingher", is written over a faint, illegible background.

Carol B. Ingher
EVP, Chief Customer Solutions & Sales Officer
ActiveHealth Management, Inc.
CBIngher@activehealth.com

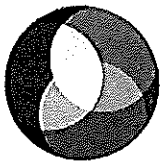


EXHIBIT F – CODE OF ETHICS AFFIDAVIT

RP008-22 Provision of a Wellness 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 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 proposer, its affiliates or its subcontractors:

1. Asset Health, 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: [Signature] 18th day of March, 2022
Authorized Officer or Agent Signature
Michael Creal
Printed Name of Authorized Officer or Agent
Senior Vice President
Title of Authorized Officer or Agent of Contractor

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

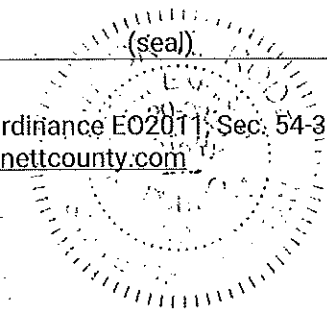




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1. Harris, Rothenberg International Inc. dba Humana Wellness (Company Submitting Bid/Proposal)

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: Susan D. Schick Authorized Officer or Agent Signature

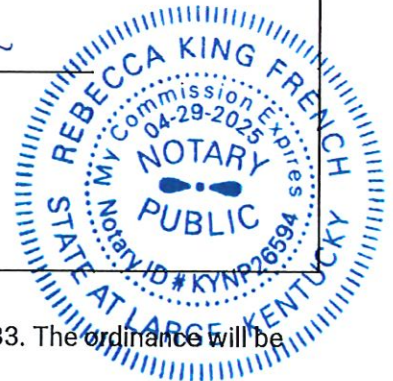
21st day of March, 2022

Susan D. Schick Printed Name of Authorized Officer or Agent

Rebecca King French Notary Public

Segment President, Group and Military Business 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

7.14.17



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1. The Visibility Company d/b/a Propel, 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: Nicholas Layne 18 day of March, 2022
Authorized Officer or Agent Signature
NICHOLAS LAYNE
Printed Name of Authorized Officer or Agent
Director of Strategic Operations
Title of Authorized Officer or Agent of Contractor

Morgan Fisher
Notary Public My Commission Expires
July 26, 2025

STATE OF TENNESSEE NOTARY PUBLIC (seal)
MORGAN FISHER
WILLIAMSBURG COUNTY

Note: See Gwinnett County Code of Ethics Ordinance EO 2011, Sec. 54-33. The ordinance will be available to view in its' entirety at www.gwinnettcountry.com

EXHIBIT F – CODE OF ETHICS AFFIDAVIT

RP008-22 Provision of a Wellness Program on an Annual Contract

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CODE OF ETHICS AFFIDAVIT

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In accordance with Section 54-33 of the Gwinnett County Code of Ordinances the undersigned 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 proposer, its affiliates or its subcontractors:

1. The Vitality Group, LLC
(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: Lauren Prozor
Authorized Officer or Agent Signature
Lauren Prozor
Printed Name of Authorized Officer or Agent
General Counsel
Title of Authorized Officer or Agent of Contractor

Sworn to and subscribed before me this
3 day of March, 20 22
Patricia Ruh
Notary Public
OFFICIAL SEAL
PATRICIA RUH
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:09/27/23
(seal)

Note: See Gwinnett County Code of Ethics Ordinance E02011, Sec. 54-33. The ordinance will be available to view in its' entirety at www.gwinnettcountry.com



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In accordance with Section 54-33 of the Gwinnett County Code of Ordinances the undersigned 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 proposer, its affiliates or its subcontractors:

1. WebMD Health Services Group, 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:
Authorized Officer or Agent Signature

John Harrison
Printed Name of Authorized Officer or Agent

General Manager
Title of Authorized Officer or Agent of Contractor

Sworn to and subscribed before me this
17th day of March, 2022

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.gwinnettcounty.com



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1. Wellness Coaches USA, LLC (Company Submitting Bid/Proposal)

2. (Please check one box below) [X] 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: [Signature] Authorized Officer or Agent Signature Printed Name of Authorized Officer or Agent ROB PUTNAM Title of Authorized Officer or Agent of Contractor CHIEF EXECUTIVE OFFICER

Sworn to and subscribed before me this 21st day of March, 2022 [Signature] Notary Public Commonwealth of Pennsylvania - Notary Seal CHRISTINE MC GOLDRICK - Notary Public Montgomery County My Commission Expires Jun 15, 2022 Commission Number 1256429 (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



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*(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 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 proposer, its affiliates or its subcontractors:

1. WellSpark Health, 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: Roberta D. Wachtelhausen 21st day of March, 2022
Authorized Officer or Agent Signature
Roberta D. Wachtelhausen
Printed Name of Authorized Officer or Agent
President
Title of Authorized Officer or Agent of Contractor

[Signature]
Notary Public
VINA CLIFFORD
NOTARY PUBLIC
My Commission Expires Sept. 30, 2025

(seal)

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