



EXHIBIT F – CODE OF ETHICS AFFIDAVIT

RP026-22 Provision of Employee Assistance and Work Life Services (EAP and Work Life Services) on an Annual Contract

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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. <u>Aetna Behavioral Health LLC</u> (Company Submitting Bid/Proposal)
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2. (Please check <input checked="" type="checkbox"/> one 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 & 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.	Sworn to and subscribed before me this
BY: <u><i>Brooke Wilson</i></u>	_____ day of _____, 20____
Authorized Officer or Agent Signature	
<u>Brooke Wilson</u>	_____
Printed Name of Authorized Officer or Agent	Notary Public
<u>Head of Aetna Resources For Living</u>	
Title of Authorized Officer or Agent of Contractor	(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



Mindy Borisoff
Business Development
EAP
Aetna Resources for Living
p: 646-872-9718
borisoffm@aetna.com

August 18, 2022

Dana Garland, CPPB, FOII, NIGP-CPP
Purchasing Associate III Gwinnett County Purchasing
75 Langley Drive, Lawrenceville, GA 30046
770-822-8723

Re: RP026-22

Dear Ms. Garland,

Like many organizations across the Country, we have transitioned much of our workforce to work from home in light of the COVID-19 pandemic. Due to the ongoing challenges related to COVID-19, original signatures cannot be provided at this time. We have provided electronic signatures in our proposal response.

Sincerely,

A handwritten signature in black ink that reads "Mindy J. Borisoff". The signature is written in a cursive style with a large, stylized "M" and "B".

Mindy Borisoff



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1. Employee Network, Inc. (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 Christopher Dixon Title of Authorized Officer or Agent of Contractor COO Sworn to and subscribed before me this 18th day of August, 2022 [Signature] Notary Public DIANNE OAKES Notary Public, State of New York No. 02DUF044058 Residing in Broome County My Commission Expires 05/22/2023

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

