

Aetna Life Insurance Company

GWINNETT COUNTY DEPARTMENT OF FINANCIAL SERVICES PURCHASING DIVISION

75 Langley Drive | Lawrenceville, GA 30046-6935 (O) 770.822.8720 | (F) 770.822.8735 DAVIT www.gwinnettcounty.com

EXHIBIT F - CODE OF ETHICS AFFIDAVIT

RP001-24 Provision of Self-Insured Medical and Pharmacy Plan Administration on an Annual Contract
Page 34

CODE OF ETHICS AFFIDAVIT

PLEASE RETURN THIS FORM COMPLETED WITH YOUR SUBMITTAL. SUBMITTED FORMS ARE 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 their 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:

Company Submitting Bid/Proposal	•
 Please select one of the following: ☒ No information to disclose (complete of Disclosed information below (complete) 	· · · · · · · · · · · · · · · · · · ·
3. If additional space is required, please atta	ch 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	Sworn to and subscribed before me this
Mark Sternat Printed Name of Authorized Officer or Agen	t day of February 2024
Director of Business Development	MM
Title of Authorized Officer or Agent of Contr	Notary Public CRAIG BAKER NOTARY PUBLIC State of Connecticut My Commission Expires August 31, 2028 Notary Public CRAIG BAKER NOTARY Public State of Connecticut My Commission Expires August 31, 2028

Note: See Gwinnett County Code of Ethics Ordinance EO2011, Sec. 54-33. The ordinance will be available to view in its' entirety at **GwinnettCounty.com**



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١.	Blue Cross Blue Shield Healthcare Plan of Georgia, Inc.	dba Anthem Blue Cross and Blue Shield
	Company Submitting Bid/Proposal	
2.	Please select one of the following:	
۷.	9.000 (F.00.00 (F.00)	
	☑No information to disclose (complete only section	
	☐ 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
	Owinical County Elected Official Patric	Comment County Institute County Institute
4	BY: "lolfo	
١.	Authorized Officer or Agent Signature	Sworn to and subscribed before me this
		7
	Robert Bunch	26th day of January, 20 24
_	Printed Name of Authorized Officer or Agent	day of Janvary, 20
•	Timed Name of Authorized Officer of Agence	
F	President	Andrea Mondon
-	Fitle 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 **GwinnettCounty.com**

Proud Winner of the Annual Achievement of Excellence Award in Procurement since 1999



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1.	Cigna Health and Life Insurance Company (CHLIC) Company Submitting Bid/Proposal	
2.	Please select one of the following: X No information to disclose (complete only section Disclosed information below (complete section 3)	
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	Sworn to and subscribed before me this
Ī	Kirk Erickson Printed Name of Authorized Officer or Agent	29th day of JANUARY, 20 24
=	Vice President Title of Authorized Officer or Agent of Contractor	Notary Public
	The of Authorized Officer of Agent of Contractor	GABRIELLE D. THO CONTROL (Seed) & CONTRO
	Note: See Gwinnett County Code of Et ordinance will be available to view in its' e	



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1.	Sav-Rx Prescription Services		
	Company Submitting Bid/Proposal		
2.	Please select one of the following: ☑ No information to disclose (complete only see ☐ Disclosed information below (complete section)		
3.	If additional space is required, please attach list	:	
	Gwinnett County Elected Official Name	Gwinnett County Elected Official Name	-
		ē.	
	Gwinnett County Elected Official Name	Gwinnett County Elected Official Name	==
4.	BY:Authorized/Officer or Agent Signature	Sworn to and subscribed before me this	s
,	Christy Piti	30 day of January, 20 2	4
F	Printed Name of Authorized Officer or Agent	day of January, 20 2	
	Chief Executive Officer Title of Authorized Officer or Agent of Contractor	Notary Public Quentity Public	
	THE OF AUTHORIZED OFFICER OF AGENCOL CONTRACTOR	State of Nebraska – General Notary LISA A, QUINCY-RUMP My Commission Expires September 25, 2024 (se	eal

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



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1.	United HealthCare Servics, Inc.	
***	Company Submitting Bid/Proposal	
2.	Please select one of the following: ☐ No information to disclose (complete only section Disclosed information below (complete section)	Vanis 10.00
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	Sworn to and subscribed before me this
_	Bryan Palmer	ay of Jamony, 2024
	Printed Name of Authorized Officer or Agent Health Plan CEO	Locarry Medlery Andur
1	itle of Authorized Officer or Agent of Contractor	Notary Public

Note: See Gwinnett County Code of Ethics Ordinance EO2011, Sec. 54-33.91 ordinance will be available to view in its' entirety at **GwinnettCounty.com**