



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:

1. Aetna Life Insurance Company
Company Submitting Bid/Proposal

2. Please select one of the following:
☒ No information to disclose (*complete only section 4 below*)
☐ Disclosed information below (*complete section 3 & section 4 below*)

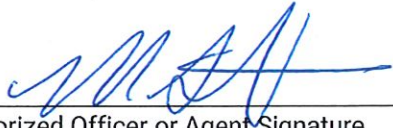
3. If additional space is required, please attach list:

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

Sworn to and subscribed before me this

Mark Sternat
Printed Name of Authorized Officer or Agent

1st day of February, 2024

Director of Business Development
Title of Authorized Officer or Agent of Contractor


Notary Public
CRAIG BAKER
NOTARY PUBLIC
State of Connecticut
My Commission Expires
August 31, 2028

(seal)

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



EXHIBIT F – CODE OF ETHICS AFFIDAVIT

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

CODE OF ETHICS AFFIDAVIT

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1. 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:

- ☒ 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

Sworn to and subscribed before me this

Robert Bunch
Printed Name of Authorized Officer or Agent

26th day of January, 2024

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 GwinnettCounty.com





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1. Cigna Health and Life Insurance Company (CHLIC)
Company Submitting Bid/Proposal

2. Please select one of the following:
- ☒ 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: Kirk Erickson
Authorized Officer or Agent Signature

Sworn to and subscribed before me this

Kirk Erickson
Printed Name of Authorized Officer or Agent

Vice President
Title of Authorized Officer or Agent of Contractor

29th day of JANUARY, 20 24

Gabrielle D. Thorne
Notary Public

GABRIELLE D. THORNE
Notary Public, Georgia
Douglas County
My Commission Expires
August 17, 2027

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



Gwinnett

GWINNETT COUNTY
DEPARTMENT OF FINANCIAL SERVICES
PURCHASING DIVISION

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

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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 section 4 below*)
☐ Disclosed information below (*complete section 3 & section 4 below*)

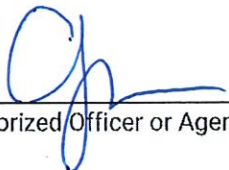
3. If additional space is required, please attach list:

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

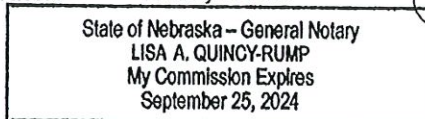
Sworn to and subscribed before me this

Christy Piti
Printed Name of Authorized Officer or Agent

30 day of January, 2024

Chief Executive Officer
Title of Authorized Officer or Agent of Contractor


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 GwinnettCounty.com



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1. United HealthCare Services, Inc.
Company Submitting Bid/Proposal

2. Please select one of the following:
☒ 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

Sworn to and subscribed before me this

Bryan Palmer

Printed Name of Authorized Officer or Agent

Health Plan CEO

Title of Authorized Officer or Agent of Contractor

24 day of January, 2024


Notary Public

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

