

**2018-2019 CONFLICT OF INTEREST DISCLOSURE FORM FOR BLUE CROSS BLUE SHIELD OF ARIZONA,  
INC. AND ITS WHOLLY OWNED SUBSIDIARIES**

The purpose of this disclosure form is to assist the Corporation in evaluating compliance with its Corporate Compliance & Ethics Program and Code Blue. **Please answer ALL the questions and check ALL the acknowledgement boxes.** The Corporate Compliance & Ethics Program and Code Blue are available on Planet Blue.

Remember to list all Affiliations that you or any of your Personal Relationships may have. Affiliation means ownership, membership on a Board of Directors, employment, consulting or contractual agreements, or similar financial arrangements. **Personal Relationship means any other individual living in your household or your spouse, parent, child, sibling, grandparent, grandchild, in-laws (mother, father, sister, brother, daughter or son), stepchild, stepparent or domestic partner.**

<b>Name:</b>
<b>Date:</b>
<b>Employee Number:</b>
<b>Job Title:</b>
<b>Last Name of Vice President level or above that I report to:</b>

Choose One:

<input type="checkbox"/> <b>Employee</b>	<input type="checkbox"/> <b>Contract / Temporary Staff</b>	<input type="checkbox"/> <b>Board Member</b>
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I am submitting this form on behalf of the following corporate entities, collectively referred to as the corporation (check all that apply):

<input type="checkbox"/> <b>Blue Cross Blue Shield of Arizona, Inc.</b>
<input type="checkbox"/> <b>CSA Enterprises, Inc.</b>
<input type="checkbox"/> <b>CSA General Insurance Agency, Inc.</b>
<input type="checkbox"/> <b>Trinnovate Ventures, Inc.</b>
<input type="checkbox"/> <b>Other (provide name):</b>

For each "YES" answer, please give full details including relationships, names of companies or employer, percentage of ownership interests, retail value of gifts, position held, etc.

**YES EXAMPLES**

Item #	Person Involved	Company Name	Relationship	Describe Details
1	Jane Doe	Doe's Paper Towel Co.	Sister	My sister owns 50% of Doe's Paper Towel Company. A vendor for BCBSAZ.
2	John Doe	ABC Hospital	Brother-in-law	My brother-in-law is a biller at ABC Hospital in Dallas, Texas.
3	Mary Jones	BCBSAZ	Roommate	My roommate is a CSR in Provider Assistance.

**OWNERSHIP INTERESTS:**

1. Within the past year, have you or anyone with whom you have a Personal Relationship had any **ownership interest (5% or more)** in any health care provider, clinical laboratory or HMO or any company which is a vendor, contractor, subcontractor or competitor of the Corporation or other entity seeking to do business with the Corporation?      **No**     **Yes**

If **“YES”**, provide the following information:

Person Involved	Company Name	Relationship	Describe Details

**EMPLOYMENT / OUTSIDE AFFILIATIONS**

2. Within the past year, have you or anyone with whom you have a Personal Relationship worked as an employee, consultant, agent or broker, or served as a board member or officer, of a company or individual that was a vendor, provider, contractor or subcontractor doing or seeking to do business with the Corporation or a competitor that provides or sells health insurance or a business that is in anyway related to the health care or health insurance industry?      **No**     **Yes**

If **“YES”**, provide the following information:

Person Involved	Company Name	Relationship	Describe Details

3. Does anyone with whom you have a Personal Relationship work for BCBSAZ or one of its subsidiaries or affiliates?      **No**     **Yes**

If **“YES”**, provide the following information.

Person Involved	Company Name	Relationship	Position

4. Do you currently serve as an officer or board member for another organization / corporation? No  Yes

If "YES", provide the following information.

Name of Organization / Corporation	Is this organization/corporation involved in healthcare?	Position You Hold	Non-Profit / For Profit?	
	Y/N		<input type="checkbox"/> Non-Profit	<input type="checkbox"/> For Profit
	Y/N		<input type="checkbox"/> Non-Profit	<input type="checkbox"/> For Profit
	Y/N		<input type="checkbox"/> Non-Profit	<input type="checkbox"/> For Profit
	Y/N		<input type="checkbox"/> Non-Profit	<input type="checkbox"/> For Profit
	Y/N		<input type="checkbox"/> Non-Profit	<input type="checkbox"/> For Profit
	Y/N		<input type="checkbox"/> Non-Profit	<input type="checkbox"/> For Profit
	Y/N		<input type="checkbox"/> Non-Profit	<input type="checkbox"/> For Profit
	Y/N		<input type="checkbox"/> Non-Profit	<input type="checkbox"/> For Profit

5. During the past year, have you or anyone with whom you have a Personal Relationship received a gift, transportation, entertainment, discount or something of value from a company or individual doing business or seeking to do business with the Corporation that has not been previously reported to Corporate Integrity?

No  Yes

If "YES", provide the following information.

Person Involved / Relationship	Company Name	Describe Gift	\$ Value of Gift	FEP or PDP Employee?		
				<input type="checkbox"/> FEP	<input type="checkbox"/> PDP	<input type="checkbox"/> NO
				<input type="checkbox"/> FEP	<input type="checkbox"/> PDP	<input type="checkbox"/> NO
				<input type="checkbox"/> FEP	<input type="checkbox"/> PDP	<input type="checkbox"/> NO
				<input type="checkbox"/> FEP	<input type="checkbox"/> PDP	<input type="checkbox"/> NO
				<input type="checkbox"/> FEP	<input type="checkbox"/> PDP	<input type="checkbox"/> NO

**LEGAL INFORMATION**

6. Have you or a company in which you serve or served as an officer, Board Member, incorporator, or owner ever been charged, indicted or convicted of a felony, a violation of insurance laws or subject to an injunction, judgment, decree or permanent order related to such crimes in any state or federal court? No  Yes

If "YES", provide the following information.

Company Name	Describe Details

**OTHER**

7. Have you ever been debarred, excluded or otherwise ineligible to perform work directly or indirectly on federal health care programs? **No**  **Yes**

If **“YES”**, provide the following information.

Describe Details

8. Do you know of any other activities or financial relationships involving yourself or others that may conflict with either the Corporation’s interests, the Compliance & Ethics Program or Code Blue? **No**  **Yes**

If **“YES”**, provide the following information.

Describe Details

**OFFICERS AND BOARD MEMBERS ONLY**

9. Have you ever served as an officer, board member, incorporator or owner of an entity that was placed in bankruptcy, receivership or had its charter revoked? **No**  **Yes**

If **“YES”**, provide the following information.

Describe Details

**\*\*\*\*\*ACKNOWLEDGEMENTS – MUST BE COMPLETED BY ALL\*\*\*\*\***

By checking the boxes below, I am affirming that I have personally filled out this form and to the best of my knowledge; the information given is complete and accurate.

- I am not aware of any actual or potential violations of the Compliance & Ethics Program or Code Blue except for those I have already reported using one of the methods outlined in Code Blue.
- I have had the opportunity to review the Compliance & Ethics Program. I am familiar with and understand the Program and its definitions, elements and examples.
- I have had the opportunity to review Code Blue. I am familiar with and understand the Code and its definitions, sections and examples.
- I am not involved in any other situations that cause me to have an actual or potential conflict of interest with Corporation as defined in the Code.
- I agree to continue to adhere to the business ethics set forth in the Compliance & Ethics Program and Code Blue and to report any potential violations.
- I have had the opportunity to review the non-discrimination and anti-harassment policies within Code Blue and the Employee Guide. I am familiar with and understand the policies, definitions and complaint procedure.
- I have read and understand the Company Computer and Internet User Responsibility Agreement.
- I understand my responsibilities to preserve the confidentiality of non-public information including Protected Health Information and personal identifying information and have adhered to the confidentiality requirements of my job by handing off work when it involves people I know such as family or friends. I also understand my duty not to disclose any non-public information continues after termination of employment.
- If a change occurs or if any event arises before the next annual disclosure form process that may be a conflict or potential conflict, I will report it in writing promptly by a method outlined in Code Blue.

**ACKNOWLEDGEMENTS –FOR MEDICAL STAFF WITH LICENSES ONLY**

- I am aware that if there is a change to my medical licensure, I need to report it immediately to the Vice President of Human Resources.

ALL FORMS MUST BE SIGNED AND DATED

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name – Please Print