



Washington State Health Insurance Pool

DIRECTOR, OFFICER AND ~~KEY~~ EMPLOYEE STATEMENT

The WSHIP Bylaws include a conflict of interest policy (“Policy”) designed to protect WSHIP’s interest when it is contemplating entering into a transaction or arrangement that might benefit the private interests of an officer or director of WSHIP. See Attachment A for a copy of the Policy.

The Policy requires that each director, principal officer and member of a committee with board–delegated powers shall annually sign a statement which affirms the statements set forth below. Certain additional information is requested. ~~Key employees~~Employees are asked to complete and sign the statement as well.

Thank you for your cooperation.

Please complete the following information, date and sign this statement below.

A. Name and position (e.g. director, officer, member of a committee with board delegated powers, WSHIP employee):

B. Occupation: _____

C. Current employer, if any: _____

D. Affirmation:

(1) I have received a copy of the Policy;

(2) I have read and understand the Policy;

(3) I agree to comply with the Policy;

(4) I understand that WSHIP is a tax-exempt organization and that in order to maintain the federal tax exemption it must engage primarily in activities which accomplish one or more of its tax-exempt purposes.

E. Financial Interests:



The Policy requires that if you have a financial interest in a proposed transaction or arrangement with WSHIP, you must disclose the existence and nature of your financial interest to the board or board committee with board delegated powers considering the proposed transaction or arrangement. Please identify any such financial interest which you have disclosed in the past 12 months. If there is a financial interest you believe you should have disclosed, please describe any such interest here as well.

- A person has a financial interest in a transaction or arrangement if the person has, directly or indirectly, through business, investment or family¹: (a) an ownership or investment interest in any entity with which WSHIP has a transaction or arrangement, or (b) a compensation arrangement with WSHIP or with any entity or individual with which WSHIP has a transaction or arrangement, or (c) a potential ownership or investment interest in, or compensation arrangement with, any entity or individual with which WSHIP is negotiating a transaction or arrangement. "Compensation" includes direct and indirect remuneration as well as gifts or favors that are substantial in nature.

The Policy also requires you to report family or business relationships you may have with other directors on the board, or with officers, trustees or ~~key~~ employees of WSHIP. The reportable relationships include: (a) whether you are employed by, or you employ, an officer, trustee, director or ~~key~~ employee; (b) a business in which you and any one of the above-listed persons holds a key position or an aggregate of 10% ownership in the assets or income; (c) transactions between you and any of the above-listed persons individually, or through their 35% owned business, which exceeds \$10,000 in aggregate during the reporting year; and (d) family relationships with any of the above-listed persons. Describe any such relationship in detail below.

I affirm the accuracy and completeness of the information provided above.

¹ Family members include spouse, siblings (half or whole), children, grandchildren, and in-laws. Businesses include those in which you own or control at least 35%, or disregarded entities.



Adopted 11-18-10
Revised 3-~~86~~-17-19

Signature

Date



Washington State Health Insurance Pool
VENDOR STATEMENT

The Washington State Health Insurance Pool (“WSHIP”) is constituted pursuant to Washington law for the purpose of providing health insurance benefits to Washington residents who are denied health insurance coverage. WSHIP has a conflict of interest policy applicable to its ~~board members~~directors, officers, and ~~staff~~employees with respect to the operation of WSHIP, and also requests its consultants and vendors to complete this statement to ensure ethical business practices. See Attachment A for a copy of the Policy.

Thank you for your cooperation.

Please complete the following information, date and sign this statement below.

A. Name of person completing form:

B. Vendor; Your relationship to Vendor:

C. Nature of Vendor relationship with WSHIP (e.g., consultant, auditor):

D. Contract, if any (title, date and parties to contract):

E. Affirmation:

Except as disclosed below, I make the following affirmations:

- (1) I have received a copy of the WSHIP Conflicts of Interest Policy (Article VIII of the WSHIP Bylaws) and read the Policy. I am not aware of any financial interest,* as defined in the Policy, of an individual WSHIP ~~board member~~director, officer, or employee in or with my Firm.
- (2) As a consultant to WSHIP, neither I nor any firm of which I am an owner, director, employee or officer (“Firm”) has a business relationship with any other individual or entity that would directly and adversely affect my ability and/or the Firm’s ability to apply independent professional judgment in performing service for WSHIP, as applicable.



- (3) Neither I nor my Firm has offered or paid, and neither I nor my Firm will offer or pay anything of value to a ~~board member or~~ director officer, or employee of WSHIP, in their personal capacity, except for de minimis payment for a meal or as otherwise approved by WSHIP board policy.
- (4) I understand that WSHIP is a tax-exempt organization and that in order to maintain the federal tax exemption it must engage primarily in activities which accomplish one or more of its tax-exempt purposes.

Financial Interest*

A person serving as a WSHIP ~~board member~~ director, officer, or employee has a financial interest in a transaction or arrangement with you or your Firm if the person has, directly or indirectly, through business, investment or family: (a) an ownership or investment interest in your Firm; or (b) a compensation arrangement with your Firm; or (c) WSHIP is negotiating a transaction or arrangement with your Firm. "Compensation" includes direct and indirect remuneration as well as gifts or favors that are substantial in nature.

Describe any exception to your affirmation above:

I affirm the accuracy and completeness of the information provided above.

Signature

Date