

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 directors, officers, and 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.

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

A. Name of person completing form:

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B. Vendor; Your relationship to Vendor:

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

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

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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 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 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 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:

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

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Signature

Date