

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 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): _____

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.

Signature

Date

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.