

Vendor Statement

Washington State Health Insurance Pool

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. The Pre-existing Condition Insurance Plan – Washington State (“PCIP-WA”) is the temporary federally funded high risk pool operated by a subsidiary of WSHIP. WSHIP has a conflict of interest policy applicable to its board members and staff with respect to the operation of WSHIP and PCIP-WA, and also requests its consultants and vendors to complete this statement to ensure ethical business practices.

Thank you for your cooperation.

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

A. Name of person completing form:

B. Employer: _____

C. Nature of relationship with WSHIP and/or PCIP-WA (e.g., consultant, auditor):

WSHIP: _____

PCIP-WA _____

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 or employee in or with my Firm.
- (2) As a consultant to WSHIP and/or PCIP-WA, 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 and/or PCIP-WA, as applicable.

Approved by WSHIP Board
November 18, 2010

- (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 officer 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 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 or PCIP-WA are negotiating a transaction or arrangement with your Firm..

Describe any exception to your affirmation above:

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

Signature

Date