

# Conflict of Interest Disclosure Form



An Independent Licensee of the Blue Cross and Blue Shield Association

A conflict of interest is a set of circumstances that creates risk for professional judgment or actions to potentially corrupt or influence the motivation of another interest. The presence of a conflict of interest is independent from any impropriety.

Therefore, voluntary disclosure of any potential conflict of interest can assist the Compliance Officer in the mitigation of risk. All information provided is considered confidential and will remain secure in the Compliance Department.

This statement of disclosure requires you to provide information not only with respect to you but with respect to certain parties that are related to you. These persons are termed “Related Persons” and include the following:

- a. your spouse, domestic partner, children, step-children, parents, siblings, step-siblings, grandchildren and their spouses, grandparents and other close relatives;
- b. Any corporation or organization of which you are a board member, an officer, a partner, a trustee or a member.
- c. Any corporation in which you participate in management or are employed by;
- d. Any publicly-traded company in which you are a debt holder or have an ownership interest that exceeds \$50,000 in value as determined by fair market value;
- e. Any privately held entity in which you are the holder of any debt or have any ownership interest;
- f. Any trust or other estate in which you have substantial beneficial interest or as to which you serve as a trustee or in a similar capacity.

**Blue Cross Blue Shield of Arizona Advantage  
Conflict of Interest Disclosure Form**

**Please answer the following questions to the best of your ability. We understand that you may not know what interests your family members may hold.**

Print Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Department: \_\_\_\_\_ Location: \_\_\_\_\_

**Please indicate your role/relationship with Veritage/Blue Advantage:**

- Employee – Position \_\_\_\_\_
- Committee Member – Committee Name \_\_\_\_\_
- Officer
- Executive Governing Body

1. Have you or any of your Related Persons provided services or property to Veritage/MediSun/Blue Cross Blue Shield of Arizona Advantage in the past year or plan to provide services or property to during the following year?

- No
- Yes

If yes, please describe the nature of the services or property, and if a Related Person is involved, please name the person and your relationship with that person.

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2. Please indicate whether you or any of your Related Persons had any direct or indirect interest in any business transaction(s) in the past year to which Veritage / MediSun /Blue Cross Blue Shield of Arizona Advantage was or is a party or plan to have any direct or indirect interest in any business transactions to which Veritage / MediSun /Blue Cross Blue Shield of Arizona Advantage will be a party during following year?

- No
- Yes

If yes, describe the transaction(s) and if a Related Person is involved, please name the person and your relationship with that person.

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3. In the past year, did you or any of your Related Persons receive, or become entitled to receive, directly or indirectly, any personal benefits from Veritage / MediSun /Blue Cross Blue Shield of Arizona Advantage or as a result of your relationship with Veritage / MediSun /Blue Cross Blue Shield of Arizona Advantage that in the aggregate could be valued in excess of \$1,000, that were not or will not be compensation directly related to your duties to Veritage / MediSun /Blue Cross Blue Shield of Arizona Advantage?
- No  
 Yes

If yes, please describe the benefit(s) and if a Related Person is involved, the identity of the Related Person and your relationship with that person.

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4. Are you or any of your Related Persons a party or have an interest in legal proceedings involving Veritage / MediSun /Blue Cross Blue Shield of Arizona Advantage?
- No  
 Yes

If yes, please describe the proceedings and if a Related Person is involved, the identity of the Related Person and your relationship with that person.

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5. Are you aware of any other events, transactions, arrangements or situations that have occurred or may occur in the future that you believe should be reported to Compliance in accordance with the terms and intent of the Conflict of Interest Policy?
- No  
 Yes

If yes, please describe:

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I HEREBY CONFIRM my responses to the above questions have been answered to the best of my knowledge and belief. If I have previously disclosed a conflict of interest, I have obtained management approval to work despite any conflict, or I have eliminated the conflict. I agree that if I become aware of any information that might indicate that this disclosure is inaccurate, I will notify Compliance via the contact information below:

Blue Cross Blue Shield of Arizona Advantage  
Attn: Chief Compliance Officer  
8220 N 23<sup>rd</sup> Ave, Mail Stop C107  
Phoenix, AZ 85021  
(480) 684-7741

Signature \_\_\_\_\_ Date \_\_\_\_\_