

Appendix A – Conflict of Interest Attestation (Submit with Application)

A. "Conflict of interest" means having a private or personal interest sufficient to influence, or appear to influence, the objective exercise of an IPA Entity or IPA's official duties.

B. I (Name of Lead at IPA Entity) attest that (Name of Organization) and all of its employees:

- Are NOT Health insurance or stop-loss issuers or a subsidiary of such;
- Are NOT an association that includes a member of, or lobbies on behalf of, the health insurance industry;
- Do NOT receive any consideration directly or indirectly from any health insurance issuer in connection with the enrollment of any individuals or employees in a Qualified Health Plan (QHP) or a non-QHP;
- Are NOT directly or indirectly owned by or exclusively contract with a single insurer or its subsidiaries, if I am a provider entity (including, but not limited to, hospitals, clinics, and physician practices);
- Do NOT directly or indirectly own a single insurer or its subsidiaries, if I am a provider entity (including, but not limited to, hospitals, clinics, and physician practices); and
- Will remain free of conflicts of interest during the term of this program.

C. The undersigned agrees that if an actual or potential conflict of interest arises after the date of this affidavit, the IPA Entity shall immediately make a full disclosure in writing to the procurement officer of all relevant facts and circumstances. This disclosure shall include a description of actions which the IPA Entity has taken and proposes to take to avoid, mitigate, or neutralize the actual or potential conflict of interest. If the contract has been awarded and performance of the contract has begun, the IPA Entity shall continue performance until notified by the procurement officer of any contrary action to be taken.

I DO SOLEMNLY DECLARE AND AFFIRM UNDER THE PENALTIES OF PERJURY THAT THE CONTENTS OF THIS AFFIDAVIT ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION, AND BELIEF.

Date: _____ By: _____

(Authorized Representative and Affiant)