



Agent / Broker Conflict of Interest Certification and Disclosure Form

As part of our commitment to integrity, sound business practices and good corporate governance, BlueCross BlueShield of Tennessee (BCBST) acknowledges that certain corporate obligations create a specific responsibility to identify, disclose, monitor and mitigate all actual, apparent, and potential conflicts of interest (COI) for both individual and organizational activities. As part of this responsibility, BCBST requires all agents / brokers that are seeking appointment to sell insurance products for BCBST companies to complete specific credentialing requirements including a disclosure of financial interests or other business relationships that the agent / broker or their family members have with our competitors and companies doing business with or seeking to do business with our company that may be considered a conflict of interest.

**** Given the inherent nature of the business arrangements that agents / brokers have with various companies, you are not being requested to disclose the business arrangements that you have with our competitors that exist only for the purpose of selling insurance products.**

In addition to completing this COI certification and disclosure form upon initial contract to sell insurance products for BCBST companies, if you are being credentialed to sell BCBST's Medicare Advantage and Medicare Prescription Drug products, you will be required to complete this form every year thereafter for which you are approved to sell Medicare Advantage products. As a plan sponsor for both Medicare Advantage and Medicare Prescription Drug Programs, BCBST is required to obtain certifications from firms providing agent / broker services, agents, or brokers, at the time of hire and annually thereafter certifying that the organization, agent, or broker is free from any COI in administering or delivering Part D benefits.

For purposes of this COI certification and disclosure form, the following terms have been defined for your reference when providing responses:

Conflict of Interest is a situation where your personal interests or activities, as well as those of your family members, could influence your judgment or decisions, and therefore, your ability to act in the best interest of the company or its contractual obligations. A conflict of interest can result in being unable to render impartial assistance or advice, having impaired objectivity or an unfair competitive advantage in the business relationships of the company. A conflict of interest also includes activities that may only appear to influence your judgment or decisions.

BCBST Companies include the BlueCross BlueShield of Tennessee, Inc. parent company, its holding companies, subsidiaries, affiliates and other entities whether wholly-owned or owned through majority or minority interests either directly or indirectly.

Family Member includes your spouse, dependent children, anyone living in the same residence as you, anyone who is financially dependent on you and/or whose investments are controlled by you.

I understand that if I do not check the Attestations below indicating agreement, then I must complete the Disclosures section of this form for each Attestation that is unchecked.

Attestations

_____ I hereby attest that I will not "steer" beneficiaries into products that are not in their best interest.

_____ I hereby attest that neither I nor any family member has a financial interest or any other business relationship with any organization or company that is a competitor of or has done or now does business with BCBST companies that would create a conflict of interest in my role as an agent / broker. ** Please note exception for competitor relationship in instructions above.



Agent / Broker Conflict of Interest Certification and Disclosure Form

_____ I hereby attest that outside of my position as an agent / broker, I am not employed in nor a volunteer in a position outside BCBST companies that would potentially constitute a conflict of interest.

_____ I hereby attest that I am not aware of any BCBST Code of Conduct violations or other compliance concerns involving myself or any employee, manager, officer, director, consultant, vendor, or subcontractor of BCBST companies that has not been reported to BCBST management and/or the BCBST Corporate Compliance Department.

_____ I understand and accept the responsibility to amend the responses to this conflict of interest certification and disclosure form whenever an update to this information is necessary as a result of a change in the previously reported status of myself or a family member.

Disclosures

Please explain in detail any actual or potential COI, financial interest, or other disclosures being reported. (Please attach supplemental information or additional disclosure pages as needed.)

If you have questions about this form, need to amend previous responses, or wish to report any COI or compliance concerns in the future, please contact the BCBST Broker Administration Department at agentsandbrokers@bcbst.com or toll free (888) 924-2204 or the BCBST Corporate Compliance Department at compliancehotline@bcbst.com or toll free (888) 343-4221.

Certification

I acknowledge my obligation to provide full disclosure of all known financial interests or business relationships as required by this form to assist in the identification, disclosure, ongoing monitoring and mitigation of all actual or potential conflicts of interest for both individual and organizational activities. Also, I understand that my responses may be submitted to state and federal regulatory authorities, and anyone that knowingly and willfully falsifies, conceals or covers up a material fact or makes any false or fraudulent statement, shall be fined not more than \$10,000 or imprisoned not more than five years or both (18.U.S.C. Section 1001).

I affirm that to the best of my knowledge the information disclosed herein is complete and accurate.

Signature

Date

Print Name