

Code of Ethics and Conduct Certification and Conflicts of Interest Disclosure

I hereby certify that I have read and that I understand the Code of Ethics and Conduct (the “Code”) applicable to all associates of the AmeriHealth Caritas Family of Companies (referred to as the “Company”). I understand that compliance with the Code is a condition of my employment with the Company, and that I may be subject to disciplinary action, up to and including termination of my employment, if I violate the terms of the Code. In addition, I understand that the Company reserves any other legal rights it may have related to my violations of the Code.

☐ No ☐ Yes 1. Have you been convicted of a crime within the past 12 months, which involved bribery, payment of illegal gratuities, fraud, perjury, false statements, racketeering, blackmail, extortion, falsification or destruction of records, theft, or embezzlement? A conviction includes a plea of guilty, nolo contendere, or a finding of guilt by a judge or a jury. *If yes, please explain:*

☐ No ☐ Yes 2. Have you been convicted of a crime punishable by exclusion from Medicaid/Medicare, received a civil fine or penalty for activities related to Medicaid/Medicare, or been excluded from participation in Medicaid/Medicare programs? A conviction includes a judgment of conviction regardless of whether an appeal is pending or the record has been expunged, a plea of guilty or nolo contendere, a finding of guilt, or participation in a first offender, deferred adjudication or other program where judgment of conviction has been withheld. *If yes, please explain:*

☐ No ☐ Yes 3. Are you aware of any potential violation of the Company Code of Ethics and Conduct or of any misconduct on the part of any associate or the Company? *If yes, please explain:*

To the best of my knowledge and belief, I have conducted myself, during the past 12 months, in accordance with the Code.

If I become aware of any conduct on the part of an associate in the Company that raises questions about a possible violation of the Code, I will bring this matter to the attention of my supervisor/manager or the Corporate Compliance Officer. My supervisor/manager and/or a Human Resources representative has responded to all questions I have asked (if any) concerning the Code.

Please be sure to read, complete, and sign the reverse side of this form.

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Annual reporting of all potential conflicts of interest, even if reported in prior years, is required.

Attach additional pages as necessary.

☐ No ☐ Yes 1. A member of my family is an associate of the AmeriHealth Caritas Family of Companies. If yes, please explain; provide the family member's name, relationship, line of business, department and title.

☐ No ☐ Yes 2. A member of my family is a member of one of the AmeriHealth Caritas Family of Companies' Medicaid/Medicare insurance plans or a plan for which AmeriHealth provides services. If yes, please explain; provide the family member's name, relationship, and insurance plan.

☐ No ☐ Yes 3. I am involved in a personal or business situation that could be construed or perceived as placing me in a position of having a conflict of interest or a potential conflict of interest with the Company. If you have a conflict, tell us about it below.

☐ No ☐ Yes 4. I and/or a member of my family have/has a position of influence OR a financial relationship (including employment) with one or more of the following:

☐ No ☐ Yes Suppliers of goods or services to the Company and/or providers

☐ No ☐ Yes A competitor of the Company

☐ No ☐ Yes Board of Directors, Trustee or Position as an Officer of an outside Company

☐ No ☐ Yes Hospitals, Nursing Homes, Health Care Facilities or Health Care Organizations

☐ No ☐ Yes Insurance brokers or other insurance Company affiliations

☐ No ☐ Yes Ownership in any company, corporation or business enterprise or stock ownership in any company, corporation, or business enterprise of greater than 5%

☐ No ☐ Yes Other

For each Yes indicated above, provide the following information.

	Yourself or Family Member	State the family member's relationship to you.	In the space below, describe the nature of the conflict for each conflict.
1.			
2.			
3.			

I acknowledge and agree that should any situation arise in the future that may be, or may become, a conflict of interest, I will promptly report it in writing to the Corporate Compliance Officer.

Signature: _____ Date: _____ Ext.: _____

Print Name: _____ Department: _____

Line of Business: _____ Supervisor/Manager: _____

Employment Status: ☐ Full-time ☐ Consultant ☐ Intern/Extern ☐ Part-time ☐ Contractor ☐ Temp