



Annual Conflict of Interest Certification and Disclosure Form

Heritage on the Marina requires its executive leadership, officers and members of the Board of Directors to annually certify their adherence to Heritage on the Marina's Conflict of Interest Policy and to disclose or update any potential conflicts of interest that may apply to the individual and/or the individual's immediate family members.

This form demonstrates your agreement, and your annual commitment to renew your agreement:

- to read, understand, and comply with Heritage on the Marina's Conflict of Interest Policy and
- to disclose any relationship or interest tied to you or an immediate family member that has the potential to conflict with your duties and responsibilities to Heritage on the Marina.

Note: the term "immediate family" as referenced in this Certification Form includes all of the following:

a current or former spouse, domestic partner, natural or adoptive parent, step-parent, spouse or domestic partner of a parent or step-parent, child, step-child, spouse or domestic partner of a child or step-child, sibling, step-sibling, father-in-law, mother-in-law, brother-in-law, sister-in-law, grandparent, grandchild, or spouse or domestic partner of a grandparent or grandchild.

Please complete the following questions to the best of your knowledge and include enough information to describe the nature of the relationship and any associated financial interest.

1. Do you or an immediate family member hold or plan to hold a financial interest (e.g., ownership or investment) or employment with any business that furnishes goods or services, or is seeking to furnish goods or services, to Heritage on the Marina?

No Yes

If yes, please list the person who holds the financial interest or employment, the name of each business from which the individual received compensation or holds a financial interest, a description of the type of goods or services involved, and the percentage and/or value of ownership or investment interest involved.

2. Do you or any immediate family member hold or plan to hold a financial interest (e.g., ownership or investment) or employment with a hospital or health system, a skilled nursing facility or nursing home or similar business that could be a potential referral source to Heritage on the Marina?

No Yes



If yes, please list the person who holds the financial interest, list the business or entity name, and the percentage and/or value of ownership or investment interest involved.

3. Did you or any immediate family member receive any gifts, meals valued at over \$100, entertainment, gratuities, hospitality, or other compensation including, but not limited to, consulting fees, honoraria, or royalties from any existing or potential Heritage on the Marina vendor(s)?

No Yes

If yes, please list:

- the person who received the gift or other compensation,
- the vendor that provided the gift or compensation,
- the service for which the gift or compensation was provided (e.g., consulting, speaking engagement, etc.),
- the total compensation provided or estimated value of the gift or gratuity, and
- date(s) of compensation or gift received.

4. Are you or any immediate family member, or do you or any immediate family member anticipate becoming a trustee, director, officer, council or committee member, employee, or consultant of any other health care organization or health insurance company?

No Yes

If yes, please list the name of each organization, position held or to be held, and term of position.

5. Are you or any immediate family member involved in any other organizational relationship, activity, or interest that may raise a conflict of interest or impair your objectivity in relation to Heritage on the Marina policies or issues?

No Yes

If yes, please describe:



I hereby certify that this accurately and completely describes, to the best of my knowledge and belief, all financial and other interests, which are required to be reported under the provisions of Heritage on the Marina's Conflict of Interest Policy.

I understand that I have a duty to update this Disclosure Statement, within 30 days, if I have a new potential conflict of interest to report.

I understand that I am not to participate in any decision or vote on an issue in which I may have conflicts of interest.

Typed/Printed Name of Individual

Signature of Employee

Date