E-MAIL A COPY OF THIS COMPLETED FORM TO Compliance ConflictsOfInterest@MaineGeneral.org.

If you have questions about this form, please call the Ethics and Compliance Department at 621-9350.

MGH Policy LD-23-Attachment 3

MaineGeneral Health ("MGH") Conflict of Interest Disclosure Statement

1. Do you or a member of your immediate family¹ have an <u>ownership or investment interest</u> ² in any entity that does business with or that competes with any MGH entity (in this form "MGH" includes MGMC, MGRLTC, MGCC, Kennebec Risk, LLC and all joint ventures)? No ☐ Yes ☐ (Identify the entity and your percent of ownership or your nvestment as a percent of total value of the entity.) <u>Type Response Here</u>
Do you or a member of your immediate family have any <u>compensation/remuneration arrangement</u> with any entity, business, or governmental agency that does business with or that competes with MGH (include fundraising activities)? No Yes I f yes, identify the entity, the relationship, and the dollar amount of the annual compensation/remuneration from this arrangement. Type Response Here
Do you or your immediate family have a potential ownership, investment or compensation arrangement or any authority or influence with respect to the business of any entity or individual with which MGH is negotiating a transaction or arrangement? No Yes If yes, identify the transaction or arrangement currently under negotiation, the entity and your percentage of ownership or investment interest in the entity or describe your authority or influence.) Type Response Here
Are you or an immediate family member engaged in any other activity that might be regarded as an actual, apparent or potential conflict of interest in connection with your position with MGH? No \(\subseteq\) Yes \(\subseteq\) (If yes, identify your activity, the entity and your relationship to the entity.) \(\subseteq\) Type Response Here
Please list all organizations other than MGH for which you are any of the following: Board Member, Committee Member, Owner, Partner, Independent Contractor or Employee. (Please do not include religious or political organizations). None. Type Response Here
Do you feel that you or an immediate family member have any other potential or actual conflict of interest with MGH that needs to be disclosed? No \(\subseteq \text{Yes} \subseteq \subseteq \text{If yes, please explain.} \)
7. Have you ever been convicted by any court of any crime? No \(\subseteq\) Yes \(\subseteq\) If yes, please explain and provide a copy of the court judgment. (Civil infractions are not crimes and need not be reported): \(\frac{Type Response Here}{Type Response}\)
Have you ever had any adverse legal actions taken against you? Medicare defines an adverse action as_(1) a Medicare -imposed revocation of any Medicare billing privileges; (2) suspension or revocation of a license to provide health care by any state licensing authority; (3) revocation or suspension by an accreditation organization such as Boards or the Joint Commission; (4) a conviction of a federal or state felony offense (as defined in § 424.535(a)(3)(i)) within the last ten years; or (5) exclusion or debarment from participation in a federal or state health care program. No \(\Boxed{\text{Yes}}\) Yes \(\Boxed{\text{If yes, please explain:}}\)
I HEREBY CERTIFY that: (a) I have read and understand the MGH Conflict of Interest Policy; (b) I agree to comply with the policy and the polices of MGH; (c) I understand that MGH is a charitable organization and that in order to maintain its federal tax exemption it must engage primarily in activities that accomplish one or more of its tax-exempt ourposes: (d) I agree to immediately report to the Chief Compliance Officer any changes to my answers above; and (e) neither I nor any member of my immediate family have used information, or accepted employment, business, gratuities, gifts or entertainment, or other favors, in violation of this policy or any other policy of MGH.
Signature: Date: (Typed initials in the signature line and a copy sent by the employee's e-mail account, qualify as an electronic signature for this form.)
Name (print): Position Title:

² Investment excludes mutual funds or any investment amount that is less than 10% of the net worth of the entity.

¹ Immediate family means a parent, sibling, spouse, significant other, or child of the Employee or of an Employee's spouse or significant other. "Significant other" means that a relationship exists between two people, neither of whom is married, that is intended to remain indefinitely and where there is joint responsibility for each other's common welfare, there are significant shared financial obligations, and there is a shared primary residence.