Conflict of Interest (A) – (no revisions)

Do you, your company and/or any principals within your organization have an existing personal or business relationship with Hackensack Meridian Health (HMH) or with an HMH employee, physician, Board Member, or any family member of any of the HMH Boards?

Conflict of Interest (B) (added definition)

Do you, a family member, your organization and/or any of its principals have a Material Ownership or Investment Interest in any business that is engaged in, or is about to engage in, or is seeking to engage in, any transaction, contract, or arrangement with a Hackensack Meridian Health Corporation? For purposes of evaluating the materiality of an ownership or investment interest, a disclosure should be made below if that interest: (i) exceeds 5% of the individual’s total assets; (ii) accounts for more than 5% of the individual’s annual income; (iii) exceeds 2% of the total investment in the corporation, partnership, or entity; or (iv) exceeds, either individually or combined with a Family Member’s interest, 5% of any class of outstanding stock, securities, or other ownership interest of such company.

Conflict of Interest (C) (Combined C and D)

Do you, your organization or any of the principals within your organization have a personal or business relationship with any vendor currently doing business with HMH, previously done business with HMH, or any Group Purchasing Organization doing business with HMH?

Conflict of Interest (D) (Combined E and G)

Is your organization physician owned or is the organization a health care entity in a position to make referrals to or receive referrals from HMH or is a Principal, Officer, Executive or any individual from your company that will be working with HMH a public official or hold any elected or appointed office or position in any branch of government or in any regulatory agency (e.g. Member of the State Legislature, Mayor of a municipality or Elected Official)?

Conflict of Interest (E) (previously F)

Are you currently or have you been previously employed by HMH?

Conflict of Interest (F) (previously H – no revisions)

Are you, a family member, your company or any of the principals currently or within the last five years been suspended, debarred or terminated from participation in Medicare, Medicaid, TriCare or any other federally funded program? If yes, please provide the names(s), relationship and details.

Acknowledgment:

With respect to all tax-exempt Network Entities, I understand that the Network Entity 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 purposes.

I agree to promptly notify the Chief Compliance Officer and Purchasing Department of Hackensack Meridian Health of any changes in the foregoing disclosures.

I further agree that I will not reveal any confidential information learned in the course of my duties to any unauthorized person, not will I use such information for personal profit. I will not divulge any information about Network Entity decisions or any other information to any other person under circumstances that might be prejudicial to the interest of the Network Entity, except as related to discharging my responsibilities to the Network Entity.

The information contained herein is true and accurate to the best of my knowledge and belief as of the date this was completed.