



TEXAS LIFE & HEALTH  
INSURANCE GUARANTY ASSOCIATION

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Name: \_\_\_\_\_

Position: \_\_\_\_\_  
(Board Member, Consultant, Vendor)

Firm: \_\_\_\_\_

## Policy Statement on Conflicts of Interest and Business Ethics

### [Year] QUESTIONNAIRE

As you are aware, the Association's Policy Statement on Conflicts of Interest and Business Ethics (collectively "Policies") applies to you. You are required to complete this questionnaire at the beginning of your relationship with the Association, and then annually thereafter. The questionnaire is designed as a means to monitor and enforce compliance with the above-mentioned policies.

Please return the original signed copy to Bart Boles, the Association Executive Director for receipt **not later than March 15, [Year]**. Extensions may be requested and granted, but only for good cause. **You should consider the necessity of completing this questionnaire by the applicable deadline as an extremely important matter.** For your convenience, a copy of the Policy Statement on Conflicts of Interest and Business Ethics has been provided with this questionnaire. **Thank you in advance for your cooperation.**

In responding, we ask you to report all events and situations which have occurred or prevailed from January 1, [prior year] through the date of your response, even if their original existence predated January 1, [prior year]. Copies of all positive responses shall be forwarded to Association counsel and Board counsel who shall advise the Board of any issues requiring Board attention or action. Consistent with the intent of the Policies, you should interpret the questions in the broadest possible non-technical sense. When in doubt, please disclose. You may be assured that the confidentiality of all responses will be maintained.

Include separate sheets where necessary for a complete description. For the purposes of this questionnaire, the terms referenced below shall have the meanings given to them:

**"Immediate family"** means your spouse, parents and children no matter where they reside and all persons living in the same household with you.

**"Associate"** means:

- (i) any member of your immediate family;
- (ii) any organization, other than the Association, NOLHGA, or another guaranty association,
  - (A) of which you are or were, or a member of your immediate family is or was, at the time of the relevant transaction, an officer or general partner, or
  - (B) of which you and the members of your immediate family, in the aggregate, are or were, at the time of the relevant transaction, the beneficial owners directly or indirectly of 10% or more of any class of equity securities or a limited partnership interest of a least 10%; and
- (iii) any trust or other estate in which you or any member of your immediate family have or had, at the time of the relevant transaction, a substantial beneficial interest or as to which you serve as trustee.

### **QUESTIONS**

1. Have you or any associate accepted gifts, favors and other consideration, which in the aggregate, have a fair value in excess of \$100 from anyone in connection with your activities on behalf of the Association? (Compensation or other payments received from the Association or your regular employer for work done on behalf of the Association need not be reported. In addition, payment for meals in a regular Association business setting and reimbursed travel expenses need not be reported.)

Yes

No

**If yes, please provide details below:**

2. Have you or any member of your immediate family to your knowledge owned legally or beneficially any investment in any company which writes or services life or health insurance contracts or is a holding company thereof? You need **not** report: (i) any interest as a policyholder in a solvent company; (ii) any investment through a pooled investment vehicle (such as a mutual fund) over which neither you nor any member of your immediate family had or has investment discretion; (iii) any investment held pursuant to an employee stock ownership plan; or (iv) any investment which does not exceed a one percent (1%) equity ownership interest.

Yes

No

**If yes, please provide details below:**

3. During the applicable period, did you use or disclose any material nonpublic information acquired by you in your Association activities otherwise than in furtherance of those activities?

Yes

No

**If yes, please provide details below:**

4. In the course of your activities on behalf of the Association during the applicable period, have you become aware of any situation which to your knowledge involved unlawful or unethical conduct by, or presented a conflict of interest or the appearance of one for, you or anyone else subject to the Policies?

Yes

No

**If yes, please provide details below:**

5. To your knowledge, during the last two years have you or any associate been affiliated with, employed by or otherwise in a business relationship with an entity that submitted a proposal in response to a request for proposal sponsored by the Association or NOLHGA during the applicable period?

Yes

No

**If yes, please provide details below:**

6. If as part of your official Association duties during the applicable period, you approved or consented to the appointment or selection of a consultant for the Association, please disclose all employment and business relationships that you or any associate have or had with a party that served as such Association consultant during the applicable period. In responding to this question, you need not disclose your activities as a board member for a guaranty association.

Yes

No

**If yes, please provide details below:**

By my signature below, I hereby certify that: (i) I have read the Association's Policy Statement on Conflicts of Interest and Business Ethics and I fully understand my obligation to comply with it and the penalties which may be imposed for noncompliance; (ii) the information provided above and in all attachments is accurate and complete; (iii) to the best of my knowledge, except as may be indicated by such information, since January 1, [prior year], I have been and I am now in full compliance with the Policy; (iv) I have not corruptly altered, destroyed, mutilated, or concealed any record, document, or other object, or attempted to do so, with the intent to impair the object's integrity or availability for use in an official proceeding, nor have I otherwise obstructed, influenced, or impeded any official proceeding, or attempted to do so; and (v) if any of the information which I have provided changes, I will promptly inform the Association's Executive Director, or Board Chair, as appropriate.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_