

CONFLICT OF INTEREST QUESTIONNAIRE

For vendor doing business with local governmental entity

FORM CIQ

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.

OFFICE USE ONLY

This questionnaire is being filed in accordance with Chapter 176, Local Government Code, by a vendor who has a business relationship as defined by Section 176.001(1-a) with a local governmental entity and the vendor meets requirements under Section 176.006(a).

Date Received

By law this questionnaire must be filed with the records administrator of the local governmental entity not later than the 7th business day after the date the vendor becomes aware of facts that require the statement to be filed. See Section 176.006(a-1), Local Government Code. A vendor commits an offense if the vendor knowingly violates Section 176.006, Local Government Code. An offense under this section is a misdemeanor.

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 CITY CLERK
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1 Name of vendor who has a business relationship with local governmental entity.

Blue Cross and Blue Shield of Texas, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company *SEE BELOW

2 Check this box if you are filing an update to a previously filed questionnaire.

(The law requires that you file an updated completed questionnaire with the appropriate filing authority not later than the 7th business day after the date on which you became aware that the originally filed questionnaire was incomplete or inaccurate.)

3 Name of local government officer with whom filer has employment or business relationship.

Not Applicable
 Name of Officer

4

Describe each employment or other business relationship with the local government officer, or a family member of the officer, as described by Section 176.003(a)(2)(A). Also describe any family relationship with the local government officer. Complete subparts A and B for each employment or business relationship described. Attach additional pages to this Form CIQ as necessary.

Respondent has no knowledge of officers, employees or agents who are officials or employees of the City of San Antonio (the City). Respondent does not currently ask this question of officers, employees or agents. If selected, Respondent would conduct a diligent inquiry annually to ensure no conflict exists that would impact its ability to perform its obligations under this contract.

A. Is the local government officer named in this section receiving or likely to receive taxable income, other than investment income, from the filer of the questionnaire?

Yes No Not Applicable

B. Is the vendor receiving or likely to receive taxable income, other than investment income, from or at the direction of the local government officer or a family member of the officer AND the taxable income is not received from the local governmental entity?

Yes No Not Applicable

5

Describe each employment or business relationship that the vendor named in Section 1 maintains with a corporation or other business entity with respect to which the local government officer serves as an officer or director, or holds an ownership interest of one percent or more.

Not Applicable

6

Check this box if the vendor has given the local government officer or a family member of the officer one or more gifts as described in Section 176.003(a)(2)(B), excluding gifts described in Section 176.003(a-1). Not Applicable



City of San Antonio

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CONFLICT OF INTEREST QUESTIONNAIRE ADDENDUM FORM CIQ-A

For vendor or other person doing business with local governmental entity

Completed Conflict of Interest Questionnaires and Conflict of Interest Questionnaire Addenda are to be submitted by all individuals and/or entities who seek to do business with the City of San Antonio.

A CIQ and CIQ Addendum are required to be filed for EACH solicitation submitted, and are required to be submitted together.

1 Name of person who has or is seeking to have a business relationship with the City of San Antonio.

Not applicable.

2 Name of Company that has or is seeking to have a business relationship with the City of San Antonio.

Blue Cross and Blue Shield of Texas, a Division of Health Care Service Corporation, a Mutual Legal Reserve Co.

2a Business Contact information for Company listed above.

Business Address: 1001 East Lookout Drive, Richardson, Texas 75082

Phone: (972) 766-1000

Email: www.bcbstx.com

3 Bid Name or Description of Service

City of San Antonio RFP for Third Party Administrator for Medical Plans, Pharmacy & Spending Accounts

4 Printed name of person doing business with the City of San Antonio (same as denoted on Box 4 of Form CIQ).

Not applicable.

Completed Conflict of Interest Questionnaires and Addenda should be mailed or hand-delivered separately from the solicitation (bid) to one of the following addresses:

Mailing Address: Office of the City Clerk
P.O.Box 839966
San Antonio, TX 78283-3966

Physical Address: Office of the City Clerk
City Hall, 2nd Floor
100 Military Plaza
San Antonio, TX 78205

Print Form