



## Intermountain Healthcare Fiduciary Conflict of Interest / Independence Questionnaire

Please answer each question. If the question does not apply to you, write "NA" next to the question. Do not leave any question blank.

**Notes:**

1. Attach additional pages, if necessary.
2. Please update your most recently completed questionnaire each time you become aware of a financial interest, a potential conflict, or a change of any information you have previously given in a questionnaire.

<b>Part 1: General Information</b>
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**Trustee's Name (please print):** \_\_\_\_\_

**Today's Date:** \_\_\_\_\_

**Definitions:**

As you answer the questions in this questionnaire, please apply these definitions to the specified terms.

- **"Fiduciary"** means an Intermountain Trustee, an Intermountain Officer, or a member of a Board committee of an Intermountain organization.
- **"Conflict of Interest"** means a situation in which a Fiduciary's financial, professional, or other personal considerations may directly or indirectly affect, or appear to affect, the Fiduciary's professional judgment in exercising any Intermountain duty or responsibility. A Conflict of Interest may be actual, apparent, or potential.
- **"Intermountain"** means any of the following Intermountain organizations
  - Intermountain Health Care, Inc.
  - IHC Health Services, Inc. (including Fiduciaries of Community Boards and of the IHC Home Care Board)
  - IHC Management, Inc.
  - SelectHealth, Inc.
  - Intermountain Healthcare Foundation, Inc.
  - IHC Professional Services, Inc.
  - Intellectual Asset Management, LLC
  - SelectHealth Benefit Assurance Company, Inc.
  - Healthcare Captive Insurance Company
  - IHC Affiliated Services, Inc.
- **"Family Member"** means a Fiduciary's relative that is one of the following:
  - related by blood or marriage as father, mother, husband, wife, son (whether natural or adopted), daughter (whether natural or adopted), or any other direct lineal ancestor or descendant; or
  - a sister (whether whole or half-blood), brother (whether whole or half-blood), uncle, aunt, nephew, niece, first cousin, mother-in-law, father-in-law, brother-in-law, sister-in-law, son-in-law, or daughter-in-law.

## Part 2: Potential Conflicts of Interest

### 1.0 Employment (including self-employment)

A. Please list the name and address of all of your current employers or companies:

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B. Your job title with each employer or company:

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### 2.0 Fiduciary's Employment Positions of Influence / Board Memberships

A. Do you serve in a capacity to exercise influence over the affairs or decisions of an organization that is an Intermountain customer, vendor, or competitor?

*(Note: Examples of a person who has a "capacity to exercise influence" include, but are not limited to, an officer, board member, manager, consultant, partner in a partnership, owner of a material interest, or investor in an organization.)*

YES

NO

B. If you answered "Yes" to the previous question, please provide the following information:

(1) The position(s) you hold giving you "the capacity to exercise influence":

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(2) The name and address of each company or organization in which you hold that position:

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(3) Describe the type – not the amount – of the compensation, remuneration, or expense reimbursement you receive in each position.

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C. List all Boards on which you served in the last year (include Intermountain boards):

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D. Disclose any additional activities or circumstances not included above which may involve a possible conflict of interest.

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**3.0 Fiduciary's Family Members: Employment/Positions of Influence**

A. Do any of your Family Members serve in a capacity to exercise substantial influence over the affairs or decisions of an organization (including service as an executive officer, board member, manager, consultant, partner, owner, etc.) that is an Intermountain customer, vendor, or competitor?

*(Note: Some examples of a person who has a "capacity to exercise influence" include, but are not limited to, an officer, board member, manager, consultant, partner in a partnership, owner of a material interest, or investor in an organization.)*

YES  NO

B. If you answered "Yes" to the previous question, please provide the following information:

(1) The name of each Family Member holding a position that gives that Family Member "the capacity to exercise influence":

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(2) A description of the position(s) of each Family Member having "the capacity to exercise influence":

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(3) The name and address of each company or organization in which each Family Member holds that position:

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(4) The relationship to you of each Family Member holding a position that has "the capacity to exercise influence":

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I have used reasonable efforts in searching for answers to the questions asked in this form and I have answered these questions to the best of my knowledge.

Fiduciary's Signature: \_\_\_\_\_ Date: \_\_\_\_\_