

Bellin Gundersen Health System

2025 Conflict of Interest Disclosure Statement

A potential conflict of interest occurs when an individual's or immediate family member's private interest interferes with, or even appears to interfere with, the interests of Bellin Gundersen Health System, Inc. or a related entity, hereinafter collectively referred to as BGHS.

Note: The terms related entity, immediate family member, and financial interest are defined at the end of this document.

Do you or an immediate family member perform (or have performed) any of the following activities for or with a company that conduct or seeks to conduct business with BGHS or is in competition with BGHS? (Check all that apply):

Activity	Amount	Paid To	Comments & Company/Vendor (if applicable)
<input type="checkbox"/> Consulting, Speaking/Lecture, Teaching/ Training, Proctoring or Writing Services for a business that does, or is likely to do business with, or is a competitor of BGHS		<input type="checkbox"/> Me <input type="checkbox"/> BGHS <input type="checkbox"/> Family	
<input type="checkbox"/> Product development		<input type="checkbox"/> Me <input type="checkbox"/> BGHS <input type="checkbox"/> Family	
<input type="checkbox"/> Patents or licensing agreements		<input type="checkbox"/> Me <input type="checkbox"/> BGHS <input type="checkbox"/> Family	

Activity	Comments & Company/Vendor Name (if applicable)
<input type="checkbox"/> Medical Directorship - BGHS approved (part of your job duties)	
<input type="checkbox"/> Medical Directorship - unrelated to BGHS (work done on own time)	
<input type="checkbox"/> Medical Advisor for an external organization (Paid or Voluntary)	
<input type="checkbox"/> Moonlighting (disclose moonlighting both external and within BGHS)	
<input type="checkbox"/> Expert witness / Physician reviewer	

Bellin Gundersen Health System

2025 Conflict of Interest Disclosure Statement

Activity	Comments & Company/Vendor Name (if applicable)
<input type="checkbox"/> Receiving income through employment or royalties from another health care related organization	
<input type="checkbox"/> Own a financial interest or serve on a Board of a company that does, or is likely to do business with, or is a competitor of BGHS	
<input type="checkbox"/> Ownership of a financial interest exceeding \$250,000 in any BGHS entity tax exempt bonds	
<input type="checkbox"/> Equity ownership, investment interest, stock options or other equity (exclusive of mutual funds) in publicly or privately traded firms (e.g. stocks, stock options or other ownership interests of 5% or more) in a company that does, or is likely to do business with, or is a competitor of BGHS or related entity	
<input type="checkbox"/> Serve as a director, trustee, officer or in any other fiduciary or key employee capacity for a non-BGHS affiliate, corporation, partnership, LLC or other business or entity that conducts or seeks to conduct business or that is or could be in competition, directly or indirectly with BGHS	
<input type="checkbox"/> Serve as a director, trustee, officer or in any other fiduciary or key employee capacity for an affiliate of BGHS	
<input type="checkbox"/> Other	

Do you, an immediate family member, or an entity in which you have a financial interest, receive any of the following types of remuneration from any business or entity that conducts (or seeks to conduct) business directly or indirectly with BGHS, or an entity which is a competitor of BGHS? (Check all that apply)

Activity	Amount	Paid To	Comments
<input type="checkbox"/> Gifts (in excess of permissible gifts outlined in policy)		<input type="checkbox"/> Me <input type="checkbox"/> BGHS <input type="checkbox"/> Family	

Bellin Gundersen Health System

2025 Conflict of Interest Disclosure Statement

Activity	Amount	Paid To	Comments
<input type="checkbox"/> Travel/Lodging expense reimbursement - if applicable, comment field must include details (such as vendor and purpose, for example: training or education)		<input type="checkbox"/> Me <input type="checkbox"/> BGHS <input type="checkbox"/> Family	
<input type="checkbox"/> Entertainment		<input type="checkbox"/> Me <input type="checkbox"/> BGHS <input type="checkbox"/> Family	
<input type="checkbox"/> Food		<input type="checkbox"/> Me <input type="checkbox"/> BGHS <input type="checkbox"/> Family	
<input type="checkbox"/> Other (please specify)		<input type="checkbox"/> Me <input type="checkbox"/> BGHS <input type="checkbox"/> Family	

Conflict of Interest Information Related to IRS Form 990 Requirements

Completion of this section is only required if you are a member of a BGHS or Related Entity Board, an Officer, Chief, President or Vice President of BGHS or a Related Entity.

BGHS'governance documents include an additional Conflict of Interest policy that you are subject to if you are in a role referenced in the above paragraph. Please click on the following link to review the [BGHS Conflict of Interest Policy](#) included within BGHS'governance documents.

Please provide the following information:

<input type="checkbox"/> These are, to the best of my knowledge, the names of all corporations, companies, firms, or other business enterprises (a) with which I am affiliated (or with which any Immediate Family Member of mine is affiliated) as an employee, officer, director, trustee, or partner; or (b) in which I own (or any Immediate Family Member owns) at least 10% of the equity interest, profits interest, or beneficial interest, if such entity is likely to do business with the BGHS or a Related Entity.	
<input type="checkbox"/> These are, to the best of my knowledge, the names of all charitable, not-for-profit, non-governmental, or governmental organizations with which I am affiliated (or with which any Immediate Family Member of mine is affiliated) as an employee, officer, director, trustee, or committee member.	

Bellin Gundersen Health System

2025 Conflict of Interest Disclosure Statement

<input type="checkbox"/> I am providing the following information concerning myself (or my immediate Family Members) not requested in the preceding paragraphs that may present an actual or potential conflict of interest.	
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Definitions:
Related Entity: any organization that, directly or indirectly, is controlled by or is under common control with BGHS, Inc.
Immediate Family Member: spouse, natural or adoptive parent, child, sibling, stepparent, stepchild, stepbrother, stepsister, father-, mother-, daughter-, son-, brother-, or sister in law, grandchild, great grandchild or grandparent, spouse of grandparent, grandchild or great grandchild.
Financial Interest: As used in this statement, financial Interest includes anything of monetary value, including, but not limited to, salary or other payments for services (e.g., consulting fees, proctoring fees, speaking fees, honoraria, expert witness fees); equity interests (e.g. stocks, stock options or other ownership interests of 5% or more) and the value of intellectual property rights (e.g. patents, copyrights and royalties from such rights).

<input type="checkbox"/> I have no conflicts of interests to report

Certification
I have read the applicable Bellin and Gundersen Conflict of Interest Policy(cies), and I understand its requirements and agree to abide by them. I understand that BGHS is a tax-exempt organization that must engage primarily in activities that accomplish one or more charitable purposes to maintain its tax-exempt status. I also understand that BGHS participates in government health care programs and must comply with the laws that pertain to these programs. I hereby agree to report immediately in writing to the Compliance Office any new situation with the potential for a conflict of interest which may develop before the completion of my next Conflict of Interest Disclosure Statement. By submitting this completed form, I attest that the answers provided are true and accurate to the best of my knowledge as of the date of this disclosure.

Signature: _____ Date: _____
Printed Name: _____