

## Addendum To Biographical Affidavit

### Important Notes

See the below instructions before completing this form.

### Instructions to Complete the Addendum to the Biographical Affidavit

1. Limit your response to information concerning any relationship which represents control, a five percent (5%) holding in any of the listed entities, and information concerning any relationship which represents a holding or investment worth \$100,000 or more, in any of the listed entities.
2. Do not limit your response to entities or individuals that are licensed, certified, or otherwise authorized to operate in the state of Texas.
3. For each entity and individual named, include: the Federal Tax Identification Number and any license/certification or registration number for any health care provider, the purpose of the entity (or if an individual, the individual's profession), the address, phone number, duties performed by the affiant, and dates of the affiant's affiliation with the entity or individual. (Do not exclude from this list any entities because they are no longer in existence and include relationships which currently exist and relationships that have existed during the past two years.)
4. List only those relationships which you know exist or have existed in the past two years with any of the following entities or individuals as they are herein defined:
  - A. "Health benefit plan" means a plan of benefits that defines the coverage provisions for the provision of health care, which is offered or provided by any organization, public or private, other than health insurance.
  - B. "Health maintenance organization" means an organization licensed under the Texas Health Maintenance Organization Act (Chapter 20A, Vernon's Texas Insurance Code).
  - C. "Insurer" includes but is not limited to any entity that provides health, property, liability and professional liability insurance. (For the purpose of this application, do not include personal automobile insurance in your response.)
  - D. "Utilization review agent" includes any certified or otherwise authorized Utilization Review Agent.
  - E. "Nonprofit health corporation" includes any licensed, certified or otherwise authorized nonprofit health corporation. The term, "Nonprofit Health Corporation," includes but is not limited to: approved nonprofit health corporations and 501(a) organizations.
  - F. "Payor" means:
    - a. an insurer writing health insurance policies;
    - b. any preferred provider organization, health maintenance organization, self-insured plan; or
    - c. any other person or entity which provides, offers to provide, or administers hospital, outpatient, medical, or other health benefits to persons treated by a health care provider in this state pursuant to any policy, plan, or contract.
  - G. "Health care provider" means any person, corporation, facility, or institution licensed by a state to provide or otherwise lawfully providing health care services that is eligible for independent

reimbursement for those services. By way of example, the term "Health Care Provider" includes but is not limited to: professional associations and independent practice associations.

H. "Independent Review Organization" includes any Independent Review Organization certified under the authority of the Insurance Code Chapter 4202.

I. A group representing any of the entities described in paragraphs (A) through (H) above.

5. Use the following list to describe your relationship with the referenced entity.

## List of Relationships

### Relationship Category

- Contractual
- Business/Investment
- Director, Officer, Board Member, Consultant or Advisor Stockholder > 5%
- Employee/Employer
- Control
- Independent Contractor

### Relationship Status

- Current
- Past (Within The Past Two Years)

### Relationship Direction

- Direct (professional, social)
- Indirect (This includes your spouse, any of your siblings, parents, stepparents, children, stepchildren, and in-laws.)

**Note 1:** A contractual relationship may be through a direct contract you hold with the entity or through an indirect contract that contracts directly with the entity.

**Note 2:** A business relationship may also be through an individual or through a group.

**Note 3:** Control--The power to direct, or cause the direction of, the management and policies of a person, other than power that results from an official position with, or corporate office held by the person. The power may be possessed directly or indirectly by any means, including through the ownership of voting securities or by contract, other than a commercial contract for goods or non-management services. A person controls another if the person possesses the power described above with regard to the other person. The commissioner presumes control to exist if any person, directly or indirectly, or with members of the person's immediate family, owns, controls, or holds the power to vote, or if any person other than a corporate officer or director of a person holds proxies representing 10 percent or more of the voting securities or authority of any other person.



**Certification Page (to be signed by all affiants)**

I, \_\_\_\_\_, do hereby certify that the information contained in  
Print name

this Addendum to the Biographical Affidavit is true, accurate, and complete to the best of my knowledge and belief.

\_\_\_\_\_  
Signature

The State of \_\_\_\_\_

County of \_\_\_\_\_

Before me, \_\_\_\_\_, a notary public in and for the State of \_\_\_\_\_, on this day personally appeared \_\_\_\_\_, known to me (or proved to me on the oath of \_\_\_\_\_, or through \_\_\_\_\_ to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that they executed the same for the purpose and consideration therein expressed.

Given under my hand and seal of office this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_ .

\_\_\_\_\_  
Notary Public Signature

\_\_\_\_\_  
Print Name

**Affix Seal here**

## Questions

If you have questions or require assistance regarding completion of this form, please call 512-676-6400, select Option 2.

## Your rights

You can request information we have about you by emailing [OpenRecords@tdi.texas.gov](mailto:OpenRecords@tdi.texas.gov) or writing to: Public Information Coordinator, Texas Department of Insurance, P.O. Box 12030 (mail code GC-ORO) Austin, Texas 78711-2030. You also have the right to ask that we fix information we have about you that is wrong. To ask for a correction, send (1) your name, mailing address, and your phone number, (2) details about what needs to be fixed, and (3) the reason or proof showing why the information is wrong. Send this by email to [RecordCorrections@tdi.texas.gov](mailto:RecordCorrections@tdi.texas.gov) or by mail to: Record Correction Request, Texas Department of Insurance, P.O. Box 12030 (mail code CO-AAL-CC), Austin, Texas 78711-2030.