



ADDENDUM TO BIOGRAPHICAL AFFIDAVIT

- See the attached instructions before completing this form.
Type or print this form in blue or black ink.
You may duplicate this blank form as necessary.

Name on Biographical Affidavit

(Last name) (First name) (Middle initial) (Social Security number)

RELATIONSHIPS

1. The FEIN of the entity or individual is: (this number may also be referred to as the federal tax identification number of the entity or individual - If an individual's FEIN is provided, provide the tax number related to their business/profession, not their social security number)

Name of entity or individual [If individual - last name, first name, middle initial]

Address (suite no.) (City) (State) (Zip)

List the relationship category, relationship status, and whether the relationship is director or indirect which appropriately describes your relationship with this entity (Identify all types of relationships with this entity, on the following lines.)

Relationship Category:

Relationship Status:

Direct ___ Indirect ___

2. The FEIN of the entity or individual is: (this number may also be referred to as the federal tax identification number of the entity or individual - If an individual's FEIN is provided, provide the tax number related to their business/profession, not their social security number)

Name of entity or individual [If individual - last name, first name, middle initial]

Address (suite no.) (City) (State) (Zip)

List the relationship category, relationship status, and whether the relationship is direct or indirect which appropriately describes your relationship with this entity (Identify all types of relationships with this entity, on the following lines.)

Relationship Category:

Relationship Status:

Direct __ Indirect __

CERTIFICATION PAGE (to be signed by all affiants)

Certification:

I, _____, do hereby certify that the information contained in this

Print (first name) (middle initial) (last name)

ADDENDUM TO THE BIOGRAPHICAL AFFIDAVIT is true, accurate and complete to the best of my knowledge and belief.

(signature)

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
(s)he executed the same for the purpose and consideration therein expressed.

Given under my hand and seal of office this _____ day of _____ 20____

Affix Notary Seal Here

Notary Public

USE THESE 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 STOCK HOLDER > 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.

**If you have questions or require assistance regarding completion of this form,
 please call 512-676-6400, select Option 7.**

NOTICE ABOUT CERTAIN INFORMATION LAWS AND PRACTICES

With few exceptions, you are entitled to be informed about the information that the Texas Department of Insurance (TDI) collects about you. Under sections 552.021 and 552.023 of the Texas Government Code, you have a right to review or receive copies of information about yourself, including private information. However, TDI may withhold information for reasons other than to protect your right to privacy. Under section 559.004 of the Texas Government Code, you are entitled to request that TDI correct information that TDI has about you that is incorrect. For more information about the procedure and costs for obtaining information from TDI or about the procedure for correcting information kept by TDI, please contact the Agency Counsel Section of TDI's General Counsel Division at (512) 676-6551 or visit the Corrections Procedure section of TDI's website at www.tdi.texas.gov.