

**DELTA DENTAL OF COLORADO
CONFLICTS OF INTEREST POLICY**

QUESTIONNAIRE

1. Do you, or an immediate member of your family, own interest in an entity that does business with Delta Dental?

_____ NO

_____ YES - Please Specify: _____

2. Do you, or an immediate member of your family, hold a position as employee, director, officer, partner or any other management position in an entity that does business with Delta Dental?

_____ NO

_____ YES - Please Specify: _____

3. Do you, or an immediate member of your family, have or will receive income (i.e. consulting, salary) from a person or entity that does business with Delta Dental?

_____ NO

_____ YES - Please Specify: _____

4. Have you, or an immediate member of your family, received or anticipate receiving a loan from a person or entity that does business with Delta Dental?

_____ NO

_____ YES - Please Specify: _____

5. Have you, or an immediate member of your family, received or anticipate receiving gifts from a person or entity that does business with Delta Dental?

____ NO
____ YES - Please Specify: _____

