

Appendix H
DECLARACION JURADA
SWORN STATEMENT



Yo, Orlando González Rivera, mayor de edad, casado, ejecutivo de MMM Healthcare, LLC y vecino de San Juan, Puerto Rico, bajo el más solemne juramento, DECLARO:

I, _____ (full name) _____ of legal age, _____ (marital status) _____, _____ (profession) _____ and resident of _____ (municipality) _____, Puerto Rico, under the most solemn oath, DECLARE:

1. Mi nombre y demás circunstancias personales son las anteriormente dispuestas.
(My name and other personal circumstances are as previously described).

2. La Junta de Directores ha sido informada sobre el contenido de esta Declaración Jurada y que ellos(as) me han autorizado mediante una resolución de la Junta de Directores suscribir esta declaración jurada.
(The Board of Directors has been informed of the content of this Sworn Statement and that it has authorized me by means of a Resolution of the Board of Directors to subscribe this Sworn Statement.)

3. Ocupo la posición de presidente(a), en la compañía MMM Healthcare, LLC dedicada al negocio de seguros de salud y debidamente organizada o autorizada a hacer negocios bajo las leyes del Gobierno de Puerto Rico, (en adelante "el Asegurador").
(I am the President, of the company _____ (Organization Name) _____, a health insurance company, which is duly organized and/or authorized to do business pursuant to the laws of the Commonwealth of Puerto Rico, (hereinafter "the Insurer").

O en la alternativa: Ocupo el puesto de _____, y ya que el presidente(a) no está disponible para juramentar este documento he sido autorizado(a) según dispone el párrafo 2, para juramentar esta Declaración.

(Or in the alternative: I am the _____ (position) of _____, and because the President is unavailable to notarize this document, I have been authorized according to paragraph 2, for signing this Sworn Statement.)

4. Estoy legalmente autorizado(a) por la compañía, para firmar esta declaración jurada.
(I am legally authorized by the company, to sign this Sworn Statement.)

5. Según mi mejor conocimiento, la compañía, sus compañías subsidiarias, afiliadas y/o matrices, y/o sus respectivos(as) accionistas, directores(as), socios(as), oficiales, funcionarios(as), ejecutivos(as), principales y/o empleados(as), no han sido convictos(as), o no se les ha encontrado causa probable para su arresto, o no se encuentran bajo investigación en algún procedimiento legislativo, judicial o administrativo, ya sea en o fuera de Puerto Rico, por motivo de cualquier delito constitutivo de fraude, malversación o apropiación ilegal de fondos públicos, según dispuestos en la Ley Núm. 8 del 2017, según enmendada, o cualquier otra disposición legal que penalice delitos contra el erario y la confianza pública, así como tampoco yo, el(la) Declarante, he sido investigado(a), arrestado(a), convicto(a), declarado(a) culpable o sentenciado(a) por tales conductas delictivas. *(To the best of my Knowledge, the Company, its subsidiary companies, affiliates, and/or headquarters, and/or their respective shareholders, directors, associates, officers, functionaries, executives, principals and/or employees, have not been convicted, no probable cause has been found for their arrest, nor are they under investigation in any legislative, judicial or administrative procedure, whether in or out of Puerto Rico, for reasons of any crime that may constitute fraud, embezzlement or illegal appropriation of public funds, according to the provisions of Public Law Num. 8 of 2017, as amended, or any another legal provision that penalizes crimes against the treasury and the public confidence, and neither have I, the Declarant, been investigated, arrested, convicted, declared guilty nor sentenced for the criminal conducts previously mentioned.)*

O en la alternativa: De tener conocimiento de que alguna de las personas que ocupan los cargos antes mencionados han sido o están siendo investigados(as), arrestados(as), declarados(as) culpables, convictos(as), o sentenciados(as) por tales conductas delictivas señaladas en el párrafo anterior, se hará formar parte de esta Declaración Jurada, otra hoja adicional donde se describen los nombres completos, puestos o cargos, descripción del delito o de los delitos por los cuales se les está investigando o han sido investigados(as), arrestados(as), declarados(as) culpables, convictos(as), o sentenciados(as), incluyendo el estatus actual de estos procesos. *(Or in the alternative: In the case of having knowledge that any of the persons identified in the above mentioned positions have been or are being investigated, arrested, declared guilty, convicted or sentenced for such criminal offences referred to in the preceding paragraph, a statement regarding this fact shall form part of this sworn declaration. The statement must be included in an additional sheet describing positions, full names or charges, description of the offence or offences for which they are being investigated or have been investigated, arrested, declared guilty, convicted or sentenced, including current processes status.)*



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6. Doy fe de que tengo conocimiento personal, al igual que la compañía, sus compañías subsidiarias, afiliadas y/o matrices, y/o sus respectivos(as) accionistas, directores(as), socios(as), oficiales, funcionarios(as), ejecutivos(as), principales y/o empleados(as) de que los delitos contemplados en las disposiciones contenidas en estas leyes incluyen, pero no se limitan a: *(I give faith that I have personal knowledge, as does the Company, its subsidiary companies, affiliates, and/or headquarters, and/or their respective shareholders, directors, associates, officers, functionaries, executives, principals and/or employees, that the crimes referred to in this provisions include, but are not limited to:)*

1. apropiación ilegal agravada, en todas sus modalidades; *(Aggravated illegal appropriation, in all its modalities)*
2. extorción; *(extortion)*
3. fraude en las construcciones; *(fraud in constructions)*
fraude en la ejecución de obras de construcción; *(fraud in the execution of construction work)*
4. fraude en la entrega de cosas; *(fraud in the delivery of things)*
intervención indebida en los procesos de contratación de subastas o en las operaciones del gobierno; *(undue intervention in the contracting processes of auctions or in the operations of the Government)*
5. soborno, en todas sus modalidades; *(bribery, in all its modalities)*
6. soborno agravado; *(aggravated bribe)*
7. oferta de soborno; *(offering of a bribe)*
8. influencia indebida; *(undue influence)*
9. delito contra fondos públicos; *(crimes against public funds)*
10. preparación de escritos falsos; *(preparation of false documents)*
11. presentación de escritos falsos; *(presentation of false documents)*
12. falsificación de documentos; *(forgery of documents)*
13. posesión y traspaso de documentos falsificados; y *(possession and transfer of false documents; and)*
14. delito bajo las leyes de los Estados Unidos y de jurisdicciones estatales y territoriales de los Estados Unidos, cuyos elementos constitutivos sean equivalentes a los de los delitos enumerados. *(Crimes under the laws of the United States and of its territories and state jurisdictions of the United States, whose elements are equivalent to those of the crimes aforementioned.)*



7. He sido orientado por mis asesores(as) legales personales y los abogados(as) de la compañía sobre las obligaciones que impone la Ley Núm. 8 del 2017,

según enmendada, otras leyes aplicables y acepto las consecuencias que trae la firma y juramentación de esta Declaración. (*I have been advised by my legal advisors and company's counsels on the obligations imposed by Public Law Number 8 of 2017, as amended, and other applicable laws, and I acknowledge and accept the consequences of signing this Sworn Statement*).

8. Certifico que tanto yo, como la compañía, conocemos del deber continuo de informar sobre cualquier investigación, acusación o convicción que recaiga sobre la compañía, sus compañías subsidiarias, afiliadas y/o matrices, y/o cualquiera de sus respectivos(as) accionistas, directores(as), socios(as), oficiales, funcionarios, ejecutivos(as), principales y/o empleados(as), relacionada a delitos y conductas indebidas listada en el inciso 6. (*I certify that I, as well as the Company, know of our continuous duty to report on any investigation, accusation or conviction against the Company, its subsidiary companies, affiliates and/or headquarters, and/or their respective shareholders, directors, associates, officers, functionaries, executives, principals and/or employees, related to the crimes and undue conducts listed in clause 6.*)

9. Certifico que la compañía no tiene deuda con el Gobierno de Puerto Rico, o con alguna de sus agencias, corporaciones o instrumentalidades que provean o estén relacionadas con la provisión de servicios de salud, o que existe un plan de pago o plan de trabajo de reconciliación el cual se encuentra en cumplimiento. (*A sworn statement certifying that it has no debt with the government of the Commonwealth of Puerto Rico, or with any state agencies, corporations or instrumentalities that provide or are related to the provision of health services, or that there is a payment plan or reconciliation work plan with which the company is currently in compliance.*)

10. Certifico que el(la) Declarante, ni la compañía, ni sus compañías subsidiarias, afiliadas y/o matrices, ni sus respectivos(as) accionistas, directores(as), socios(as), oficiales, funcionarios, ejecutivos(as), principales y/o empleados(as), según tengo conocimiento o me han informado, no hemos incurrido o incurriremos en conducta que violen las leyes, reglamentos y directrices anti-monopolísticas, federales y estatales, como acordar con cualquier otra entidad y/o entidad proponente la fijación de precios, no someter propuestas o tomar cualquier otra acción, con el propósito de impedir, restringir o limitar la libre competencia; o que tenga cualquier impacto adverso o negativo en los servicios a ofrecer a la población. (*I certify that neither, the Declarant nor the Company, its subsidiary companies, affiliates and/or headquarters, and/or their respective shareholders, directors, associates, officers, functionaries, executives, principals and/or employees, to the best of my knowledge or according to what has been informed to me, have incurred nor will we incur in conducts that violate the law,*



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anti-trust federal and state regulations and guidelines, such as agreeing with any another company and/or company proponent to set fixed prices, submit proposals or take any another action for the purpose of impeding, restricting or limiting free competition; or that may have an adverse or negative impact on the services to be offered to the population.

11. Lo anteriormente declarado es la verdad y nada más que la verdad. (The above declared is the truth and nothing but the truth.)

Y PARA QUE ASI CONSTE, juro y firmo la presente declaración jurada en San Juan, Puerto Rico, hoy 20 de mayo de 2019. (And IN WITNESS THEREOF, I swear and sign this affidavit in San Juan, Puerto Rico, today _____, 2019.)



Firma del (la) Declarante
(Signature of the Declarant)

Orlando González Rivera
Presidente
MMM Healthcare, LLC

Declaración Jurada Número: -0591-
(Affidavit Number)

Jurado y suscrito ante mí por Orlando González Rivera, de las circunstancias personales anteriormente mencionadas y a quien doy fe de conocer personalmente. En San Juan, Puerto Rico, hoy 20 de mayo de 2019. (Sworn and subscribed before me by _____, whose personal circumstances have been previously stated, and whom I give faith to know personally. In San Juan, Puerto Rico, today _____, 2019.)

Sello

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Sello de Asistencia Legal
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NOTARIO PÚBLICO (NOTARY PUBLIC)

SWORN STATEMENT

I, Orlando González Rivera, legal age, married, executive of MMM Healthcare, LLC, and resident of San Juan, Puerto Rico, hereby certify under oath that:

1. That my name and other personal circumstances are as previously described.
2. That I hold the position of President for MMM Healthcare, LLC which is properly organized or authorized to do business under the laws of the Commonwealth of Puerto Rico, (hereafter "the Insurance Company").
3. That I am legally authorized by the Insurance Company to sign this sworn statement.
4. That I, or any other authorized representative of the Insurance Company, will deliver to ASES a copy of the Plan Benefits Package (hereafter "PBP") immediately after said PBP is approved by the Center for Medicare and Medicaid Services (hereafter "CMS").
5. That I hereby represent, that the Insurance Company will incorporate any necessary changes to the PBP as required by ASES, including changes made to the "wrap-around table".
6. That I am aware that if the Insurance Company fails to incorporate the changes required by ASES, said failure will constitute sufficient grounds for ASES to cancel or void the Insurance Company 2019 Medicare Platino contract.
7. That the Insurance company will provide ASES with the following additional documents:

- a. A copy of the PBP submitted to CMS on June 3rd, 2019
- b. A certified and executed copy of the Platino Norms for 2020.
- c. A certified copy of the Platino co-payments table for the 2020 year.
- d. A certification of all the additional benefits not covered by the



wrap-around.

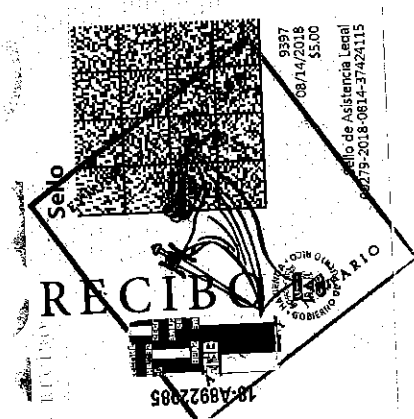
8. That the information and documents identified in this sworn statement shall be delivered to ASES on or before June 4th, 2019.
9. That the above stated is the truth and nothing but the truth.

In witness whereof, I sign this document at San Juan, Puerto Rico on May 20th, 2019.

President (or title)

Affidavit Number -594-

Sworn and subscribed before me the undersigned notary, by Orlando González Rivera, of the personal circumstances described above, whom I give faith to know personally. At San Juan, Puerto Rico, this 20th day of May, 2019.


NOTARY PUBLIC