

MEDICARE PLATINO CONTRACT

APPENDIX H (22)

SWORN STATEMENTS



SWORN STATEMENT

I, Madeline Hernández Urquiza, legal age, single, President, 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 Triple-S Salud, Inc. (name of carrier), 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 2022 Medicare Platino contract.

That the Insurance company will provide ASES with the following additional documents:

- a. A copy of the PBP submitted to CMS on June 7, 2021
- b. A certified and executed copy of the Platino Norms for 2022.
- c. A certified copy of the Platino co-payments table for the 2022 year.
- d. A certification of all the additional benefits not covered by the wrap-around.



SWORN STATEMENT

I, Madeline Hernández Urquiza, legal age, single, President, 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 Triple-S Salud, Inc. (name of carrier), 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 2022 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 7, 2021
 - b. A certified and executed copy of the Platino Norms for 2022.
 - c. A certified copy of the Platino co-payments table for the 2022 year.
 - d. A certification of all the additional benefits not covered by the wrap-around.



Appendix H
DECLARACION JURADA
SWORN STATEMENT

Yo, Madeline Hernández Urquiza, mayor de edad, soltera, ejecutiva de Triple-S Salud, Inc. y vecina de San Juan, Puerto Rico, bajo el más solemne juramento, DECLARO:

I, Madeline Hernández-Urquiza (of legal age, single, President of Triple-S Salud, Inc. and resident of San Juan, 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.)

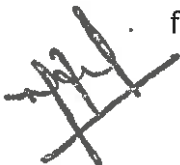
3. Ocupo la posición de presidente(a), en la compañía **Triple-S Salud, Inc.** dedicada al negocio de seguros de salud y debidamente organizada o autorizada a hacer negocios bajo las leyes del Gobierno de Puerto Rico, (en adelante "el Asegurador").
*(I am the President, of the company **Triple-S Salud, Inc.**, 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 N/A, 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.

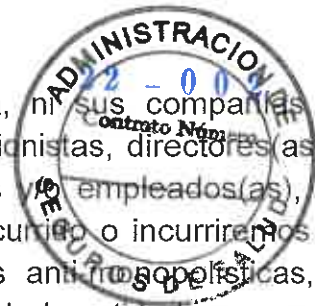
(Or in the alternative: I am the N/A (position) of N/A, and because the President is unavailable to notarize this document, I have been authorized according to paragraph 2, for signing this Sworn Statement.)

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 ha sido



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,*



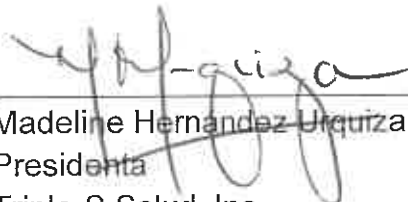
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and/or their respective shareholders, directors, associates, officers, functionaries, executives, principals and/or employees, to the best of my knowledge or according to what has been informed to me, have incurred nor will we incur in conducts that violate the law, 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 4 de junio de 2021. (And IN WITNESS THEREOF, I swear and sign this affidavit in San Juan, Puerto Rico, today June 4, 2021.)



Madeline Hernandez-Urquiza
Presidenta
Triple-S Salud, Inc.



Declaración Jurada Número 194
(Affidavit Number)

Jurado y suscrito ante mí por Madeline Hernández Urquiza, de las circunstancias personales anteriormente mencionadas y a quien doy fe de conocer personalmente. En San Juan, Puerto Rico, hoy ___ de junio de 2021. (Sworn and subscribed before me by Madeline Hernández-Urquiza, whose personal circumstances have been previously stated, and whom I give faith to know personally. In San Juan, Puerto Rico, today June 4, 2021.)

RECIBO
4U21-00782471




NOTARIO PÚBLICO (NOTARY PUBLIC)

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04/28/2021
\$5.00
Sello de Asistencia Legal
80004-2021-0428-67092025