

The Compass Program serves as our compliance and ethics program. The program is designed to educate all company board members, officers, employees, temporary workers, contractors and representatives of the company\* on ethical behavior in the workplace. The program also provides several avenues for employees and others to get answers to compliance and ethics questions and report suspected misconduct.

\*All referred to as "employees" in this Compass form.

## Make a Report

This form should be used to report known or suspected compliance and ethics violations to the <u>Audit, Risk and Compliance Committee of the Board of Directors.</u>					
Issue Type: Conflict of Interestrate Fraud □ Solicitation and	est   or Distribution	Email/Intranet/Internet/Co Gifts and Entertainment I Standard of Conduct	•	Employee Relations  Privacy  Other:	
Are you an emp	loyee of GuideWe	ll, Florida Blue or any Guid	eWell affiliate	? Yes 🗆 No 🗆	
If yes, please specify which company:					
You may report a concern without giving your name and we will not take steps to learn your identify. The more detail you provide will help in reviewing and investigating your concern.					
Date:					
Do you wish to remain anonymous for this report? Yes □ No □					
If you want GuideWell to know your identify, please complete the following					
Your Name:					
Your Phone Number:					
Your Email Address:					
Best time for communication with you:					
Location where	incident occurred				
Office location:		Building:	Floor:		
City:			State:		
Zip/Postal Code	):				
Please identify t	:he person(s) enga	aged in this behavior:			
#1 First Name	First Name:				
Last Name	Last Name:				
Title:					



#2	First Name:
	Last Name:
	Title:
#3	First Name:
	Last Name:
	Title:
Do y	ou suspect or know that a supervisor or management is involved? Yes □ No □
If yes	s, then who?
ls ma	anagement aware of this problem? Yes □ No □
cond	se identify any persons who have attempted to conceal this problem and the steps they took to ceal it:
othe	se provide all details regarding the alleged violation, including locations of witnesses and any r information that could be valuable in the evaluation and ultimate resolution of this situation.
If you	u have a document or file that supports your report, please enclose a copy.

Mail the completed form to:
GuideWell Compass Program
Attn: Audit, Risk and Compliance Committee
P.O. Box 2489
Jacksonville, FL 32203-2489
or

Send via email to compass@guidewell.com

