



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

<p>This form should be used to report known or suspected compliance and ethics violations to the <u>Audit and Compliance Committee of the Board of Directors</u>.</p>		
<p><b>Issue Type:</b></p> <p>Conflict of Interest <input type="checkbox"/>                      Email/Intranet/Internet/Computers <input type="checkbox"/>                      Employee Relations <input type="checkbox"/>          Fraud <input type="checkbox"/>    Gifts and Entertainment <input type="checkbox"/>    Privacy <input type="checkbox"/>          Solicitation and/or Distribution <input type="checkbox"/>                      Standard of Conduct <input type="checkbox"/>    Other: _____</p>		
<p>Are you an employee of GuideWell, Florida Blue or any GuideWell affiliate?    Yes <input type="checkbox"/>                      No <input type="checkbox"/></p> <p>If yes, please specify which company: _____</p>		
<p>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.</p>		
<p>Date: _____</p>		
<p>Do you wish to remain anonymous for this report?    Yes <input type="checkbox"/>                      No <input type="checkbox"/></p>		
<p>If you want GuideWell to know your identify, please complete the following</p>		
<p>Your Name: _____</p>		
<p>Your Phone Number: _____</p>		
<p>Your Email Address: _____</p>		
<p>Best time for communication with you: _____</p>		
<p>Location where incident occurred</p>		
Office location:	Building:	Floor:
City:	State:	
<p>Zip/Postal Code: _____</p>		
<p>Please identify the person(s) engaged in this behavior:</p>		
#1	First Name: _____	
	Last Name: _____	
	Title: _____	

#2	First Name:
	Last Name:
	Title:
#3	First Name:
	Last Name:
	Title:
Do you suspect or know that a supervisor or management is involved? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, then who?	
Is management aware of this problem? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Please identify any persons who have attempted to conceal this problem and the steps they took to conceal it:	
Please provide all details regarding the alleged violation, including locations of witnesses and any other information that could be valuable in the evaluation and ultimate resolution of this situation.	
If you have a document or file that supports your report, please enclose a copy.	

Mail the completed form to:  
 GuideWell Compass Program  
 Attn: Board of Directors  
 P.O. Box 2489  
 Jacksonville, FL 32203-2489

or

Send via email to [compass@floridablue.com](mailto:compass@floridablue.com)