

**FORM SFEC-126:
NOTIFICATION OF CONTRACT APPROVAL**
(S.F. Campaign and Governmental Conduct Code § 1.126)

City Elective Officer Information <i>(Please print clearly.)</i>	
Name of City elective officer(s): <i>Mayor Edwin M. Lee</i>	City elective office(s) held: <i>Mayor, City and County of San Francisco</i>

Contractor Information <i>(Please print clearly.)</i>
Name of contractor: Blue Shield of California

Please list the names of (1) members of the contractor's board of directors; (2) the contractor's chief executive officer, chief financial officer and chief operating officer; (3) any person who has an ownership of 20 percent or more in the contractor; (4) any subcontractor listed in the bid or contract; and (5) any political committee sponsored or controlled by the contractor. Use additional pages as necessary.

(1) members of the contractor's board of directors;

- Bruce G. Bodaken
- Doug Busch
- Vanessa Chang
- Evelyn Dilsaver
- Hector Flores, M.D.
- Alan Fohrer
- William Hauck
- Sandra Hernandez, M.D.
- Robert Lee
- Mohammad H. Qayoumi, Ph.D.

FILED
 12 FEB 24 AM 10:30
 SAN FRANCISCO
 ETHICS COMMISSION
 BY _____

(2) the contractor's chief executive officer, chief financial officer and chief operating officer;

Bruce Bodaken, President, Chairman and CEO
 Heidi Fields, Executive Vice President, Chief Financial Officer
 Paul Markovich, Executive Vice President, Chief Executive Officer

(3) any person who has an ownership of 20 percent or more in the contractor;

Blue Shield is a Not-for-Profit Mutual Benefit Corporation.

(4) any subcontractor listed in the bid or contract; and

N/A

(5) any political committee sponsored or controlled by the contractor

Blue Shield California Political Action Committee

Contractor address:

San Francisco CA 94105

Date that contract was approved:

2/21/12

Amount of contract:

\$143,048,233 (July 2012 to December 31, 2012)

Describe the nature of the contract that was approved:

Medical Coverage : Blue Shield Traditional HMO and Blue Shield 65 Plus

Comments:

The amount of this contract is based on the most recent actuarial information and will change due to employees resignations, new hires, terminations and other attrition factors, as well as member selections at the time of qualifying events.

This contract was approved by (check applicable):

the City elective officer(s) identified on this form (Mayor Edwin M. Lee)

a board on which the City elective officer(s) serves _____

Print Name of Board

the board of a state agency (Health Authority, Housing Authority Commission, Industrial Development Authority Board, Parking Authority, Redevelopment Agency Commission, Relocation Appeals Board, Treasure Island Development Authority) on which an appointee of the City elective officer(s) identified on this form sits

Print Name of Board

Filer Information (Please print clearly.)

Name of filer:

Jason Elliott, Mayor's Liaison to the Board of Supervisors

Contact telephone number:

(415) 554-5105

Address:

City Hall, Room 200

E-mail:

Jason.elliott@sfgov.org

Signature of City Elective _____ (City elective officer)

2/21/12
Date Signed

Signature of Board Secretary or Clerk (if submitted by Board Secretary or Clerk)

Date Signed