



CONFLICT OF INTEREST RELEASE FORM

I, _____, am authorized to act on behalf of _____.
I confirm that _____ has *no* conflict of interest relationship with the **SEIU Healthcare NW Training Partnership and/or SEIU 775 Secure Retirement Trust and/or SEIU Healthcare NW Health Benefits Trust (TP/SRT/HBT) and/or Carina**. Persons and entities with a conflict of interest are defined in section 3(14) of ERISA and include the following:

- (i) a trustee;
- (ii) an employer that contributes to the Training Partnership, or a person with an ownership interest in such contributing employer;
- (iii) a corporation or other entity owned in whole or part by a contributing employer;
- (iv) a relative of any fiduciary of the TP/SRT/HBT Trusts or Carina (the Executive Director and the Trustees);
- (v) a relative of a contributing employer, of an owner of a contributing employer, or of an owner of corporation, partnership, or other business owned by a contributing employer;
- (vi) a relative of any other vendor or service provider to the TP/SRT/HBT and Carina.
- (vii) an employee, officer, director, trustee, shareholder, or partner of
 - a. any other vendor or service provider to the TP/SRT/HBT Trusts or Carina,
 - b. an employer who contributes to the TP/SRT/HBT Trusts or Carina, an owner of such employer, or entity owned by such employer,
 - c. an employee of the TP/SRT/HBT Trusts or Carina, or
 - d. TP/SRT/HBT Trusts or Carina, OPEIU Local [No. 8]

The term “relative” used above in (iv), (v), and (vi) includes a spouse.

Signature: _____

Title: _____