

HEALTH DISCIPLINE
PROSPECTIVE NEW CLIENT RISK ASSESSMENT FORM – Page 1

Prospective Client Name: Hospital Sisters Health System
Lead Consultant: Sarah Prusinski **Principal:** Shea Parkes

Type of Client Entity

- | | | |
|---|---|--|
| Governmental/public (Type: _____) | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Core business is risk-taking (Type: _____) | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Stock company or other for-profit: | | |
| Publicly traded (Stock exchange listing: _____) | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Subsidiary (Parent: _____) | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Other (Description: <u>Multi-Institution Health Care System</u>) | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Non-profit or other (Type: _____) | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

Screening and Risk Assessment Questions

- | | | | |
|--|---|--|--------------------------------|
| (a) Is there evidence of a questionable background or history associated with either the owners (for stock companies, other than publicly traded corporations) or the management/trustees? This includes criminal or other questionable backgrounds, association with prior bankruptcies, history of being sued in connection with business / financial practices, or lack of experience or competence in the field. | <input type="checkbox"/> NA ⁽¹⁾ | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Other |
| (b) Financial stability and capitalization: | <input type="checkbox"/> NA ⁽²⁾ | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Other |
| • Existing entity: Has the company been financially unstable, does it currently operate with inadequate capital/surplus, or can it otherwise be reasonably expected to face a precarious financial position? | | | |
| • Start-up: Is the company inadequately capitalized or can it otherwise be reasonably expected to face a precarious financial position? | | | |
| (c) Is the entity currently, or has it been within the past five years, under court or regulatory oversight? | <input type="checkbox"/> NA ⁽²⁾ | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Other |
| (d) If the work involves an actuarial statement of opinion for a regulatory filing, did the previous actuary depart either voluntarily or involuntarily? | <input checked="" type="checkbox"/> NA ⁽³⁾ | <input type="checkbox"/> No | <input type="checkbox"/> Other |
| (e) Is there a history of suing professionals or evidence of litigiousness, based on the information obtained through client screening or conflict checking? | <input checked="" type="checkbox"/> | <input type="checkbox"/> No | <input type="checkbox"/> Other |

(1) Mark "NA" only if the prospective client is a governmental / public entity.

(2) Mark "NA" only if the core business of the prospective client is *not* risk-taking.

(3) Mark "NA" only if work does not involve an actuarial statement of opinion for a regulatory filing.

FORWARD COPY OF SIGNED FORM TO CORPORATE LEGAL STAFF

(include copy of terms and conditions, if a "Conditioned Acceptance")

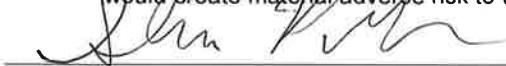
HEALTH DISCIPLINE
PROSPECTIVE NEW CLIENT RISK ASSESSMENT FORM – Page 2

Prospective Client Name: Hospital Sisters Health System

Client Risk Assessment Statement

1. **Standard Acceptance** – I have undertaken a risk assessment of this prospective new client, and affirm that:

- (a) Client screening has been completed by Milliman corporate staff, no material adverse findings are present, and the screening results are documented in the files;
- (b) Answers to Screening and Risk Assessment Questions (a) – (e) on Page 1 are all "NA" or "No";
- (c) Sufficient information to make this risk assessment has been assembled and is documented in the files; and
- (d) I have assessed the risk to Milliman of this prospective client, and I am not aware of any factors that would create material adverse risk to the Firm.



Principal

8/31/2017

Date

2. **Non-Acceptance** – I have undertaken a risk assessment of this prospective new client, and based on those results have declined or chosen not to pursue an engagement.

Principal

Date

3. **Conditioned Acceptance** – I have undertaken a risk assessment of this prospective new client, and affirm that:

- (a) Client screening has been completed by Milliman corporate staff, the screening results have been provided to the Health Practice Director, and they are documented in the files;
- (b) A comprehensive written explanation addressing each of the Screening and Risk Assessment Questions (a) – (e) for which the answer is "Other" has been provided to the Health Practice Director and is documented in the files;
- (c) Sufficient information to make this risk assessment has been assembled, such material has been provided to the Health Practice Director, and it is documented in the files;
- (d) The prospective client is willing to accept all standard provisions of Milliman's CSA (or alternative wording and provisions acceptable to the Health Practice Director and either the Chief Risk Officer or the ERC or Board, whichever is appropriate, under the circumstances of a "qualified acceptance");
- (e) I have assessed the risk to Milliman of this prospective client, recognize that certain adverse risk factors are or may be present, and believe that they can be adequately managed; and
- (f) I have received written permission from the Health Practice Director to accept the client, with accompanying terms and conditions for undertaking any engagement (copy to be attached).

Principal

Date