

Acknowledgement

I confirm my commitment to understand and comply with BJC's Compliance Program, including the Code of Conduct, the Privacy Compliance Program and any other applicable BJC compliance policies or procedures. I understand that my failure to comply with the standards set forth in the Code (and any related policies and procedures) may result in disciplinary action, including termination of employment. I understand that it is my responsibility to report: any alleged or suspected violation of any laws, regulations or BJC policies, and that I should raise any compliance questions or concerns with either my Supervisor, my Compliance Liaison, the BJC Compliance Officer or the Compliance Action Line. Finally, I am not presently nor am I aware of any reason that I would be, excluded, debarred, suspended, sanctioned or otherwise ineligible to participate in any federal state local or private health-care program.

I acknowledge that the Code is only a statement of principles for individual and business conduct and does not, in any way, constitute or create an express or implied employment contract or an assurance of continued employment.

X

Signature of Employee