K	MUSKOKA ALGONQUIN HEALTHCARE	Policy/Procedure Name:	Annual Declaration and Consent
Manual:	Governance	Number:	
Section:	Board Effectiveness	Effective Date:	08 MAY 2014
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ANNUAL DECLARATION AND CONSENT

To:	Muskoka Algonquin Healthcare ("Corporation")
And To:	The Board of Directors of the Corporation ("Board")

Consent

$\hfill\Box$ I am an individual elected or appointed to the	Board and hereby acknowledge and declare that I
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- (a) consent to act as a director of the Corporation;
- (b) am at least 18 years of age;
- (c) do not have the status of bankrupt;
- (d) am not an Excluded Person*;
- (e) have not been found to be incapable of managing property pursuant to the *Substitute Decisions Act, 1992* or under the *Mental Health Act*; and
- (f) have not been found to be incapable by any court in Canada or elsewhere.

I am an individual appointed to a Board of	ommittee and consent to serve as a Board committe
member. ¹	

Compliance with Policies

I confirm that I have read and understand all of the policies and codes of conduct	of the
Corporation applicable to me as such policies are amended or supplemented from time	to time
(the "Policies").	

	agree	to	comply	with	the	Not-for-Pr	ofit	Corporations	Act,	2010	(the	"Act"),	and	the
Corp	oration	n's a	articles,	by-law	ıs, ar	d Policies ("Go	vernance Doc	umer	nts").				

Conflicts

In accordance with the Act and the Corporation's Governance Documents, I make the following disclosure:

I have an interest,	directly or in	directly, i	n the follo	owing	entities,	persons,	or	matters,	which
includes entities in v	which I am a d	director or	officer:						

¹ Directors and Board Committee members no longer need to consent to the holding of telephonic electronic

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Next Review Date: 03/14/2027 00:00:00	Version: 5.0					
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This disclosure is a general notice of interest pursuant to the Act and the Corporation's Governance Documents, and accordingly, I should be regarded as interested in any of the above entities, persons, or matters.

I acknowledge that this disclosure is in addition to my obligations to comply with the Act and the Corporation's Governance Documents in respect of any specific conflict that may arise.

I declare the above information to be true and accurate as of the date hereof.

Notice for Board and/or Board committee meetings may be sent to me at the address set pelow:	out
Address:	
Email:	

Email:			
Telephone:			
Attention:			
Dated this	day of	, 20	
Name (Please print):			

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*"Excluded Person" means:

- (i) any person providing supplies or services or their affiliates and any director, owner, operator, major shareholder, management staff or senior executive (as well as their formal associates including parents, siblings, children, spouses and common-law partners) of such person(s) if such person(s):
 - A. is under material contract with the Corporation;
 - B. has responded to a request for proposals issued by the Corporation in the previous fiscal year;
 - C. is receiving or intending to receive formal placement referrals from the placement co-ordination service function of the community care access centre division of the Corporation; or
 - D. intends to submit a proposal;
- (ii) employees of the Ministry of Health and Long-Term Care;
- (iii) elected representatives of any municipal, regional, county or township government located in the Catchment Area;
- (iv) any member of the Credentialed Staff other than the members of the Medical Staff appointed to the Board pursuant to the *Public Hospitals Act*;
- (v) any employee other than those appointed to the Board pursuant to the *Public Hospitals*Act;
- (vi) any spouse, common law partner, dependent child, parent, brother or sister of an employee or member of the Credentialed Staff;
- (vii) any person who lives in the same household as a member of the Credentialed Staff or an employee of the Corporation; and
- (viii) any persons who are members of the Corporation's volunteer associations, foundation, or other similar entity.

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