APPOINTEE EXEMPTION DISCLOSURE FORM

PART 1:	
NAME: Blair M. Eig	
BOARD/COMMISSION NAME:	Senate Bill 700 Workgroup
PART 2:	
Please Check Item(s):	Exemption Requested: □ No (If no, check box and skip to Part 3, Signature)
	X Yes (If yes, check box and complete rest of Part 2 and 3)
I request exemption for: □ Financial Interest X Employment	
Financial Interest	**Employment**
Name of Entity where the financial interest exists:	Employment to be Exempted: Maryland Patient Safety Center
Address of Entity:	Your Position/Job Title: President & CEO
Interest to be Exempted:	
Current Value: □ Under $1,000 □ $1,000-$5,000 □ $5,000-$10,000 □ $10,000 or More	
Explain below why you believe you may have financial interests or an employment situation that, in the absence of an exemption, will conflict with your service on the board or commission for which appointment is being considered. You may wish to contact the State Ethics Commission for information or advice at 410-260-7770.	
The Maryland Patient Safety Center is contracted by the Maryland DOH to provide administrative services for the state's Maternal Mortality Review Committee and is designated as the state's patient safety center every 5 years by the Maryland Health Care Commission.	
PART 3:	
Appointee: Blair M. Eig	Signature:  Date: June 27, 2022

Mail, fax, or email this completed form to:
Kim Bennardi, Administrator
Maryland Department of Health
Office of Appointments and Executive Nominations
201 W. Preston Street, Baltimore, MD 21201
Phone: (410) 767-4049 Fax: (410) 767-6489 or 410-333-7687 Email: kim.bennardi@maryland.gov Form #5