



HEALTHCARE COOPERATIVE

# BOARD OF DIRECTORS NOMINATION FORM

Please note: Federal law prohibits a representative of any other insurance carrier or Federal, State, or local government from serving on the Common Ground Healthcare Cooperative (CGHC) Board of Directors. All Board members must be insured members of the cooperative, pass a background check, and meet ethical, conflict-of-interest, and disclosure standards.

The information you provide below will be used by the Nominations Committee appointed by the CGHC Board of Directors to select a slate of candidates best qualified to serve on the cooperative's Board. Selected candidates will be on the ballot for election by CGHC's membership starting in the spring. Elections will be contested.

### Candidate Information (you may nominate yourself or another member)

Name \_\_\_\_\_

Home Address \_\_\_\_\_

Daytime Phone Number \_\_\_\_\_ Evening Phone Number \_\_\_\_\_

E-mail \_\_\_\_\_

Preferred method to reach me:    Via Telephone    Via Email

Employment/Position \_\_\_\_\_

Submitted by:    Self-Nomination    Name: \_\_\_\_\_

Please check any of the following skills or experience that the candidate possesses.

- |  |  |
|--|--|
| <input type="checkbox"/> Finance or accounting                 | <input type="checkbox"/> Management or administration      |
| <input type="checkbox"/> Legal                                 | <input type="checkbox"/> Nonprofit, cooperative, or mutual |
| <input type="checkbox"/> Marketing or communications           | <input type="checkbox"/> Healthcare or provider            |
| <input type="checkbox"/> Insurance experience, please specify: | <input type="checkbox"/> Other: _____                      |

*Please include the following with this completed form either by mail or email:*

- The candidate's resume.
- A list of any affiliations, organizations, or Boards of Directors the candidate belongs to (i.e. membership, professional, civic, etc).
- A candidate statement addressing the following:
  - Please tell us why the candidate would be a valuable member of our Board of Directors. Include ways that the candidate can help strengthen the cooperative and what assets the candidate will bring to the Board. **Please limit your candidate statement to 250-500 words.**

Please submit your nomination and associated materials to CGHC at: **120 Bishop's Way, Suite 150, Brookfield, WI 53005** or email to [Nominations@CommonGroundHealthcare.org](mailto:Nominations@CommonGroundHealthcare.org). For more information or to submit an online application, visit [CGCares.org/Nominations](http://CGCares.org/Nominations). Be sure to save or print a copy of this form for your records.

Thank you for your nomination! The candidate will be contacted by the CGHC Nominations Committee.