

Proxy Vote Authorization
for the
Joint Committee on Plan Structure and Design
of the
Greater Tompkins County Municipal Health Insurance Consortium

I, _____, as the designated representative from the
_____ (bargaining unit or municipality) to the

Joint Committee of Plan Structure and Design of the GTCMHIC, appoint

_____ as my proxy with full power of substitution, to vote on my behalf with respect to all matters that may properly come before the Committee at the _____ meeting, to the same extent and with the same powers that I would be entitled if personally present.

Per Section K.1 of the Municipal Cooperative Agreement, persons designated to act a proxy must be eligible for Committee membership. If the proxy is not a current member of the Committee, please identify the labor group or municipality for which the individual would be eligible for membership.

Committee Member Signature

Date

Please e-mail completed form to the Health Insurance Consortium @ consortium@tompkins-co.org or fax to 274-5430 at least one hour prior to meeting.