

All applications must be received by HealthTrust, Inc. by September 22, 2022.

(This document is a fillable PDF. Please download, complete and return to healthtrust-ed@healthtrustnh.org)

ame:
ddress:
hone:
mail:
Iunicipality, school district or county with which you are affiliated:
our position at that municipality, school district or county:

To be eligible for a "public official" position, a person must be either a publicly elected official or hold an administrative position of department head or higher.

Please check the one category that best describes the board position you would fill:

- □ Municipal Public Official
- □ School Public Official
- □ Employee Official

The governmental entity with which I am affiliated (check one):

- □ Currently participates in at least one HealthTrust coverage line (medical, dental, etc.)
- Does not currently participate in any HealthTrust coverage lines

Please answer the following questions.

Why do you want to serve on the HealthTrust Board?

Are there any potential conflicts of interest you may encounter by serving on the HealthTrust Board? (Example: You or members of your immediate family are in the insurance industry). If so, please describe the potential conflicts. (Note: Having a potential conflict does not necessarily preclude board service, but knowing what they are helps to prepare for them.)

Additional thoughts or comments for consideration by Nominating Committee:

Please submit your resume, along with this application, if you wish to provide additional information.

Education:

Work experience:

Membership or affiliations with other organizations (please specify any leadership positions you currently hold):

Please send completed application by September 22, 2022 to the attention of:

Wendy Lee Parker Executive Director HealthTrust, Inc. PO Box 617 Concord, NH 03302-0617 Email: healthtrust-ed@healthtrustnh.org