



Application for HealthTrust, Inc. Board of Directors

Applications may be submitted throughout the year for consideration of vacancies or the annual election.

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

Name: _____

Address: _____

Phone: _____

Email: _____

Municipality, school district or county with which you are affiliated: _____

Your 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
- County Public 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?

Please note: This application is subject to disclosure pursuant to New Hampshire's Right-to-Know Law, NH RSA Ch. 91-A.

What skills, talents and experience do you feel you would bring to the 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 Governance & Nominating Committee:

Please note: This application is subject to disclosure pursuant to New Hampshire's Right-to-Know Law, NH RSA Ch. 91-A.

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 note: This application is subject to disclosure pursuant to New Hampshire's Right-to-Know Law, NH RSA Ch. 91-A.

Current and former elected or appointed political positions at state or local level:

Please send completed application to the attention of:

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