

MIDWEST EMPLOYEE BENEFIT FUNDS COALITION, INC.

MEMBER FUND DIRECTOR AUTHORIZATION

Fund Name _____

Address _____

Phone _____ Fax _____

E-mail _____

Name of Person appointed from your Fund as the Primary Director to the Coalition:

Name _____

Organization _____

Address _____

Phone _____ Fax _____

E-mail _____

The Coalition asks each Director to serve on at least one of our committees. Please select the committee(s) on which you would like to serve.

Committee: Member Services _____ Provider Relations _____ Task Force Specific _____

Name of Person appointed from your Fund as the Alternate Director to the Coalition:

Name _____

Organization _____

Address _____

Phone _____ Fax _____

E-mail _____

Committee: Member Services _____ Provider Relations _____ Task Force Specific _____

This election form is valid from January 1, 2024 until January 31, 2025. The Trust Fund may change this election at any time prior to January 31, 2025 by providing written notification to the Coalition. In the case of an expired authorization, this authorization will remain in force until a current authorization is received.

Signature

Date