**Sample Notification from Governing Body of Appointment of Representative(s)***(This can be done by official resolution or notification from Clerk or Chief Elected Official on behalf of governing body)*

(Please submit through [Consortium Document Portal](https://lfweb.tompkins-co.org/Forms/TCHCCForms) or e-mail to consortium@tompkins-co.org):

**DESIGNATATING REPRESENTATIVES TO THE GREATER TOMPKINS COUNTY MUNICIPAL HEALTH INSURANCE CONSORTIUM BOARD OF DIRECTORS**

 WHEREAS, the [Municipal Corporation}, having complied with all application requirements to become a Participant in the Greater Tompkins County Municipal Health Insurance Consortium has been accepted as a Participant, and

 WHEREAS, in order to activate membership the {Municipal Corporation} must provide additional information to complete and activate its membership in the GTCMHIC, now therefore be it

 RESOLVED, That on behalf of the governing body of the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (municipality/governing body), the Consortium is hereby notified that following individuals are hereby designated to serve as:

**Director to the GTCMHIC Board of Directors:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Delegate),
 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alternate).

**Municipal Representative to the Joint Committee on Plan Structure and Design:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Appointed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Effective date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Submitted by : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_