

DESIGNATION OF REPRESENTATIVE TO COUNTY HEALTH POOL

WHEREAS, the governing body of Huerfano County ("Public Entity") is advised that the business to be conducted at Members' Meetings of the County Health Pool must be transacted by the Official Representative of each Member; NOW, THEREFORE, BE IT RESOLVED, that the governing body of Huerfano County ("Public Entity"), hereby and herewith: designates the following individual as its Official Representative to all County Health Pool Members' meetings;

NAME: _____
TITLE: _____
ADDRESS: _____
PHONE: _____ EMAIL: _____

If applicable, the Designated Alternate Representative is;

NAME: _____

PUBLIC ENTITY DESIGNATED CORRESPONDENT (individual(s) that will receive monthly billing invoices, provide enrollment terms/add/changes and other general correspondences intended for distribution to employees)

NAME: <u>Angela Wakeman</u>	NAME: <u>Nancy Bustos</u>
TITLE: <u>Human Resource Officer</u>	TITLE: <u>Accounting Clerk III</u>
ADDRESS: <u>401 Main St. Ste 310 Walsenburg Co 81089</u>	ADDRESS: <u>401 Main St. Ste 310 Walsenburg Co 81089</u>
PHONE: <u>719-738-3000 Ext 205</u>	PHONE: <u>719-738-3000 Ext 211</u>
EMAIL: <u>awakeman@huerfano.us</u>	EMAIL: <u>nbustos@huerfano.us</u>

COMPLETED BY: _____
(MUST be completed and signed by governing body)

DATE: _____

