

# 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: John Galusha  
TITLE: Commissioner  
ADDRESS: 401 Main Street Walsenburg Co. 81089  
PHONE: 719-738-3000 EMAIL: jgalusha@huerfano.us

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>Kimberley Trujillo</u>	NAME: <u>Angela Wakeman</u>
TITLE: <u>Finance Officer</u>	TITLE: <u>Human Resource Officer</u>
ADDRESS: <u>401 Main St. Ste 310</u>	ADDRESS: <u>401 Main St. Ste 310</u>
PHONE: <u>719-738-3000 Ext 210</u>	PHONE: <u>719-738-3000 Ext. 205</u>
EMAIL: <u>ktrujillo@huerfano.us</u>	EMAIL: <u>Awakeman@huerfano.us</u>

COMPLETED BY: \_\_\_\_\_  
(**MUST** be completed and signed by governing body)

DATE: \_\_\_\_\_

