

NYS School Safety Group #491 Voting Proxy Nomination Form

Insured: _____

Policy Number: _____

The undersigned, a member of the NYS School Safety Group 491 that is underwritten by the New York State Insurance Fund or “NYSIF” hereby authorizes the acting Chairperson of the Executive Committee, or other appointed executive committee member to hold our proxy and vote on our behalf.

This voting proxy revokes all previously issued proxies that may have been authorized by the instant group member prior to the date of the instant voting proxy. It shall remain valid until withdrawn or until the member issues a superseding proxy.

Name of Authorized Individual, as insured: _____

Signature of the Authorized Individual: _____

Title: _____

Date: _____

Voting Proxy as stated in Section II (E) of the Operating Guidelines, membership in the instant Safety Group is voluntary and according to its rules, one obligation of membership is for the policyholder to enable an authorized representative to attend the Group’s Annual Meeting. If no person directly associated with the member is available to attend, the member must then arrange for a proxy to attend and vote in their stead. This includes executing a valid “voting proxy.”

General Disclaimer when naming a Voting Proxy

A “conflict of interest” may occur when the interests of the Group Manager, financial or otherwise, are implicated in an action and/or vote to be taken by members of the Group at an Annual Meeting, this includes but is not limited to the nomination and election of Executive Committee Members (who are authorized to appoint and remove the Group Manager, as well as set the Group Manager’s fee for services).