

Election of the Board of Trustees

Employer

Company

Contract number

Election of the Board of Trustees

The election is a(n)

- initial election
 By-election
 Full election

The election is valid from

A decision on the composition was taken on

Please note: Under the organization rules, the term of office of the Board of Trustees is three years. All insured employees must be invited to participate in the election of the employee representative(s).

Employer representative

Do you wish to notify us of employer representatives on the Board of Trustees?

- Yes
 No

The employer appoints the following persons to serve as employer representatives:

First name

Last name

Street

No.

Postcode

Place

Policy no.

E-mail

Signature

has been elected Chairman of the Board of Trustees

First name

Last name

Street

No.

Postcode

Place

Policy no.

E-mail

Signature

has been elected Chairman of the Board of Trustees

First name

Last name

Street

No.

Postcode

Place

Policy no.

E-mail

Signature

has been elected Chairman of the Board of Trustees

First name

Last name

Street

No.

Postcode

Place

Policy no.

E-mail

Signature

has been elected Chairman of the Board of Trustees

Employee representatives

Do you wish to notify us of employee representatives on the Board of Trustees?

- Yes
 No

Please note: Only employees from the ranks of the insured who are not members of senior management and who do not participate in the decision-making process for important decisions can be elected as employee representatives, taking account of the employee categories.

The following persons have been elected as employee representatives:

First name

Last name

Policy no.

E-mail

Signature

has been elected Chairman of the Board of Trustees

First name

Last name

Policy no.

E-mail

Signature

has been elected Chairman of the Board of Trustees

First name	Last name	Policy no.	E-mail
_____	_____	_____	_____

Signature _____ has been elected Chairman of the Board of Trustees

First name	Last name	Policy no.	E-mail
_____	_____	_____	_____

Signature _____ has been elected Chairman of the Board of Trustees

The Board of Trustees confirms the following composition or adjustment of the Board of Trustees and that all insured employees were invited to vote for the employee representatives.

Place and date _____ Company's stamp and signature _____
