

**SAN FRANCISCO
HEALTH SERVICE SYSTEM**

Affordable, Quality Benefits & Well-Being

NOMINATION OF MEMBER FOR HEALTH SERVICE BOARD

WE, the undersigned members of the San Francisco Health Service System (SFHSS) hereby nominate:

NAME: (Print) _____

DEPARTMENT/EMPLOYER: _____

Please check one:

- Active Employee
- Retired
- Qualified Surviving Spouse
- Domestic Partner
-

As a Member of the Health Service Board for the full-term commencing June 13, 2025 and ending June 13, 2029.

In witness whereof we have hereunto signed our names and places of employment or retiree status.

NOTE: Please print legibly since SFHSS must verify that the person signing is an eligible SFHSS member.

1.	Nominations must be filed with SFHSS no later than Friday, February 16, 2020, at 5:00 pm, PST.
2.	Nominators signing on the attached form must be members, active or retired, of the San Francisco City and County Health Service System.
3.	Twenty (20) valid signatures are required. (Twenty-five (25) spaces are provided in the event some of the signatures are disqualified.)
4.	The member's DSW number or last four (4) numbers of the member's Social Security Number must be entered. San Francisco City and County Health Services System staff must verify the person signing is a member of the Health Service System.

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SPONSOR PAGE - HEALTH SERVICE BOARD ELECTION

<i>Printed Name</i>	<i>Signature</i>	<i>DSW Number or Social Security Number (Last Four Numbers only)</i>	<i>Department/Retiree*</i>
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* If you are an ACTIVE member, indicate the name of your Department. If you are a RETIRED member, indicate "Retiree" under Column 4, DEPARTMENT/RETIREE.

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ACCEPTANCE OF NOMINEE

I hereby accept the foregoing nomination for Member of the Health Service Board and agree to serve as a Member of that Board, if elected.

I, (Print Name), _____ hereby accept the foregoing nomination for Health Service Board and, if elected, agree to serve.

Signature: _____ Dated: _____

Indicate Department/Retired/Qualified Surviving Spouse or Surviving Domestic Partner:

Candidate Name, Mailing Address and Contact Information (telephone number and email address):

For questions, please contact Holly Lopez, Health Service Board Secretary, at (628) 652-4646.