

# Candidate Nomination Form

## Group Benefits Policy and Planning Board

**Election Date:** Spring 2016

**Constituency/Voters:** \_\_\_\_\_

**Instructions:** Each potential candidate for a seat on the Group Benefits Policy and Planning Board must obtain endorsements of candidacy from 25 OGB plan members who are eligible to vote in the election for this seat. Each endorsement must include the plan member's name and signature and the **last four digits** of the plan member's Social Security number. OGB strongly recommends that each candidate obtain more than 25 endorsements to ensure this requirement is met.

Candidate Name:	Candidate Social Security Number ( <b>last four digits</b> ):
Mailing Address:	Business Address, if applicable:
City/State/Zip Code:	City/State/Zip Code:
Area Code/Telephone Number:	Alternate Area Code/Telephone Number:

*I hereby endorse the person listed above as a candidate for the Group Benefits Policy and Planning Board.*

Name (printed):	Signature:	SSN ( <b>last four digits</b> ):
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(Use additional copies of this page as needed)

**Candidate's Name:**

**Constituency/Voters:**

Name (printed):	Signature:	SSN (last four digits):
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