

# ENROLLEE BOARD MEMBERS

Molina Healthcare would like your help picking new enrollee members for our Board of Directors. Those elected will take part in meetings and give ideas on how we can better serve you. Board meetings are held four (4) times a year, one meeting each quarter.

You may nominate yourself or any adult member of Molina Healthcare. Please make your selection using the Nomination form below and mail it back to us by January 15, 2020.

TEAR HERE

I wish to nominate:  Myself  Other Adult Enrollee (Please list as much information about the nominee as possible.)

## NOMINEE FORM

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Member ID No. \_\_\_\_\_ Date of Birth \_\_\_\_\_

Please list nominee's community, civic and other leadership activities.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**If you nominated someone other than yourself, please give us your name and phone number.**

Name \_\_\_\_\_ Phone \_\_\_\_\_

**All nominations must be received by January 15, 2020**

**Mailing Instructions** Please fold the nomination form in half, use tape to seal it shut so your information remains confidential. Postage is not required for mailing.

## Enrollee Board Member Nomination Form





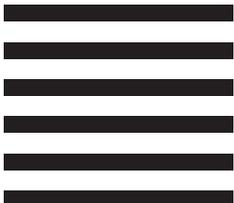
Attn: Government Contracts  
880 West Long Lake Road, Suite 600  
Troy, MI 48098



ATTN: GOVERNMENT CONTRACTS DEPT.  
MOLINA HEALTHCARE OF MICHIGAN  
880 W LONG LAKE ROAD STE 600  
TROY MI 48098-9900

POSTAGE WILL BE PAID BY ADDRESSEE

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UNITED STATES

