

# SUBMISSION OF QUALIFIED PERSON



The governing body of \_\_\_\_\_ hereby submits the name of \_\_\_\_\_, elected or appointed position \_\_\_\_\_ from the City of \_\_\_\_\_ as a qualified person to be placed on the ballot for the TX Health Benefits Pool Board Trustees for **Region 14**. This qualified person is either an employee or an elected official of an incorporated city within the State of Texas that is a member of the TX Health Benefits Pool. If the qualified person is an “employee”, the governing body hereby certifies that the municipal employee: holds a position of Department Head or higher; works at least 20 hours per week for an Employer Member; is paid by the Employer Member with public funds; and is hired and fired only by another incorporated city official or by the incorporated city’s governing body.

We certify that this submission is made in accordance with official action taken by the governing body at a duly called meeting on *ae D* .

Name/Title \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Return by September 12, 2025 to**

Jennifer Hoff

Executive Director

TX Health Benefits Pool

PO Box 140526

Austin, Texas 78714-0526

[Jennifer.hoff@txhb.gov](mailto:Jennifer.hoff@txhb.gov)

*Please complete the submission summary on the reverse side.*

**Please provide a short statement for the elected or appointed official submitted for a place on the ballot describing why the official would like to serve on the TX Health Board of Trustees. This statement will be provided with the ballot packet to the Employer Members within the affected region.**