

2024 Mountain Health CO-OP Board Member Nomination Application

Thank you for your interest in becoming a Board Member for the Mountain Health CO-OP.

To serve as a Mountain Health CO-OP Board Member you must meet the following qualifications:

- Be 18 years or older
- Have no personal nor business bankruptcies
- Not be an active employee of the CO-OP nor a commissioned operator or consultant under contract with Mountain Health CO-OP
- Support the affairs of the Co-Op and be in compliance with all Mountain Health CO-OP Board bylaws
- Be an insured member of Mountain Health CO-OP (Class A nominations only)
- Meet ethical, conflict-of-interest, and disclosure standards
- Not be representatives of the following entities who are in high-level positions or responsible for setting policy or similar key decisions:
 - any federal, state or local government (or of any political subdivision or instrumentality thereof)
 - pre-existing issuer of health insurance other than issuers that market only Medicare or Medicaid managed care products

A typical schedule of annual Board Meetings will look like the following (for illustrative purposes only):

- February
 - 1-2 committee meetings (2 hours each)
 - Full Board Meeting (all day)
- April
 - Full Board Meeting (2 hours remote)
- June
 - 1-2 committee meetings (2 hours each)
 - Strategic Planning Annual Meeting (all day)
 - Full Board Meeting (all day)
- August
 - Full Board Meeting (2 hours remote)
- October
 - 1-2 committee meetings (2 hours each)
 - Full Board Meeting (all day)
- December
 - Full Board Meeting (2 hours remote)
- As necessary: additional remote ad hoc board meetings may be scheduled between these standing meetings

As part of the application process, we want to share with you some of the unique aspects of our insurance CO-OP as context during the application process.

CO-OP stands for Consumer Oriented and Operated Plan which means we are a non-profit organization in which the same people who govern the organization are also insured by the organization. This concept gives members a voice in how the organization is operated.

The CO-OP (and all health insurance companies) use Statutory Accounting Principles, which are used for solvency requirements and not Generally Accepted Accounting Principles (GAAP), which are standard in most lines of business for assessing a company's financial health. If you are familiar with GAAP through business, education, or other experience, this can be a learning curve= even for those with significant accounting experience.

In order to submit an application for the position of Director of the Mountain Health CO-OP Board of Directors, please review the [Director Job Description](#) and complete the following information. All applications must be submitted by November 1st, 2023. Email your completed application to team@mhc.coop.

Name: _____ Phone: _____

Home Address: _____

Email Address: _____

1. Are you a member of the Mountain Health CO-OP Yes _____ No _____

Please provide the last 4 digits of your Mountain Health CO-OP I.D. number _____

2. Do you have an individual Mountain Health CO-OP insurance plan, or are you a member of a group plan? _____

3. How many years have you been a member of Mountain Health CO-OP? _____

4. If you are an insured individual Mountain Health CO-OP member, what was the most important reason(s) for joining Mountain Health CO-OP as a member? If you are an insured group Mountain Health CO-OP member, what has been the most valuable part of your experience to date? (not applicable for Class B nominations)

5. As a Board member, if you could do one thing to improve Mountain Health CO-OP, what would that be?

6. As a prospective board member, we'd like to share two scenarios that are representative of the types of issues you may encounter as part of the Board. Please respond to each in less than 200 words.

Scenario 1: The organization's current offices are overcrowded and have been for several years. The board and staff are in agreement that a new building is needed. There is ample funding for this project. The Board wants to be involved in deciding where the building should go, how the square footage should be allocated, the final design of the interior and other details.

What questions would you ask the Mountain Health CO-OP CEO and senior staff or fellow Board members during this discussion? What role do you think the Board should have in these decisions?

Scenario 2: The Board is discussing whether the CO-OP should expand by offering insurance options in a neighboring state (State 4). Enrollment numbers in one of the current states where Mountain Health CO-OP offers insurance (State 2) are behind target. However, insurance options for people living in State 4 are limited and Mountain Health CO-OP could provide a much-needed alternative on the insurance marketplace.

What questions would you ask the Mountain Health CO-OP CEO and senior staff or fellow Board members during this discussion? What data would you like to review to help make this decision?

7. On separate pages, please provide the following information:

- A short biography. Be sure to include current employment, as well as employment over the past 10 years and place(s) of residence for the past 10 years. Any educational or professional attainments/ designations are also appreciated.
- If applicable, any experience serving on other nonprofit or for-profit boards. Please include any relevant committee assignments or leadership positions you may have held. Note that prior board experience is **not required** to join the Mountain Health CO-OP Board of Directors.
- If applicable, the time commitment of other boards or volunteer activities you are currently engaged in (hours/month) and if you believe that you're able to commit to the time and energy commitments needed to serve on the Mountain Health CO-OP Board of Directors.
- Please explain briefly a). Your motivation for serving on the Board, and b). What you believe would be your strongest qualifications for serving on the Board.

The following questions pertain to your qualifications/eligibility to serve on the Mountain Health CO-OP Board.

A. Do you or an immediate family member have any ownership in, employment with, or financial relationship **with any** healthcare related or insurance related entity, including the Mountain Health CO-OP? In the past, have these relationships existed? Y N (if yes, please explain in detail).

B. Have you ever been charged with a felony? Been declared bankrupt? Been an owner in an enterprise that has been declared bankrupt (please explain in detail if yes to any)? Y N

C. Do you understand and agree that the Mountain Health CO-OP Board election will be contested, with more than one nominee per board seat? Y N

D. Do you understand and agree that if elected, all Board members will have their names published on the Mountain Health CO-OP website, and from time to time in other Mountain Health CO-OP materials and press releases?

E. Do you understand and agree that you are willing and able to commit to the time and energy required to serve on the Board as outlined in the Board job description? Y N

F. Do you agree to a standard background check? Y N

G. Please provide the names and contact data of at least two unrelated persons who can be called upon as personal references. (Name, Phone, email Address)

1. _____

2. _____

I attest that to the best of my knowledge the above and attached information is correct and true, and if elected I agree to serve diligently and without conflict of interest.

Applicant Signature: _____

Date _____