

EIC-E

EXHIBIT

SELF - INSURANCE PROGRAMS (Employee Benefit Trust)

LAKE HAVASU UNIFIED SCHOOL DISTRICT

On behalf of the Lake Havasu Unified School District #1(LHUSD) Governing Board and the district staff, we are very pleased that you have expressed an interest in serving on our Employee Benefit Trust (EBT) Board. This board plays a pivotal role in our employee benefit plan which in turn is critical to the recruitment and retention of employees to our school district, as well as to maintaining the overall health of our community.

It is the volunteerism and help of our residents that links our community together, and your willingness to participate and to share your knowledge and experiences is truly appreciated.

This packet includes a profile of the EBT board, and is intended to provide you with helpful information about the role appointed members have when serving. It is hoped that once you have reviewed this information, you will visualize yourself serving on our board, knowing that you can contribute to its success. Serving takes time, commitment, and vision, but our school community is well worth the effort!

You can apply for an appointment by completing the application included with this packet and returning it to the Lake Havasu Unified School District Superintendent's office.

THE ROLE OF THE EMPLOYEE BENEFIT TRUST BOARD

The Lake Havasu Unified School District #1 (LHUSD) Employee Benefit Trust was established in 1986 by the LHUSD Governing Board. The purpose of the EBT was to establish and maintain health and welfare benefits for employees of the LHUSD and their eligible family members to be administered by the trustees of the newly created Employee Benefit Trust.

Membership and selection of EBT board appointees are governed by the LHUSD Governing Board. Terms of members are three years unless otherwise specified, but members may be removed by majority vote of the LHUSD Governing Board at any time.

All board members must disclose conflicts of interest in accordance with state law. A conflict occurs when a public officer or employee personally has or whose relative has a substantial interest in any contract, sale, purchase or service to the school district, or any decision of the EBT board. Members must also refrain from voting on or otherwise participating in any manner in any contract, sale, purchase, service, or decision of the EBT relating to the conflicting interest.

LHUSD staff will provide information and materials to assist board members with their duties and responsibilities, and will offer suggestion to help accomplish board goals and objectives. Staff also has an obligation to present balanced information on issues so that both the positive and negative aspects can be readily identified.

EMPLOYEE BENEFIT TRUST BOARD

Purpose: To establish and maintain a self insurance program of providing and maintaining health and welfare benefits for Employees of the School District, and for certain eligible members of their families within and according to the provisions of A.R.S.§15-382;

Composition: The Trust shall be administered by either five (5) or seven (7) voting Trustees, appointed by the School District Governing Board for no more than two (2) consecutive, three (3) year terms.

Time: The Board meets annually and may meet quarterly or on an as-needed basis.

Commitment: Attend regular and special meetings; members must also review meeting agendas and materials prior to scheduled meetings.

Responsibilities: Manage the Trust funding, enter into contracts and make decisions as required to provide the benefits delineated in the Trust agreement.

Minimum Qualifications: Members must be residents of Lake Havasu City and be at least 18 years of age.

Desired Qualifications: Knowledge of or experience in one or more of the following fields- financial, insurance, legal, medical/health, administrative, governance; experience serving on a nonprofit board; commitment to volunteer service for the betterment of the Lake Havasu community.

Contacts and Relationships: Members interact with LHUSD staff, consultants, vendors, members of the general public and all other persons and groups who may have business that is within the authority of the EBT Board. Although decisions under the purview of the EBT Board are final and cannot be appealed to the LHUSD Governing Board, the EBT trustees may, from time to time, meet with the LHUSD board members in a forum such as a workshop or subcommittee.

Process: Complete and submit the attached application to the Lake Havasu Unified School District, Superintendent's Office. Applicants will be invited to an LHUSD Governing Board meeting at which time applications will be reviewed and questions may be asked. Final selection will occur at the public meeting of the LHUSD board.

Application for Appointment Employee Benefit Trust Board

The LHUSD Governing Board is responsible to appoint interested citizens to the Employee Benefit Trust Board. You are invited to attend the evening Board meeting when appointment is to be considered and be prepared to answer questions. The Board Secretary will inform you of the meeting date.

SECTION I:

Name: _____ Email: _____

Home Address: _____

City: _____ State: _____

Mailing Address: _____

Home Phone: _____ Work/Alt: _____

Number of Years Residing in Lake Havasu City: _____

Name of High School and/or College*	Degree	Year
_____	_____	_____
_____	_____	_____

Currently Employed? Yes No

Current Employer**: _____ # of year employed: _____

City: _____ State: _____

** Please attach a resume to show additional education and work experience.*

*** (If retired, indicate last employer prior to retirement)*

Do you have any relatives that are employed with Lake Havasu Unified School District?

Yes No

If yes, explain:

SECTION II:

Have you previously served on a nonprofit board or commission? Yes No
If yes, indicate Board and years served:

Why do you want to serve on the Employee Benefit Trust Board?

Civic/Community activities (include civic clubs, volunteer activities, service organization, etc.):

List additional qualifications or experience you believe qualifies you to be on the Employee Benefit Trust Board:

Signature: _____ Date: _____