



San Diego

Association of Health Underwriters



April 2019

Notice is hereby given to the members of the San Diego Association of Health Underwriters.

The election of the Board of Directors for fiscal year July 1, 2019 – June 30, 2020 will take place at the **Annual Meeting** of the membership on **Thursday, May 16, 2019**. This meeting will be held at the Handlery Hotel San Diego, 950 Hotel Circle North, San Diego 92108 at 12:00 pm.

In accordance with the Bylaws, we are pleased to announce the following nominees:

Name of Nominee:	Board Position:
Stacy Moskowitz Kaiser Permanente	President
Terri Yurek Terri Yurek Insurance	President – Elect
Sean Greene, CHRS Morrison Insurance Services	Immediate Past-President
Kacy Kunkel BenefitMall	VP of Communications & Media Relations
Barry Cogdill, LPRT, CHRS Business Choice Insurance Services	VP of Finance
Jim Lowther Prescott & Lowther Insurance Agency	VP of Legislation
Scott Maichel, CHRS iSolved HCM	VP of Membership
David Parker Rogers Benefit Group	VP of Political Action Committee (PAC)
Grant Jacka CMR Risk & Insurance Services	VP of Professional Development
Raquel Ramirez Anthem Blue Cross	Member at Large – Awards
Joel Marcus Joel Marcus Insurance	Member at Large – Philanthropy
Barbara Ciudad TASC	Member at Large – Retention
Mike Freeman, CLU Countywide Health Insurance Services, Inc.	Member at Large – Sponsorship
Ricky Haisha Haisha Insurance Services	Member at Large – Senior Summit
Jim Morrison, RHU, REBC, CLU, HIP, LPRT, CHRS Morrison Insurance Services	Member at Large
Melissa Salcedo-Mendoza Kaiser Permanente	Member at Large

Voting Ballot

If you are unable to attend the May 16th meeting, please cast your vote and sign / date at the bottom of the ballot. Ballot must be received in the Association office no later than the close of business on Wednesday, May 15, 2019. Please fax or email to: (858) 630-3793 or sdahu1@yahoo.com.

Vote to Accept Slate of Officers: _____ Approve _____ Reject _____ Date: _____

If you are proposing a nomination by proxy, please indicate name of person and office:

Name: _____
(Print Name) (Signature)