

## PART A

I, \_\_\_\_\_ nominate \_\_\_\_\_ for the  
position of :

Bargaining Committee Member

Maximus BC Health Benefits Operations Inc.

\_\_\_\_\_  
NOMINATOR's signature

## PART B

I, \_\_\_\_\_ accept the nomination and  
certify that I am a member in good standing of the B.C. Government and Service Employees' Union.

\_\_\_\_\_  
NOMINEE's signature

This form must be e-mailed to [tricia.tringham@bcgeu.ca](mailto:tricia.tringham@bcgeu.ca), or faxed (250-384-8060) to the Area Office  
no later than **Thursday, November 20, 2014.**

Area Office Address:  
**BCGEU Victoria Area Office**  
2994 Douglas St, Victoria, BC V8T 4N4  
Phone: 1-888-991-6162 Fax: 250-384-8060  
Email: [lori.strom@bcgeu.ca](mailto:lori.strom@bcgeu.ca)