

**Sample Resolution Appointing a Fund Commissioner
(Letterhead)**

Resolution Number:

Date:

WHEREAS, the _____ Housing Authority (member) is a member of the New Jersey Public Housing Authority Joint Insurance Fund; and

WHEREAS, the bylaws of said Fund require that each member Housing Authority appoint a FUND COMMISSIONER to represent and serve the Authority as its' representative to said Fund; and

NOW, THEREFORE, BE IT RESOLVED, that the Board of Commissioners of the _____ Housing Authority does hereby appoint _____ as its FUND COMMISSIONER for the New Jersey Public Housing Authority Joint Insurance Fund for the Fund Year 2024.

I HEREBY CERTIFY THAT THIS IS A TRUE COPY OF A RESOLUTION ADOPTED BY THE BOARD OF COMMISSIONERS OF THE _____ HOUSING AUTHORITY AT A MEETING HELD ON _____.

Signature/ name

Vote:

New Jersey Public Housing Authority Joint Insurance Fund

9 Campus Drive, Suite 216

Parsippany, NJ 07054

Telephone (201) 881-7632 Fax (201) 881-7633

Direct Inquiries to : Tracy Lopez

October 26, 2023

2024 PROXY

I, _____, Commissioner to the New Jersey Public Housing Authority Joint Insurance Fund from the _____ Housing Authority, do hereby grant my irrevocable proxy for the 2024 Fund year to a majority of the Executive Committee members personally in attendance at any such meeting, for the purposes of casting any vote which I may be authorized to cast as a member of the Fund.

Should I attend any such meeting at which a vote is to be cast, I will have the power to vote personally and this proxy will not be applicable at any such meeting.

_____ (Signature)

_____ (Printed Name)

_____ (Date)

Commissioner to the Joint Insurance Fund from

_____ **Housing Authority**

_____ **Non-Profits (if applicable)**

Please return this form by January 3, 2024:

Email: skrolian@permainc.com OR

Fax #201-881-7633

Mail: Perma Risk Management Services

9 Campus Drive, Suite 216

Parsippany, NJ 07054

Attn: Tracy Lopez/ Steven Krolian