

**CAHCF, INC.**

**PROXY**

The \_\_\_\_\_,

(Name of Facility)

being an active member of CAHCF has previously designated as its authorized representative(s) and alternate(s) with respect to voting privileges pursuant to Article V, Section 4 of the Bylaws of the Connecticut Association of Health Care Facilities, Inc. The proxy must be signed by an owner, administrator or regional or corporate employee or officer of the member facility and shall empower a named individual or the bearer to vote on behalf of the member facility. If a proxy is provided for any member facility, the named individual or bearer will be the person authorized to vote in accordance with the proxy, regardless of whether other representatives of the facility are present at the meeting, unless the individual who signed the proxy revokes the proxy prior to the distribution of ballots.

The duly designated representative and alternate herewith appoints:

\_\_\_\_\_  
(Name of Individual)

to act as the proxy ***and to appear personally*** and to vote in the name of:

\_\_\_\_\_  
(Name of Facility)

at the election scheduled for **June 20, 2024** or at such other duly designated time to which said meeting may be adjourned.

\_\_\_\_\_  
(Signature(s) of Designated Representatives)

***(This Proxy must accompany the member voting in person the day of the election.)***