MASSACHUSETTS CATHOLIC SELF-INSURANCE GROUP, INC 66 Brooks Drive

Braintree, MA 02184

Phone: 617-746-5745 Fax: 617-779-4572

BALLOT FOR ELECTION OF DIRECTORS

Each Member has **one** (1) **vote** for **each** open Board Position. There are currently four (4) open positions; therefore, each member should cast four votes.

Name of Nominee	Vote (Place an X in the box)
Ms. Maureen Donnelly Creedon	
Mr. Michael Ford	
Mr. Kevin Kiley	
Mr. Chris Nagle	
If you choose to nominate an individua	al not on the list above, list their name(s) here:
Name of Member Organization:	
Your Name:Ti	itle:
Your Signature:	

To cast your ballot, please do one of the following:

- Fax this form to 617-977-9779 or email Doreen rearden@rcab.org
- Fill out the form online via the following link: https://masscatholic.org/ballot/