

Nomination Form – Board Member 2025

I hereby nominate:

For the position of Board Member:

Nominator

Secunder

UniMed membership number

UniMed membership number

I agree to the above nomination (nominee)

UniMed membership number

Date

The nominator and seunder shall be Members of UniMed and hold a current insurance policy.

All Nomination Forms are to be submitted together with a completed Fit and Proper Attestation form, which is available [here](#).

Nomination documentation to be emailed to

Secretary@unimed.co.nz

or posted to

The Board Secretary
UniMed
PO Box 1721
Christchurch 8140

By 5pm on Sunday 28 September 2025

UniMed

Head Office

Union Medical Benefits Society Limited
165 Gloucester Street, Christchurch
PO Box 1721, Christchurch 8140
unimed.co.nz

Nomination Form for Elected Board Member 2025 Background Information Form

Notes

- 1 Nominations for positions of Elected Board Members of Union Medical Benefits Society Ltd (UniMed) must be made by completing this form in full.
- 2 Nominations will be referred to the UniMed People and Culture Committee of the Board which will assess the nominations against criteria including the Society Rules, Fit and Proper Policy, and the skill mix being sought. The Board will review, confirm, and accept, or reject nominations.
- 3 The Term of this appointment will be through to the 2028 AGM.

To be completed by the Nominee

1. Personal Details	
Personal Title (eg Dr, Mr, Mrs, Ms):	
Surname:	
Given name:	
Residential Address:	
Postal Address: (if different from above)	
Telephone:	
Email:	

2. Educational Qualifications
Specify highest educational qualifications together with any other qualifications relevant to the nomination.

3. Current Occupational Details	
Occupation or Job Title:	
Current Employers or Employment Status: (eg self-employed)	

4. Governance Experience

List all details of all current and any significant previous directorships / trusteeships, private or public, and government appointments. Please append a separate sheet if necessary.

A	Organisation (Name):	
	Period (eg 2012-2014):	
	Role(s) (eg Chair, Deputy, Board Member):	
B	Organisation (Name):	
	Period (eg 2012-2014):	
	Role(s) (eg Chair, Deputy, Board Member):	
C	Organisation (Name):	
	Period (eg 2012-2014):	
	Role(s) (eg Chair, Deputy, Board Member):	
D	Organisation (Name):	
	Period (eg 2012-2014):	
	Role(s) (eg Chair, Deputy, Board Member):	

5. Relevant Work Experience

List most relevant positions held. Start with current or most recent position.
Please append a separate sheet if necessary.

Period (Years)	Employer (Name)	Position Held and Major Responsibilities

6. Relevant Work Experience

From the list below, please tick the **5** categories where you have the most extensive experience and expertise:

Tick 5 or less	Category	Please describe your expertise
<input type="checkbox"/>	Member-based organisations	
<input type="checkbox"/>	Financial Services Sector	
<input type="checkbox"/>	Health Sector	
<input type="checkbox"/>	Workplace Health, Safety and Wellbeing	
<input type="checkbox"/>	Risk Management	
<input type="checkbox"/>	Technology and Cybersecurity	
<input type="checkbox"/>	Growth and Business Development	
<input type="checkbox"/>	Marketing and Branding	
<input type="checkbox"/>	Regulatory and Compliance	
<input type="checkbox"/>	Finance, Investment and Audit	
<input type="checkbox"/>	Te Tiriti o Wāitangi	
<input type="checkbox"/>	Environment and Sustainability	

7. Why are you seeking nomination?

8. What do you see as the future for UniMed?

9. Additional Information

Please include in this section any additional information that may be relevant in support of your application.

10. Conflicts of Interest

Record any possible conflicts of interest that might arise if you are elected.

11. Confirmation

I hereby confirm the following:

A	That the information supplied is complete and accurate.
B	That I have completed the Fit and Proper Attestation.
C	That I am willing and available to meet with the People and Culture Committee of UniMed if requested to discuss my nomination.
D	That if elected as a Board Member of UniMed I would be available to serve on the Board for three years as specified in the Rules of the Society.
E	<p>Consent confirmation:</p> <p>I understand that the personal information in this form will be used by the Board of UniMed to consider my eligibility and suitability for nomination as an Elected Board Member. If I am accepted for nomination, some of this information will be included in the voting materials provided to UniMed Members for the purpose of voting.</p> <p>Privacy Statement:</p> <p>Information you provide in this form will be collected and held by UniMed, 165 Gloucester Street Christchurch. Providing this information is optional, however, if you do not provide it, we will be unable to assess your eligibility or proceed with your nomination. You have the right to access the personal information we hold about you and to request correction if it is inaccurate.</p>

Signed

Date

Full name

Signature