



**EXHIBIT B**

**VEHI PROXY OR CERTIFICATE OF AUTHORITY**

LET IT BE KNOWN THAT: \_\_\_\_\_, member of  
(Name of Member School District/Supervisory Union)  
the VEHI Dental Program, a body corporate and politic, created and existing under the laws of  
the State of Vermont, does hereby:

***Certificate of Authority***

(a) appoint as its authorized representative to appear and vote on its behalf at any and all meetings of the members of the Vermont Education Health Initiative, or any adjournment thereof, the following person:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

Email: \_\_\_\_\_

**Note: If option (a) is selected, the person listed above must attend in-person to vote.**

**OR**

***Proxy***

(b) appoint as its true and lawful attorney, the Board of Directors of the Vermont Education Health Initiative, by majority vote, with the power of substitution for it and in its name to vote at the Annual Meeting of the Vermont Education Health Initiative, to be held on the 27<sup>th</sup> day of October, 2023 or at any adjournment thereof, with all the powers it should possess if personally present through its authorized representative.

**Please sign and date this section once you have chosen (a) or (b):**

Dated at \_\_\_\_\_, Vermont, this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

This action is valid for one year [365 days] from the date of enactment, or until it is superseded by subsequent action of the member filed with the Trust.

\_\_\_\_\_  
Name of Member Supervisory District/Supervisory Union

BY: \_\_\_\_\_

TITLE: \_\_\_\_\_