



5400 Tuscarawas Rd, Beaver PA, 15009  
P 1.800.722.4428 E info@GCUusa.com

## **Declaration of Candidacy & Resume for GCU Director**

### **Applications, Forms and Instructions With Board of Director Qualifications & Requirements**

Checklist of items required to be submitted to the GCU Nominating Committee online or postmarked by January 31, 2023.

- Declaration of Candidacy Form
- Proof that you are Byzantine Catholic
- Digital Photo (if necessary)
- Affidavit
- Criminal/Credit Background Authorization
- One Page Resume (if desired)

## Director-GCU Board of Directors Qualifications

### Summary

As a member of the Board of Directors, a Director is responsible for the effective governance of the GCU. Their main purpose is to advise, govern, set and oversee policy and direction, and assist with the leadership and general promotion of the GCU in support of its mission, strategic vision and core values.

### Bylaw Requirements

As per Par.62 of the GCU Bylaws, All candidates for Director must submit a Declaration for Candidacy & Resume Form for Director together with a digital photograph and comply with the following qualifications:

- (a) A citizen of the United States of America.
- (b) A member of the GCU for a minimum of five (5) years as of January 1 of the election year.
- (c) A person of Slav origin and a Byzantine Catholic for a minimum of five (5) years prior to October 1 of the election year.
- (d) Of good moral character, reputation and good American spirit.
- (e) A candidate must have attained the age of 30 prior to October 1 of the election year and not be older than age 77 prior to October 1 of the election year.
- (f) Any other qualifications set forth by the Directors in the Declaration of Candidacy & Resume Form for Director.

### Qualifications as set forth by the Board of Directors per Par. 62 (e) are as follows:

Must possess a minimum of two of the following:

- a. Bachelor's degree or higher.
- b. Currently hold or has held a senior level, Executive or C-Suite position for a minimum of five years.
- c. Own a successful business for a minimum of five years.
- d. Currently employed or has been employed in the financial/insurance industry for minimum of five years or possess a financial/insurance certificate for a minimum of five years.
- e. Serve or has served on a professional Board for a minimum of three years.

### Expectations of Board Members

- Be committed and possess values that are aligned with the purpose and mission of the GCU.
- Solid understanding of the GCU's business.
- Contribute to the improvement of Board Governance through knowledge or skills possessed in one or more of the following areas: policy, finance, organizational strategy, technology, legal, marketing, sales, civic leadership, risk management or personnel.
- Gain understanding of the GCU's policies and procedures.
- Become familiar with the GCU's finances, budget, and financial/resource needs.

- Participate on standing committees of the Board and serve on ad-hoc committees, as necessary.
- Prepare for and participate in the discussions and the deliberations of the Board.
- Be alert to community concerns that can be addressed by the GCU's mission, objectives, products and programs. Communicate this to the entire Board.
- Foster a positive working relationship with other Board members.
- Be aware of, and abstain from, any conflict of interest.

### **Key Responsibilities**

Members of the Board shall share these responsibilities while acting in the best interest of the GCU. Each member is expected to make recommendations based on their profession, experience, expertise and vantage point in the community.

- Organizational leadership and advisement.
- Formulation, oversight and governance of policies and procedures developed by the Board.
- Establish overall long and short term goals, objectives and priorities for the GCU.
- Recommend policy.
- Prepare for and participate in the discussion and the deliberations of the Board.
- Financial oversight, including approval and oversight of the annual operating budget.
- Oversight of program planning and evaluation.
- Monitor and evaluate the effectiveness of the GCU's annual business plan through a regular review of sales and budget reports as well as a review of products, programs, and services as compared to the market and competitive environment.
- Review of key departmental (finance, membership, sales, marketing, fraternal) plans, budgets and performance reports.
- Promotion, and support thereof, of the GCU's membership and mission through advertising, outreach and community networking.

### **Meeting and Time Commitment**

- **The Board of Directors meets quarterly with a minimum commitment of 20-30 days on site annually, not including travel time.**
- In addition, Board members are to be available at the call of the Chairperson of the Board for any special meetings. The special meetings may be either in person or via teleconference.
- Board members are expected to attend GCU events or meetings.

### **Term**

Directors are elected by the membership to a four-year term.



# Declaration of Candidacy and Resume for GCU Director

*(This form and supporting documents must be submitted online or postmarked by ?)*

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

In accordance with Paragraph 62 of the GCU By-Laws all candidates must comply with following qualifications. You must be: a citizen of the U.S.A.; of Slav origin; a Byzantine Catholic for a minimum of five (5) years prior to October 1 of the election year; be over the age of 30 and not older than age 77 prior to October 1 of the election year; a member of the GCU for a minimum of five (5) years as of January 1, 2022 and of good moral character, reputation and good American spirit.

Personal/Educational Information:

Work Experience:

Reason why you should be elected/re-elected to this position:

Additional documents you must submit to the Nominating Committee:

1. Proof that you are Byzantine Catholic.
2. A digital or printed photo unless one is on file at the Home Office.
3. Affidavit concerning your candidacy.
4. Criminal Background Check authorization.
5. One page resume, if desired.

I understand that upon election as a GCU Director, I may be subject to a drug screening test before being sworn in as a GCU Director.

***Please Note:*** the Pennsylvania Insurance Departments requires annual attendance records and qualification information on Board Members for all insurance companies doing business in Pennsylvania.

Signature \_\_\_\_\_ Date \_\_\_\_\_



5400 Tuscarawas Rd, Beaver PA, 15009  
P 1.800.722.4428 E info@GCUusa.com

## Affidavit

State of \_\_\_\_\_

County of \_\_\_\_\_

\_\_\_\_\_ being duly sworn and under  
(Name)  
penalty of law and in accordance with the GCU Bylaws states:

1. That I am a citizen of the U.S.A.
2. That I have been a member of the GCU for a minimum of five (5) years as of January 1, 2020.
3. That I am of Slav origin and a Byzantine Catholic for a minimum of five (5) years prior to October 1 of the election year.
4. That I am of good moral character, reputation and good American spirit.
5. That I meet all qualifications as set forth in the Declaration of Candidacy & Resume Form for Directors.
6. That all statements and information provided in my Declaration of Candidacy is true and accurate.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Notary Signature: \_\_\_\_\_

Subscribed and sworn before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
Notary





5400 Tuscarawas Rd, Beaver PA, 15009  
P 1.800.722.4428 E info@GCUusa.com

## Byzantine Catholic Certification

I hereby certify that \_\_\_\_\_ is a  
(Name)  
Byzantine Catholic for a minimum of 5 years prior to October 1 of this  
year.

### **Proof/Verification of Byzantine Catholic Faith** *(Submit one of documents below)*

- ✦ Baptized in a Byzantine Church *(Attach copy of baptismal certificate)*
- ✦ Change of Rite Form *(Attach copy of form)*
- ✦ Copy of your Father's Baptismal Certificate proves you are Byzantine Catholic *(Attach copy of father's baptismal certificate)*
- ✦ Letter from pastor of a Byzantine Catholic Church that you have been a Byzantine Catholic for 5 years prior to October of this year. *(Attach letter)*
- ✦ Wife of a Byzantine Catholic and of Slav origin. *(Attach proof of current husband being a Byzantine Catholic (Any of documents listed above) and copy of Marriage License)*

Date: \_\_\_\_\_

Signature: \_\_\_\_\_



## Release for Background Investigation

I hereby authorize GCU (hereafter referred to as "Company") and or its agent, including but not limited to The Pre-Check Company (hereafter referred to as "consumer reporting agency"), to investigate my background now and at any time in the future during my employment with the Company.

I understand that the consumer reporting agency will conduct investigations to obtain information as deemed necessary in connection with my employment with the Company. The information obtained may include investigation into the last seven (7) years of my credit background and beyond seven (7) years regarding my past employment, work habits, salary history, education, criminal background, motor vehicle history, workers' compensation history, civil records, use of illegal substances and alcohol abuse, personal characteristics, mode of living and general reputation.

I understand that any direct or indirect contact with former employers, schools, financial institutions, landlords and public agencies may be made, and that personal interviews with my associates, friends, acquaintances, neighbors, or other persons who may have such knowledge may be held to obtain such information.

I understand that any consumer report or investigative consumer report requested will be used strictly for employment purposes as defined under §603(h) and authorized under §604(a)(3)(B) of the Fair Credit Reporting Act, as a report to be used for the purpose of evaluation for employment, promotion, reassignment or retention as an employee. I further understand and consent to the furnishing of workers' compensation information, after a conditional job offer, which may include my medical information including any and all injuries pursuant to state law and in compliance with the Federal Americans with Disabilities Act. I hereby agree to submit to a background investigation, any post-offer/pre-employment and post-hire drug and alcohol testing and authorize the lab performing the test, any medical review officer who may review the results, the entity arranging for the lab test, and or the Company to release any results to parties who have a "need to know" such results. A photographic or faxed copy of this form shall be as valid as the original.

I forever release and discharge Company, consumer reporting agency including but not limited to The Pre-Check Company, their respective officers, directors, employees and agents, my past employers, schools, persons named in my employment application or resume from any claims, damages, losses, liabilities and expenses arising out of the gathering and reporting of information about me.

I understand I may request an outline of the nature and scope of the investigation if such request is made in writing within a reasonable period after the completion of the investigation. The address of The Pre-Check Company is P.O. Box 45375, Westlake, Ohio, 44145, and its toll free telephone number is (800) 268-2435.

PLEASE FILL IN EACH BLANK SPACE:	
NAME:	PHONE
FORMER NAME:	SOCIAL SECURITY #:
CURRENT ADDRESS:	PREVIOUS ADDRESS:
CITY:	CITY:
STATE:	STATE:
COUNTY:	COUNTY:
LENGTH OF RESIDENCE: Years: ___ Months: ___	LENGTH OF RESIDENCE: Years: ___ Months: ___
DRIVER'S LICENSE: STATE	DL NUMBER #:
DATE OF BIRTH:	YOU EVER BEEN CONVICTED OF A CRIME?
MAY WE CONTACT YOUR CURRENT EMPLOYER? ___ YES ___ NO	YES ___ NO IF YES, APPROX. DATE: ___ CITY: _____ STATE: _____
In addition to authorizing background investigations as deemed necessary by Company, I certify that the information I have provided is true and complete, and I understand that false or incomplete statements of material fact on this authorization or in any prior communication to the Company will be sufficient cause for my dismissal.	

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

GCU is an equal opportunity employer and does not discriminate against applicants or employees on the basis of sex, race, color, religion, national origin, ancestry or age (40 years of age and over). In addition, GCU does not discriminate against qualified individuals with disabilities.



Investing in the Goodness  
of Community

**George N. Juba**

President/CEO

[gjuba@GCUusa.com](mailto:gjuba@GCUusa.com)

P 724-495-3400



Dear GCU Member:

Find herewith our Privacy Statement as required through the Gramm-Leach-Bliley Act recently adopted in Washington to protect the privacy of consumers.

As has been our past practice, we will not share information with other companies.

Please review the GCU Privacy Policy below. We do not plan on changing, however; if the need arises to change this policy, you, as our valued member, will be mailed appropriate options.

**GCU PRIVACY POLICY**

We appreciate your Membership with the GCU. The GCU is a Fraternal Benefit Society that has always been and will be committed to protecting the privacy of your personal financial and medical information. This will continue to be a matter of top priority for us.

The GCU Privacy Policy is as follows:

We will not:

- disclose personal, non-public information about you to anyone other than our affinity partners and always, only as permitted or required by law.
- disclose personal medical information about you except as permitted by law or as you may authorize.
- sell lists of our members to any vendor of goods or services.

We will:

- restrict access to non-public personal information about you to those employees who need to know that information to provide products to you.
- maintain physical, electronic and procedural safeguards that comply with the federal standards to guard your non-public personal information.
- Remove your name and contact information from all affinity mailings at your request. You should make your request in writing to the GCU or call us at 855-306-0607.

We collect non-public personal information about you from the following sources:

- Information we receive from you on applications or other forms.
- Information from medical tests requested by us or from your medical services providers (medical information collection applicable to some life and health insurance policies, not annuities).
- Information about your transactions with us (such as premium payments, loans, claims, etc.).
- Information we receive from consumer reporting agencies.

Our continued goal is to maintain complete, accurate and up-to-date records. You may contact us at the address or telephone number shown above, to access, as provided by law, information included in your file. We will promptly correct any error in our information. To protect your privacy, you will need to identify yourself by providing your name, date of birth and Social Security Number.

Fraternally yours,

George N. Juba  
President/CEO