

The Social and Health Services Group of New York

PROXY CARD

The undersigned, a member of The Social and Health Services Group of New York Workers' Compensation Safety Group of the State Insurance Fund hereby constitutes and appoints the Secretary of said Group as true and lawful attorney in the name of and on behalf of the undersigned to vote at the Annual Meetings of the members of Social & Health Services of New York, transacting any and all business to come before such meeting and hereby ratify and confirm all that said attorney may do hereunder with the same force and effect as if the undersigned were present in person. This proxy shall be continuous and valid until it is terminated.

Date: _____

(Name of Company) - Please print or type

(Officer's Signature - Official Title)

P.O. Box 769 Armonk, NY 10504 1-800-967-0047