



# 2009 Leading Producers Round Table Carrier and General Agency Application

## The National Association of Health Underwriters

*(Carriers and/or general agencies nominating their sales internal force, please use this application.)*

For January 1, 2008 – December 31, 2008 Sales Achievement

### Qualification Guidelines

#### Carrier and General Agency use on behalf of their employee sales force

1. Only health, long-term care, life, AD&D or disability products are eligible (no annuities, P&C, etc.).
2. Self-funded, fee-based, consultants and fully insured business are all eligible.
3. Production:
  - a. New business is considered first year business OR business that you move to a new carrier.
  - b. Retention includes groups and individuals that renew with the same carrier **(subject to point maximum)**.
4. Single or family coverage counts as one life.
5. One client with multiple lines of coverage can be counted for each line of coverage.
6. Qualification categories:
  - Carrier/Agency Representatives** — *An employee of an insurance carrier or general agency working with producers*
  - Agency Management** — *Management of a general agency or agency*
  - Carrier/Agency Management** — *Carrier/Home Office/General Agency sales managers, directors of sales & vice presidents of sales*
7. Awards Categories (see LPRT Certification Form, Step 2 for points required):

<b>Leading Producer</b>	<b>Eagle</b>
<b>Presidents' Council</b>	<b>Golden Eagle</b>
8. All applications are reviewed and verified by NAHU staff and held in the strictest confidence.

### Instructions to Managers of Candidates

**A. PREREQUISITE FOR QUALIFICATION:** All candidates must be a member in good standing of the National Association of Health Underwriters. If a candidate is not a NAHU member, then a membership application must be completed and sent to NAHU along with the applicable dues for both LPRT® and NAHU. The national portion of dues is \$195 per member. Please call Brooke Willson at 703-276-3812 to determine the correct amount for the state and local portions of the NAHU dues. To qualify for any sales production award, production for the applicant must be verified by superior or sales manager.

**B. APPLICATION PROCESS:** Complete the Carrier and General Agency LPRT Certification Form and the Agency Fee Schedule form. Include your LPRT membership dues: (See the Fee Schedule page for a Multi Award Discount.)

**Leading Producer Qualifiers: \$70**

**Eagle Qualifiers: \$120**

**Presidents Council Qualifiers: \$95**

**Golden Eagle Qualifiers: \$145**

*INCOMPLETE OR INCORRECT FORMS WILL BE RETURNED*

**C.** All completed forms must be postmarked by March 31 of each year for recognition at the National Convention and participation in the annual event.



# 2009 NAHU Leading Producers Round Table

## Application for Carriers and/or General Agencies Nominating Their Internal Sales Force

**POSTMARK DEADLINE – MARCH 31, 2009**

Send to: National Association of Health Underwriters, 2000 N. 14th Street, Suite 450, Arlington, VA 22201  
Telephone: 703-276-3831 Fax: 703-841-7797 **Please type or print (black ink)**

Please make LPRT® certificate in \_\_\_\_\_ my name or \_\_\_\_\_ company name.

Name: \_\_\_\_\_ Designations: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Company/Agency: \_\_\_\_\_ Chapter name: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Years as active producer: \_\_\_\_\_

I have completed an NAHU membership application and have included it with this form.

I am a first-year LPRT qualifier.

2008 will be my \_\_\_\_\_ year as a LPRT qualifier.

### CATEGORIES OF QUALIFICATION

*(Based upon points per life credits shown on Point Calculator Worksheet. Please "X" the applicable category.)*

	<u>Personal</u>	<u>Carrier Rep</u>	<u>Agency</u>	<u>Carrier Mgmt</u>
Golden Eagle*	___ 2000	___ 7500	___ 15000	___ 50000
Eagle	___ 1000	___ 3750	___ 7500	___ 25000
Presidents' Council	___ 500	___ 2000	___ 5000	___ 15000
Leading Producer**	___ 300	___ 1000	___ 2500	___ 10000

\*If you are applying for the Golden Eagle, each company or GA must sign a separate LPRT Certification Form. This form can be obtained by going to NAHU's Website, [www.nahu.org](http://www.nahu.org) and clicking on "LPRT" on the home page.

\*\*This category is only offered to agents/brokers that have been in the industry for five (5) or fewer years.

### LIFETIME MEMBERSHIP ONLY

I am **applying for Lifetime Membership** for the first time.  
(Initial Lifetime application fee is \$95; no fee is required for renewing Lifetime applicants.)

I am **renewing my Lifetime Membership**.  
This is my \_\_\_\_\_ year as a Lifetime Member;  
application fee waived.

I am a **Lifetime & Qualifying Member**.  
This is my \_\_\_\_\_ year as a Lifetime Member; my application  
fee is enclosed.

*(Lifetime Membership qualification: Applied and qualified for 10+ 'consecutive' years OR applied and qualified for 15+ 'total' years.)*

### TOTAL FEES

The following application fees are included with my application:

- |   |   |
|---|---|
| <input type="checkbox"/> \$70 Leading Producer Qualifier  | <input type="checkbox"/> \$120 Eagle Qualifier        |
| <input type="checkbox"/> \$95 Presidents' Council Qualifier                                     | <input type="checkbox"/> \$145 Golden Eagle Qualifier |
| <input type="checkbox"/> \$95 Lifetime Qualifier (Required initial year of qualification only.) |   |

Total Fees: \$ \_\_\_\_\_

Payment made by:  Check (payable to NAHU)  Credit Card (complete section below)

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized company official and title

\_\_\_\_\_  
Telephone #

\_\_\_\_\_  
Name (as it appears on check or credit card)

X \_\_\_\_\_  
Signature

\_\_\_\_\_  
Account Number

\_\_\_\_\_  
Type of Credit Card (VISA, MC, AMEX, Discover)

\_\_\_\_\_  
Exp. Date



# 2009 NAHU LPRT Carrier and General Agency CERTIFICATION FORM

(This form is for carriers and/or general agencies nominating their internal sales force.)

**DEADLINE — MARCH 31, 2009**

## Step 1: Contact and Candidate Information

Company: _____	Name of Candidate: _____
General Agency: _____	Address: _____
Contact: _____	City: _____ State: ____ Zip: _____
Title: _____	Designations (RHU, etc.): _____
Address: _____	Title: _____
City: _____ State: ____ Zip: _____	Is this person in sales management _____ or a sales representative _____
Phone: _____	Health Underwriter Chapter Name: _____
Fax: _____	_____
E-Mail: _____	<i>(An application for membership is attached if he or she is not currently a member of Health Underwriters.)</i>

## Step 2: Award Selection

*Based on the total indicated on the Point Calculator Worksheet, please select award this person qualifies for:*

	<u>Carrier/Agency Rep Rep</u>	<u>Agency Management</u>	<u>Carrier Management</u>
Golden Eagle	___ 7,500	___ 15,000	___ 50,000
Eagle	___ 3,750	___ 7,500	___ 25,000
Presidents' Council	___ 2,000	___ 5,000	___ 15,000
Leading Producer	___ 1,000	___ 2,500	___ 10,000

## Step 3: Certification

I certify that this candidate has sold the number of lives indicated above.

\_\_\_\_\_  
Signature of Carrier or General Agency Representative \_\_\_\_\_  
Date

The Award/Certificate should be sent to:

the contact at the Company/General Agency  the Candidate

Please send this form and the Fee Schedule form to:

**Leading Producers Round Table**  
**National Association of Health Underwriters**  
2000 N. 14th Street, Suite 450  
Arlington, VA 22201

Credit Card Payments can be faxed to (703) 841-7797

Questions: Contact Brooke Willson at (703) 276-3812 or bwillson@nahu.org



# 2009 NAHU LPRT Carrier and General Agency Application POINT CALCULATOR WORK SHEET

(This form is for carriers and/or general agencies nominating their internal sales force.)

To determine the Award level the candidate is eligible for, simply fill in the blanks below, calculate the total and then match that total with the appropriate category in Step 2 of the LPRT Certification form.

<u>Classifications</u>	<u>Points/Life x Total Lives</u>	<u>Carrier/Agency</u>	
		<u>Representative</u>	<u>Sales Manager</u>
<b>Individual</b>			
Disability	6 x _____ =	_____ Points	_____ Points
Long-Term Care	6 x _____ =	_____ Points	_____ Points
Medical	4 x _____ =	_____ Points	_____ Points
Medicare Products (HMOs, PPOs, Supplements, Medicare Part D)	2 x _____ =	_____ Points	_____ Points
Dental	2 x _____ =	_____ Points	_____ Points
Life Insurance	2 x _____ =	_____ Points	_____ Points
Vision	2 x _____ =	_____ Points	_____ Points
Critical Illness, Cancer, Accident	3 x _____ =	_____ Points	_____ Points
<b>Group</b>			
Disability (LTD & STD)	3 x _____ =	_____ Points	_____ Points
Long-Term	3 x _____ =	_____ Points	_____ Points
Medical Insured	4 x _____ =	_____ Points	_____ Points
Dental Insured	2 x _____ =	_____ Points	_____ Points
Life Insured	2 x _____ =	_____ Points	_____ Points
Vision Insured	2 x _____ =	_____ Points	_____ Points
Voluntary Worksite Marketing Products (LTC, Accident, Critical Illness, Cancer, Dental, Disability, Etc.)	3 x _____ =	_____ Points	_____ Points
Administrative Services including: TPA, Stop-Loss, Cafeteria Plans, COBRA/HIPAA, HRA/HSA	4 x _____ =	_____ Points	_____ Points
<b>Retention</b>			
Group Products	1 x _____ =	_____ Points*	_____ Points** ***
Individual Products	1 x _____ =	_____ Points*	_____ Points** ***
		_____ <b>Total</b>	_____ <b>Total</b>

\* Maximum total retention points for Carrier Representative production is 2,000.

\*\* Maximum total retention points for Agency Management 5,000.

\*\*\* Maximum total retention points for Carrier Management production is 15,000.

***This worksheet does not need to be submitted to NAHU with the certification forms.***



# 2009 NAHU LPRT Carrier and General Agency Application FEE SCHEDULE

(This form is for carriers and/or general agencies nominating their internal sales force.)

1. Please indicate the number of applications attached. \_\_\_\_\_
2. Please indicate the number of each type of award submitted and amount due.
3. Submit this form with your payment and the LPRT Certification Forms.

## Award Selection

	<u>Number of Candidates</u>	<u>Fee</u>	<u>Total</u>
Golden Eagle	_____	x \$145	_____
Eagle	_____	x \$120	_____
Presidents' Council	_____	x \$ 95	_____
Leading Producer	_____	x \$ 70	_____
Total Awards:	_____		Sub Total: _____

## Multi Award Discount

For at least 5 but not more than 9 candidates:	.95 x Sub Total	_____
If the number of candidates total 10 or more:	.90 x Sub Total	_____
Submit check or credit card information for the grand total of:		_____

## Form of Payment Enclosed:

Check (Payable to NAHU)

Credit Card:

Name as it appears on credit card: \_\_\_\_\_

Account Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Type of Credit Card:  Visa  MC  AMEX  Discover

Signature for Credit Card: \_\_\_\_\_



# NAHU Membership Application

First Name	Last Name	Designation	
Company	Title	Referral/Sponsor	
Mailing Street Address	City	State	ZIP
Work Telephone	Work Fax	Work E-Mail Address	
Home Telephone	Home Fax	Home E-Mail Address	
Home Street Address (for legislative purposes)	City	State	Zip
Local Association (see Dues By Chapter page)			

**Form of Payment Enclosed:**

**Amount:** \_\_\_\_\_

- Monthly Draft (please select one)       Bankdraft       Credit Card Draft  
 Check (payable to NAHU)  
 Annual Credit Card (please select one)     Visa     MasterCard     Am Ex     Discover

**Bankdraft/Credit Card Draft Authorization Form:**

I (we) hereby authorize NAHU to initiate debt entries to my (our) account as indicated.  
Monthly debits will equal one-twelfth of any current applicable national, state or local dues.  
(Please include a voided check from the account to be drafted, or write credit card number below.)

Name (as it appears on the check or credit card) \_\_\_\_\_ Signature \_\_\_\_\_

Account Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

**Please Mark the Box or Boxes for the Areas of Your Practice:**

- |   |                                       |  |   |
|---|---------------------------------------|--|---|
| <input type="checkbox"/> Long-Term Care | <input type="checkbox"/> Disability   | <input type="checkbox"/> Managed Care        | <input type="checkbox"/> Retirement     |
| <input type="checkbox"/> Individual     | <input type="checkbox"/> Large Group  | <input type="checkbox"/> Small Group         | <input type="checkbox"/> Worksite Mktg. |
| <input type="checkbox"/> TPA            | <input type="checkbox"/> Self-Insured | <input type="checkbox"/> Medicare Supplement | <input type="checkbox"/> Dental         |

**Mail to: NAHU • 2000 North 14th Street, Suite 450 • Arlington, VA 22201 • Fax to: 703-841-7795  
If you have questions, please contact Illana Maze at 703-276-3810**



# Annual NAHU Dues by Chapter

Find the city closest to your home or office to determine your local chapter and appropriate dues.

Chapter	Amount
<b>Alabama</b>	
MOBILE	\$255.00
BIRMINGHAM	\$255.00
MONTGOMERY	\$255.00
HUNTSVILLE	\$255.00
FLORENCE	\$255.00
<b>Alaska</b>	
ALL CITIES	\$270.00
<b>Arizona</b>	
PHOENIX	\$315.00
TUSCON	\$300.00
<b>Arkansas</b>	
LITTLE ROCK	\$240.00
JONESBORO	\$240.00
FAYETTEVILLE	\$245.00
<b>California</b>	
FRESNO	\$425.00
MONTEREY	\$390.00
SAN	\$390.00
ONTARIO	\$390.00
KERN COUNTY	\$415.00
LOS ANGELES	\$400.00
CHICO	\$390.00
SANTA ROSA	\$415.00
ORANGE	\$390.00
SACRAMENTO	\$415.00
SAN DIEGO	\$390.00
SANTA	\$390.00
SAN JOSE/SAN	\$400.00
VENTURA	\$390.00
MODESTO	\$390.00
<b>Colorado</b>	
DENVER	\$310.00
FRONT RANGE	\$305.00
FORT COLLINS	\$305.00
WESTERN	\$315.00
COLORADO	\$305.00
<b>Connecticut</b>	
ALL CITIES	\$240.00
<b>Delaware</b>	
ALL CITIES	\$250.00
<b>Florida</b>	
TALLAHASSEE	\$335.00
ORLANDO	\$320.00
MIAMI-DADE	\$360.00
DAYTONA	\$305.00
BROWARD	\$320.00
SARASOTA	\$385.00
JACKSONVILLE	\$305.00
WEST PALM	\$310.00
LAKELAND	\$300.00
FORT MYERS	\$310.00
MELBOURNE	\$305.00
TAMPA	\$305.00
<b>Georgia</b>	
ATLANTA	\$285.00
COLUMBUS	\$280.00
SAVANNAH	\$270.00
AUGUSTA	\$270.00
MACON	\$265.00
GAINESVILLE	\$275.00
CALHOUN	\$265.00
ALBANY	\$260.00
SOUTH	\$285.00

Chapter	Amount
<b>Hawaii</b>	
ALL CITIES	\$230.00
<b>Idaho</b>	
COEUR D'ALENE	\$250.00
TWIN FALLS	\$250.00
BOISE	\$250.00
POCATELLO/IDAHO	\$250.00
<b>Illinois</b>	
PEORIA	\$305.00
CHICAGO/NORTHEAST	\$310.00
DUPAGE	\$300.00
CHICAGO SOUTHLAND	\$300.00
CRYSTAL LAKE	\$300.00
MT VERNON	\$300.00
<b>Indiana</b>	
BLOOMINGTON	\$280.00
SOUTH BEND	\$280.00
INDIANAPOLIS	\$270.00
FORT WAYNE	\$280.00
MERRILLVILLE	\$280.00
SCOTTSBURG	\$280.00
EVANSVILLE	\$280.00
<b>Iowa</b>	
CEDAR RAPIDS	\$280.00
DES MOINES	\$300.00
<b>Kansas</b>	
KANSAS CITY	\$230.00
WICHITA	\$230.00
<b>Kentucky</b>	
LEXINGTON	\$305.00
LOUISVILLE	\$330.00
BOWLING GREEN	\$295.00
OWENSBORO	\$265.00
<b>Louisiana</b>	
LAFAYETTE	\$300.00
BATON ROUGE	\$375.00
NEW ORLEANS	\$325.00
MONROE	\$285.00
SHREVEPORT	\$325.00
<b>Maine</b>	
ALL CITIES	\$220.00
<b>Maryland</b>	
BALTIMORE	\$295.00
SALISBURY	\$295.00
GTR WASHINGTON DC	\$295.00
<b>Massachusetts</b>	
ALL CITIES	\$345.00
<b>Michigan</b>	
METRO DETROIT	\$315.00
TRAVERSE CITY	\$305.00
KALAMAZOO	\$315.00
GRAND RAPIDS	\$315.00
<b>Minnesota</b>	
ALL CITIES	\$285.00
<b>Mississippi</b>	
GULF COAST	\$230.00
JACKSON	\$295.00
NORTHEAST	\$230.00

Chapter	Amount
<b>Missouri</b>	
SPRINGFIELD	\$295.00
ST LOUIS	\$300.00
<b>Montana</b>	
ALL CITIES	\$230.00
<b>Nebraska</b>	
CENTRAL NEBRASKA	\$259.00
LINCOLN	\$289.00
OMAHA	\$294.00
<b>Nevada</b>	
LAS VEGAS	\$300.00
RENO	\$280.00
<b>New Hampshire</b>	
ALL CITIES	\$315.00
<b>New Jersey</b>	
PRINCETON	\$315.00
MONMOUTH/OCEAN	\$315.00
TOTOWA	\$315.00
MOORESTOWN	\$315.00
SUMMIT	\$315.00
<b>New Mexico</b>	
SANTA FE	\$225.00
ALBUQUERQUE	\$250.00
<b>New York</b>	
NEW YORK CITY	\$295.00
ALBANY	\$295.00
SYRACUSE	\$295.00
BUFFALO	\$295.00
<b>North Carolina</b>	
CHARLOTTE	\$340.00
WILMINGTON	\$290.00
FAYETTEVILLE	\$285.00
ASHEVILLE	\$290.00
GREENSBORO	\$275.00
RALEIGH	\$290.00
HICKORY	\$270.00
<b>North Dakota</b>	
ALL CITIES	\$195.00
<b>Ohio</b>	
CINCINNATI	\$355.00
COLUMBUS	\$280.00
CLEVELAND	\$285.00
TOLEDO	\$285.00
YOUNGSTOWN/WARREN	\$280.00
<b>Oklahoma</b>	
OKLAHOMA CITY	\$285.00
TULSA	\$295.00
<b>Oregon</b>	
BEND	\$275.00
SALEM	\$275.00
PORTLAND	\$275.00
<b>Pennsylvania</b>	
ALTOONA	\$290.00
HARRISBURG	\$290.00
BETHLEHEM	\$290.00
PHILADELPHIA	\$290.00
ERIE	\$290.00
PITTSBURGH	\$290.00

Chapter	Amount
<b>Rhode Island</b>	
ALL CITIES	\$250.00
<b>South Carolina</b>	
COLUMBIA	\$275.00
MYRTLE BEACH	\$275.00
CHARLESTON	\$275.00
GREENVILLE	\$275.00
<b>South Dakota</b>	
ALL CITIES	\$245.00
<b>Tennessee</b>	
CHATTANOOGA	\$270.00
KNOXVILLE	\$270.00
NASHVILLE	\$290.00
MEMPHIS	\$275.00
JACKSON	\$275.00
<b>Texas</b>	
AUSTIN	\$320.00
CORPUS CHRISTI	\$310.00
DALLAS	\$321.00
TYLER	\$320.00
EL PASO	\$315.00
FORT WORTH	\$320.00
HOUSTON	\$360.00
LUBBOCK	\$315.00
AMARILLO	\$320.00
SAN ANTONIO	\$325.00
WICHITA FALLS	\$332.00
MIDLAND	\$320.00
WACO	\$315.00
HARLINGEN/MCALLEN	\$320.00
<b>Utah</b>	
PROVO	\$295.00
OGDEN	\$295.00
SALT LAKE CITY	\$295.00
SAINT GEORGE	\$295.00
<b>Vermont</b>	
ALL CITIES	\$195.00
<b>Virginia</b>	
RICHMOND	\$285.00
VIRGINIA BEACH	\$290.00
FAIRFAX	\$255.00
ROANOKE	\$315.00
LYNCHBURG	\$300.00
<b>Washington</b>	
YAKIMA	\$280.00
SEATTLE	\$280.00
TACOMA	\$280.00
SPOKANE	\$280.00
VANCOUVER	\$270.00
<b>West Virginia</b>	
CHARLESTON/HUNTING	\$275.00
<b>Wisconsin</b>	
APPLETON	\$335.00
EAU CLAIRE	\$335.00
MADISON	\$335.00
MILWAUKEE	\$335.00
<b>Wyoming</b>	
ALL CITIES	\$195.00