



2010 Leading Producers Round Table Application

The National Association of Health Underwriters

(Carriers and general agencies nominating their internal sales force, please use the Carrier and General Agency Application.)

For January 1, 2009 – December 31, 2009 Sales Achievement

Qualification Guidelines

1. Only health, long-term care, life, AD&D or disability insurance products are eligible (no annuities, P&C, etc.).
2. All independent agents/brokers and/or agents/brokers who work with a GA are eligible to apply. The GA can verify production for all agents in the agency.
3. Self-funded, fee-based, consultants and fully insured business are all eligible.
4. 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**).
5. Single or family coverage counts as one life.
6. One client with multiple lines of coverage can be counted for each line of coverage.
7. Qualification categories:
 - Personal Production** — Business written by a single producer (may be written under corporate name)
 - Carrier Representative** — An employee of an insurance carrier working with producers
 - Agency** — Management of a general agency or agency
 - Carrier Management** — Carrier/Home Office sales managers, directors of sales & vice presidents of sales
8. Levels of Membership:
 - Qualifying** — This category is available to members applying for the first 9 consecutive years of qualification OR for the first 14 total years.
 - Lifetime** — This category is available to members applying and qualifying for 10⁺ consecutive years OR for 15⁺ total years. This category is for members who are no longer producing.
 - Lifetime & Qualifying** — This category is available to members who still generate production at a qualifying level and have achieved lifetime membership.
9. Awards Categories (see application for details):

Leading Producer	Eagle
Presidents' Council	Golden Eagle
10. All applications will be reviewed and verified by NAHU staff and held in the strictest confidence.

Instruction to Applicants

- PREREQUISITE FOR QUALIFICATION:** Applicant must be a member in good standing of the National Association of Health Underwriters. If you are not a NAHU member, complete the membership application and include the correct amount of dues for both LPRT® and NAHU. Complete dues information is available at www.NAHU.org. To qualify for any sales production award, the applicant must be able to verify production.
- LPRT CERTIFICATION FORMS:** If you are applying for the Golden Eagle Award, **each carrier or GA can verify and sign a separate LPRT Certification Form**. This form can be found on NAHU's Website, www.nahu.org. All forms must be returned to NAHU with the application.
- APPLICATION PROCESS:** Complete the LPRT membership application and the certifying form(s), if necessary. Mail the signed and completed forms to: NAHU, 2000 N. 14th Street, Suite 450, Arlington, VA 22201. Include the applicable LPRT membership dues.

Leading Producer Qualifiers: \$70	Eagle Qualifiers: \$120
Presidents' Council Qualifiers: \$95	Golden Eagle Qualifiers: \$145
- LIFETIME MEMBERSHIP AWARD:** First time Lifetime award applicants must pay a one-time fee of \$95. Individuals are required to apply for this award every year but are not required to pay this fee after the initial payment. Lifetime members receive full LPRT benefits.
- AWARD:** Recipients will be acknowledged at the Annual Convention. Awards will be shipped following the completion of the Annual Convention.
- ANY LPRT MEMBERSHIP APPLICATIONS, CERTIFICATION FORMS OR LPRT/NAHU DUES THAT ARE INCOMPLETE OR INCORRECT WILL BE RETURNED TO THE APPLICANT.**
- THE POSTMARK DEADLINE FOR ALL COMPLETED FORMS, CERTIFICATION FORMS AND MEMBERSHIP DUES IS MARCH 31 of each year.**
- Current LPRT Qualifiers** are entitled to attend a special event in their honor at the Annual Convention.



2010 NAHU Leading Producers Round Table Application for Producers & Management

POSTMARK DEADLINE – MARCH 31, 2010

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.

2010 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 carrier or GA must sign a separate LPRT Certification Form. This form can be obtained by going to NAHU's Website, 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:

\$70 Leading Producer Qualifier

\$120 Eagle Qualifier

\$95 Presidents' Council Qualifier

\$145 Golden Eagle Qualifier

\$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



2010 NAHU Leading Producers Round Table CERTIFICATION FORM



Only health, long-term care, life, or disability insurance products are eligible (no annuities, P&C, etc.).

This form is to verify that the applicant listed below has sold the number of lives indicated. Please check your records and verify that the information on this form is accurate and complete.

APPLICANT INFORMATION

Name: _____ Designations: _____
 Company: _____ Email: _____
 Address: _____ Phone: (____) _____ - _____
 City: _____ St: _____ Zip: _____ Fax: (____) _____ - _____

I understand that certification from each carrier or GA may be requested.
 My signature below confirms the above and serves as authorization to verify the information.

Signature of Applicant _____

Date _____

PRODUCTION

<u>Classifications</u>	<u>Lives</u>	<u>Classifications</u>	<u>Lives</u>
Individual		Group	
Disability	_____	Disability (LTD & STD)	_____
Long-Term Care	_____	Long-Term	_____
Medical	_____	Medical	_____
Medical Products (HMOs, PPOs, Supplements Medicare Part D)	_____	Dental	_____
Dental	_____	Life	_____
Life Insurance	_____	Vision	_____
Vision	_____	Accident, Critical Illness, Cancer	_____
Critical Illness, Cancer, Accident	_____	Administrative Services including: TPA, Cafeteria Plans, COBRA/HIPAA, HRA/HSA	_____
Retention of Inforce Business			
Group Products	_____		
Individual Products	_____		

CARRIER or GA INFORMATION

Carrier or GA: _____ Phone: (____) _____ - _____
 Contact: _____ Fax: (____) _____ - _____
 Address: _____ Email: _____
 City: _____ St: _____ Zip: _____

Signature of Authorized Carrier/GA Official _____

Title _____

Date _____

Print Name _____

Telephone _____

Please sign and return form to applicant



2010 NAHU Leading Producers Round Table POINT CALCULATOR WORK SHEET

To determine the Award level you are eligible for, simply fill in the blanks below, calculate the total points, then match that with the appropriate category under **Category of Qualification** of the award application.

Applicant Name: _____

PRODUCTION						
<u>Classifications</u>	<u>Points/Life x Total Lives</u>	<u>Personal</u>	<u>Carrier Rep</u>	<u>Agency</u>	<u>Carrier Mgmt</u>	
Individual						
Disability	6 x _____ =	_____ Points	_____ Points	_____ Points	_____ Points	_____ Points
Long-Term Care	6 x _____ =	_____ Points	_____ Points	_____ Points	_____ Points	_____ Points
Medical	4 x _____ =	_____ Points	_____ Points	_____ Points	_____ Points	_____ Points
Medicare Products (HMOs, PPOs, Supplements, Medicare Part D)	2 x _____ =	_____ Points	_____ Points	_____ Points	_____ Points	_____ Points
Dental	2 x _____ =	_____ Points	_____ Points	_____ Points	_____ Points	_____ Points
Life Insurance	2 x _____ =	_____ Points	_____ Points	_____ Points	_____ Points	_____ Points
Vision	2 x _____ =	_____ Points	_____ Points	_____ Points	_____ Points	_____ Points
Critical Illness, Cancer, Accident	3 x _____ =	_____ Points	_____ Points	_____ Points	_____ Points	_____ Points
Group						
Disability (LTD & STD)	3 x _____ =	_____ Points	_____ Points	_____ Points	_____ Points	_____ Points
Long-Term Care	3 x _____ =	_____ Points	_____ Points	_____ Points	_____ Points	_____ Points
Medical	4 x _____ =	_____ Points	_____ Points	_____ Points	_____ Points	_____ Points
Dental	2 x _____ =	_____ Points	_____ Points	_____ Points	_____ Points	_____ Points
Life Insurance	2 x _____ =	_____ Points	_____ Points	_____ Points	_____ Points	_____ Points
Vision	2 x _____ =	_____ Points	_____ Points	_____ Points	_____ Points	_____ Points
Accident, Critical Illness, Cancer,	3 x _____ =	_____ Points	_____ Points	_____ Points	_____ Points	_____ Points
Administrative Services including: TPA, Stop-Loss, Cafeteria Plans COBRA/HIPAA, HRA/HSA	4 x _____ =	_____ Points	_____ Points	_____ Points	_____ Points	_____ Points
Retention of Inforce Business						
Group Products	1 x _____ =	_____ Points*	_____ Points**	_____ Points ⁺	_____ Points ⁺	_____ Points ⁺⁺
Individual Products	1 x _____ =	_____ Points*	_____ Points**	_____ Points ⁺	_____ Points ⁺	_____ Points ⁺⁺
		_____ Total	_____ Total	_____ Total	_____ Total	

- * Maximum Retention points for Personal Production is 500 points
- ** Maximum Retention points for Carrier Representative is 2,000 points
- + Maximum Retention points for Agency Production is 5,000 points
- ++ Maximum Retention points for Carrier Management is 15,000 points

This worksheet needs to be submitted with your LPRT application.