



The National Association of Health Underwriters 2008 Leading Producers Round Table Certification Form



Only health, long-term care or disability insurance products are eligible (no life, AD&D, 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: _____
 Address: _____ City: _____ St: _____ Zip: _____
 Phone: (____) _____ - _____ Fax: (____) _____ - _____
 Email: _____

I understand that certification from each carrier or GA may be requested. My signature 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 Insured	_____
Medical Products (HMOs, PPOs, Supplements Medicare Part D)	_____	Dental Insured	_____
Dental	_____	Life Insured	_____
Life Insurance	_____	Vision Insured	_____
Vision	_____	Voluntary Worksite	_____
Critical Illness, Cancer, Accident	_____	Marketing Products (LTC, Accident, Critical Illness, Cancer, Dental, Disability, Etc.)	_____
Retention		Self-Insured TPA & Stop Loss	_____
Group Products	_____	COBRA/HIPAA Administration	_____
Individual Products	_____		

COMPANY or GA INFORMATION

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

Signature of Authorized Company/GA Official

Title

Date

Print Name

Telephone

Please sign and return form to applicant