



2010 Leading Producers Round Table Carrier and General Agency Application

The National Association of Health Underwriters

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

For January 1, 2009 – December 31, 2009 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. 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:
 - 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*
8. Awards Categories (see LPRT Certification Form, Step 2 for points required):

Leading Producer	Eagle
Presidents' Council	Golden Eagle
9. 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. Complete dues information is available at www.NAHU.org. 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.



2010 NAHU Leading Producers Round Table

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

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 LPRT Carrier and General Agency CERTIFICATION FORM

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

DEADLINE — MARCH 31, 2010

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



2010 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>
Individual			
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
Group			
Disability (LTD & STD)	3 x _____ =	_____ Points	_____ Points
Long-Term Care	3 x _____ =	_____ Points	_____ Points
Medical	4 x _____ =	_____ Points	_____ Points
Dental	2 x _____ =	_____ Points	_____ Points
Life Insurance	2 x _____ =	_____ Points	_____ Points
Vision	2 x _____ =	_____ Points	_____ Points
Accident, Critical Illness, Cancer	3 x _____ =	_____ Points	_____ Points
Administrative Services including: TPA, Stop-Loss, Cafeteria Plans, COBRA/HIPAA, HRA/HSA	4 x _____ =	_____ Points	_____ Points
Retention of Inforce Business			
Group Products	1 x _____ =	_____ Points*	_____ Points** ***
Individual Products	1 x _____ =	_____ Points*	_____ Points** ***
		_____ Total	_____ Total

* 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.



2010 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: _____