



2016 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, 2015 – December 31, 2015 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.
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):
 - Soaring Eagle** **Golden Eagle** **Eagle** **Presidents' Council** **Leading Producer**
10. All applications will be reviewed and verified by NAHU staff and held in the strictest confidence.

Instruction to Applicants

- A. **PREREQUISITE FOR QUALIFICATION:** Applicant must be a member in good standing of the National Association of Health Underwriters. If you are not an 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.
- B. **LPRT CERTIFICATION FORMS:** If you are applying for the Soaring Eagle or 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.
- C. **INCOME/POINTS:**
 1. Personal Producers, Carrier Reps, or Agency Reps may qualify either by income or points.
 2. Carrier Management and Agency Management may qualify for LPRT only through points, not income.
 3. At least half of the qualifying income must come from Accident & Health (A&H) products
 4. Countable income is from products requiring A&H, Disability, Health and/or Life Insurance licenses or, fees from Administrative Services including TPA, Stop-Loss, Cafeteria Plans, COBRA/HIPAA, HRA/HSA.
 5. To qualify by income, a certification letter signed by the applicant is required with supporting documents that verify the amount claimed, such as:
 - a. Commission statements.
 - b. A statement of income signed by:
 - i. Representative of the company/broker-dealer/brokerage agency,
 - ii. CPA (or equivalent) or
 - iii. Representative of the applicant's personal agency/corporation/office.
 - c. A W-2, 1099 or other income tax statement
 6. Voluntary/Worksite products are counted as individual sales.

Instruction to Applicants *(continued)*

- D. **APPLICATION PROCESS:** Complete the LPRT membership application and the certifying form(s), or income verification if necessary. Mail the signed and completed forms to: NAHU, 1212 New York Ave. NW, Suite 1100, Washington, DC 20005. Include the applicable LPRT membership dues.
- Leading Producer Qualifiers: \$70** **Eagle Qualifiers: \$120** **Soaring Eagle Qualifiers \$295**
Presidents' Council Qualifiers: \$95 **Golden Eagle Qualifiers: \$145**
- E. **LIFETIME MEMBERSHIP AWARD:** First time Lifetime award applicants must pay a one-time fee of \$95. Only non-producing members should submit for lifetime membership without a qualification category. 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. Lifetime Award is for LPRT qualifiers who have qualified for 10+ consecutive years or 15+ total years.
- F. **AWARD:** Awards will be shipped following the completion of the Annual Convention.
- G. **ANY LPRT MEMBERSHIP APPLICATIONS, CERTIFICATION FORMS OR LPRT/NAHU DUES THAT ARE INCOMPLETE OR INCORRECT WILL BE RETURNED TO THE APPLICANT.**
- H. **THE POSTMARK DEADLINE FOR ALL COMPLETED FORMS, CERTIFICATION FORMS AND MEMBERSHIP DUES IS MARCH 31** of each year. **APPLICATIONS RECEIVED AFTER MARCH 31 WILL BE ASSESSED A \$50 LATE FEE.**
- I. **Current LPRT Qualifiers** are entitled to attend a special event in their honor at the Annual Convention and receive discount registration for this year's Annual Convention and next year's Capitol Conference.



SOARING EAGLE

NAHU Leading Producers Round Table



2016 NAHU Leading Producers Round Table Application for Producers & Management

POSTMARK DEADLINE – MARCH 31, 2016

Send to: National Association of Health Underwriters, 1212 New York Ave. NW, Suite 1100, Washington, DC 20005

Please type or print (black ink) E-mail: LPRT@nahu.org Telephone: 202-595-0734

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. This will be my ____ year as a LPRT qualifier.

INCOME QUALIFIERS ONLY: Please make LPRT® certificate in ____ my name or ____ company name.

CATEGORIES OF QUALIFICATION

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

	BY INCOME		BY POINTS			
	Personal	Carrier Rep or Agency	Personal	Carrier Rep	Agency	Carrier Mgmt
Soaring Eagle*	_____	\$250,000	_____ 4,500	_____ 22,500	_____ 22,500	_____ 112,500
Golden Eagle*	_____	\$150,000	_____ 2,500	_____ 12,500	_____ 12,500	_____ 62,500
Eagle	_____	\$100,000	_____ 1,800	_____ 9,000	_____ 9,000	_____ 45,000
President's Council	_____	\$75,000	_____ 1,200	_____ 6,000	_____ 6,000	_____ 30,000
Leading Producer	_____	\$50,000	_____ 600	_____ 3,000	_____ 3,000	_____ 15,000

*If you are applying for the Soaring Eagle or 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.

LIFETIME MEMBERSHIP ONLY

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

- 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**.
 I am a **Lifetime & Qualifying Member**. My application fee is enclosed.

TOTAL FEES — The following application fees are included with my application:

- \$70 Leading Producer Qualifier \$120 Eagle Qualifier \$295 Soaring Eagle Qualifier
 \$95 Presidents' Council Qualifier \$145 Golden Eagle Qualifier
 \$95 Lifetime Qualifier *(Required fee for the 1st year of Lifetime qualification only.)*
 \$50 Late Fee for applications submitted after March 31.

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) _____ Signature _____

Account Number _____ Type of Credit Card (VISA, MC, AMEX, Discover) _____ Exp. Date _____



2016 NAHU Leading Producers Round Table CERTIFICATION FORM

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

DO NOT USE IF QUALIFYING BY INCOME.

**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: _____ E-mail: _____
 Address: _____ Phone: _____
 City: _____ State: ____ 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 (New Lives)		Group (New & Renewal)	
Disability	_____	Disability (LTD & STD)	_____
Long-Term Care	_____	Long-Term	_____
Medical	_____	Medical	_____
Medical Products (PPOs, Supplements)	_____	Dental	_____
Dental	_____	Life	_____
Life Insurance	_____	Vision	_____
Critical Illness, Cancer, Accident	_____	Accident, Critical Illness, Cancer	_____
Medigap & Medicare Part C	_____	Administrative Services including:	_____
Medicare Products	_____	TPA, Cafeteria Plans	_____
Medicare Part D Drug Plans	_____	COBRA/HIPAA, HRA/HSA	_____
Individual (Renewal Lives)		Medigap & Medicare Part C	_____
Individual Products	_____	Medicate Products	_____
		Medicare Part D Drug Plans	_____

CARRIER or GA INFORMATION

Carrier or GA: _____ Phone: _____
 Contact: _____ Fax: _____
 Address: _____ E-mail: _____
 City: _____ State: ____ Zip: _____

Signature of Authorized Carrier/GA Official

Title

Date

Print Name

Telephone

Please sign and return form to applicant.



2016 NAHU Leading Producers Round Table POINT CALCULATOR WORK SHEET

Only use this form if you are qualifying for LPRT by using points.

To determine the award level you are eligible for, 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: _____

Qualifying Category: Personal Carrier Rep Agency Carrier Carrier Management
(PLEASE SELECT ONE)

PRODUCTION

Classification	Points/Life x Total Lives
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Individual — Number of new lives as of 12/31/2015

Disability	25 x _____ = _____ pts.
Long-Term Care	15 x _____ = _____ pts.
Medical	10 x _____ = _____ pts.
Medicare Products	5 x _____ = _____ pts.
Medicare Part D Drug Plans	1 x _____ = _____ pts.
Dental	15 x _____ = _____ pts.
Life Insurance	15 x _____ = _____ pts.
Critical Illness, Cancer, Accident	5 x _____ = _____ pts.

Individual — Number of renewal lives as of 12/31/2015

Medical	5 x _____ = _____ pts.
Medigap, Medicare Part C	5 x _____ = _____ pts.

Group — Number of new & renewal lives in force as of 12/31/2015

Disability (LTD & STD)	3 x _____ = _____ pts.
Long-Term Care	3 x _____ = _____ pts.
Medical	4 x _____ = _____ pts.
Medicare Products	4 x _____ = _____ pts.
Medicare Part D Drug Plans	1 x _____ = _____ pts.
Dental	2 x _____ = _____ pts.
Life Insurance	2 x _____ = _____ pts.
Vision	2 x _____ = _____ pts.
Critical Illness, Cancer, Accident	3 x _____ = _____ pts.
Administrative Services including; <i>TPA, Stop-loss, Cafeteria Plans COBRA/HIPAA, HRA/HSA</i>	4 x _____ = _____ pts.

This worksheet must to be submitted with your LPRT application.