



2017 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.