



2017 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, 2016 – December 31, 2016 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.
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):

Soaring Eagle Golden Eagle Eagle Presidents' Council Leading Producer

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 \$270 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. Carrier Management and Agency Management may qualify for LPRT only through points, not income. (See Section C #2 of the LPRT Application.)

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

Soaring Eagle Qualifiers \$295

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. **Applications submitted after March 31 will be assessed a \$50 late fee.**



2017 NAHU Leading Producers Round Table

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

POSTMARK DEADLINE – MARCH 31, 2017

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 – Non-producing Membership** for the first time. (Initial Lifetime application fee is \$95; no fee is required for renewing Lifetime applicants.)
- I am a **Lifetime & Qualifying Member**. My application fee is enclosed.
- I am renewing my Lifetime Membership.

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 – Non-producing 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 _____



2017 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, 2017

Step 1: Contact and Candidate Information

Company: _____	Name of Candidate: _____
General Agency: _____	City: _____ State: ____ Zip: _____
Contact: _____	Designation (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: _____	(An application for membership is attached if he or she is not currently a member of Health Underwriters.)

Step 2: Award Selection

(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
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.

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, Fee Schedule form and payments to:

Leading Producers Round Table
National Association of Health Underwriters
1212 New York Ave. NW, Suite 1100
Washington, DC 200051
Fax: 202-747-6820

Questions: Contact Brooke Willson at 202-595-0734 or LPRT@nahu.org



2017 NAHU Leading Producers Round Table POINT CALCULATOR WORK SHEET

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.

This form is for members using points instead of income to qualify.

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 12/31/2016

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 12/31/2016

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

Group — Number of new & renewal lives in force as of 12/31/2016

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</i> <i>COBRA/HIPAA, HRA/HSA</i>	4 x _____ = _____ pts.

This worksheet must to be submitted with your LPRT application.



2017 NAHU LPRT Carrier and General Agency 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

	Number of Candidates	Fee	Total
Soaring Eagle	_____	x \$295	_____
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: _____