

NAHU MEMBERSHIP APPLICATION

Local Association: Northeast Ohio

Company/Agency

Name/Designation

Business Address

City State Zip

Phone

E-mail address

Full home address (for Legislative Key
Contact Program)

City State Zip

Representative

Congressional District State Zip

Referred by

Dues

| | |
|---------------------|--------------|
| NAHU dues | \$270.00 |
| Ohio State dues | 50.00 |
| Northeast Ohio dues | <u>40.00</u> |
| Total | \$360.00 |

Payment method

Check - payable to NAHU

Credit Card (\$4.00 credit card fee applied)

Mastercard ___ Visa ___ AMEX ___

Autocheck ___

Card # _____

Exp date _____ CSV _____

Signature _____

Mail to: NEOHUA
28022 Osborn Rd.
Bay Village, OH 44140
440.899.8089

NEOHUA 2017-2018

OFFICERS

BOARD OF DIRECTORS

President: Shelley Chornak

Vice President: Frank Spinelli

Treasurer: Leslie James

Secretary: Richard Muccio

Past President: Joanie Keehn

TRUSTEES

Deborah Bogdan

Amanda Brewton

Dave Cunix

Dan Feiwell

Ingrid Martin

Gene Pompili

Marie Samovski

Stanley Sieniawski

**Northeast
Ohio
Health
Underwriters
Association**

**Education
Legislation
Networking**

2017-2018

www.neohua.com

2017-2018 Committee Chairs

Please indicate which committee you would be interested in working on:

___ Awards Chair:

___ Communications:

___ Golf Outing Chair: Leslie James

___ Legislative Chair: Dave Cunix

___ Program Chair: Dan Feiwell

___ Media Relations Chair: TBA

___ Membership Chair: Debbie Bogdan

___ Nominations Chair: TBA

___ PAC Chair: Frank Spinelli

___ Benefits Forum Chair: Joanie Keehn

___ Public Service Chair: Marie Samovoski

___ Sponsorship Chair: TBA

NEOHUA Sponsors

| | |
|------------------------|------------------------|
| Aetna | Life Benefit Solutions |
| Ameritas | May Insurance/ |
| Anthem | Allied National |
| Assurity | Medical Mutual |
| Beazley Group | Promedica |
| Berson-Sokol Agency | Quickinsured Brokerage |
| Careington Int'l Corp. | Quotit Corporation |
| Colonial Life | SecureOne/Preferred |
| Cornerstone | United Plans |
| Delta Dental of Ohio | SummaCare |
| FreedomCare Benefits | Superior Dental Care |
| GeoBlue | Teledoc |
| HSA Bank | The Dental Care Plus |
| J.L. Thomas & Co | Group |
| KeyBank | The Health Plan |
| LegalShield | The HSA Authority |
| | The IHC Group |

NEOHUA and the Health Insurance Professional

Promoting free market delivery of health care and protection for consumers of health insurance products. Membership is open to active participants in the health insurance industry.

Education

C.E. Guarantee

The NEOHUA Board of Directors is committed to offering the membership 20 hours of C.E. every 24 months at minimal cost.

Legislation

NEOHUA, in conjunction with OAHU, NAHU, lobbyists, and political action committees, works to protect members interests.

Networking

More than any other industry, ours is built on relationships. You can't know enough people in this business.

NEOHUA

NEOHUA provides networking opportunities at monthly meetings, and other special events throughout the year including the Products Expo and the Golf Outing. Check the NEOHUA website (www.neohua.com) for current information on events, members and other NEOHUA news.

Autocheck

NAHU's pre-authorized membership dues payment system. Complete the form and include a voided check. Monthly installments will be deducted from your checking account.

Mail to: NAHU
1212 New York Ave., NW
Suite 1100
Washington DC 20005

AUTHORIZATION AGREEMENT FOR PREARRANGED PAYMENTS (DEBITS)

I (we) hereby authorize the National Association of Health Underwriters to initiate debit entries to my (our) account named below, hereinafter called BANK.

This authority is to remain in full force and effect until BANK has received written notification from me (or either of us) of its termination in such time and in such manner as to afford BANK a reasonable opportunity to act on it. A customer has the right to stop payment on a debit entry by notification to BANK at least 3 days prior to the date scheduled for charging the account. A customer also has the right to question BANK about any debit entry by notifying BANK not less than 60 days after containing the entry. BANK will handle all such questions in accordance with its procedures and the requirements for resolving errors found in Regulation E issued by the Federal Reserve Board.

Name(s) _____

SSN (s) _____

Date _____

Signed _____

Customer BANK name _____

Account # _____

Customer Account Name _____

Starting Date _____