

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>75.00</u>
Total	\$395.00

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 2019-2020
OFFICERS
BOARD OF DIRECTORS**

President: Leslie C. James

Vice President: Deborah Bogdan

Treasurer: Richard Muccio

Secretary:

Past President: Frank Spinelli

TRUSTEES

Shelley Chornak

Cindy Clements

Dave Cunix

Laura Kelly

Jaime Lebron

Stanley Sieniawski

Ann Stark

Andrew Toppin

**Northeast
Ohio
Health
Underwriters
Association**

**Education
Legislation
Networking**

2019-2020

www.neohua.com

2019-2020 Committee Chairs

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

___ Awards Chair: Deborah Bogdan

___ Communications: TBA

___ Golf Outing Chair: Lincoln Lafayette

___ Legislative Chair: Dave Cunix

___ Professional Development Chair: Frank Spinelli

___ Media Relations Chair: TBA

___ Membership Chair: Shelley Chornak

___ Nominations Chair: TBA

___ PAC Chair: TBA

___ Benefits Forum Chair: Shelley Chornak

___ Social Media Chair: TBA

___ Vanguard Chair: TBA

NEOHUA Sponsors

Aetna	JL Thomas & Company
Aflac	Legal Shield
Allwell	May Insurance
Ameritas	Medical Mutual
Anthem Group/ Anthem Specialty	Morgan White Benefits
Berson-Sokol Agency	Oscar
Bright Health	PrimePay
Brokerage 1 Agency, Inc.	Promedica/Paramount
Colonial Life	Preferred Solutions
Companion Life	Pronto Education
Cornerstone Broker Ins. Svc. Agency	Quick Insiured Brokerage
Cornerstone Senior Mktg. COSE	Skyway
Cruise Plannings	SportsClips
Delta Dental of Ohio	SummaCare
Dixon Golf	Sun Life Financial
Envision Insurance	Superior Dental Care
FormFire LLC	The Dental Care Plus Group
Hawaii Mainland Admin. (HMA)	The Health Plan
HealthEquity	The HSA Authority
	Tivity Health
	Trustmark Insurance
	United Healthcare
	Vantage Benefit Advisors

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 _____