

## Why NABIP Is the Right Choice for You

The National Association of Benefits and Insurance Professionals (NABIP) is the leading organization for health insurance and employee benefits professionals. NABIP represents more than 100,000 licensed health insurance agents, brokers, general agents, consultants and benefit professionals through more than 200 chapters across America.

Collectively, we work to ensure all Americans have access to high-quality, affordable healthcare and related benefits. To meet that vital mission, NABIP advances the interests of its members and advocates for sound public policy solutions in Washington DC and state capitals throughout the country.

As the health insurance and benefits landscape has evolved, so has the association. Still, we have remained steadfast in our commitment to our members, providing vast professional-development opportunities and resources to promote excellence, including certification programming, conferences and business-development tools.

Under the recently rebranded moniker NABIP, we are better positioned to serve as trusted advocates for our members and their clients for decades to come. As more professionals join the association, NABIP becomes even stronger.

### Shaping the *Future* of Healthcare

Our new tagline reflects NABIP's belief that all Americans should be empowered to make wise healthcare and benefits decisions in order to have access to high-quality, affordable healthcare and related services.

### What We Do

We advocate for affordable and responsible health insurance market solutions to secure the future and stability of our industry.



#### Operation Shout

NABIP's premiere grassroots system allows members to have their voices heard by lawmakers. Operation Shout is an indispensable component of NABIP's overall legislative advocacy efforts.



#### Compliance Corner

This online benefit provides comprehensive updates on new federal statutes and regulations in the areas of insurance, labor and taxes.

### As a NABIP member, you can expect to receive:

Guidance on healthcare policy changes

Updates on developing market trends including Medicare, mergers and acquisitions, etc.

Resources and decision-making tools to help navigate the benefits and insurance market

Access to education, training and certification courses

Networking and business-development opportunities

Lobbying opportunities to support the future and stability of the industry

When it comes to your professional career, your knowledge, expertise and experience are priceless. Join the best of the best and take your career to the next level!

Join now! Please visit [NABIP.org](http://NABIP.org) to submit a membership application today.

# NABIP Membership Application

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Designation \_\_\_\_\_ Company \_\_\_\_\_

Title \_\_\_\_\_ Referral/Sponsor \_\_\_\_\_

Birth date \_\_\_\_\_ Gender \_\_\_\_\_

Mailing Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work E-Mail \_\_\_\_\_

Home Street Address (for legislative purposes) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone \_\_\_\_\_ Home E-mail \_\_\_\_\_

Local Association (See other side of this application.) Wisconsin Chapter

## Payment Schedule:

- Annual Debit (payable by checking account or credit card)  
 Recurring Monthly Debit (payable by checking account or credit card)

## Form of Payment:

Credit Card:

- Check  Checking Account  American Express  Discover  MasterCard  Visa

Amount: \_\_\_\_\_ (\$458 Annual or \$38.16 Monthly)

## Bank Draft or Credit Card Authorization Form

I (we) hereby authorize NABIP to initiate debit entries to my (our) account as indicated. Monthly debits will equal one-twelfth of any current applicable national, state or local dues. At the end of the membership period, the account will be charged automatically for the next membership period. (Please include a voided check from the account to be drafted or write credit card number below.)

Name (as it appears on check/card) \_\_\_\_\_ Signature \_\_\_\_\_

Account Number \_\_\_\_\_ CVV \_\_\_\_\_ Expiration \_\_\_\_\_

## Please mark the box or boxes for the areas of your practice:

- |   |                                      |   |   |
|---|--------------------------------------|---|---|
| <input type="checkbox"/> Long-Term Care | <input type="checkbox"/> Disability  | <input type="checkbox"/> Managed Care       | <input type="checkbox"/> TPA              |
| <input type="checkbox"/> Large Group    | <input type="checkbox"/> Small Group | <input type="checkbox"/> Worksite Marketing | <input type="checkbox"/> Individual Plans |
| <input type="checkbox"/> Medicare       | <input type="checkbox"/> Dental      | <input type="checkbox"/> Retirement         | <input type="checkbox"/> Self-Insured     |

**Pay online:** [NABIP.org/Join](http://NABIP.org/Join)

**Mail to:** NABIP  
999 E Street NW, Suite 400  
Washington, DC 20004

**Fax to:** 202-747-6882

**If you wish to donate to NABIP** NABIP PAC

**PAC, please mail to:** 999 E Street NW, Suite 400  
Washington, DC 20004

**Or donate online at:** [www.nabippac.org](http://www.nabippac.org)