



WISCONSIN ASSOCIATION OF
HEALTH UNDERWRITERS

Membership Benefits

WHY JOIN?

Without a fully unified private health/disability insurance industry, the chance of maintaining private sector insurance delivery is greatly diminished! We have all seen government attempts to take over health care delivery as we know it. There is little doubt that such proposals will continue to surface in the years to come.

The survival of competitive individual sales of private health/disability depends on each member's strong affiliation, strong positive image, and representation before the public and public officials. Providing a unified message to all these opinion leaders is essential and best done by your association. WAHU is dedicated to helping each member control their destiny and that of their profession.

THE MISSION IS...

POLITICAL ACTION

WAHU represents you and all of its members with one unified voice. On-going legislative and agency lobbying is a top priority of our association, and is designed to educate those who regulate and control the destiny of your industry.

NATIONAL AFFILIATION

When you join WAHU, you also become part of NAHU (National Association of Health Underwriters).

NAHU provides nationally the same representation WAHU does on the state level... plus a monthly magazine, informational mailings, meetings, seminars, and conferences.

EDUCATION

WAHU offers a wide variety of top quality continuing education programs throughout the state, year round, at extremely competitive prices.

All courses are submitted for approval to meet the annual state continuing education requirements in order to maintain your health/disability license.

NETWORKING

Through regularly scheduled Chapter Meetings, Day on the Hill Conference and the Annual Sales Conference-Trade Show, WAHU presents agents and companies the opportunity to come together for informational programs as well as the chance to network with one another.

Our annual convention allows attendees to interact with their colleagues and companies in business, educational, informational, and social settings.

COMMUNICATIONS

Communicating to the members and to the public are both important activities of WAHU. Our regular member mailings, eNews, and our tri-annual newsletter, ***WAHU NEWS***, keep you abreast of current industry trends, issues, and legislative activities.

We also provide the media with current information on our industry so that they can better inform the public about our industry and the important role we play in the delivery of health and disability coverage.

Please feel free to contact the WAHU office with any questions.

*608-268-0200 or wahu@ewahu.org
www.eWAHU.org for more information*

The Omnibus Budget Reconciliation Act of 1993 prohibits you from deducting, for Federal Income Tax purposes, the portion of your membership dues which are allocable to the lobby activities of WEDA. WEDA reasonably estimates that 25% of your membership dues are allocable to lobbying expenditures in 2010, and therefore 25% of your dues are not deductible as a business expense in 2010. You should seek further information on this law from your attorney, or tax advisor.



2010 Membership Application

Note: To be a member of WAHU, you must belong to NAHU

Dues Information

NAHU portion of dues	\$195.00
State portion of dues	\$140.00
Total Amount Due	\$335.00

Choose a Chapter (Check One):

Fox River Valley North Central

South Central Southeastern

Agent Corporate Rep *(please check one)*

Please Mark the Box or Boxes for the Areas of Your Practice:

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

Member Name: _____ WAHU Sponsor: _____

Company: _____

Address: _____

City _____ State _____ Zip _____

Phone: _____ Fax: _____

e-Mail: _____ Agent License Number: _____

Home Address: _____

(for legislative purposes)

City _____ State _____ Zip _____

Phone: _____ Home email: _____

Form of Payment Enclosed:

Check (payable to WAHU) Credit Card (please select one) Visa MasterCard
(Sorry, No AMEX)

Credit Card #: _____ Expiration: _____

Signature: _____

Bank draft / Credit Card Authorization Form: Monthly debits will equal one-twelfth of any current applicable national, state or local dues.

Monthly Draft (please select one) Checking Account Credit Card
(Please include a voided check from the account to be drafted, or write credit card number below)

I (we) hereby authorize NAHU to initiate debit entries to my (our) account as indicated.

Print Name: _____ Signature: _____

Membership dues rate is valid until 12/31/10
Mail, Fax, or Email Application with payment to:
WAHU, 4600 American Parkway, Suite 208, Madison, WI 53718
Fax 608-241-7790 or wahu@wahu.org