

Purpose

- ❖ To promote the common business interests of those engaged in disability and risk management.
- ❖ To advance public knowledge for the need and benefit of disability income, health insurance, and/or Employee Benefit related products.
- ❖ To promote the adoption and application of high standards of ethical conduct in the health insurance industry.
- ❖ To provide and promote a program of continuing education and self-improvement for Association members.
- ❖ To increase the knowledge of members concerning the principles, functions, and applications of health insurance, disability income, and/or employee benefit products.
- ❖ To promote education, legislation, regulation, and practices which are in the best interest of the health insurance industry and the insuring public.
- ❖ To encourage adequate protection against the hazards of disability as part of a well-rounded insurance program.
- ❖ To do such other things and to carry out such other programs so as to further the purposes of the Association.



*National Association of Health Underwriters
Jacksonville Chapter*

America's Benefits Specialists

**National Association of
Health Underwriters**



America's Benefit Specialists

**Jacksonville,
Florida
Chapter**

**Jacksonville Association of
Health Underwriters
2008-2009**

OFFICERS

President	Kevin Payne
President Elect	Lacy Boswell
1st Vice President	Travis Cummings
Secretary	Cindi Stettner
Treasurer	Kelly Kenne
Immediate Past President	Owen Wingate

DIRECTORS & COMMITTEES

Awards	Brenda Conner
Education	Jim Burkett
Legislative	Travis Cummings
Media Relations	Wendy Owen
Membership	Cyndi Nunn
Programs	Helen Shaw
Website	Priscilla Sandefur

BOARD MEMBERS

Kay Davis
Ira Goldfield
Colby Jackson
Pattie Laverty
Susan Luvisi
Carter Murray
Tim Owen
Jeff Steele

Meetings

JAHU Monthly Breakfast Meeting

3rd Wednesday of Every Month
8:30 a.m.
Deer Creek Country Club
7816 N. McLaurin Road
Jacksonville, FL 32256
(For more information call
Cyndi Nunn @ 904-596-2835)

JAHU Board Meetings

1st Wednesday of Every Month
7:30 – 9:30 a.m.
Contact Board Member for location

**Membership Benefits &
Discounts**

- Continuing Education Courses
- Errors & Omissions Insurance
- Airborne Overnight Shipping
- Financial Services
- Office Supplies

See www.NAHU.org for details

NAHU MEMBERSHIP APPLICATION

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Last Name, First Name	Designation
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Company	Title
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Mailing Street Address	
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Telephone	Fax
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E-Mail	Home zip code (for legislative purposes)
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Who referred you?

JACKSONVILLE ASSOC. OF HEALTH UND.

Payment: \$305.00/yr.

___ Check (**payable to NAHU**)

___ Discover ___ Visa ___ MasterCard
___ AmEx

Bankdraft (1/12th of annual-\$25.42)

I (we) hereby authorize NAHU to initiate debit entries to my account as indicated. (Copy of Voided Check needed for bank draft)

Name (as appears on check or credit card)

Signature

Account Number Expiration Date

Send with check (payable to NAHU), credit card information or voided check to:

JAHU
155 Professional Drive
Ponte Vedra Beach, FL 32082