

GGAHU Mission Statement

GGAHU strives to improve its members' ability to meet health, financial, and retirement security needs of all Americans through education, advocacy and professional development.

Our Goals:

1. Promote the role of agent/broker
2. Educate our members
3. Provide tools to help our members succeed
4. Represent consumer interests to the highest standards
5. Influence legislation
6. Promote fair and ethical business practices



Why Join GGAHU

1. NAHU will protect your rights to serve your clients' needs.
2. You will obtain timely, informative news about the industry.
3. GGAHU provides continuing education courses on the hottest insurance topics.
4. You will share information with top producing insurance professionals.
5. You can participate in grass roots efforts that respond to local legislative issues.
6. You will benefit from a variety of member-only programs.
7. NAHU's Code of Ethics demonstrates to your clients your commitment to professionalism.
8. You will play an active role in the future of the health insurance industry.
9. You will receive a subscription to HIU, The Statement, and Gold Nuggets, the national, state, and local magazines.
10. More than 17,000 of your colleagues, peers and competitors are NAHU members - what do they know that you don't?

If you are interested in joining GGAHU, please contact our Membership Chair.

e: info@ggahu.org

p: 800.488.2506

f: 916.924.7323



What Do You Get For Your Investment as a GGAHU Member?



Legislative Updates and Alerts

Through communication and membership meetings, we keep your finger on the pulse when it comes to healthcare reform and upcoming changes.

Professional Development

We are committed to helping agents and brokers reach new heights in their careers through Continuing Education courses, seminars, conferences and more.

Networking

GGAHU provides a rich forum for sharing ideas, asking questions and learning new technologies.



Must Complete this section if you opt for the Monthly Autodraft:

- National Association of Health Underwriters (NAHU) will protect your right to serve your clients needs.
- You will obtain timely, informative news
- You will attend continuing education seminars on the hottest insurance topics, locally, statewide and nationally at a discount.
- You will share information with top producing insurance professionals.
- You can participate in grassroots efforts that respond to local, state and federal legislative issues.
- You will benefit from a variety of member-only discount programs.
- NAHU's Code of Ethics demonstrates to your clients your commitment to professionalism.
- You will play an active role in the future of the health insurance industry.
- You will receive a subscription to HIU, the National Association's monthly magazine, and quarterly GGAHU newsletters.
- With NAHU following trends in Large and Small Group Managed Care Plan, Individual Health Plans, Long Term Care Insurance, Disability Insurance, and Medicare, you will benefit from membership no matter your specialty.

Name: _____
 Designation: _____
 Company/Agency: _____
 Address: _____
 City/State/Zip: _____
 Phone: _____ Fax: _____
 Email: _____
 Home Address: _____
 City/State/Zip: _____
 Signature: _____
 Membership Sponsored By: _____

 Date: _____

Membership Fees:

- New Member \$480.00
- Renewal \$480.00

Full Member Dues Breakdown

NAHU Portion:	\$270.00
CAHU Portion:	\$170.00
<u>GGAHU Portion:</u>	<u>\$40.00</u>
TOTAL ANNUAL DUES	\$480.00
Suggested CAHU PAC contributions	\$21.00

Payment:

By Check: Made payable to NAHU
 By Credit Card or Debit Card:
 Amex MasterCard Visa
 Card Number: _____
 Expire Date: _____
 Signature: _____
 CAHU PAC – political contribution
 ___ \$21 (Ruby) ___ \$42 (Emerald) ___ \$85 (Sapphire)

If paying your dues with a credit card – fax to: 858.408.2671.
 If paying with a check or bank draft, see instructions on right.

- Auto Monthly Card Payment (\$40.00 per month) *(Complete credit card information on left and below)*
- Auto Monthly Bank Draft (\$40.00 per month) Monthly Autodraft (payment by check only): *Complete below and attach a voided check from your checking account.*

Authorization Agreement for Auto Monthly Card Draft or Auto Monthly Bank Draft

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

This authority is to remain in full force and effect until BANK has received written notification from me (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 three (3) days prior to the date scheduled for changing the account. A customer also has the right to question BANK about any debit entry by notifying BANK no less than 60 days after BANK sends a statement to customer 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.

Account Holder Name(s): _____

 Bank Name: _____
 Account Number: _____

Member Must Sign and Date this Document to be Processed

Signature: _____
 Date: _____