



The View

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FWAHU NOVEMBER LUNCHEON

Please join FWAHU on Thursday, November 8th for a panel discussion about the latest trends in health care, including price transparency, electronic medical records, point of service claims adjudication, concierge doctors, and more. Learn what legislation is on the table to advance these initiatives, what NAHU's position on this legislation is, why the medical community has been slow to embrace these changes, and what carriers and the private market are doing to change our health care experience.

Our November luncheon sponsor is AETNA.



There will be no continuing education at the November luncheon. The topic we were going to address – where the presidential candidates stand on health care – was addressed by NAHU's Director of State Affairs, Megan Mamarella, at the October Health Insurance Expo.

If you would like info about the presidential candidates' positions, a great summary can be found on the NAHU website.



MENU SELECTION FOR THE NOVEMBER 8th LUNCHEON AT CACHAREL

*Mixed Greens Salad
Filet of Tilapia in an Almond Crust served on a Light Butter Sauce
Cheese Cake*

***AN ALTERNATE SELECTION FOR AN ADDITIONAL \$7.00 WILL BE
*Chicken A La King in a Puff Pastry served with Rice
A vegetable plate may be substituted at no additional charge***

*If you would like an alternate selection,
please note your selection choice on your reservation form.*

Continued on page 2

MISSION STATEMENT

The Fort Worth Association of Health Underwriters exists to inform and protect the consumer through the professional growth of its members.

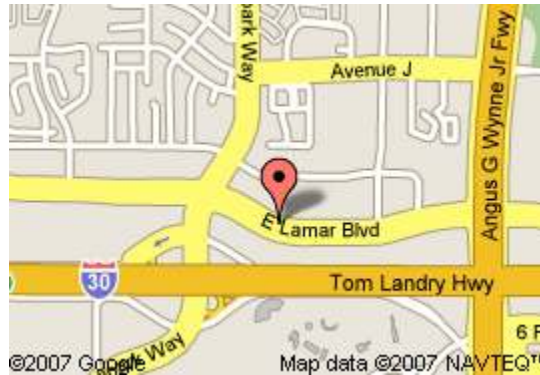
**Visit our website
www.FWAHU.org**

November 2007

Please identify yourself to the wait staff if you have ordered an alternate selection.

Cacharel Restaurant is located on the 7th floor of the WBAP Building. The address is:

2221 E. Lamar Blvd, Arlington, Texas 76006



REQUEST FROM FORT WORTH STAR TELEGRAM

FWAHU's Media Chair, Rob Wendling, has built a great working relationship with Maria Perotin from the Fort Worth Star Telegram. Recently, she sent a request to Rob for information for an article she is thinking about writing. Please read the below letter and contact Rob if you have any clients who have chosen not to offer preventive care as part of their health insurance plan.

Hi folks,

Hope you're all doing well. I'm hoping you may be able to point me in the right direction for a story I'm thinking about. I'm trying to find North Texas employers whose health plans have stopped paying for annual physicals. (The Star-Telegram happens to be one, but I'm hunting for others.) Generally, the idea behind this is that evidence-based medicine hasn't shown any benefit to having an annual check-up, so some companies are getting away from covering the appointment unless there's a specific reason for it.

Do you happen to know of any employers who fit that bill? Any thoughts would be appreciated. Thanks in advance.

Best,
Maria

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KAY GRANGER ON S-CHIP

The following letter is from Congresswoman Kay Granger with a good explanation of her (and others) support of the President's veto of the SCHIP bill. NAHU stands behind this logic.

Dear Friends,

Today, the House voted to sustain the President's veto of the Democrat State Children's Health Insurance Program (S-CHIP) bill. I voted to sustain the President's veto of the bill and want to explain why.

I have been a long time believer of the S-CHIP program and I fully support continuing funding for the program to cover children from low income, working families – for whom the program was originally intended. What I don't agree with is expanding the program to cover middle class children and adults, which the current bill does. The current bill also leaves the program completely unfunded five years from now - which is irresponsible.

I would support a bill that provides healthcare for needy kids that SCHIP was originally intended to support. That is why I am supporting the Kids First Act, which does exactly that. The Kids First Act reauthorizes the S-CHIP program, and provides an additional \$14 billion to cover kids from low-income, working families. The Kids First Act continues to cover all kids currently enrolled in the program, and provides for a 60 percent expansion of the program to cover additional children - which is good for Texas.

The Kids First Act does all this without raising taxes and without employing budget gimmicks that cut off funding for the program after five years. It phases out coverage for adults in order to make sure that the additional federal spending for this program is spent on the kids who need healthcare coverage. The Kids First Act will increase the number of kids enrolled in S-CHIP by 1.3 million in 2017.

Kid's health care is too important to play partisan politics with, and that is exactly what is happening today. I have signed onto and introduced legislation that covers the millions who are without healthcare over my ten years in Congress, but I will not support the deceptive bill before us.

Sincerely,



Kay Granger

RECAP: FWAHU'S OCTOBER HEALTH INSURANCE EXPO

FWAHU's regular monthly luncheon was replaced in October by a two-day extravaganza – the FWAHU Health Insurance Expo. Attendees received 8 hours of continuing education and heard from several excellent speakers from around the country. Highlights of the event included NAHU's new Consumer Directed Health Care certification course and the three hour play "America's Health Care System on Trial." Overall, we had just over a hundred attendees for the two-day event.

We would like to offer our sincere thanks to all of our sponsors and exhibitors:

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We couldn't have put on this show, and couldn't do our work as an association for that matter, without the help and support of our sponsors. Please consider doing business with them. If you need contact information for any of the event's sponsors or exhibitors, please send an email to president@fwahu.org.

We owe a huge debt of gratitude to everyone who helped put on this event, including the six speakers who flew in from out of town to participate in the expo. Special thanks to Cacharel Restaurant for being so accommodating, NAHU Executive Director Janet Trautwein for promoting the event, TAHU Executive Director Laura Firestone for getting some last minute CE classes approved, Jim Helvey for taking photographs, Peggy Bass and Sharon Alt for teaching the CDHC class, Tonya Booth for helping with the printing, Latricia Strutton for buying soft drinks, and Rob Wendling for staying until the very end to help clean up and put away tables.

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PROPOSED AMENDMENTS TO TEXAS CONSTITUTION

Below is a letter dated October 30th from Lieutenant Governor David Dewhurst to one of our members. It contains useful information about the 16 proposed amendments to the Texas Constitution.

Dear [TEXAN],

I want to encourage you to make your voice heard as Texans are voting right now on 16 separate amendments to our state constitution. These amendments were approved the state legislature earlier this year and have now been presented for approval by the voters of Texas.

The issues at hand range from college loans and property tax appraisals to recorded votes and cancer research funds. Because some issues can be quite complex, I hope you might find this resource helpful. It is a summary and analysis of each amendment prepared by the Texas Legislative Council.

Click here for the amendment summaries (PDF file)

<http://www.dewhurst.org/site/R?i=0cvUxPF3Bwfnqlgml5ol2w>

You should also take every opportunity to vote early this week if you can. Election Day next Tuesday could bring any number of unforeseen circumstances which prevent you from making it to the polls. You can receive information on polling locations and hours in your area by contacting your county elections administrator.

Click here for a listing of county elections administrators

<http://www.dewhurst.org/site/R?i=058OE-a4XrQfd7RKxt1VpA>

Thank you in advance for paying careful attention to these 16 ballot measures and taking time to cast your vote.

Sincerely,
David Dewhurst
Lieutenant Governor



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and do it well.*

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A Canadian's view of Canada's Health Care System

By Rob Wendling

I saw on the news up here in Canada where Hillary Clinton introduced new health care plan. Something similar to what we have in Canada. I also heard that Michael Moore was raving about the health care up here in Canada in his latest movie. As your friend and someone who lives with the Canada health care plan, I thought I would give you some facts about this great medical plan that we have in Canada.

First of all:

The health care plan in Canada is not free. We pay a premium every of \$96 for Shirley and I to be covered. Sounds great! What they don't tell you is how much we pay in taxes to keep the health care system afloat. I am personally in the 55% tax bracket. Yes 55% of my earnings go to taxes. A large portion of that (I am not sure of the exact amount) goes directly to health care our #1 expense.

I would not classify what we have as health care plan, it is more like a health diagnosis system. You can get into to see a doctor quick enough so he can tell you "yes indeed you are sick or you need an operation" but now the challenge becomes getting treated or operated on. We have waiting lists out the yin yang, some as much as 2 years down the road.

Rather than fix what is wrong with you the usual tactic in Canada is to prescribe drugs. Have a pain- here is a drug to take- not what is causing the pain and why. No time for checking you out because it is more important to move as many patients thru as possible each hour for Government re-imburement.

Many Canadians do not have a family doctor.

Don't require emergency treatment as you may wait for hours in the emergency room waiting for treatment.

Shirley's dad cut his hand on a power saw a few weeks back and it required that his hand be put in a splint - to our surprise we had to pay \$125 for a splint because it is not covered under health care plus we have to pay \$60 for each visit for the Dr. to check it out each week.

Shirley's cousin was diagnosed with a heart blockage. Put on a waiting list. Died before he could get treatment.

Government allots so many operations per year. When that is done no more operations, unless you go to your local newspaper and plead your case and embarrass the government then money suddenly appears.

The Government takes great pride in telling us how much more they are increasing the funding for health care but waiting lists never get shorter. Government just keeps throwing money at the problem but it never goes away. They are good at finding new ways to tax us, but they don't call it a tax anymore it is now a user fee.

A friend needs an operation for a blockage in her leg but because she is a smoker they will not do it despite paying into the health care system all these years. My friend is 65



years old. Now there is talk that maybe we should not treat fat and obese people either because they are a drain on the health care system. Let me see now, what we want in Canada is a health care system for healthy people only. That should reduce our health care costs.

Forget getting a second opinion, what you see is what you get.

I can spend what money I have left after taxes on booze, cigarettes, junk food and anything else that could kill me but I am not allowed by law to spend my money on getting an operation I need because that would be jumping the queue. I must wait my turn except if I am a hockey player or athlete then I can get looked at right away. Go figure. Where else in the world can you spend money to kill yourself but are not allowed to spend money to get healthy. Oh did I mention that immigrants are covered automatically at tax payer expense having never contributed a dollar to the system and pay no premiums.

We now give free needles to drug users to try and keep them healthy. Wouldn't want a sickly druggie breaking into your house and stealing your things. But people with diabetes who pay into the health care system have to pay for their needles because it is not covered by the health care system.

I send this out not looking for sympathy but as the election looms in the states you will be hearing more and more about universal health care down there and the advocates will be pointing to Canada. I just want to make sure that you hear the truth about health care up here and have some food for thought and informed questions to ask when broached with this subject.

Step wisely and don't make the same mistakes we have.

COMMISSIONER'S BULLETIN #B-0041-07

October 17, 2007

TO: INSURERS, AGENTS, LIFE AND HEALTH INSURANCE COUNSELORS, RISK MANAGERS, AND ALL MUNICIPALITIES, COUNTIES, SCHOOL DISTRICTS, JUNIOR COLLEGE DISTRICTS, AND ALL OTHER LOCAL GOVERNMENTS, AND THE PUBLIC GENERALLY

RE: Use of insurance agents as "agents or brokers of record" by local governments

The Department has received inquiries concerning the employment of insurance agents, as "agents or brokers of record" by local governments. This bulletin is intended to provide guidance that local governments and licensees may find useful when local governments are considering engaging Department licensees for assistance in the purchase of insurance products. The bulletin will also relate prior Attorney General opinions related to "brokers of record" and the differences between an insurance agent license, a Life and Health Insurance Counselor license, and a Risk Manager license.

Summary:

Texas Attorney General Opinion JC-205 advises that the purchase of insurance is the purchase of personal property, and opines that a school district may not contract with a licensed insurance agent to serve as an agent or broker of record unless the use of a designated agent or broker of record to purchase insurance is a purchasing method that has been expressly authorized by the legislature.

Local governments and insurance agents are advised that the Texas Legislature has created two licenses, the Life and Health Counselor license and the Risk Manager license, which authorize persons to act solely on behalf of a client in an advisory or counseling capacity when considering the purchase of insurance products.

The Department cautions insurance agents that Insurance Code §§4005.054 and 4052.055 and 28 Texas Administrative Code §19.1318 contain prohibitions against licensed persons accepting dual compensation for acting as both an insurance agent and life and health counselor or a risk manager for the same service provided to the same client.

Discussion:

Generally the purchase of insurance by a local government is the purchase of personal property and subject to competitive purchasing requirements. (Texas Attorney General Opinion No. JC-205 (2000)) Often a local government, in compliance with applicable statutory competitive purchasing procedures, will issue a request for proposal seeking a "broker" to independently evaluate insurance products for the local government and for which the "broker" will be paid solely by the local government. Although use of the term broker accurately represents a situation where a person represents the customer, local governments are advised that the Texas Department of Insurance does not issue broker licenses. Additionally, Texas insurance agents are not authorized to act independently of the carriers they represent as described by Insurance Code §§4001.051(b), 4001.052, 4001.101, and 4001.201.

This limitation on an insurance agent's ability to procure insurance from any carrier was recognized in Texas Attorney General Opinion No. JC-205 (2000).

"We understand that an insurance agent will be affiliated with a limited number of insurance companies. For this reason, a designated broker of record will not be able to solicit rates on the [junior college] district's behalf from all possible insurance companies for a particular policy. Because the use of a designated broker of record will necessarily limit the number of companies from which the district may purchase insurance, it may foreclose the district's access to the most advantageous

rates and terms. (JC-205, Page 2)

With respect to the use of insurance agents in the competitive bidding process, the Attorney General went on in JC-205 to hold:

"Even if a [junior college] district were to instruct a designated broker of record to solicit terms and rates using one of these methods, the district would not have used the method in its truest, most complete form. For this reason, we believe that the legislature must expressly authorize use of designated brokers of record, as it has done in the context of certain municipal insurance purchases." (JC-205, Page 6, referring to Attorney General Opinion DM -070), see also Attorney General Opinion JC-492).

The Department is aware of only two legislatively authorized exceptions with respect to local governments: Local Government Code §262.236, which is limited to counties with populations of greater than 800,000; and Local Government Code §252.024, which authorizes municipalities to engage brokers of record with respect to excess and surplus lines insurance.

Local governments and insurance agents are advised that the Texas Legislature has created two licenses, the Life and Health Counselor license and the Risk Manager license, which authorize persons to act solely on behalf of the client in an advisory or counseling capacity when considering insurance products. Both licenses are available from the Department.

With respect to joint licensure and compensation, local governments and insurance agents are advised that the Texas Insurance Code does not prohibit insurance agents from holding an agent license as well as a life and health counselor and/or a risk manager license. The Department, does, however, caution insurance agents that Insurance Code §4005.054 and §4052.055 and 28 Texas Administrative Code §19.1318 have prohibitions against licensed persons accepting dual compensation for acting as both an insurance agent and a life and health counselor or a risk manager for the same service provided to the same client. Further, if an insurance agent or an insurance agent's affiliate receives compensation from an insured, the insurance agent must make all applicable disclosures required under Insurance Code §4005.004.

Finally, persons holding an insurance agent license, a life and health counselor license, and/or a risk manager license are subject to disciplinary action under Insurance Code §4005.101 and Chapters 82, 83 and 84 for violations of the Insurance Code or Department rules, including engaging in deceptive trade practices under Insurance Chapter 541; acting without, or in excess of, their licensed authority; or engaging in fraudulent or dishonest acts.

Additional information on this Bulletin and the license types described herein may be obtained from Matt Ray, Deputy Commissioner, Licensing Division, 512-463-8917.

Mike Geeslin
Commissioner of Insurance
Texas Department of Insurance
For more information contact: License@tdi.state.tx.us

“Making Memories!” By Tonya Booth

As the holidays are fast approaching, “Making Memories” comes to my mind. Many of us have fond memories sitting around the Thanksgiving Table about to embark on a delicious turkey and all the fixin’s with the family we love knowing the Dallas Cowboys are about to kick off and knowing we have a four day weekend. While other may be thinking oh no, I have to spend this Thanksgiving at my in-laws eating a dried out cold turkey with mashed potatoes instead of sweet potato’s and working some stupid jigsaw puzzle with crazy Aunt Murtle. Which ever the case you are “Making Memories!”

We also “Make Memories” in our careers and with our clients we do business with! Despite all the highfalutin theories, great customer service can leave a positive memory and it is simple---just do something special for your clients, the people you work with, & those you would like to do business with!

Here are 10 Simple Rules To Apply To Your Everyday Life and in Making Memories:

- Give people more than they expect and do it cheerfully!
- Listen to people, show you understand and remember what they say!
- Talk slowly but think quickly!
- Care more than others think is wise!
- Treat all customers – even the rude ones – with enthusiasm and respect!
- Expect results and profits, yet not be consumed by them!
- When you lose, don’t lose the lesson!
- Don’t let a little dispute injure a great friendship – Admit when you are wrong!
- Smile when picking up the phone. The caller will hear it in your voice!
- Spend some time alone – Everyone needs to clear their head – Be Thankful!

I hope each of you enter this holiday season with a sense of THANKSGIVING...we are so blessed to be American’s living in the greatest country in the world. Celebrate. Have Joy and Make Lasting Memories with those you love!

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Education Connection

We have a wonderful lineup of education opportunities for NAHU members this fall. Here are just a few of the opportunities available to help you bring more value to your clients.

» RHU/REBC Program

Today more than ever you need to be knowledgeable and on top of what's going on in the health insurance arena. Earning a designation tells your clients that you have the tools to give them the advice they need. Take your professional performance to the next level by enrolling in [The American College's](#) self-study courses leading to the Registered Health Underwriter (RHU) or Registered Employee Benefits Consultant (REBC) designation.

The [RHU designation](#) lets your clients know that you are able to help them understand and choose the right health insurance plan. To receive this prestigious designation, you will take and pass an exam on three courses, two of which you will be able to select based on your specific interests. RHU courses (depending on the elective courses selected) cover the following kinds of insurance programs: (1) medical benefits, including managed care; (2) long-term care; (3) disability income; (4) supplemental benefits, including specified disease, critical illness and Medicare supplement; (5) ancillary benefits, including dental, vision and hearing; and (6) voluntary/worksites benefits.

Course assignments also encompass cafeteria plans, self-funding, Social Security, Medicare and Medicaid, wellness programs, employee assistance plans and insurance programs for government employees, such as the Federal Employees Health Benefits Program and TRICARE.

The [REBC designation](#) tells your clients that you can help them understand and select the right group benefits plan. REBC courses build on the RHU courses, especially in the areas of group health insurance and managed care. The REBC designation requires completion of five courses; if you complete RHU first, you will be able to use those courses as credit for your REBC designation.

Depending on the elective courses selected, the REBC course covers: (1) planning for retirement; (2) pensions and other retirement plans; (3) executive compensation; and (4) personnel management, in addition to its focus on group benefits.

Join your colleagues (frequently your competitors) who hold these premier credentials in the health insurance and employee benefits fields. Contact The American College's Office of Student Services to enroll now for fall classes (888-263-7265) or obtain further information at www.theamericancollege.edu.

Are you interested in forming a study group with other members in your chapter? NAHU chapters can lay out a 12- or 24-month plan to deliver either the entire RHU or REBC designation. All that they have to do is identify an instructor. Most chapters have someone who has either taught or taken an RHU/REBC class. Talk with your chapter leaders about the possibility of forming a group in your area, or contact NAHU's [education department](#).

» Health Insurance 101 (New!)

When a person is just learning the insurance business, it's often hard to know where to begin. To meet this need, NAHU has developed a two-hour [Health Insurance 101](#) program that is available at no cost to NAHU members. The program is designed to explain health insurance in basic terms, and also provide a new insurance professional with contact information for resources that can provide additional help as they begin their sales career. The course curriculum includes:

- Role of the Health Insurance Producer
- Employer-Sponsored Health Insurance Coverage
- Small-Group Health Insurance Markets
- Large-Group Health Insurance
- Individual Insurance Coverage
- Health Insurance Product Options

- Placing Group Insurance
- Legal Requirements for Producers

Continuing Education Credit has been applied for in all 50 states. States with pending approval are NC, NJ, NY, WI, MN, MA, LA, KY, IN and AR. A certificate of completion and continuing-education credit will be provided following an online exam with a passing grade. (There is a small fee for those desiring CE credit and certification.) Visit [this page](#) to learn more about this new program.

» Employee Health Care Benefits (EHBA) and Disability Income Associate (DIA) Designation Programs

Are you focusing more and more of your practice on Consumer-directed health plans? If so, Employee Healthcare Benefits Part I may be for you. This course covers the basics of Section 125 including Flexible Spending accounts as well as the rules for Health Reimbursements Arrangements and Health Savings Accounts. Enroll in Employee Healthcare Benefits Part II and distinguish yourself on retiree health and related benefits. Those who complete both courses will earn the [EHBA](#) (Employee Health Care Benefits Associate) designation.

One of the most important parts of planning for financial security is knowing you're covered in the event of disability. If you're skipping this coverage for your clients, you're doing them a great disservice. Learn what you need to know to be an expert and distinguish yourself among your peers. The [DIA designation](#) program will prepare you to advise your clients regardless of their situations.

Disability, Part I – A Primer **Disability, Part II – Advanced Issues** **Disability, Part III – Group and Worksite Issues**

Completion of all three parts of the series will earn you the DIA designation. To learn more, check out [AHIP's Educational Program Catalog](#).

» Consumer-Directed Health Care Certification Classes

NAHU's new certification program in consumer-directed health care (CDHC) is a four-hour course that provides you with technical, actionable information you can use to help clients consider these fast-evolving plans and implement them successfully. Approved by states for CE and powered by Great-West Healthcare, this course:

- Compares HRAs, HSAs and other plan designs
- Considers current and projected adoption
- Presents comprehensive guidance on eligibility, contributions and all technical elements
- Provides two frameworks: one for selling CDHC and another for implementing CDHC, which brokers may share with employers
- Suggests enrollment and communication strategies and tactics
- Involves class participants in breakout discussions on ways to implement specific cases

If you want to stand out among your peers and are looking for real education to improve your knowledge, this course is for you. Your clients depend on you, so make sure you have the answers.

Certification will be provided following completion of the course and an online examination with a passing grade. Continuing education has been applied for in all 50 states. Watch for coming announcements of a program in your area in the near future.

Click [here](#) for a list of upcoming classes and their location.

» Long-Term Care Partnership Training Program

NAHU, America's Health Insurance Plans and the Association of Health Insurance Advisors have launched a training

module to provide an understanding of long-term care, long-term care funding, long-term care insurance and state long-term care partnership programs. The training is based on the new textbook *Long-Term Care Partnership Programs: Understanding Needs, Solutions and Ethical Considerations*.

This program is designed to fulfill the NAIC guidelines of eight hours of training for every agent who sells a Partnership policy. It will meet the needs of insurance sales professionals, financial advisors, insurance company personnel, and consumers who want to become more knowledgeable about this growing field.

Formats:

- Student participants will have access to training modules in three formats:
- Self-study - The Center's self-study course allows you to enroll in the course online, study at your own pace, and test on the Internet when you're ready. Check out a sample of the first chapter and follow the instructions for how to enroll.
- Review Workshops - The Center's instructor-led workshops are designed for professionals who want to review course content and test on an accelerated basis.
- Online - The Web-based version of the course enables student to have 24/7 access to course chapters, review questions, self-assessments, and CE credits all in one place.

This educational resource is a training program developed by the industry for the industry. It provides standardization for the training -- similar training curricula for all states -- and has sophisticated tracking capabilities that are available for online training. CE has been filed for in all 50 states and approved; only AL, MT, NM, RI and UT still pending final approval.

\$50 One-State Only License - This allows the agent access to AHIP LTC Partnership training site and to get partnership certification for one (1) state only. For example, Agent Adam is licensed in three states but only sells partnership product for the state of VA. The one-state option would make sense for Adam. Agents will not be able to select more than one state in their licensed state grid unless they choose to upgrade to a full, unlimited license.

\$100 Unlimited License - This allows the agent access to the AHIP LTC Partnership training site to get partnership certification for any number of states. For example, Agent Alice is licensed in 10 states and sells Partnership products in all 10. Instead of paying \$50 per state for training, for the one-time fee of \$100, she can get partnership certification to sell in all 10 states for completing one eight-hour course.

Here's how it works: If Alice is licensed in a state that has decided to accept the core eight-hour course that she has already completed for another state, she just needs to get the updated completion certificate on the website. But what if that state requires some state specific materials too? Then she is notified by e-mail that she must visit the AHIP website to review that state's specific materials and answer a few questions and then generate the updated certificate.

Local and state chapters may want to consider presenting the eight-hour course in a classroom setting. A turnkey package is available and instructors have already been approved in many areas of the country. The program is a valuable membership recruitment tool—offering the training makes an organization more attractive to high-caliber agents. Workshops can be scheduled at your chapter's convenience, with no minimum number of students. Instructors can be found through NAHU's [speakers bureau](#).

For more information, visit <http://www.nahu.org/education/programs.cfm>.

NAHU's Ethics Course

Members of NAHU stand for many ideas, ideals and principles as a group and yet the diverse nature of our membership means they stand for many things as individuals as well. Following sound ethical practices is considered a universal in our industry and essential for any business, but especially so for an insurance professional. Agents' reputations are in large part a reflection of how their business and personal ethics are viewed by clients, prospects, referral sources and the carriers they represent.

NAHU's online ethics program is a reflection of the Association's leadership role and standard of excellence that our members represent in the insurance industry. Given recent negative press about the role of the agent, consumers are more closely examining the ethical practices of the professionals they do business with so this course fills not only the need we all have, but the requirements of your state department of insurance.

The course is provided to members of NAHU at no cost as an added benefit and can be taken online at their convenience followed with an exam that grades the test and immediately provides the results. The online system then notifies the state insurance commissions when courses are completed and credits are earned. The online process also ensures that online exams are proctored in states that have this requirement.

To get started, simply go to <http://nahuethics.insurancestudy.com>. You will be linked to an Insurancestudy page that has a map indicating where CE has been approved in states granting anywhere from two to four hours of CE credit.

» Industry Events with Discounted Fees for NAHU Members

The 3rd Annual Consumer-Centric Healthcare Congress

November 8-9 at the Sheraton Crystal City Hotel in Arlington, VA

The 7th Annual Selling to Seniors Conference

November 25-27 at the Sheraton Music City Hotel in Nashville, TN.

Consumer-Driven Health Care Conference

December 3-5 at the Hyatt Regency, Crystal City in Arlington, VA
(NAHU CDHC Certification Course will be held at this event)

Benefits Selling Expo

April 2-4, 2008 - Atlanta, GA
(NAHU's CDHC Certification Course will be held at this event)

Go to <http://www.nahu.org/meetings/educational/index.cfm> for information on discounts available for each of these meetings.