

APPLICATION
TO PARTICIPATE AS A CONSUMER REPRESENTATIVE AT NAIC MEETINGS
AND TO RECEIVE REIMBURSEMENT FOR EXPENSES FROM NAIC
For the Year 2012

1. GENERAL INFORMATION

A. PERSONAL

NAME:

ADDRESS:

TELEPHONE:

FACSIMILE NUMBER:

E-MAIL ADDRESS:

B. EMPLOYMENT

PLACE OF EMPLOYMENT:

POSITION:

ADDRESS:

TELEPHONE NUMBER:

FACSIMILE NUMBER:

E-MAIL ADDRESS:

C. EDUCATION

2. MEETING PARTICIPATION

- A. Three NAIC national meetings are held annually and last 3 to 5 days. While some meetings begin on a weekend, others begin on a weekday. In either instance, participation in a NAIC national meeting requires attendance and/or travel on two to four business days. The future NAIC national meeting schedule is available online at: http://www.naic.org/consumer_participation.htm. Are you willing and able to make the commitment to fully participate in national meetings? Are you willing and able to make the commitment to fully participate in national meetings? __Yes __No
- B. Are you willing and able to spend additional time researching issues and participating in interim conference calls and other meetings? __Yes __No
- C. Why do you want to represent the consumer interest in policy discussions at the NAIC?

3. DEMONSTRATED EXPERTISE AND EXPERIENCE

New Applicants:

- A. To be an effective consumer representative in NAIC, one must be able to analyze the issues and communicate the consumer position. What skills do you have that would enable you to do that?
- B. What experiences have you had that qualify you to represent the consumer view in insurance issues? Relevant experience may be varied. Some would include testifying on behalf of consumers, participating in policy discussions, conducting research and formulating relevant recommendations, or educating consumers to improve their marketplace experiences.
- C. What involvement, if any, have you already had with NAIC? Relevant experiences would include reviewing written information from NAIC, attending NAIC meetings, providing testimony, submitting written comments, and working with an NAIC member or staff on an issue.
- D. What involvement, if any, have you had with the state insurance departments?
- E. *Attach to your application a copy of your resume and other pertinent information.*

Applicants previously funded by NAIC and those returning for the second year of a term:

- A. List the NAIC National Meetings and interim meetings you attended this past year.
- B. What was your primary focus at the NAIC this past year; i.e., health insurance, life insurance, property & casualty insurance, financial solvency, market regulation?
- C. For the area(s) of your primary focus, did you submit **written comments** or proposals this past year? If so, please list the NAIC Committees and Working Groups to which you made comments.
- D. For the area(s) of your primary focus, did you provide **oral comments** during NAIC meetings this past year? If so, please list the NAIC Committees and Working Groups to which you made comments.
- E. Did you give formal presentations at any of the NAIC National Meetings or interim meetings? If so, please list the meetings at which you made presentations and the subject matter or issue for which you conducted research and formulated recommendations.
- F. Did you participate in NAIC interim conference calls? If so, please provide the NAIC Committee or Working Group name and estimate the number of calls.
- G. What interaction have you had with the state insurance departments this past year outside the NAIC national meetings?

- H. Please list any other activities that you believe help explain your contributions made as an NAIC funded consumer representative.

4. CONFLICT OF INTEREST

Are you, any member of your immediate family or anyone living in your household employed on a full-time, part-time or contractual basis by any insurance entity or person regulated by a state insurance department, insurance agency, trade association, or advisory or rating organization?
__Yes __No

If yes:

- a. Identify employed person and relationship to you
- b. Employer(s)?
- c. Full-time, part-time, or contractual?
- d. If part-time or contractual, ongoing or occasional?
- e. Dollar amount received from each employer over the past three years? Basis for payment (hourly, project based, etc.)
- f. Nature of the work (hours spent, services provided)

Do you, any member of your immediate family or anyone living in your household receive compensation (other than through employment) from any insurance entity or person regulated by a state insurance department, insurance agency, trade association, or advisory or rating organization?
__Yes __No

If yes:

- a. Identify the individual receiving compensation and relationship to you
- b. Source(s) of compensation?
- c. Is the compensation ongoing or occasional?
- d. Dollar amount received from each source over the past three years?
- e. Basis for payment (stipend, travel reimbursement, dependent on services, etc.)
- f. Expectations on which compensation is based

5. DIVERSITY

The NAIC strives to achieve diversity among its consumer representatives. Answering the following question is optional. What is your racial/ethnic background?

6. INFORMATION ABOUT THE ORGANIZATION YOU REPRESENT

- A. NAME OF ORGANIZATION:
ADDRESS:
TELEPHONE NUMBER:
FACSIMILE NUMBER:
E-MAIL ADDRESS/WEB SITE ADDRESS:
- B. Is this a non-profit organization? __Yes __No
- C. Is this a membership organization? __Yes __No If yes, what is the size?

- D. How does your organization disseminate information to consumers? How many consumers do you reach?
- E. Please describe the specific ways in which your organization is involved in insurance issues.
- F. What constituency does your organization represent?
- G. Describe your organization's mission and goals.
- H. **Please attach a copy of your organization's budget for the current year.** Please provide sufficient detail on sources of funding and need for NAIC financial support.

Please indicate if the organization you will be representing at NAIC accepts financial support from any of the following:

- a. Any insurance company or agency? Yes No
- b. Any person or entity regulated by a state insurance department? Yes No
- c. Any lobbying group and/or entity that lobbies or advocates on behalf of any person, organization, and/or entity regulated by a state insurance department? Yes No
- d. Any insurance trade association or insurance advisory or rating organization?
 Yes No

If you answered in the affirmative on items a, b, c or d above, please provide pertinent documentation including:

- A. Source(s) of financial support?
- B. Is funding ongoing or occasional?
- C. Dollar amount received from each source over the past three years?
- D. Expectations on which funding is based

7. **REQUIRES FUNDING**

In addition to the registration fee, the average out-of-pocket monetary cost of attending an NAIC national meeting is \$1,500. Why do you require NAIC funding in order to participate?

A complete application would include:

- A current copy of your resume along with any other pertinent information, such as organization publications, testimony, references or letters of recommendation; and
- A copy of your organization's budget.

The information contained in and submitted with this application is true and complete to the best of my knowledge.

Signature

Date

PLEASE RETURN THE COMPLETED APPLICATION TO ME BY 5:00 P.M. (CENTRAL) ON OCTOBER 31, 2011. ELECTRONIC SUBMISSIONS ARE ENCOURAGED.

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