

**IFAPAC
CANDIDATE QUESTIONNAIRE**

Candidate's Name: _____ **Date:** _____

State and District: _____

Incumbent _____ **Open Seat** _____ **Challenger** _____ **Primary** _____ **General** _____

Person Completing Form: _____

Your Local Association: _____ **Association Position (if any):** _____

1) What is the candidate's background? (Has he/she ever run for office before? Did he/she win? If he/she held state office, did the state IFAPAC financially support? Has he/she ever worked in the insurance industry? Other relevant background?)

2) What do you perceive is the candidate's realistic chance of winning? What do local politicians or local press say about the candidate's chance of winning? Any polling data?

3) What are the candidate's views on life and health insurance issues? Specifically:

A) Tax status of insurance products, e.g., tax on inside buildup of life insurance/annuities:

B) Tax incentives (credit or deduction) for individuals to buy long-term care and health insurance:

C) Maintain current state regulation of insurance vs. optional federal regulation for insurance companies:

D) Health insurance – using lawsuits to enforce “Patients’ Bill of Rights”:

E) Other insurance issues (e.g. permanent repeal of federal estate tax and tax “reform” such as flat tax, consumption tax, etc.):

4) What other information can you provide which would aid the Candidate Selection Group in making an educated choice?

5) Bottom Line: Should IFAPAC make a contribution to this candidate? Yes _____ No _____

Please feel free to attach additional pages. Return this form to: IFAPAC; Attn: Candidate Selection Group; 2901 Telestar Court; Falls Church, VA 22042 Or fax to (703) 770-8151.