

## IFAPAC CANDIDATE QUESTIONNAIRE

(Please attach additional pages as necessary)

Candidate's Name: \_\_\_\_\_ Date: \_\_\_\_\_

State and District: \_\_\_\_\_

Incumbent \_\_\_\_\_ Open Seat \_\_\_\_\_ Challenger \_\_\_\_\_ Primary \_\_\_\_\_ General \_\_\_\_\_

Person(s) 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? Any polling data?

3) What are the candidate's views on NAIFA's legislative issues? Specifically:

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

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

C) Insurance regulation (state based only *or* optional federal regulation for agents or companies):

D) Granting "inside build-up" tax treatment to general savings vehicles like Lifetime Savings Accounts:

E) Creating federal law allowing trade and professional associations to set up Association Health Plans (AHPs):

F) Permanently repealing the federal estate tax:

G) Supporting a flat tax:

4) Does the candidate know any NAIFA members in our Association? Who? How?

5) Which members (names and titles) of the State Association Leadership agree with this IFAPAC contribution request?

6) Should IFAPAC make a contribution to this candidate? Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, please indicate a recommended amount \$\_\_\_\_\_.)

Return this form to IFAPAC; 2901 Telestar Court; Falls Church, VA 22042. Or, fax to (703) 770-8151.

(Updated September 2010)