



Date: _____

To: NAIFA Quality Award Team

Subject: 2012 NAIFA Quality Award Application- Health and Employee Benefits

Applicant's Name: _____

Applicant's NAIFA ID: _____

To Whom It May Concern:

Please be advised that the applicant noted above is a representative in good standing engaged in advising and delivering Health and Employee Benefits to consumers in association with our organization.

Signature of supervising principal or compliance department representative:

Signature: _____

Name: _____

Title: _____

Organization: _____

Email: _____

Phone: _____

Please return to:

NAIFA Quality Award Program

Email: qualityaward@naifa.org

Fax: 703-770-8477

NATIONAL ASSOCIATION OF INSURANCE AND FINANCIAL ADVISORS

2901 Telestar Court • Falls Church, VA 22042-1205 • www.naifa.org • 703/770-8100