



# CSR Essentials of Life & Health Seminar

This course will help build a better understanding of what your clients need to know about life and health insurance. Your ability to explain to your clients the benefits of having the proper life and health coverage is key to the financial well-being of their families and businesses. Enhance your ability to answer questions and analyze life insurance needs, as well as provide advice about a diverse assortment of health insurance products—from medical expense coverage to vision care and dental coverage—plus a variety of delivery systems and health plans designed to manage the high cost of care. Topics include: Introduction to Life Insurance, Term Insurance, Permanent Life Insurance, Health Insurance Concepts, Regulation and Consumer-Driven Plans. Class times: 8:00 A.M. – 12:00 P.M. both days. Please try and register no later than July 1<sup>st</sup>.

**DATE:** July 8-9, 2021

**INSTRUCTOR:** Lynne Lovell, CIC, CRIS, CRM, ARM, CPCU, RHU, CLU, ChFC, ASLI, AFSB, MLIS, AINS

**LOCATION:** Online with GoToWebinar – You will receive two e-mails on how to join the webinar from [customercare@gotowebinar.com](mailto:customercare@gotowebinar.com) within 7-10 business days of the event. You will use those links to join both sessions of the webinar.

**Please Note:** All participants must answer ALL poll questions during the course in order to earn CE.

**Approved for 7 hours of Arizona Continuing Education Credit**

**PLEASE PRINT!**

Mr.  Ms.  Mrs.

Resident State: \_\_\_\_\_ Insurance Lic. #: \_\_\_\_\_

Preferred Name for Badge: \_\_\_\_\_

First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Are you taking this seminar for C.E. credit?

YES  NO

Designations: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Agency/Company: \_\_\_\_\_

Business Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Fax: ( \_\_\_\_\_ ) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**Method of Payment:**

Receipt?  YES  NO

Credit Card:

Amount: \$161.00  VISA  MASTERCARD  AMERICAN EXPRESS

Credit Card Security Code: \_\_\_\_\_

Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Expiration Date: \_\_\_\_\_ / \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_ Cardholder's Signature: \_\_\_\_\_

↑ Please Print! ↑

Credit card billing address (with zip code): \_\_\_\_\_

↑ Same address as above? Please circle - YES or NO↑

**CANCELLATION POLICY:** Full refund if email notification is received within seven (7) business days prior to the webinar. Cancellations received after that date will incur a \$25 non-transferable fee. No shows forfeit full registration fees. ITEC reserves the right to cancel or reschedule this event. No transferring of funds to a future seminar or webinar will be allowed. The IIBAZ will refund cancelled registrations, minus any applicable cancellation fees.