



# 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: 7:45 a.m. – 4:00 p.m. Optional exam: 4:00 p.m. – 5:00 p.m. Lunch will be provided.

**DATE:** February 19, 2019                      **INSTRUCTOR:** Lynne Lovell, CIC, CRM, CPCU, CLU, ChFC, ARM, RHU, AFSB, AINS, CRIS, MLIS, ASLI

**LOCATION:** Abracadabra Restoration, A Division of Kustom US  
4814 North Shamrock Place  
Tucson, Arizona 85705  
Phone: (520) 323-3261

**Please Note:** All participants must present photo identification to the on-site registrar at the course.

**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:**

Check: made payable to ITEC

Receipt?    YES       NO

Credit Card:

Amount:   \$175.00         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 written notification is received seven (7) business days prior to the seminar. 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.