Jonathan Butcher

President

Jason Heine

Vice President

Stacey Huse

Secretary

Cristina Trask

Treasurer

Wes Wickenheiser

Membership

Kristin Dunlevy

Sub-Council

Kim Judy

Immediate Past President

LOUIS VILLE EMPLOYEE

P.O. Box 70181 Louisville, KY 40270-0181

B E N E F I T S C O U N C I L

www.lebcouncil.org

Application for LEBC Membership

Membership in the Louisville Employee Benefits Council must be renewed annually.

Applicant's Name: Name as it should appear on tag: * A transfer is a membership that has been paid for by a company and which that company wishes to be filled by another individual; transferor is the previous individual with that membership. ** Re-entry refers to an individual who was formerly a member but ceased participation either by (1) voluntarily dropping membership, or (2) ceasing employment with a company which paid for that membership. Professional Discipline:	Type: New Transfer*	□ Re-Entry**
Name as it should appear on tag: * A transfer is a membership that has been paid for by a company and which that company wishes to be filled by another individual; transferor is the previous individual with that membership. **Re-entry refers to an individual who was formerly a member but ceased participation either by (1) voluntarily dropping membership, or (2) ceasing employment with a company which paid for that membership. Professional Discipline:	Trai	nsferor
* A transfer is a membership that has been paid for by a company and which that company wishes to be filled by another individual; transferor is the previous individual with that membership. ** Re-entry refers to an individual who was formerly a member but ceased participation either by (1) voluntarily dropping membership, or (2) ceasing employment with a company which paid for that membership. Professional Discipline:	Applicant's Name:	
#Re-entry refers to an individual who was formerly a member but ceased participation either by (1) voluntarily dropping membership, or (2) ceasing employment with a company which paid for that membership. Professional Discipline:	Name as it should appear on tag:	
voluntarily dropping membership, or (2) ceasing employment with a company which paid for that membership. Professional Discipline:		
□ Accountant □ Advisor □ Actuary □ Client Services Administrator (TPA) □ Marketing □ Health & Welfare □ Portfolio Manager □ Retirement Plans □ Attorney □ Consultant □ Paralegal □ Health & Welfare □ Plan Sponsor □ Retirement Plans □ Administrator □ Both □ Other □ Insurance □ Other □ Health & Welfare □ Trust □ Retirement Plans □ Administrator □ Both □ Marketing □ Other □ Finance □ Other □ Other Company: Address: City State Zip: E-mail Address: Phone: Fax: Fax:	voluntarily dropping membership, or (2) ceasing em	
Actuary	Professional Discipline:	Investments
Administrator (TPA) Marketing Portfolio Manager	□ Accountant	□ Advisor
Health & Welfare	□ Actuary	□ Client Services
Retirement Plans	Administrator (TPA)	□ Marketing
□ Both □ Attorney Consultant □ Paralegal □ Health & Welfare Plan Sponsor □ Retirement Plans □ Administrator □ Both □ Management □ Other □ Other □ Insurance □ Other □ Health & Welfare □ Administrator □ Retirement Plans □ Administrator □ Both □ Marketing □ Other □ Other Company: Address: City State Zip: E-mail Address: Phone: Fax: Fax:		ÿ
Consultant		9
□ Health & Welfare Plan Sponsor □ Retirement Plans □ Administrator □ Both □ Management □ Other □ Other Insurance □ Other □ Health & Welfare □ Trust □ Retirement Plans □ Administrator □ Both □ Marketing □ Other □ Finance □ Other Company: Address: City State Zip: E-mail Address: Phone: Fax: Fax:		· · · · · · · · · · · · · · · · · · ·
Retirement Plans		Ü
□ Both □ Management □ Other □ Finance Insurance □ Other □ Health & Welfare □ Administrator □ Both □ Marketing □ Other □ Finance □ Other □ Other Company: Address: City State Zip: E-mail Address: Phone: Fax: Fax:	☐ Health & Welfare	Plan Sponsor
Other	□ Retirement Plans	□ Administrator
Insurance	□ Both	□ Management
□ Health & Welfare □ Retirement Plans □ Both □ Other □ Other □ Other □ Company: Address: □ City State Zip: □ Fax: □ Phone: □ Fax: □ Fax: □ Fax: □ Administrator □ Administrator □ Other □ Other □ Finance □ Other □ Other □ Fax: □ Fax:	□ Other	□ Finance
Retirement Plans Both Other Other Company: Address: City State Zip: E-mail Address: Phone: Fax:	Insurance	□ Other
Both Other Marketing Finance Other Other Company: Address: City State Zip: E-mail Address: Phone: Fax:	□ Health & Welfare	Trust
Other Finance Other Company: Address: City State Zip: E-mail Address: Phone: Fax:	□ Retirement Plans	□ Administrator
Company: Address: City State Zip: E-mail Address: Phone: Fax:	□ Both	□ Marketing
Company:	□ Other	
Address:		□ Other
Address:	Company:	
City State Zip:		
E-mail Address: Phone:Fax:		
Phone:Fax:		
Title:		

Description of duties/responsibilities relating to Employee Benefits:	
Approximate percentage of time devoted to Employee Benefits:	
Sponsoring LEBC Member:	
Please mail your completed application with your check to:	
Louisville Employee Benefits Council P.O. Box 70181 Louisville, KY 40270-0181	
Make check payable to Louisville Employee Benefits Council	
Membership Dues:	
Payment Date: Dues Payment:	
Jan. 1-Jun. 30 \$ 395.00 (dues through 12/31) Jul. 1-Oct. 31 \$197.50 (dues through 12/31) Nov. 1-Dec. 31 \$ 460.00 (includes next year's dues)	
Sub-Council Membership Dues: Retirement Plan Sub-Council \$130.00 Health and Welfare Sub-Council \$130.00	
Fees appearing on this form are effective through December 31, 2017.	
Total Enclosed Payment for Membership Dues and Sub-Council(s) check marked above:	
If you need many information places contact leave Hairs. Traceium et 500 744 0040	

If you need more information, please contact Jason Heine, Treasurer, at 502-741-8043 or by email jheine@massmutual.com. In addition, LEBC Executive Committee Members will be glad to answer questions as needed.