



LOUISVILLE  
EMPLOYEE  
BENEFITS  
COUNCIL

P.O. Box 7263  
Louisville, KY 40257-7263

[www.lebcouncil.org](http://www.lebcouncil.org)

# Application for LEBC Membership

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

Type:  New  Transfer\* \_\_\_\_\_  Re-Entry  
Transferor

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.

## LEBC Executive Committee

**Mindy Heck**  
President

**Taylor Jolly**  
Vice President

**Christine Koenig**  
Secretary

**Ben Evans**  
Treasurer

**Roger Cox**  
Membership

**Wes Wickenheiser**  
Immediate Past  
President

<b>Professional Discipline:</b>	Investments
<input type="checkbox"/> Accountant	<input type="checkbox"/> Advisor
<input type="checkbox"/> Actuary	<input type="checkbox"/> Client Services
Administrator (TPA)	<input type="checkbox"/> Marketing
<input type="checkbox"/> Health & Welfare	<input type="checkbox"/> Portfolio Manager
<input type="checkbox"/> Retirement Plans	Legal
<input type="checkbox"/> Both	<input type="checkbox"/> Attorney
Consultant	<input type="checkbox"/> Paralegal
<input type="checkbox"/> Health & Welfare	Plan Sponsor
<input type="checkbox"/> Retirement Plans	<input type="checkbox"/> Administrator
<input type="checkbox"/> Both	<input type="checkbox"/> Management
<input type="checkbox"/> Other _____	<input type="checkbox"/> Finance
Insurance	<input type="checkbox"/> Other _____
<input type="checkbox"/> Health & Welfare	Trust
<input type="checkbox"/> Retirement Plans	<input type="checkbox"/> Administrator
<input type="checkbox"/> Both	<input type="checkbox"/> Marketing
<input type="checkbox"/> Other _____	<input type="checkbox"/> Finance
	<input type="checkbox"/> Other _____

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City State Zip: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Title: \_\_\_\_\_

Description of duties/responsibilities relating to Employee Benefits:

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Approximate percentage of time devoted to Employee Benefits: \_\_\_\_\_

Sponsoring LEBC Member: \_\_\_\_\_

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Please mail your completed application with your check to:

Louisville Employee Benefits Council  
P.O. Box 7263  
Louisville, KY 40257-7263

Make check payable to Louisville Employee Benefits Council

Membership Dues:

Payment Date:	Dues Payment:
Jan. 1-Jun. 30	\$ 400.00 ( <i>dues through 12/31</i> )
Jul. 1-Oct. 31	\$ 200.00 ( <i>dues through 12/31</i> )
Nov. 1-Dec. 31	\$ 550.00 ( <i>includes next year's dues</i> )

Fees appearing on this form are effective through December 31, 2023.

**Total Enclosed Payment for Membership Dues marked above:** \_\_\_\_\_

If you need more information, please contact Christine Koenig, Membership Chair, by email at [ckoenig@dmlo.com](mailto:ckoenig@dmlo.com). In addition, all LEBC Executive Committee Members will be glad to answer questions as needed.