



AMERICAN EMPLOYEES ASSOCIATION

(A Nonprofit Voluntary Employees' Beneficiary Group)

6655 West Sahara Avenue * Suite B-200 * Las Vegas, Nevada 89146

REPRESENTATIVE QUESTIONNAIRE

If you are interested in becoming an associate and community representative for the **AMERICAN EMPLOYEES ASSOCIATION** Voluntary Employee Beneficiary Association (VEBA) programs, *please complete this form and return it to our office* as soon as possible, in order that we might complete arrangements for representative appointments. Managing Representative and Sub-Rep Agreements will also be provided for your use.

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ PHONE: _____

AEA MEMBER: YES NO. MEMBERSHIP NO: _____

EMPLOYER:

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ PHONE: _____

TITLE: _____ HOURS: _____ DAYS: _____

TYPE OF REPRESENTATION/ACCOUNT(S):

Employers Employees Labor Unions Credit Unions

EMPLOYEES TO BE COVERED: _____

AREA: _____

WILL YOU WORK DIRECTLY WITH ACCOUNTS: YES NO.

INTEND TO WORK THROUGH SUB-AGENTS AND/OR REPRESENTATIVES: YES NO.

TYPES OF INSURANCE/BENEFIT PROGRAMS NOW PRESENT/OR HAVE REPRESENTED (*Plcs Explain*):

Please Sign, Copy and Return Promptly

SIGNATURE: _____

PRINT/TYPE NAME: _____

TELEPHONE NUMBER: _____ DATE: _____