



# John J. Symanitz Award

## CALL FOR NOMINATIONS – IMMEDIATE RESPONSE REQUESTED

The Symanitz award was established in 1989 for recognition and appreciation of John J. Symanitz. John was known for his outstanding leadership and dedication to the health industry, support of community activities and lifetime of quality professional sales. The recipient of the award will demonstrate these same qualities in their personal and professional endeavors. The award is selected by a nominating committee made up of members of MAHU and presented at the MAHU Annual Meeting during the lunch program.

### Symanitz Award Winner Qualifications

**Nominees must demonstrate the following:**

- Have contributed significant time and talent to the health insurance industry;
- Hold a current Minnesota License and be a current or retired past member of the Minnesota Association of Health Underwriters;
- Have a well-rounded background that represents the finest type of individual who has been community oriented and has shown significant support to all aspects of both personal and professional achievement.

**Include the following in your nomination submission:**

- Personal characteristics that make this person stand out from other individuals in the industry.
- Name a task for which this person has displayed outstanding achievement.
- List this person’s personal achievements and professional designations for the health insurance industry, community service and continuing education.

### NOMINATION DEADLINE: MAY 25, 2018

#### NOMINEE INFORMATION

|                      |       |                |
|----------------------|-------|----------------|
| FULL NAME OF NOMINEE |       | DESIGNATION(S) |
| ORGANIZATION         |       |                |
| TITLE                |       |                |
| ADDRESS              |       |                |
| CITY                 | STATE | ZIP CODE       |
| E-MAIL               |       |                |

#### NOMINATOR INFORMATION

|                        |       |                |
|------------------------|-------|----------------|
| FULL NAME OF NOMINATOR |       | DESIGNATION(S) |
| ORGANIZATION           |       |                |
| TITLE                  |       |                |
| ADDRESS                |       |                |
| CITY                   | STATE | ZIP CODE       |
| E-MAIL                 |       |                |

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| EXPLAIN HOW THE NOMINEE HAS CONTRIBUTED HIS OR HER TIME AND TALENT TO THE HEALTH INDUSTRY: |
| CURRENT MEMBER STATUS:   |
| CURRENT MINNESOTA INSURANCE LICENSE:   |
| PERSONAL AND PROFESSIONAL ACHIEVEMENT (PLEASE ATTACH ADDITIONAL SHEET IF NECESSARY)        |

**RETURN ALL DOCUMENTATION TO:**  
 MAHU | P.O. Box 16657 | St. Louis Park, MN 55416 | fax: 763-205-3765 | email: office@emahu.org