



**Minnesota Association of Health Underwriters  
Board of Directors Application Form**

Name: \_\_\_\_\_

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

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

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

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

**MAHU's Mission Statement**

*MAHU will improve its members' ability to meet the health, financial and retirement security needs of all Minnesotans through advocacy, professional development, and public education.*

**QUALIFICATIONS REQUIRED FOR BOARD MEMBER SELECTION:**

- Licensed Agent
- Member of MAHU in good standing
- Can bring a variety of skills, experience, and diversity to the organization.
- Have concern for the organization's development, and are willing to learn about all program areas of the organization.
- Are prepared to set aside any potential conflict between their personal or individual business interests to support the well-being of the organization.
- Have a developed sense of values and personal integrity.
- Are sensitive to and tolerant of views and opinions different from their own.
- Are friendly, responsive, patient, and have a sense of humor.
- Work well with individuals and groups.
- Can listen, analyze, and think clearly and creatively.
- Are not hesitant to ask questions.
- Can recruit board members and other volunteers for committee involvement.

- Are willing to develop skills they need in order to be effective board members (e.g., the ability to read and understand financial statements).
- Commit to attend at least 90% of board meetings.
- Commit to attend additional meetings as needed, which includes phone calls.
- Commit to attend the Board Retreat (July), Sponsored events, Annual Convention, Day on the Hill, etc.
- Commit to chair a committee and engage in succession planning for that position.

**Business Category:**

- Broker or Agent
- Agency Employee
- Carrier Representative
- Other \_\_\_\_\_

**Previous or Current Board Experience?**                      Yes                       No

How Long? \_\_\_\_\_

Explain: \_\_\_\_\_

\_\_\_\_\_

Describe previous involvement with MAHU (committee involvement, conference attendance, etc.), and why you want to serve in a leadership position within MAHU (use the back for further detail.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please provide two (2) professional references:**

<u>Name</u>	<u>Company</u>	<u>Relationship</u>	<u>Phone Number</u>
-------------	----------------	---------------------	---------------------

1. \_\_\_\_\_

2. \_\_\_\_\_

**I have read and support the following:**

- Mission
- Qualifications for Board Members

**I have experience in the following areas: (please check any that apply or add in other)**

- Administration
- Marketing/Advertising/Graphic Design
- Public Relations
- Accounting/Financial Management
- Program Development
- Speaking
- Legal
- Other: \_\_\_\_\_

**BY SIGNING BELOW, I CERTIFY THE ABOVE INFORMATION IS ACCURATE AND COMPLETE.**

Date: \_\_\_\_\_ Name: \_\_\_\_\_

Signature: \_\_\_\_\_

---

RETURN THIS DOCUMENT WITH A COPY OF YOUR BIO AND A COPY OF YOUR INSURANCE LICENSE TO THE MAHU OFFICE OR TO A CURRENT MAHU BOARD MEMBER.

Applications due May 1.

Phone: (844) 333-5593  
Email: office@emahu.org

Mailing address:

**Minnesota Association of Health Underwriters**  
PO Box 16657, St. Louis Park, MN 55416

**Office Use Only:**

Date Review processed: \_\_\_\_\_

Candidate Interviewed By: \_\_\_\_\_

References Contacted By: \_\_\_\_\_