

Meets NAIC Guidelines!



“Long Term Care Partnership and the Florida Agent”

Presented by the Florida Association of Insurance and Financial Advisors

TAMPA

Thursday, Sept. 20, 2007 (8:00 a.m.–5:15 p.m.) (including 1-¼ hour lunch break)
(Rusty Pelican Restaurant • 2425 Rocky Point • (813) 281-1943)

[Intermediate level 8-hour Continuing Education (#59590) for health licenses (authority line 240) as approved by the Florida Department of Financial Services. Provider is Florida Association of Insurance and Financial Advisors – Florida DFS Provider #654.]

- NAIC Guidelines: Health agents wishing to sell new LTC Partnership Plans must have education
- This course approved for Florida DFS Continuing Education (CE) credit – 8 hours !!
- Learn why your clients will WANT the new LTC Partnership Policies
- Learn the essentials – eliminates spend-down requirements of Medicaid !!
- Tax-qualified, inflation requirements, exchange program with traditional LTC, reciprocity
- Deficit Reduction Act of 2005 requires basic LTC education – course meets requirement
- Complete review of Long Term Care & new Partnership plans – be prepared!

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(Prefer to register online? Visit www.faifa.org)

REGISTRATION

In Advance (7 days*): Member (TAIFA/FAIFA)--\$80 (Non-member \$120) At the Door*: Member--\$100 (Non-member \$140)

*(*Registrations must be postmarked or FAX'ed (credit cards only) no later than 7 days prior to class. After deadline, space availability on a first-come, first-serve basis only. No cancellation refunds after 7 days prior to class. Please plan to arrive 30 minutes before class starts. Those arriving after class begins will not receive credit. Lunch is complimentary for Tampa AIFA members – monthly luncheon. Non-TAIFA members, \$20 for luncheon. For luncheon reservations (members & non-members alike), please call Kathy Graeber at (727) 595-4261).*

Name: _____ Lic. #: _____

Address: _____ City: _____ State: _____ Zip: _____

Bus. Phone: _____ FAX: _____ E-mail: _____

Member of FAIFA? YES NO If member, name of Local: _____

Site/City of Class You Wish to Attend: _____

(If registering by check, must be mailed. Please make checks payable to “FAIFA.” Must be postmarked no later than 7 days prior to class. Mail registration and check to: **FAIFA, 1836 Hermitage Blvd., Ste. 200, Tallahassee, FL 32308**)

CREDIT CARD REGISTRATIONS — FAX or Mail – FAX # (850) 422-2762 (Tampa – 9/20/07)

MC VISA Account # --- 3-digit CVV Code

Expiration Date _____ Print Name As it Appears on card _____

Billing Address (for the credit card) _____

Signature _____ **OFFICE USE ONLY: Date Paid** _____ **Check #** _____