NALC Health Benefit Plan
Who is Your HBR?

Only submit this form if the following information for your branch has changed in the last year.

Who is Your HBR?

We would like to update our Health Benefit Representative (HBR) files. Please report any information that has changed for your branch to the:

NALC Health Benefit Plan, 20547 Waverly Ct, Ashburn, VA 20149

Branch # _____

Branch President's Name: _____

Branch Address: _____

_____

City: _____ State: _____ Zip: _____

Branch Phone: _____ Branch Fax: _____

Branch Email: _____

Branch website: _____

NALC Region: _____ Work Status (Active/Retired): _____

HBR's Name: _____

Member ID #*: P32 ___ ___ ___ ___ ___ ___ (This begins with P32+6 numbers)
(* The member ID # is required to verify coverage in the NALC Health Benefit Plan. See the Constitution of the NALC Health Benefit Plan Article 4, Section 3.)

Home Address: _____

_____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Home E-mail: _____

Date you filled the position of HBR: _____

Are you replacing the current HBR? _____

If yes, provide the name of the former HBR: _____

Would you like information mailed to your branch or your home? _____

Per the NALC Constitution (page 69) Article 4. Sec. 1. The officers of the branch shall include a Health Benefits Representative. Sec. 2. All officers shall be elected for a term of one, two or three years. Sec. 3. With the exception of the office of President, Branches may consolidate the offices of the Branch. However, if there are less than ten (10) active members, the office of the President may be combined with other offices.

_____ _____ _____

Printed Name of the Branch President | Signature of the Branch President | Date