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 Bra	anch President	Date