



The purpose of the NABIP PAC is to raise funds from NABIP members to support the political campaigns of candidates who believe in private-sector solutions for the health and financial security of all Americans.

**Contribute securely at [www.nabippac.org](http://www.nabippac.org)**

**Step 1: Tell us about yourself.** *(All information must be completed in full by contributor.)*

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
 Employer: \_\_\_\_\_ Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**Step 2: Please select (A) Fund (B) Frequency (C) Contribution Level**

New Contributor      Past Contributor      Change Contribution to Amount Checked Below

**A. Choose a Fund**

Candidate Fund\*      Administrative Fund\*\*

*\*Candidate Fund can ONLY accept personal contributions.  
 \*\*Administrative Fund can accept corporate contributions.*

**B. Contribution Frequency**

One-Time Contribution  
*Charge my account annually for this amount.*

Monthly Contribution (Recurring)  
*Credit card or bank account will be charged monthly.*

C. Contribution Levels	(Annual)	(Monthly)
	Member	\$150
Bronze	\$365	\$30
Silver	\$500	\$42
Gold	\$750	\$63
Platinum	\$1,000	\$85
Diamond	\$2,000	\$170
Double Diamond	\$3,000	\$250
Triple Diamond	\$5,000	\$415
Amount not listed	\$ _____	\$ _____

Did a NABIP member refer you? If so, who? \_\_\_\_\_

**Step 3: Provide your method of payment.**

*(Payment must be from a personal credit card or bank account if contributing to the Candidate Fund.)*

**Credit or Debit Card**      American Express      Discover      Mastercard      Visa

Card Number: \_\_\_\_\_ Expiration Date: (mm/yy): \_\_\_\_\_  
 CVV: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Checking Account**

Bank Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

**Signature**

I authorize NABIP PAC to initiate charges to my personal bank account or credit card as shown above.

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

**Step 4: Submit this form.**

**Mail**  
 NABIP PAC  
 999 E Street NW, Suite 400  
 Washington, DC 20004

**Fax**  
 202-747-6882

**Email**  
[nabippac@nabip.org](mailto:nabippac@nabip.org)

*A contribution to a Political Action Committee is not tax deductible. Only NABIP members, their immediate families and NAHU staff may contribute. Only U.S. citizens and permanent residents may contribute. Any guidelines mentioned for contributions are merely suggestions. You may contribute more or less than the guidelines suggest, and the National Association of Benefits and Insurance Professionals (NABIP) will not favor nor disadvantage you by reason of the amount of your contribution or your decision not to contribute. Federal law requires PACs to report the name, mailing address, occupation and employer for individuals whose donations exceed \$200 in a calendar year. Federal law prohibits corporate or business donations to a federal PAC. Please make certain that your check or credit card is your personal account.*