



**International Society**  
of Certified Employee Benefit Specialists

18700 W. Bluemound Rd. • P.O. Box 209 • Brookfield, WI 53008-0209  
(262) 786-8771 • Fax (262) 786-8670 • E-mail: [iscebs@iscebs.org](mailto:iscebs@iscebs.org)

## Personal Profile of International Society of Certified Employee Benefit Specialists Governing Council Nominee

You have been nominated for the Governing Council. In order to validate the nomination, the following profile information should be returned to the nominator prior to August 15, 2017 for his or her submission to the International Society as an attachment to the nomination form.

This information will be reviewed by the Nominating Committee to evaluate the qualifications, credentials and contributions to the employee benefits field of all individuals nominated for the Governing Council.

Each Governing Council member is elected for a three-year term. If subsequently elected to serve as an officer, the term of service will extend beyond three years. A Governing Council member is expected to attend approximately three meetings per year, usually held at the Society headquarters in Brookfield, Wisconsin. Governing Council members are reimbursed for their travel and out-of-pocket expenses in accordance with International Society policy.

More details on Governing Council responsibilities can be found on the Society website at [www.iscebs.org/governance](http://www.iscebs.org/governance).

**Nominee information** (Please print clearly)

First name of person nominated \_\_\_\_\_ M.I. \_\_\_\_\_ Last name \_\_\_\_\_

Employer \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_  Business  Home

City \_\_\_\_\_ State/Province \_\_\_\_\_ Country \_\_\_\_\_ ZIP/Postal code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

Year in which CEBS designation was attained \_\_\_\_\_

How many years have you been a Society member? \_\_\_\_\_

I am willing to serve on the Governing Council of the International Society and submit this information for your consideration.  
To the best of my knowledge, I certify that this information is true and correct.

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

## I. SOCIETY CONTRIBUTIONS

1. **Board of Directors, Governing Council and Committees:** List past and present offices or positions of responsibility held.
  
2. **Local Chapter Affiliation:** List offices or positions of responsibility held. Include any other contributions to a local chapter.
  
3. **Symposium Participation:** Indicate Symposium attendance. Also please indicate participation as a session speaker, moderator, etc.
  - 2017 Denver, Colorado \_\_\_\_\_
  - 2016 Baltimore, Maryland \_\_\_\_\_
  - 2015 Vancouver, British Columbia \_\_\_\_\_
  - 2014 Phoenix, Arizona \_\_\_\_\_
  - 2013 Boston, Massachusetts \_\_\_\_\_
  - 2012 San Francisco, California \_\_\_\_\_
  
4. **Society Fellow:** I am currently a Society Fellow.
  - Yes     No
  
5. **CEBS CPE-Compliant** on January 1, 2017
  - Yes     No
  
6. **Other Contributions:** Include contributions to the Society or the CEBS® program such as articles published in *Benefits Quarterly* or *NewsBriefs*, as a CEBS instructor, or activities on behalf of the CEBS® program undertaken outside of the Society or local chapter.

## II. PROFESSIONAL AND CIVIC CONTRIBUTIONS

1. **Employee Benefit Industry Organizations:** List names of organizations, offices or positions of responsibility held. Include a description of honors, recognitions received, etc.
  
2. **Civic Organizations:** List names of organizations, offices or positions of responsibility held. Include a description of honors, recognitions received, etc.
  
3. **Social Organizations:** List names of organizations, offices or positions of responsibility held. Include a description of honors, recognitions received, etc.

## III. BUSINESS EXPERIENCE

1. Date of Experience from \_\_\_\_\_ to \_\_\_\_\_  
Name of Company \_\_\_\_\_  
Title \_\_\_\_\_  
Business Address \_\_\_\_\_  
\_\_\_\_\_  
Primary Responsibilities \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
2. Date of Experience from \_\_\_\_\_ to \_\_\_\_\_  
Name of Company \_\_\_\_\_  
Title \_\_\_\_\_  
Business Address \_\_\_\_\_  
\_\_\_\_\_  
Primary Responsibilities \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## IV. EDUCATIONAL BACKGROUND

### 1. College or University Attended

Name of School \_\_\_\_\_

Years Attended \_\_\_\_\_

Graduation Date \_\_\_\_\_

Degree Achieved \_\_\_\_\_

List any special honors received and describe unusual extracurricular activities.

### 2. Graduate Studies

Name of School \_\_\_\_\_

Years Attended \_\_\_\_\_

Graduation Date \_\_\_\_\_

Degree Achieved \_\_\_\_\_

List any special honors received and describe unusual extracurricular activities.

### 3. Special Education

List other professional designations, industry courses, certificates, etc.

## V. PERSONAL BACKGROUND (optional)

1. Age of Nominee \_\_\_\_\_

2. Marital Status \_\_\_\_\_

3. Name of Spouse \_\_\_\_\_

4. Names and Ages of Children \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



[www.iscebs.org](http://www.iscebs.org)



Fax this form to:  
(262) 786-8670



Mail this form to:  
International Society  
P.O. Box 209  
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For information, e-mail  
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