



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

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, 2018 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.

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.

<input type="checkbox"/>	2018	Boston, Massachusetts	
<input type="checkbox"/>	2017	Denver, Colorado	
<input type="checkbox"/>	2016	Baltimore, Maryland	
<input type="checkbox"/>	2015	Vancouver, British Columbia	
<input type="checkbox"/>	2014	Phoenix, Arizona	
<input type="checkbox"/>	2013	Boston, Massachusetts	

4. **Society Fellow:** I am currently a Society Fellow.

Yes No

5. **CEBS-Compliant** on January 1, 2018

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



Fax this form to:
(262) 786-8670



Mail this form to:
International Society
P.O. Box 209
Brookfield, WI 53008-0209 USA



For information, e-mail
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phone (262) 786-8771.



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