



**Pre-License Education Waiver Request**

|                  |        |                           |
|------------------|--------|---------------------------|
| Applicant Name:  |        | Social Security Number    |
| Mailing Address: |        | Phone Number:<br>(      ) |
| City:            | State: | Zip Code:                 |

*An individual shall not be permitted to take the examination unless the individual has completed, for each line of authority for which the individual will apply, any required program of insurance education as required by the superintendent or the individual has earned a bachelor's or associate's degree in insurance from an accredited institution or has earned a professional designation approved by the superintendent under criteria established by the superintendent.*

**Indicate the course(s) for which waiver is sought:**

- Life                                       Property                                       Personal Lines  
 Accident & Health                                       Casualty

*No person who has surrendered an insurance license or who has had an insurance license suspended, inactivated, cancelled for non-renewal or revoked may be approved for a pre-licensing education waiver.*

**Indicate Professional Designation or Degree submitted to qualify for pre-license education waiver:**

**Life:**

- Bachelor or Associates Degree in Insurance  
 Chartered Life Underwriter “CLU”  
 Certified Employee Benefit Specialist “CEBS”  
 Chartered Financial Consultant “ChFC”  
 Certified Insurance Counselor “CIC”  
 Certified Financial Planner “CFP”  
 Fellow of the Life Management Institute “FLMI”  
 Life Underwriter Training Council Fellow “LUTCF”

**Accident & Health:**

- Bachelor or Associates Degree in Insurance  
 Registered Health Underwriter “RHU”  
 Certified Employee Benefit Specialist “CEBS”  
 Registered Employee Benefits Specialist “REBC”  
 Health Insurance Associate “HIA”

**Property, Casualty and/or Personal Lines:**

- Bachelor or Associates Degree in Insurance  
 Chartered Property and Casualty Underwriter “CPCU”  
 Accredited Advisor in Insurance “AAI”  
 Associate in Risk Management “ARM”  
 Certified Insurance Counselor “CIC”

*Verification of professional designation or degree must be submitted along with waiver request form. No request will be reviewed without proper verification.*

Signature \_\_\_\_\_

Date \_\_\_\_\_