

**National Association of Benefits and Insurance Professionals
Northern Nevada Chapter**

Board of Directors Meeting Minutes
September 9th, 2026 9:36 AM - 10:36 AM
4600 Kietzke Lane Building G160, Reno, NV
Via Zoom – Meeting ID = us02web.zoom.us/j/84698950624

Attendance Report: Aliana Rushing, Georgana Cepeda, Joy Gardner, Chanté Padilla, Valerie Shamim, Mary Lou Urrutia, Cambria Williams

Virtual Attendance: Dave Sherrill and Ashley Kapostins, Julie Ann Evans, Mitch Brown, Ross Pendergraft

Absent: Glen Montalbo, Daniel Westcott, Don Goldmann, Breeze Yerves

Guests: none

1. Meeting called to order by President Georgana Cepeda at 9:36 AM.
2. Roll Call of attendees was taken by sight for those attending in person and on Zoom by President, Georgana Cepeda. Quorum confirmed. Connectivity confirmed.
3. Review of the August 2026 Board Meeting Minutes, The 2026 Strategic Planning Meeting Minutes, and The 2026 Leadership Training Meeting Minutes by Secretary, Chanté Padilla.
 - a. A motion to approve the August 2026 Board Meeting Minutes was made by Joy Gardner and seconded by Aliana Rushing. Seven in favor one one abstained.
 - b. Motion to approve the 2026 Leadership Training Minutes made by Joy Gardner and seconded by Aliana Rushing. Seven in favor one one abstained.
 - c. Motion to approve the 2026 Strategic Planning Minutes made by Mary Lou Urrutia and seconded by Aliana Rushing, Seven in favor one abstained.
4. **President's report by Georgana Cepeda.** Written report received and entered into the addendum with brief discussion.
 - a. Reviewed select details of report.
5. **Secretary report by Chanté Padilla.**
 - a. With the approval of the August 2026 Board Meeting Minutes, The 2026 Strategic Planning Minutes and The 2026 Leadership Training minutes, there was nothing else to report.
6. **VP of Finance's report by Joy Gardner.** August reports were received for filing and have been included in the Addendum of these minutes
 - a. Reviewed select details of the Treasurers Report.

- b. All partnerships are paid.
- c. An update was provided regarding outstanding Gala payments. MaryLou will be given the keys to check the P.O. Box for outstanding checks and will be provided instructions for depositing any checks received. Outstanding payments were noted for Community Health Alliance, Aetna, and TASC.
- d. Joy Gardner will be out for approximately one month. During her absence, Aliana Rushing will be designated to manage the payment card reader and payment collections.
- e. Annual Membership Dues: A brief discussion was held regarding the timing of membership dues. For members who pay annually, dues are based on the member's membership anniversary date rather than the calendar year. For members who pay monthly, the dues increase will take effect January 1.

7. Committee Reports

- a. **Vice President's report by Valerie Shamim.** Report received and entered into the minutes.
 - i. EXPO Updates:
 - 1. Expo meetings will resume after the Gala.
- b. **Director of Program's report by Aliana Rushing.** No report submitted with brief discussion.
 - i. A brief update was provided regarding the Gala program. Aliana Rushing will open the Gala with an announcement acknowledging the passing of Merre Gregory. Donald Goldman will serve as MC for the announcements and event proceedings.
 - ii. Brief Discussion on the introduction of the Perpetual Award.
- c. **VP of Professional Development's report by Julie Ann Evans.** Written report received and entered into the addendum with brief discussion.
 - i. Reviewed select details of the report.
- d. **Vice President of Media and Communication's report by Donald Goldmann.** Absent. Written report received and entered into the addendum
- e. **Vice President of Membership's report by Breeze Yerves and co-chair Glen Montablo.** Absent, no report received.
- f. **Employer Benefits Chair's report by Breeze Yerves.** Absent, no report received.
- g. **Individual Benefits Chair's report by Mitchell Brown.** Written report submitted and entered into the addendum.

- i. Reviewed select details of his report.
 - h. **Vice President of Awards' report by Ross Pendergraft.** No report received.
 - i. **Vice President of Legislative Affairs' report by Mary Lou Urrutia.** Written report submitted and entered into the addendum.
 - i. Reviewed select details of report.
 - j. **DEIB Chair's report by Julie Ann Evans.** No report to make.
 - k. **Medicare Chair's and VP of Medicare Chair.** No report received, Chair Person Merre Gregory has recently passed away.
 - i. Brief discussion on the open position.
 - ii. The Medicare Chair is to remain vacant until further notice.
 - l. **LPRT Chair's report by Joy Gardner.** No report to make.
 - m. **NABIP Education Foundation Chair's report by Daniel Wescott.** Absent, no report received.
 - n. **Director of NABIP PAC's report by Donald Goldmann.** Absent, no report received.
 - o. **Past President's report by Aliana Rushing.** No report to make.
 - p. **Events Coordinator Chair's report by Cambria Williams.** Absent, written report received and entered into the minutes.
 - i. It was reported that 62 guests have confirmed their attendance for Friday's Gala. The approved seating layout consists of nine tables of six and one table of eight, for a total of 10 tables. The stage will be backlit in blue and pink in honor of Merre Gregory.
 - ii. A brief update was provided confirming that the charity being honored at the Gala will give a presentation during the event.
 - iii. A brief discussion was held to confirm the Gala décor and lighting plans.
8. **A motion was made by Aliana Rushing and seconded by Mary Lou Urrutia to accept all reports in toto. Unanimously approved.**
9. **Old Business:**
- a. None
10. **New Business:**

a. Goal to honor Merre Gregory with The Enduring Spirit award.

- i. Aliana Rushing made a motion to establish an Enduring Spirit Award for the Northern Nevada NABIP Chapter. Seconded by Julie Ann Evans. The motion was unanimously approved.

b. The next BOD meeting will be held on October 7th , 2026 @ 9:30 AM before Luncheon.

c. The November BOD meeting will be held virtually on November 11th @ 9:30 AM.

d. The December BOD meeting will be held on December 16th @ 3pm. Location TBD. Secretary Chanté Padilla will be absent.

e. The NN NABIP Christmas Party will be held on the evening of December 16th at Sierra Gold. Secretary Chanté Padilla will be absent.

11. A motion to adjourn meeting by Georgana Cepeda, seconded by Chanté Padilla. Unanimously approved.

12. President Georgana Capeda adjourned the meeting at 10:36 AM

13. Submitted by Chanté Padilla NABIP NN Secretary.


Chanté Padilla

Next Monthly Board Meeting:

Wednesday, October 7th, 2026, 9:30 AM - 10:30 AM

11:00 PM. 4600 Kietzke Lane, Building G-160, Reno, NV

<https://us06web.zoom.us/j/85852438497?pwd=GhSaLjW8LD03ZBoa4fAgz12XNh7cGe.1>

Meeting ID: 858 5243 8497 Passcode: 881981

Addendum

President's Report for August - President, Georgana Cepeda

Pg 1 of 1

President's Update

NABIP Northern Nevada President's Report September 9, 2026

Presented by Georgana Cepeda, President

Since our last meeting, I have continued working to strengthen communication, board participation, and planning for the upcoming year.

Key updates:

Board members have been asked to submit their reports and annual goals.

Planning is underway for our May 5, 2027 Expo, including speakers, sponsors, vendors, and educational opportunities.

We are continuing to build relationships with carriers, community partners, and potential sponsors.

I attended the Region 8 Leadership Conference and shared valuable information and resources with the board.

Our focus remains on increasing membership, providing quality education, improving board engagement, and maintaining financial responsibility.

Thank you to everyone who continues to participate and support our chapter. I look forward to working together toward a successful year.

NABIP-NORTHERN NEVADA Treasurer's Report
Month end 8/31/2026

Partnerships 2026:

Diamond-\$8,500

Platinum-\$5,500-Anthem Paid

Gold-\$4,000 Hometown Health Paid,

Silver-\$2,000 Word & Brown Paid, United Healthcare Paid

Umpqua Bank Balance: 8/31/2026

Checking \$62,162.95

Savings \$200.44

See attached bank statement

Budget vs Actual: Attached

LUNCHEON: 8/12/2026

Attendance: 34 (20 attendees, 12 Ambassadors, 2 Speakers, 0 Partners)

No Shows: 0 (Paid, Vendor, Ambassador)

Walk Ins: 2 (2 Paid)

Income: \$ 914 + \$420 (Ambassadors) + \$245 (Partnerships) = \$1,579

Cost: \$1,428.73

Raffle Income: \$150.

Additional Information:

All sponsorships have been paid.

We made money on the luncheon this month. \$150.27

Gala sponsorships have all been paid. \$1000 will be deposited in September.

Both the Checking and Savings accounts balance.

Respectfully submitted:

Joy K Gardner



August 31, 2026

Page: 1 of 4

Customer Service:
1-866-486-7782

NATIONAL ASSOCIATION OF BENEFITS &
INSURANCE PROFESSIONALS-NN
D B A NABIP NORTHERN NEVADA
PO BOX 20129
RENO NV 89515-0129

Last statement: July 31, 2026
This statement: August 31, 2026

COMMUNITY BUSINESS CHECKING

Account number	XXXXXX2837	Beginning balance	\$64,085.90
Low balance	\$60,509.90	Deposits/Additions	\$3,777.07
Average balance	\$61,863.45	Withdrawals/Subtractions	\$5,700.02
Interest earned	\$0.00	Ending balance	\$62,162.95

Deposits/Additions

Date	Description	Additions
08-11	Deposit	2,000.00
08-13	Deposit	110.00
Total Additions		\$2,110.00

ACH and Electronic Payments/Subtractions

Date	Description	Subtractions
08-03	ACH Debit Merchant Bankcd Discount 496206203887 20260803	129.00
08-03	ACH Debit Kapsheer Consulti Sale 20260803	1,200.00
08-03	ACH Debit Georgana Cepeda Bill Paymt 20260803	2,000.00
08-04	ACH Debit Authnet Gateway Billing 149195277 20260804	14.95
08-18	ACH Debit Atlantis Casino Bill Paymt 20260818	1,428.73
Total ACH and Electronic Payments/Subtractions		\$4,772.68

ACH and Electronic Deposits/Additions

Date	Description	Additions
08-04	ACH Credit Merchant Bankcd Deposit 496206203887 20260804	45.00
08-05	ACH Credit Merchant Bankcd Deposit 496206203887 20260805	95.00
08-07	ACH Credit Merchant Bankcd Deposit 496206203887 20260807	80.00
08-10	ACH Credit Merchant Bankcd Deposit 496206203887 20260810	45.00
08-10	ACH Credit Merchant Bankcd Deposit 496206203887 20260810	45.00
08-12	ACH Credit Merchant Bankcd Deposit 496206203887 20260812	43.00
08-13	ACH Credit Merchant Bankcd Deposit 496206203887 20260813	361.00
08-20	ACH Credit Merchant Bankcd Deposit 496206203887 20260820	100.00

NATIONAL ASSOCIATION OF BENEFITS &

August 31, 2026 Page: 2 of 4

<u>Date</u>	<u>Description</u>	<u>Additions</u>
08-24	ACH Credit Merchant Bankcd Deposit 496206203887 20260824	270.00
08-26	ACH Credit Merchant Bankcd Deposit 496206203887 20260826	50.00
08-27	ACH Credit Merchant Bankcd Deposit 496206203887 20260827	200.00
08-28	ACH Credit Merchant Bankcd Deposit 496206203887 20260828	35.00
08-28	ACH Credit National Ass5237 July Dues Nte*nahu Monthly D Ues Direct Deposit \	215.60
08-31	ACH Credit Merchant Bankcd Deposit 496206203887 20260831	50.00
Total ACH and Electronic Deposits/Additions		\$1,634.60

Card Transactions/Withdrawals

<u>Date</u>	<u>Description</u>	<u>Subtractions</u>
08-03	POS Purchase Terminal 00001000 Starchapter 866-77532 Al Xxxxxxxxxxx2916	155.00
08-03	POS Purchase Terminal Vbase2 Intuit *Qbooks Onl lne Cl.Intuit CA Xxxxxxxxxxx2916	92.00
08-19	POS Purchase Terminal 00000000 Etsy, Inc. Etsy.Co M*mo Brooklyn NY XXXXXXXXXXXX2916	194.84
08-21	POS Purchase Terminal 00000101 Amazon.Com*5o88i3c 51 Seattle WA XXXXXXXXXXXX2916	36.66
08-21	POS Purchase Terminal 00000101 Amazon.Com*5o6cw5o 90 Seattle WA XXXXXXXXXXXX2916	22.72
08-21	POS Purchase Terminal 00000101 Amazon.Com*5o5h75o 91 Seattle WA XXXXXXXXXXXX2916	132.03
08-28	POS Purchase Terminal 00000101 Amazon.Com*5q2td3n 61 Seattle WA XXXXXXXXXXXX2916	28.14
Total Card Transactions/Withdrawals		\$661.39

Card Deposits/Additions

<u>Date</u>	<u>Description</u>	<u>Additions</u>
08-28	POS Deposit POS Deposit Terminal 00000101 Amazon.Com Seattle WA XXXXXXXXXXXX2916	32.47
Total Card Deposits/Additions		\$32.47

Other Withdrawals/Subtractions

<u>Date</u>	<u>Description</u>	<u>Subtractions</u>
08-20	Maintenance Fee Commercial Bill PA Y - Activity/Col For 07/26	5.95
08-31	Direct Connect Servc	15.00
Total Other Withdrawals/Subtractions		\$20.95

Daily Balances

<u>Date</u>	<u>Amount</u>	<u>Date</u>	<u>Amount</u>	<u>Date</u>	<u>Amount</u>
07-31	64,085.90	08-11	62,559.95	08-21	61,353.02
08-03	60,509.90	08-12	62,602.95	08-24	61,623.02
08-04	60,539.95	08-13	63,073.95	08-26	61,673.02
08-05	60,634.95	08-18	61,645.22	08-27	61,873.02
08-07	60,714.95	08-19	61,450.38	08-28	62,127.95
08-10	60,559.95	08-20	61,544.43	08-31	62,162.95

NATIONAL ASSOCIATION OF BENEFITS &

August 31, 2026 Page: 3 of 4

Overdraft Fee Summary

	Total For This Period	Total Year-to-Date
Total Overdraft Fees	\$0.00	\$0.00
Total Returned Item Fees	\$0.00	\$0.00

Checks

<u>Check #</u>	<u>Amount</u>	<u>Date</u>
1034	\$245.00	08-10

(* Skip in check sequence, R-Check has been returned, + Electronified check))

Total Checks paid: 1 for **-\$245.00**

Reconciliation of Check and Savings Accounts - August 2026

PG 1 of 1

NABIP Northern Nevada				
NABIP Northern Nevada CHECKING, Period Ending 08/31/2026				
RECONCILIATION REPORT				
Reconciled on: 09/02/2026				
Reconciled by: Joy Gardner				
Any changes made to transactions after this date aren't included in this report.				
Summary				USD
Statement beginning balance.....				64,085.90
Checks and payments cleared (15).....				-5,700.02
Deposits and other credits cleared (17).....				3,777.07
Statement ending balance.....				62,162.95
Register balance as of 08/31/2026.....				62,162.95
Details				
Checks and payments cleared (15)				
DATE	TYPE	REF NO.	PAYEE	AMOUNT (USD)
08/03/2026	Expense		Star Chapter LLC	-155.00
08/03/2026	Expense		Georgana Cepeda	-2,000.00
08/03/2026	Expense		Intuit	-92.00
08/03/2026	Expense			-129.00
08/03/2026	Expense		Kapsher Consulting LLC	-1,200.00
08/04/2026	Expense		Authnet Gateway Billing	-14.95
08/10/2026	Check	1034	Kapsher Consulting LLC	-245.00
08/18/2026	Expense		Atlantis Casino	-1,428.73
08/19/2026	Expense			-194.84
08/20/2026	Expense		Misc.	-5.95
08/21/2026	Expense		Amazon Marketplace	-36.66
08/21/2026	Expense		Amazon Marketplace	-132.03
08/21/2026	Expense		Amazon Marketplace	-22.72
08/28/2026	Expense		Amazon Marketplace	-28.14
08/31/2026	Expense		Misc.	-15.00
Total				-5,700.02
Deposits and other credits cleared (17)				
DATE	TYPE	REF NO.	PAYEE	AMOUNT (USD)
08/04/2026	Deposit		Bankcard Financial Adj.	45.00
08/05/2026	Deposit			95.00
08/07/2026	Deposit		Bankcard Financial Adj.	80.00
08/10/2026	Deposit		Bankcard Financial Adj.	45.00
08/10/2026	Deposit		Bankcard Financial Adj.	45.00
08/11/2026	Receive Payment		United Healthcare UHC	2,000.00
08/12/2026	Deposit		Bankcard Financial Adj.	43.00
08/13/2026	Deposit			110.00
08/13/2026	Deposit			361.00
08/20/2026	Deposit		Bankcard Financial Adj.	100.00
08/24/2026	Deposit		Bankcard Financial Adj.	270.00
08/26/2026	Deposit		Bankcard Financial Adj.	50.00
08/27/2026	Deposit		Bankcard Financial Adj.	200.00
08/28/2026	Deposit		Bankcard Financial Adj.	35.00
08/28/2026	Deposit		Amazon Marketplace	32.47
08/28/2026	Deposit		NAHU	215.60
08/31/2026	Deposit		Bankcard Financial Adj.	50.00
Total				3,777.07

NABIP NN Budget vs Actual August 2026 Profit and Loss

Pg 1 of 2

NABIP Northern Nevada Budget vs. Actuals: Budget_FY26_P&L - FY26 P&L January - December 2026

	Aug 2026				Total			
	Actual	Budget	over Budget	% of Budget	Actual	Budget	over Budget	% of Budget
Income								
4090 NABIP Membership Dues	215.60	208.33	7.27	103.49%	1,928.86	2,500.00	-571.14	77.15%
Ambassador Partners		533.33	-533.33	0.00%	5,700.00	6,400.00	-700.00	89.06%
EXPO Income		2,333.33	-2,333.33	0.00%	34,207.00	28,000.00	6,207.00	122.17%
Gala Income	820.00	416.67	403.33	196.80%	3,070.00	5,000.00	-1,930.00	61.40%
Holiday Party Income		41.67	-41.67	0.00%	0.00	500.00	-500.00	0.00%
Luncheon Income	559.00	666.67	-107.67	83.85%	5,783.50	8,000.00	-2,216.50	72.29%
Metallic Sponsors	2,000.00	2,041.67	-41.67	97.96%	13,500.00	24,500.00	-11,000.00	55.10%
Raffle Income	150.00	166.67	-16.67	90.00%	2,853.00	2,000.00	853.00	142.65%
Services		58.33	-58.33	0.00%	243.75	700.00	-456.25	34.82%
Total Income	\$ 3,744.60	\$ 6,466.67	-\$ 2,722.07	57.91%	\$ 67,286.11	\$ 77,600.00	-\$ 10,313.89	86.71%
Gross Profit	\$ 3,744.60	\$ 6,466.67	-\$ 2,722.07	57.91%	\$ 67,286.11	\$ 77,600.00	-\$ 10,313.89	86.71%
Expenses								
6180 Insurance			0.00		0.00	0.00	0.00	
6185 Liability Insurance		32.50	-32.50	0.00%	376.00	390.00	-14.00	96.41%
D & O Coverage		50.00	-50.00	0.00%	575.00	600.00	-25.00	95.83%
Total 6180 Insurance	\$ 0.00	\$ 82.50	-\$ 82.50	0.00%	\$ 951.00	\$ 990.00	-\$ 39.00	96.06%
6270 Professional Fees			0.00		0.00	0.00	0.00	
Lobbyest Fees		383.33	-383.33	0.00%	3,450.00	4,600.00	-1,150.00	75.00%
Total 6270 Professional Fees	\$ 0.00	\$ 383.33	-\$ 383.33	0.00%	\$ 3,450.00	\$ 4,600.00	-\$ 1,150.00	75.00%
6350 Travel & Ent			0.00		0.00	0.00	0.00	
Region 8 Meeting			0.00		1,172.63	0.00	1,172.63	
Total 6350 Travel & Ent	\$ 0.00	\$ 0.00	\$ 0.00		\$ 1,172.63	\$ 0.00	\$ 1,172.63	
6550 Office Expenses			0.00		0.00	0.00	0.00	
6250 Postage and Delivery		33.33	-33.33	0.00%	420.00	400.00	20.00	105.00%
Name Badges		16.67	-16.67	0.00%	0.00	200.00	-200.00	0.00%
Office Supplies		8.33	-8.33	0.00%	34.05	100.00	-65.95	34.05%
Total 6550 Office Expenses	\$ 0.00	\$ 58.33	-\$ 58.33	0.00%	\$ 454.05	\$ 700.00	-\$ 245.95	64.86%
6670 Program Expense			0.00		0.00	0.00	0.00	
CC Authorize.net Credit Card processing - Expenses	164.90	292.33	-127.43	56.41%	2,929.46	3,508.00	-578.54	83.51%

NABIP NN Budget vs Actual August 2026 Profit and Loss

Pg 2 of 2

CE filing fee					141.67	-141.67	0.00%	1,311.25	1,700.00	-388.75	77.13%			
Speaker Fees					166.67	-166.67	0.00%	0.00	2,000.00	-2,000.00	0.00%			
Total 6670 Program Expense	\$	164.90	\$	600.67	-\$	435.77	27.45%	\$	4,240.71	\$	7,208.00	-\$	2,967.29	58.83%
Administrative Expenses						0.00			0.00		0.00		0.00	
Constant Contact					8.33	-8.33	0.00%		0.00		100.00		-100.00	0.00%
Kapsher Consulting LLC		1,445.00		1,100.00		345.00	131.36%		9,245.00		13,200.00		-3,955.00	70.04%
Quickbooks On Line Fees		92.00		92.00		0.00	100.00%		736.00		1,104.00		-368.00	66.67%
Registered Agent, Inc				24.58		-24.58	0.00%		0.00		295.00		-295.00	0.00%
Star Chapter LLC		155.00		120.00		35.00	129.17%		1,129.00		1,440.00		-311.00	78.40%
Total Administrative Expenses	\$	1,692.00	\$	1,344.91	\$	347.09	125.81%	\$	11,110.00	\$	16,139.00	-\$	5,029.00	68.84%
Board Strategy Meeting				16.67		-16.67	0.00%		0.00		200.00		-200.00	0.00%
Charitable Donations						0.00			0.00		0.00		0.00	
Local Charities				166.67		-166.67	0.00%		4,057.00		2,000.00		2,057.00	202.85%
National Charities				41.67		-41.67	0.00%		0.00		500.00		-500.00	0.00%
Total Charitable Donations	\$	0.00	\$	208.34	-\$	208.34	0.00%	\$	4,057.00	\$	2,500.00	\$	1,557.00	162.28%
Discretionary Spending						0.00			75.75		0.00		75.75	
Capital Conference Expense				333.33		-333.33	0.00%		3,617.19		4,000.00		-382.81	90.43%
Miscellaneous Spending				20.83		-20.83	0.00%		0.00		250.00		-250.00	0.00%
NABIP PAC Admin fund				41.67		-41.67	0.00%		500.00		500.00		0.00	100.00%
National Conventions		2,000.00		333.33		1,666.67	600.01%		4,000.00		4,000.00		0.00	100.00%
President's Discretionary Spending				20.83		-20.83	0.00%		0.00		250.00		-250.00	0.00%
Total Discretionary Spending	\$	2,000.00	\$	749.99	\$	1,250.01	266.67%	\$	8,192.94	\$	9,000.00	-\$	807.06	91.03%
Event Expenses						0.00			0.00		0.00		0.00	
EXPO Expenses				1,333.33		-1,333.33	0.00%		19,349.83		16,000.00		3,349.83	120.94%
Gala Expense		381.92		416.67		-34.75	91.66%		971.17		5,000.00		-4,028.83	19.42%
Holiday Party Expense				125.00		-125.00	0.00%		499.92		1,500.00		-1,000.08	33.33%
Luncheon Costs		1,428.73		1,083.33		345.40	131.88%		11,471.74		13,000.00		-1,528.26	88.24%
Total Event Expenses	\$	1,810.65	\$	2,958.33	-\$	1,147.68	61.21%	\$	32,292.66	\$	35,500.00	-\$	3,207.34	90.97%
Uncategorized Expenses						0.00			0.00		0.00		0.00	
Awards				25.00		-25.00	0.00%		0.00		300.00		-300.00	0.00%
Media Budget				79.17		-79.17	0.00%		0.00		950.00		-950.00	0.00%
Total Uncategorized Expenses	\$	0.00	\$	104.17	-\$	104.17	0.00%	\$	0.00	\$	1,250.00	-\$	1,250.00	0.00%
Total Expenses	\$	5,667.55	\$	6,507.24	-\$	839.69	87.10%	\$	65,920.99	\$	78,087.00	-\$	12,166.01	84.42%
Net Operating Income	-\$	1,922.95	-\$	40.57	-\$	1,882.38	4739.83%	\$	1,365.12	-\$	487.00	\$	1,852.12	-280.31%
Net Income	-\$	1,922.95	-\$	40.57	-\$	1,882.38	4739.83%	\$	1,365.12	-\$	487.00	\$	1,852.12	-280.31%

Thursday, Sep 03, 2026 11:25:11 AM GMT-7 - Cash Basis

NABIP NN Profit and Loss by Month. August 2026

Pg 1 of 2

NABIP Northern Nevada

Statement of Activity by Month
January-August, 2026

	Jan 2026	Feb 2026	Mar 2026	Apr 2026	May 2026	Jun 2026	Jul 2026	Aug 2026	Total
Revenue									
4090 NABIP Membership Dues	176.00	105.16	255.16	521.84	434.34	121.84	98.92	215.60	1,928.86
Ambassador Partners	5,700.00								5,700.00
EXPO Income	850.00	7,250.00	11,940.00	13,167.00			1,000.00		34,207.00
Gala Income						1,150.00	1,100.00	820.00	3,070.00
Luncheon Income	1,013.00	1,054.00	1,206.50		680.00	620.00	651.00	559.00	5,783.50
Metallic Sponsors	5,500.00		4,000.00	2,000.00				2,000.00	13,500.00
Raffle Income	150.00	260.00	140.00	1,795.00	150.00		208.00	150.00	2,853.00
Services	56.25			65.00			122.50		243.75
Total for Revenue	13,445.25	8,669.16	17,541.66	17,548.84	1,264.34	1,891.84	3,180.42	3,744.60	\$67,286.11
Gross Profit	13,445.25	8,669.16	17,541.66	17,548.84	1,264.34	1,891.84	3,180.42	3,744.60	\$67,286.11
Expenditures									
6180 Insurance									
6185 Liability Insurance			376.00						376.00
D & O Coverage				575.00					575.00
Total for 6180 Insurance			376.00	575.00					\$951.00
6270 Professional Fees									
Lobbyest Fees	1,050.00		100.00	1,150.00			1,150.00		3,450.00
Total for 6270 Professional Fees	1,050.00		100.00	1,150.00			1,150.00		\$3,450.00
6350 Travel & Ent									
Region 8 Meeting			1,172.63						1,172.63
Total for 6350 Travel & Ent			1,172.63						\$1,172.63
6550 Office Expenses									
6250 Postage and Delivery	420.00								420.00
Office Supplies							34.05		34.05
Total for 6550 Office Expenses	420.00						34.05		\$454.05
6670 Program Expense									
CC Authorize.net Credit Card processing - Expenses	107.52	358.18	660.41	593.97	753.91	153.61	136.96	164.90	2,929.46
CE filing fee	40.00	190.00	230.00	296.25	93.75	280.00	181.25		1,311.25
Total for 6670 Program Expense	147.52	548.18	890.41	890.22	847.66	433.61	318.21	164.90	\$4,240.71

Cash Basis Thursday, September 03, 2026 11:20 AM GMT-07:00

1/2

NABIP NN Profit and Loss by Month. August 2026
Pg 2 of 2

NABIP Northern Nevada
Statement of Activity by Month
January-August, 2026

	Jan 2026	Feb 2026	Mar 2026	Apr 2026	May 2026	Jun 2026	Jul 2026	Aug 2026	Total
Administrative Expenses									
Kapsher Consulting LLC	1,100.00	1,100.00	1,100.00	1,100.00	1,100.00	1,100.00	1,200.00	1,445.00	9,245.00
Quickbooks On Line Fees	92.00	92.00	92.00	92.00	92.00	92.00	92.00	92.00	736.00
Star Chapter LLC	126.00	126.00	126.00	147.00	147.00	147.00	155.00	155.00	1,129.00
Total for Administrative Expenses	1,318.00	1,318.00	1,318.00	1,339.00	1,339.00	1,339.00	1,447.00	1,692.00	\$11,110.00
Charitable Donations									
Local Charities					2,028.50	2,028.50			4,057.00
Total for Charitable Donations					2,028.50	2,028.50			\$4,057.00
Discretionary Spending		75.75							\$75.75
Capital Conference Expense			3,617.19						3,617.19
NABIP PAC Admin fund			500.00						500.00
National Conventions							2,000.00	2,000.00	4,000.00
Total for Discretionary Spending		75.75	4,117.19				2,000.00	2,000.00	\$8,192.94
Event Expenses									
EXPO Expenses			400.00	3,327.19	15,554.15		68.49		19,349.83
Gala Expense						400.00	189.25	381.92	971.17
Holiday Party Expense			499.92						499.92
Luncheon Costs		3,942.28	1,906.35	186.89	1,335.83	1,335.83	1,335.83	1,428.73	11,471.74
Total for Event Expenses		3,942.28	2,806.27	3,514.08	16,889.98	1,735.83	1,593.57	1,810.65	\$32,292.66
Total for Expenditures	2,935.52	5,884.21	10,780.50	7,468.30	21,105.14	5,536.94	6,542.83	5,667.55	\$65,920.99
Net Operating Revenue	10,509.73	2,784.95	6,761.16	10,080.54	-19,840.80	-3,645.10	-3,362.41	-1,922.95	\$1,365.12
Net Revenue	10,509.73	2,784.95	6,761.16	10,080.54	-19,840.80	-3,645.10	-3,362.41	-1,922.95	\$1,365.12

NABIP NN - Professional Development Board Meeting Notes
09/09/2026

1. NABIP Region 8 Leadership / Professional Development Meeting:
 - a. I attended the September 2nd Region 8 Leadership meeting and breakout session for Professional Development.
2. NABIP NV - August CE Class:
 - a. There were a total of 36 CEs processed on September 3rd.
 - b. There is a \$1.25 fee per CE completion, so NABIP NN should see an invoice from Sircon for \$85.00 (\$40.00 filing fee + \$45.00 completion fee).
3. NABIP NN - October Luncheon:
 - a. The course offering was created on September 2nd.
 - b. The panel questions were sent to all four panelists and the moderator on September 8th.
4. NABIP NV - October CE Class:
 - a. The course material was submitted on August 21st and approved on August 24th.
 - b. The course offering was created on September 2nd.
 - c. There is a \$40.00 filing fee, so NABIP NN should see an invoice from Sircon for \$40.00
5. NABIP NV - Monthly Professional Development Meeting:
 - a. Typically, on the 4th Friday of each month there is a virtual meeting held for those who are involved with planning luncheons, events, CE classes, etc. for both local chapters and the state chapter.
 - b. The next meeting will be held on September 25th at 2:00 PM, and all are welcome to attend the meeting.

Media and Communications Report for September 2026

The September issue was completed in time for distribution, and the issue featured an excellent report from Georgana on her Region 8 meetings. It was released in parts, and the next part will be in the October issue.

Four more different "single focus gala flyers" were created and are being distributed to the membership. Each has a unique marketing angle with the four approaches.

I will be working with Kapsher to get some updates on the website to assure more award points for next year.

September Legislative report

Congress has returned to Washington facing a looming deadline to fund the government and address stalled appropriations but has not yet passed major new laws or finalized full-year fiscal legislation.

Rural hospitals are worried that funds that are set to pay out at the end of the year will not happen with Congress not in session and they will lose the funds, making it harder to keep their doors open.

I had a zoom with region 8 Legislative VPs and NABIP – I did let them know about what is happening in our area with Kaiser changing networks before they have a plan, how many SCP clients complained to Hometown Health office, how they were offering brokers \$50 to talk to them about staying in plan and Alignment not pay commissions on certain plans. He was taking lots of notes.

The Centers for Medicare & Medicaid Services (CMS) issued a memorandum reminding Medicare Advantage (MA) organizations and Part D sponsors that they can continue to voluntarily submit additional agent and broker compensation data for Contract Year (CY) 2027, they asked for it last year also. It sounds like congress wants to know what the carriers are doing regarding compensation.

In mid July – Prominence group members received letters stating

Some of Renown Health's specialty services will soon be out-of-network for Prominence Health members starting September 1.

In a statement to 2 News Nevada, Renown Health says it recently issued a 90-day notice notifying existing Renown patients with Prominence Health plans that effective August 31st, Renown's specialty agreement will end.

The agreement previously allowed Prominence members access to certain specialized services at Renown, despite Renown not being part of the Prominence network.

Renown Health and Prominence Health have reached a new commercial agreement that makes all Renown services in-network for Prominence Health commercial members, effective September 1.

The agreement expands access across Renown's network, including adult and pediatric specialty services for patients with Prominence commercial insurance. The agreement does not include Medicare Advantage plans.

"The new commercial agreement reflects our commitment to ensuring patients have access to the care they need, when and where they need it," **said Anna Loomis, Chief Financial Officer for Renown Health.** "We are pleased to strengthen access to comprehensive, high-quality care, and create a more seamless experience for patients and providers across our community."

2027 DATES for SCBC

Sunday 1/10/27

Ascona Memorial Mus Tournament , open to public

Sunday 2/ 21/27

SCBC Meeting

Sunday 3/14/27

SCBC NABO Mus Tournament, members only

Sunday 6/6/27

SCBC Meeting

Sunday 7/4/27

SCBC 81st Annual Picnic

Sunday 10/3/27

SCBC Meeting

December 2027

SCBC Christmas Luncheon

Monthly Report

8/27/2026

1)Hometown Heath aka/Kaiser Permanente announced at their broker meeting that as of 1/1/2027 they will be changing their off/exchange commissions from 12%/5% to 26PMPM. This will substantially decrease commissions for these Policies.

2) Last year I had, for the only time in 16 years of being a licensed agent, a formal complaint to the DOI to Ambetter, saying he was misled about his policy benefits. He said I told him, other than his premium, he didn't have to pay for anything. This was associated with a mental hospital stay which had a 30% coinsurance for this benefit.

This means, as you probably all know, that you must first meet your deductible, in this Case \$10,600 and then you pay 30% of the cost of the benefit until reach MOOP (Maximum Out Of Pocket), at which point, the plan pays for everything.

I provided Ambetter with emails, text messages, and recordings in which I went over, in detail, the benefits of several different plans. Ambetter investigators, after all that, decided to rule in favor of the client. They said I was required to provide a signed "Permission to Enroll" form. They gave me a "Strike" and required a comprehensive compliance training.

I spoke to several agents who advised me that have never required this. You would think payment and a signed application would be enough. Apparently not.

I have attached what CMS requires for "Permission to Enroll" for your records. They call it "Consent"



OMB Control Number: 0938-1438
Expiration Date: 07/31/2028

Legal Disclosure:

The contents of this document do not have the force and effect of law and are not meant to bind the public in any way, unless specifically incorporated into a contract. This document is intended only to provide clarity to the public regarding existing requirements under the law. This model consent form will not supersede any State Agent of Record, Broker of Record, or other form required by a QHP issuer for purposes of paying compensation to the proper agent, broker or web-broker for assisting a particular consumer.

Purpose Statement:

Agents, brokers, and web-brokers assisting consumers with and facilitating enrollment in coverage through Federally-facilitated Marketplaces (FFMs) and State-based Marketplaces on the Federal Platform (SBM-FPs) (collectively, Marketplace) or assisting a consumer with applying for advance payments of the premium tax credit (APTC) or cost-sharing reductions (CSRs) for qualified health plans (QHPs) offered through Exchanges must document the receipt of consent from a consumer or the consumer's authorized representative prior to providing such assistance and must document that eligibility application information has been reviewed by and confirmed to be accurate by the consumer or the consumer's authorized representative prior to application submission. CMS regulations require certain content be included as part of this documentation, but they do not prescribe the manner in which agents, brokers, and web-brokers must document consumer consent or consumer review and confirmation of the accuracy of eligibility application information. Instead, there are different formats of documentation that may be acceptable for agents and brokers to use for these purposes, such as via a recorded phone call, text message, email, electronic document with digital signatures, or physical documents with wet signatures. This model consent form serves as an example for how agents, brokers, and web-brokers may document the receipt of consumer consent and consumer review and confirmation of the accuracy of eligibility application information via a physical document with wet signatures.

Since this model consent form is a best practice for documenting the receipt of consumer consent and consumer review and confirmation of the accuracy of eligibility application information, you may tailor the form to address the needs of your specific business model. For example, if an agency is involved, you may clarify specifically who else within the agency other than the writing agent is able to view and use the consumer's personally identifiable information (PII) to assist the writing agent in enrolling the consumer in Marketplace coverage for compliance, commissions, or other relevant purposes as you see fit.

PRA Disclosure Statement: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1438. This information collection specifically details what information will be required to be collected and maintained by agents, brokers, and web-brokers were they to receive a request from HHS for consent records. This information collection will provide HHS with documentation that may be used for monitoring, audit, and enforcement activities. The time required to complete this information collection is estimated to take up to 10 minutes per applicant per year, which includes the time to review instructions, search existing data resources, gather the data needed, to review and complete the information collection. This information collection is pursuant to 45 C.F.R. §155.220(c)(5), which states that HHS or its designee may periodically monitor and audit an agent, broker, or web-broker under this subpart to assess its compliance with the applicable requirements of this section. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850, Attention: Information Collections Clearance Officer or email Brian Gubin at Brian.Gubin@cms.hhs.gov.

This model form is intended for informational purposes. This form can be personalized by an agent, broker, web-broker or agency intending to utilize the form to collect and document consumer consent, as well as consumer review and confirmation of the accuracy of eligibility application information.

CMS Model Consent Form for Marketplace Agents, Brokers, Web-brokers, and Agencies

I, _____ [insert name of consumer or consumer's authorized representative], give my permission to _____ [insert name of the person or entity who has the consumer's consent] to serve as the health insurance agent or broker for myself and my entire household, if applicable, for purposes of enrollment in a Qualified Health Plan offered on the Federally-facilitated Marketplace/State-based Marketplace on the Federal Platform. By providing my consent, I authorize the above-mentioned (pick applicable and delete the rest: agent/broker/web-broker/agency) to view and use the confidential information, including personally identifiable information (PII), provided by me in writing, electronically, or by telephone only for the purposes of one or more of the following:

1. Searching for an existing Marketplace application;
2. Completing an application for eligibility and enrollment in a Marketplace Qualified Health Plan or an application for government insurance affordability programs, such as Medicaid and CHIP or advance payments of the premium tax credit to help pay for Marketplace premiums;
3. Providing ongoing account maintenance and enrollment assistance, as necessary; or
4. Responding to inquiries from the Marketplace regarding my Marketplace application.

I understand that the (pick applicable and delete the rest: agent/broker/web-broker/agency) will not use or share my personally identifiable information (PII) for any purposes other than those listed above. The (pick one and delete the rest: agent/broker/web-broker/agency) will ensure that my PII is protected when creating, collecting, disclosing, accessing, maintaining, storing, and using my PII for the stated purposes above.

I understand that I do not have to share additional PII or protected health information (PHI) with my (pick one and delete the rest: agent/broker/web-broker/agency) beyond what is required on the Marketplace application for eligibility and enrollment purposes. I understand that my consent remains in effect until [insert duration of consent], and I may revoke or modify my consent at any time by _ [insert method to revoke consent].

Name of Primary Writing Agent/Broker/Web-broker:	_____
Agent National Producer Number:	_____
Phone Number:	_____
Email Address:	_____
Name of Agency (if applicable):	_____
Agency National Producer Number:	_____
Owner of Agency:	_____
Phone Number:	_____
Email Address:	_____
Name of Primary Household Contact and/or Authorized Representative:	_____
Phone Number:	_____
Email Address:	_____
Signature:	_____
Date:	_____

CMS Model Eligibility Application Review Form for Marketplace Agents, Brokers, Web-brokers, and Agencies

I, _____ [insert name of consumer or consumer's authorized representative], have reviewed the Marketplace eligibility application information and confirmed its accuracy prior to the application being submitted. The (pick one and delete the rest: agent/broker/web-broker) explained the attestations at the end of the eligibility application to me prior to the application being submitted and I was given an opportunity to ask questions about them.

I understand that the (pick applicable and delete the rest: agent/broker/web-broker/agency) will not use or share my personally identifiable information (PII) for any purposes other than those to which I consented. The (pick applicable and delete the rest: agent/broker/web-broker/agency) will ensure that my PII is kept private and safe when creating, collecting, disclosing, accessing, maintaining, storing, and using my PII for the purposes I consented to. I understand that I do not have to share additional PII or protected health information (PHI) with my (pick applicable and delete the rest: agent/broker/web-broker/agency) beyond what is required on the Marketplace application for eligibility and enrollment purposes.

Name of Primary Writing Agent/Broker/Web-broker:	_____
Agent National Producer Number:	_____
Phone Number:	_____
Email Address:	_____
Name of Agency (if applicable):	_____
Agency National Producer Number:	_____
Owner of Agency:	_____
Phone Number:	_____
Email Address:	_____
Name of Primary Household Contact and/or Authorized Representative:	_____
Phone Number:	_____
Email Address:	_____
Signature:	_____
Date:	_____

Model Consent Verbal Script

The following is a script that can be used to meet the consent documentation requirements when assisting a Marketplace consumer over the phone. This model script, as written, is intended to be used when consent is being granted to a single agent, broker, or web-broker but may be updated to reflect consent being granted to a broader set of persons, if/when appropriate. The conversation should be recorded, where permitted under state law, and producible to CMS upon request. This script must be read at the beginning of the conversation with the consumer as consent needs to be obtained prior to assisting a consumer with an application or enrollment for Marketplace coverage.

Agent: "Hello, my name is [say your name]. Today is [say today's date, including month and year] Who am I speaking with today?"

Agent: "Do I have your permission to create, collect, disclose, access, maintain, and store your personal information to assist you with applying for and enrolling in a Qualified Health Plan offered on the Federally-facilitated Marketplace/State-based Marketplace on the Federal Platform Your permission would grant me the ability to:

- Search for an existing Marketplace application;
- Complete an application for eligibility and enrollment in a Marketplace Qualified Health Plan or an application for government insurance affordability program, such as Medicaid and CHIP or advance payments of the premium tax credit to help pay for Marketplace premiums;
- Provide ongoing account maintenance and enrollment assistance, as necessary; and
- Respond to inquiries from the Marketplace regarding your Marketplace application

Agent: "Thank you. The consent you just granted remains in effect until [insert duration of consent]. You may revoke your consent at any time by [state how the consumer may revoke their consent]."

Model Eligibility Application Review Verbal Script

The following is a script that can be used to meet the requirements related to the review and confirmation of the accuracy of eligibility application information when enrolling a consumer over the phone. The conversation should be recorded, when allowed under state law, and producible to CMS upon request. This script must be read prior to submitting the consumer's Marketplace application or enrollment.

Agent: "Hello, my name is [say your name]. Today is [say today's date, including month and year] Who am I speaking with today?"

Agent: "Let me discuss the attestations at the end of the eligibility application. [Explain the attestations to the consumer]. Do you have any questions about the attestations I just explained?"

Agent: "Let's review the information you provided during this conversation on your eligibility application before I submit to confirm it is accurate and complete. [Review the information on the eligibility application with the consumer]. Have you reviewed the information on the eligibility application and confirmed it is accurate?"