



Pinnacle Award Nomination Form

The Pinnacle Award is the highest honor presented by CAHIP Orange County, recognizing an individual whose leadership, service, and dedication have made a significant impact on the chapter and the health insurance industry.

Nominee Information

- Nominee Name: _____
- Company/Organization: _____
- Title/Position: _____
- Phone Number: _____ • Email Address: _____

Nominator Information

- Your Name: _____
- Your Title/Role: _____
- Phone Number: _____ • Email Address: _____

Eligibility & Qualifications

Please confirm the nominee meets the following criteria:

- Minimum of 5 years in the insurance industry
- Member in good standing with CAHIP / National Association of Benefits and Insurance Professionals for at least 5 years
- Active participation in legislative advocacy (state and/or federal)
- Support and involvement with CA PAC and/or HUPAC
- Demonstrated leadership within CAHIP Orange County (Board, committees, initiatives)
- Active participation in chapter meetings, events, and conferences

Nomination Details

1. Describe the nominee's leadership and contributions to CAHIP Orange County:

2. How has the nominee demonstrated commitment to the health insurance industry and professional excellence?

3. Provide examples of the nominee's involvement in legislative advocacy and/or PAC participation:

4. What distinguishes this nominee as deserving of the Pinnacle Award?

Additional Information (Optional)

• Awards, recognitions, or notable achievements:

• Years of CAHIP membership:

• Past leadership roles (if applicable):

Submission Instructions

• Please submit completed nominations by: **February 1st**

• Email to: admin@CAHIPOC.org