



**COMMISSIONER OF INSURANCE, RALPH T. HUDGENS
STATE OF GEORGIA
REQUEST FOR CONTINUING EDUCATION REDUCTION/EXEMPTION**

GID-101E
Version 2.0
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1. GENERAL INSTRUCTIONS

- All questions should be directed to Pearson VUE at (888) 204-6204 between the hours of 7am and 6pm Monday through Friday, EST.**
- A. **This request for a Reduction or Exemption should only be submitted by resident licensees.**
- B. Return this request to: **GEORGIA INSURANCE DEPARTMENT/Pearson VUE, PO Box 2357, Symrna, GA 30081-2357 (no payment).**
- C. This form may be photocopied for future use and must be filed along with license renewal form.

2. LICENSEE INSTRUCTIONS

Indicate whether you are requesting a Reduction or an Exemption by placing an "X" in the appropriate box. Be sure to fill out the corresponding section based on your request. Print your name as it appears on your Georgia insurance license in the boxes provided, one letter in each box. Select your license prefix by placing an "X" in the appropriate box and print your six-digit license number in the boxes provided, one number in each box. Print your SSN in the boxes provided, one number in each box. If applicable, select your professional designation by placing an "X" in the appropriate box. The licensee must sign this document.

SELECT ONE REQUEST TYPE: **Reduction** **Exemption** **INDICATE YOUR RESIDENCY TYPE:** **Resident**

LICENSEE'S NAME:

Last Name	First Name	MI	Suffix (Jr. Sr.)
<input type="checkbox"/> AGR, BLB Agent	<input type="checkbox"/> LSR, LSB Limited Subagent	<input type="checkbox"/> CHR, CHB	Crop/Hail Adjuster
<input type="checkbox"/> AJR, AJB Adjuster	<input type="checkbox"/> CNR, CNB Counselor	<input type="checkbox"/> SLR, SLB	Surplus Lines Broker
<input type="checkbox"/> PAR, PAB Public Adjuster	<input type="checkbox"/> WCR, WCB Workers Compensation		

LICENSEE INFORMATION:

_____	_____	_____
License Number	National Producer Number	Social Security Number

3. PROFESSIONAL DESIGNATION

Be sure to attach required proof of designation. These designations entitle you to reduced continuing education requirements. You need only complete 6 hours of continuing education per year for as long as you hold one of the designations below.

- | | |
|---|---|
| <input type="checkbox"/> CLU Chartered Life Underwriter | <input type="checkbox"/> AAI Accredited Advisor In Insurance |
| <input type="checkbox"/> FLMI Fellow Life Management Institute | <input type="checkbox"/> CIC Certified Insurance Counselor |
| <input type="checkbox"/> CEBS Certified Employee Benefit Specialist | <input type="checkbox"/> BBA Risk Management and Insurance |
| <input type="checkbox"/> CPCU Chartered Property & Casualty Underwriter | <input type="checkbox"/> PHD PHD in Insurance |
| <input type="checkbox"/> ChFC Chartered Financial Consultant | <input type="checkbox"/> CFP Certified Financial Planner |
| <input type="checkbox"/> CISR Certified Insurance Representative | <input type="checkbox"/> CRM Certified Risk Manager |

4. REDUCTION REQUEST

Fill out this section **only** if you requested a Continuing Education **Reduction** in section 2 of this document. I am requesting a reduction in Continuing Education requirements as a result of _____ hour(s) spent on the following activity:

- | | |
|--|---|
| <input type="checkbox"/> Insurance related legislative activities | <input type="checkbox"/> Projects involving research of insurance laws and regulations |
| <input type="checkbox"/> Teaching courses in insurance related topics | <input type="checkbox"/> Journalism activities involving insurance related topics |

_____	_____
School/Course(s)	Paper/Magazine/Television Network

I would like my Continuing Education Requirement hours reduced to

NOTE: If granted, this Reduction will apply only to the current renewal cycle. You must still complete the standard CE requirements as usual for the next renewal cycle.

OFFICE ONLY
<input type="checkbox"/>

5. EXEMPTION REQUEST

Fill out this section only if you requested a Continuing Education **Exemption** in section 2 of this document.

I am requesting an exemption in Continuing Education requirements as a result of:

- Illness:** Attending physician must sign and attach supporting documentation.
- Other:** Indicate why you need an Exemption and attach supporting documentation.

_____	_____
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NOTE: If granted, this Exemption will apply **only** to the current renewal cycle. You must still complete your CE requirements for the next renewal cycle by your usual due date.

OFFICE ONLY
<input type="checkbox"/>

I hereby certify that all the information in this form is true and correct to the best of my knowledge and belief.

_____	_____
SIGNATURE OF LICENSEE	DATE

OFFICE ONLY
<input type="checkbox"/>

Return this request to: **GEORGIA INSURANCE DEPARTMENT/Pearson VUE, PO Box 2357, Symrna, GA 30081-2357 (no payment).**