



International Claim Association®  
LEADING THE WAY IN CLAIM EXCELLENCE

# Application for Corporate Membership INTERNATIONAL CLAIM ASSOCIATION

## COMPANY CONTACT INFORMATION PLEASE PRINT

Company \_\_\_\_\_  
Contact \_\_\_\_\_ Title \_\_\_\_\_  
Address \_\_\_\_\_  
E-mail Address \_\_\_\_\_  
Daytime Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Website \_\_\_\_\_  
License Jurisdictions \_\_\_\_\_

## CLAIM CONTACT (IF DIFFERENT FROM PRIMARY CONTACT)

Name \_\_\_\_\_  
Title \_\_\_\_\_  
Designations:  ALHC  FLHC  Others \_\_\_\_\_  
E-mail Address \_\_\_\_\_  
Daytime Phone \_\_\_\_\_ Fax \_\_\_\_\_

## FRAUD/SIU CONTACT

Name \_\_\_\_\_  
Designations \_\_\_\_\_  
Title \_\_\_\_\_  
E-mail Address \_\_\_\_\_  
Daytime Phone \_\_\_\_\_ Fax \_\_\_\_\_

## MEMBERSHIP DUES

Corporate Membership (Annual Dues).....\$1,250  
How did you learn about ICA? \_\_\_\_\_

## BILLING INFORMATION

Check enclosed for \$ \_\_\_\_\_ (Please make checks payable to ICA. Funds must be in U.S. currency drawn on a U.S. bank or credit cards only).

Type of Card:  American Express  MasterCard  VISA  
Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
NAME (PRINT OR TYPE) \_\_\_\_\_ TITLE \_\_\_\_\_  
Credit Card Billing Address: \_\_\_\_\_  
*If billing contact differs from primary contact, please indicate contact information below:*  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Postal Code \_\_\_\_\_  
Phone \_\_\_\_\_  
E-mail \_\_\_\_\_

## MEMBER DEMOGRAPHICS

Please complete the relevant information below.

**Company Type:**  
 BlueCross Blue Shield Organization  
 Life & Health Insurer  
 Managed Care Organization  
 Reinsurer  
 Third Party Administrator  
 Other \_\_\_\_\_

**Product Line:**  
 Annuities  
 Disability  
 Health/Medical  
 Long Term Care  
 Life/AD&D  
 Other \_\_\_\_\_

**Please Note:**  
All applications for membership are subject to approval by the ICA Membership Committee.

*I agree that I am authorized to act on behalf of the Company and that, if accepted as a member of the International Claim Association, the Company and its claim personnel will subscribe to the ICA Statement of Principles and Statement of Object and Purpose.*

\_\_\_\_\_  
NAME

\_\_\_\_\_  
SIGNATURE

**PLEASE MAIL TO:**  
**International Claim Association**  
1155 Fifteenth Street, NW, Suite 500  
Washington, DC 20005

ICA Tax Identification #: 11-6062801  
Tel: 202-452-0143 • www.claim.org

**FAX TO:**  
202-530-0659