



International Claim Association

Application for Corporate Membership INTERNATIONAL CLAIM ASSOCIATION

COMPANY CONTACT INFORMATION

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)\$1,750

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)

Credit 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 _____

Summer 2018

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
1800 M Street, NW, Suite 400 South,
Washington, DC 20036

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EMAIL TO: abird@claim.org