International Claim Association

APPLICATION FOR CORPORATE MEMBERSHIP

COMPANY CONTACT INFORMATION

Company ______________________________

Contact ______________________ Title ______________

Address ______________________________

E-mail ______________________________

Daytime Phone ______________________ Fax ______________

Website ______________________________

License Jurisdictions ______________________________

CLAIM CONTACT (IF DIFFERENT FROM PRIMARY CONTACT)

Name ______________________________

Title ______________________________

Designations: ☐ ALHC ☐ FLHC ☐ Others ______________

E-mail ______________________________

Daytime Phone ______________________ Fax ______________

FRAUD/SIU CONTACT

Name ______________________________

Designations ______________________________

Title ______________________________

E-mail ______________________________

Daytime Phone ______________________ Fax ______________

MEMBERSHIP DUES

☐ Corporate Membership (Annual Dues) $1,950

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: https://claim.org/education/membership-dues/

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 Princples and Statement of Object and Purpose.

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NAME

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SIGNATURE

Return Complete Application via email to **memberservices@claim.org**

Tax Identification #: 11-6062801

Phone: 202-452-0143
www.claim.org

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

WEBSITE