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) $2,150

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 Officers.

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.

_____

NAME

_____

SIGNATURE

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

Tax Identification #: 11-6062801

Phone: 202-452-0143

www.claim.org

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Suite 400 South
Washington, DC 20036