



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 \_\_\_\_\_

## 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

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

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

**EMAIL TO:** abird@claim.org