



# MEMBERSHIP APPLICATION FOR INDUSTRY VENDORS AND SELF-INSURED EMPLOYERS



## Please print or type all information.

Each company shall maintain a single voting representative. That person may also be the representative for one or more membership sections, or companies may designate different representatives for one or more sections. You are only required to enroll in a minimum of one membership section.

To help SIIA enroll your company in the appropriate section(s), please complete this enrollment form. Should you have any questions, please contact SIIA headquarters at 800-851-7789.

### VOTING REPRESENTATIVE (REQUIRED)

Name \_\_\_\_\_  
Title \_\_\_\_\_  
Company \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ E-Mail \_\_\_\_\_



### ALTERNATIVE RISK TRANSFER REPRESENTATIVE

Name \_\_\_\_\_  
Title \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ E-Mail \_\_\_\_\_



### WORKERS' COMPENSATION REPRESENTATIVE

Name \_\_\_\_\_  
Title \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ E-Mail \_\_\_\_\_



### INTERNATIONAL REPRESENTATIVE

Name \_\_\_\_\_  
Title \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ E-Mail \_\_\_\_\_



### HEALTH CARE REPRESENTATIVE

Name \_\_\_\_\_  
Title \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ E-Mail \_\_\_\_\_





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## TYPE OF BUSINESS (CHECK ONLY ONE)

- 31** Third Party Administrator – Health Benefits
- 32** Third Party Administrator – Workers’ Comp
- 33** MGU/Excess Insurer/Reinsurer – Life & Health/Employee Benefits
- 34** MGU/Excess Insurer/Reinsurer – Property & Casualty/Workers’ Comp
- 35** Provider Network – Health Benefits
- 36** Provider Network – Workers’ Comp
- 37** Broker/Consultant – Health Benefits
- 38** Broker/Consultant – Workers’ Comp
- 39** Utilization Review – Health Benefits
- 40** Utilization Review – Workers’ Comp
- 41** Legal/Accounting/Actuarial Services – Health Benefits
- 42** Legal/Accounting/Actuarial Services – Workers’ Comp
- 43** Captive Insurance Company/RRG
- 44** Captive Management Company
- 45** Pharmacy Benefit Manager
- 46** Software Products/Technology Services – Health Benefits
- 47** Software Products/Technology Services – Workers’ Comp
- 48** Other Industry Product/Service Provider – Health Benefits
- 49** Other Industry Product/Service Provider – Workers’ Comp
- 50** Software Products/Technology Services – ART
- 51** Risk Management Consultant
- 52** Association
- 53** Global Health Care Entities/Facilities
- 54** Other \_\_\_\_\_

## MEMBERSHIP CATEGORY (CHECK ONLY ONE)

### Industry Vendors

- Regular – \$1,495
- Contributing – \$2,500
- Supporting – \$5,000
- Sustaining – \$10,000
- Premier – \$25,000

### Self-Insured Employers/ Group Self-Insured Funds

- \$500

## MEMBER REFERRED BY:

Name \_\_\_\_\_

Company Name \_\_\_\_\_

## MAIL COMPLETED APPLICATION AND PAYMENT TO:

**Self-Insurance Institute  
of America, Inc.**

P.O. Box 1237  
Simpsonville, SC 29681

phone 800-851-7789  
fax 864-962-2483

[www.SIIA.org](http://www.SIIA.org)

## PAYMENT INFORMATION

- Enclosed is my check made payable to SIIA in U.S. funds

Please charge the following:

- VISA
- MasterCard
- American Express
- Discover

Credit Card Number \_\_\_\_\_

VAL Code (last 3 digits on reverse of card; AMEX - 4 digits on card front) \_\_\_\_\_

Card in the Name of \_\_\_\_\_

Expiration Date \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Signature \_\_\_\_\_ Today's Date \_\_\_\_\_