

LOUISIANA ASSOCIATION OF SELF INSURED EMPLOYERS

POST OFFICE BOX 4151 BATON ROUGE, LOUISIANA 70821-4151
 Telephone: (225) 338-0705 Fax: (225) 383-6414



MEMBERSHIP APPLICATION

Company Name:			
Mailing Address:			
Physical Address: <i>(If different from above)</i>	<i>(PO Box or Street Address)</i>	<i>(City)</i>	<i>(State / Zip)</i>
Type of Business: <i>(check one)</i>	<i>(Street Address)</i>	<i>(City)</i>	<i>(State / Zip)</i>
<input type="checkbox"/> Self Insured Fund <input type="checkbox"/> Self Insured Employer	<input type="checkbox"/> Deductible Policy Employer <input type="checkbox"/> Third Party Administrator <input type="checkbox"/> Association	<input type="checkbox"/> Related Services <input type="checkbox"/> Insurance Company / Reinsurance Company	<input type="checkbox"/> Law Firm <input type="checkbox"/> Independent Insurance Agent
Membership Contact Person:	Mr. / Ms.	Contact's Title:	
Telephone:	()	Fax:	()
Toll Free:	()	Cell:	()
E-mail Address:		Company's Website:	
Number of Louisiana Employees:		Year Established	
Louisiana Cities Served:			
Please provide a 15-25 word synopsis of the services provided by your company to be used in the Membership Directory			

(Please do not send a copy of your annual report or company brochure.)

Annual Membership Dues Schedule

Group Self Insured Fund <i>(Manual premium of \$3 million or greater)</i>	\$ 2,700.00
<i>(Manual premium of less than \$3 million)</i>	\$ 1,600.00
Self Insured Employer	\$ 350.00
Deductible Policy Employer	\$ 350.00
Third Party Administrator <i>(service company)</i>	\$ 350.00
Insurance Company / Reinsurance Company	\$ 350.00
Associate <i>(associations, law firms, related services)</i>	\$ 250.00
Independent Insurance Agent	\$ 150.00

Building a more cost-effective and efficient workers' compensation system for Louisiana.