

# 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:<br><i>(If different from above)</i>  | <i>(PO Box or Street Address)</i>  | <i>(City)</i>   | <i>(State / Zip)</i>   |
| Type of Business:<br><i>(check one)</i>  | <i>(Street Address)</i>  | <i>(City)</i>   | <i>(State / Zip)</i>   |
|  | <input type="checkbox"/> Self Insured Fund<br><input type="checkbox"/> Self Insured Employer | <input type="checkbox"/> Third Party Administrator<br><input type="checkbox"/> Association<br><input type="checkbox"/> Deductible Policy Employer | <input type="checkbox"/> Related Services<br><input type="checkbox"/> Insurance Company / Reinsurance Company<br><input type="checkbox"/> Law Firm<br><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<br><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   |

**Please return this form with your dues check to LASIE to become part of the only organization in Louisiana whose focus is on the issues facing self-insureds.**