



# FLORIDA ASSOCIATION OF SELF INSURED MEMBERSHIP APPLICATION

FASI is comprised of employers who self-fund some aspect of their insurance program, or are engaged in a profession or business related to self-funding. A major focus is on Florida workers' compensation and the rules and legislation which govern it.

### COMPANY INFORMATION:

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

Work Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email\*: \_\_\_\_\_

Web: \_\_\_\_\_

Referring FASI Member: \_\_\_\_\_

Currently member of following professional association(s): \_\_\_\_\_

Key Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Email\*: \_\_\_\_\_

Company Rep: \_\_\_\_\_

Phone: \_\_\_\_\_

Email\*: \_\_\_\_\_

Company Rep: \_\_\_\_\_

Phone: \_\_\_\_\_

Email\*: \_\_\_\_\_

\*By providing your email address, you agree to accept valuable member information sent electronically. By joining FASI, I agree to receive information from the association via email.

### MEMBERSHIP CATEGORIES & FEES:

Please check one category and send the appropriate fees with the application to the address below. FASI membership runs one year from enrollment.

- DC - Domestic Carrier/Self-Insured Fund - \$595.00**  
(An insurance company that sells and/or administers all-lines - workers' comp/health/liability; a Self-Insured Fund is an organization that companies with a common interest join wherein they pay a premium into the fund for coverage and the fund is the registered entity.)
- AS - Associate Member - \$595.00**  
(A company that provides services such as rehab, physical therapy, transportation, pharmacy, claims adjusting, etc.)
- PS - Public Sector Self-Insureds - \$395.00**  
(A city, county, school district, or other type public governmental entity that self-insures.)
- LD - Large Deductible - \$595.00**  
(A company that utilizes a large deductible plan through a registered carrier wherein they "self-insure" the first dollars spent on claims. The % of total premium that makes up the deductible varies with the size of the premium and the experience of the company.)
- IU - Individual Self-Insureds under \$1 million in manual premium - \$395.00**  
(Companies that self-insure with a manual premium under \$1 million and are registered with the state of Florida to do so.)
- IO - Individual Self-Insureds over \$1 million in manual premium - \$595.00**  
(Companies that self-insure with a manual premium over \$1 million and are registered with the state of Florida to do so.)

### PAYMENT INFORMATION:

Amount Paid: \$ \_\_\_\_\_

Check attached (make checks payable in U.S. funds to FASI, 222 S. Westmonte Dr., #111, Altamonte Springs, FL 32714)

Charge to credit card and return via mail or fax to 407-774-6440

MasterCard     Visa     American Express

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ CVV: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_

Billing Address:  Same as above \_\_\_\_\_

Return with payment to Florida Association of Self Insureds, 222 S. Westmonte Drive, Suite 111, Altamonte Springs, FL 32714; telephone: 407-774-7880, 800-226-3274; fax: 407-774-6440; www.fasi-fl.org  
Save time and pay online.