

Membership Application

Member Information:

**Required information*

First Name* _____

Last Name* _____

Job Title* _____

Company* _____

Work Address* _____

City, State, Zip* _____

Country* _____

Work Phone* _____

Cell _____

Work Fax _____

Work Email* _____

Other Address _____

Other City, State, Zip _____

Other Country _____

Other Phone _____

Date of Birth _____

Date Started in SIU _____

Areas of Coverage* *(please select all that apply)*

- | | |
|--|-------------------------------------|
| <input type="checkbox"/> Analyst | <input type="checkbox"/> Life |
| <input type="checkbox"/> Auto | <input type="checkbox"/> Management |
| <input type="checkbox"/> Disability | <input type="checkbox"/> Major Case |
| <input type="checkbox"/> General Liability | <input type="checkbox"/> Medical |
| <input type="checkbox"/> Health | <input type="checkbox"/> Property |
| <input type="checkbox"/> Homeowners | <input type="checkbox"/> Other |

Job Type*

- | | |
|---|---|
| <input type="checkbox"/> Attorney | <input type="checkbox"/> SIU Field Investigator |
| <input type="checkbox"/> Police Officer | <input type="checkbox"/> SIU Management |
| <input type="checkbox"/> Retired | <input type="checkbox"/> Other |
| <input type="checkbox"/> SIU Investigator | |

Sponsor Information:

Required for Associate, Claims Rep, TPA & Legal Advocate Members:

Sponsor Name _____

Sponsor Member # _____

Sponsor Email _____

Sponsor Phone _____

Chapter Information:

In order to be a member of a local chapter, you must be a member in good standing with the International;

Do you want to join a local IASIU chapter? *(circle one)* YES NO

If Yes, which one(s)? _____

Chapter dues amount: _____

Membership Categories: *(select one)*

- | | |
|---|--|
| <input type="checkbox"/> Regular | <input type="checkbox"/> Legal Advocate |
| <input type="checkbox"/> Associate | <input type="checkbox"/> Retiree |
| <input type="checkbox"/> Third Party | <input type="checkbox"/> Lifetime |
| <input type="checkbox"/> State/Local Police | <input type="checkbox"/> Claims Representative |

Membership Types and descriptions are listed on page two.

Payment Information:

Payment Amount: \$ _____

- I have enclosed a check payable to IASIU *(US funds only)*
 Please charge my *(circle one)*



Credit Card # _____

Expiration Date _____ CSC #: _____

Billing Address _____

_____ Zip _____

Cardholder Signature _____

Membership Terms & Conditions:

- If the individual does not qualify for membership, a full refund minus a \$15.00 application fee will be refunded back to the individual.
- Memberships are non-transferable.
- Membership dues may be deductible as an ordinary and necessary business expense.
- Dues are not deductible as a charitable contribution.
- Membership Term: Memberships are based on the calendar year. Dues are not prorated.
- The information provided above is correct and in accordance with the definition of membership as cited above. If my employment duties change so as not to meet IASIU criteria, my membership in the organization shall terminate.
- I have read and agree to observe the IASIU Code of Ethics & Antitrust Statement. (www.iasiu.org/about/code-of-ethics/)
- Electronic Disclosure and Consent: I hereby provide consent to receive communications sent by or on behalf of the International Association of Special Investigation Units (IASIU) including its affiliates by e-mail, telephone and fax.

By submitting this membership form I agree to the terms above.

IASIU Tax ID #04-3117710

Join Today

iasiu.org

Membership Categories



Regular

New Member Rate: \$80.00 (Renewal Rate: \$65.00)

- Insurance company employees whose primary purpose is the full-time investigation and/or supervision of investigation of insurance fraud.
- An employee of a self-insured corporation who is employed and assigned to a Special Investigation Unit and whose primary purpose is the full-time investigation and/or supervision of investigation of insurance fraud. The individual and the organization must be engaged in anti-fraud activities and must be in conformance with the goals and objectives of the Association. Provided, however, any such individual whose professional activities and personal background are considered adverse to the objectives and interests of the Association shall not be deemed eligible for membership.
- Full-time employees of the National Insurance Crime Bureau, whose primary responsibility is the investigation or supervision of insurance fraud or any similar organization outside the United States of America, upon majority approval of the IASIU Board of Directors and so recorded in the minutes of the board meeting.

Associate

New Member Rate: \$80.00 (Renewal Rate: \$65.00)

- Local, state, federal, provincial, or similar governmental entities' law enforcement officer, or prosecutor who is involved in, or provides special expertise or services for the investigation and/or prosecution of insurance fraud crime.
- A full-time investigator or investigations supervisor of a state insurance fraud bureau.
- Any employee of an insurance company or any employee of a government agency who is involved in, or provides special expertise or services for the investigation of insurance fraud, who is endorsed in writing by a regular member.
- Associate membership shall be granted at the discretion of the Board of Directors. Associate members shall have the privileges of regular members except they may not hold office and may be excluded from any business meeting by a majority vote of regular members present.

Third Party Administrator/General Agency Associate

New Member Rate: \$80.00 (Renewal Rate: \$65.00)

- Employees of TPA's or General Agencies who are involved in, or provide special expertise or services for the investigation of insurance fraud, who is endorsed in writing by a regular member.

Retiree

New Member Rate: \$45.00 (Renewal Rate: \$30.00)

- Regular and associate members that retire and are not currently employed in the insurance industry or in a capacity ineligible for membership are eligible to continue membership as a retiree.
- Retiree has to have been a regular/associate member for the two immediate years prior to the application for retiree status to qualify.

State / Local Police

New Member Rate: \$35 (Renewal Rate: \$35)

- Member is employed by a city, county or state police department or sheriff's office.

Legal Advocate

New Member Rate: \$120 (Renewal Rate \$105.00)

- Are nominated by an IASIU regular member with five years of active and continued membership, and
- Are licensed to practice law in the state where membership is being sought, and
- Certify to the membership committee that: providing legal counsel and representation to insurers in defense of insurance claims constitutes a majority of their practice; and
- Further certify that they do not engage in plaintiff advocacy against insurers except on behalf of other insurers in subrogation actions; and
- Further agree to immediately to report to the Membership Committee any change in these conditions change and thereupon resign IASIU membership.
- A Legal Advocate Member will have no voting rights nor be eligible to hold office or board of director's position, neither at the local chapter nor at the International level. Legal Advocate Members may be excluded from any business meeting by a majority vote of the members present.
- If, at any time, the above conditions and certifications no longer maintain with respect to a legal advocate member, the board of directors shall void the membership.

Lifetime

Rate: \$725.00

- Member must meet membership qualifications every two years via a questionnaire initiated and supplied by IASIU Headquarters.
- Dues are non-refundable after three years. If a person fails to qualify for membership in the first three years, a prorated refund will be given based on \$60 annual dues/year. If the person drops membership after the first year, a refund will be given of \$660.
- Membership rate is based on a potential 15 year membership @ \$60 / year = \$900 value (Savings \$180)
- Lifetime Membership not available to Legal Advocate Member

Claims Representative

New Member Rate: \$80 (Renewal Rate: \$65)

- Full-time employees of an insurance company who proactively identify questionable claims on a regular basis.