



Casualty Actuarial Society

Application for Consideration as a Fellow of the Casualty Actuarial Society for Fellows of the Institute and Faculty of Actuaries

In accordance with the terms of the Mutual Recognition Agreement under which you are applying for admission to the Casualty Actuarial Society (CAS) as a Fellow (FCAS), you must before admission:

1. have attained the designation of Fellow of the Institute and Faculty of Actuaries (IFA) by examination and not in recognition of membership of another actuarial association;
2. have successfully completed the general insurance specialization within the education and examination system of the IFA;
3. have successfully completed the CAS Course on Professionalism;
4. have completed and documented a three-year period of full-time practical general insurance actuarial work experience within the six-year period immediately prior to the application for FCAS status;
5. disclose to the CAS any public disciplinary sanctions that have been imposed against you by any actuarial organization of which you are a member as well as give your permission to the CAS to contact the appropriate disciplinary body of the Institute and Faculty of Actuaries.

This form should be completed and returned to:

Casualty Actuarial Society
Attn: Vice President-Admissions
4350 N. Fairfax Drive, Suite 250
Arlington, VA 22203

Application for Consideration as a Fellow of the Casualty Actuarial Society

Please use BLOCK CAPITALS and black ink.

TITLE (Please Circle)	Mr.		Mrs.		Miss		Ms.		Dr.		Other: _____
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FAMILY NAME																				
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FIRST NAME																				
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MIDDLE NAME																				
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Please enter qualifications (if any) that you wish to appear on your correspondence.

QUALIFICATIONS							
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HOME ADDRESS

CITY			
STATE		POSTAL CODE	
COUNTRY		TELEPHONE NO.	
E-MAIL			

DATE OF BIRTH

M	M	D	D	Y	Y	Y	Y

SEND CORRESPONDENCE TO

Home Office
 (Please check ✓ as appropriate.)

NAME AND ADDRESS OF EMPLOYER

CITY			
STATE		POSTAL CODE	
COUNTRY		TELEPHONE NO.	
E-MAIL			

ACTUARIAL QUALIFICATIONS

	DATE OF QUALIFICATION
INSTITUTE AND FACULTY OF ACTUARIES	

CAS COURSE ON PROFESSIONALISM

Please provide date and city of the CAS Course on Professionalism that you successfully completed:

DATES ATTENDED		CITY	
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GENERAL INSURANCE ACTUARIAL WORK EXPERIENCE

Please provide a list of your full-time practical general insurance actuarial work experience that covers a three-year period within the six-year period immediately prior to submitting this application for Fellowship in the CAS. Attach a separate page if necessary.

DATES		EMPLOYER NAME, ADDRESS, CONTACT NAME WITH TELEPHONE AND E-MAIL	RESPONSIBILITY
FROM	TO		

DISCIPLINARY SANCTIONS

Have any public disciplinary sanctions been imposed against you by any actuarial organization of which you are a member?

Please check (✓) appropriate response.

NO YES *If yes, please attach the details. Such record will be taken into consideration by the CAS in determining whether the applicant should become a Fellow of the CAS.*

Are there any pending disciplinary matters against you by any actuarial organization of which you are a member?

NO YES *If yes, please attach the details. Such record will be taken into consideration by the CAS in determining whether the applicant should become a Fellow of the CAS.*

I grant permission for the CAS to contact the appropriate disciplinary body of the Institute and Faculty of Actuaries.

NO YES

RIGHTS AND PRIVILEGES

Upon approval as a Fellow of the CAS, the applicant is subject to the same rights, privileges, and obligations as all other Members. All Members of the CAS must comply with applicable actuarial standards, and must comply with the rules of professional conduct of the CAS at all times. In the United States, applicable actuarial standards of qualification are promulgated by the American Academy of Actuaries, and applicable standards of practice are promulgated by the Actuarial Standards Board. In Canada, applicable actuarial standards of qualification and practice are promulgated by the Canadian Institute of Actuaries.

Payment of subscriptions to (i.e., maintain membership in) the Institute and Faculty of Actuaries must be maintained at whatever rate the specified institute deems appropriate. If accepted as an FCAS, membership dues in the CAS must be maintained for continued membership.

DECLARATION TO BE SIGNED BY APPLICANT

I hereby apply for admission as a Fellow of the Casualty Actuarial Society.

I confirm that I completed and documented a three-year period of full-time practical general insurance actuarial work experience within the six-year period immediately prior to submitting this application.

I have passed the CAS Course on Professionalism.

I give the Casualty Actuarial Society permission to contact the Institute and Faculty of Actuaries to obtain:

- Confirmation that I am a Fellow of that body in good standing;
- Confirmation that I have successfully completed the general insurance specialization within the education and examination system of the FIA;
- Details of any disciplinary actions taken against me or any pending disciplinary matters.

If I am admitted to Fellowship, I agree to abide by the CAS Constitution, Bylaws and the Code of Professional Conduct. I also acknowledge that the CAS can take action based on facts and investigations conducted by other organizations when considering disciplinary actions.

If I am admitted to Fellowship, I agree to maintain my membership in the Institute and Faculty of Actuaries.

DATE

SIGNED

ATTACHMENTS

The following items are attached to this application:

- Evidence of attaining the designation of Fellow of the Institute and Faculty of Actuaries by examination and not in recognition of membership of another actuarial association
- Evidence of successful completion of the general insurance specialization within the education and examination system of the Institute and Faculty of Actuaries.
- Details of general insurance actuarial work experience as described above

20 April 2011