

# Value of FASI Membership

- 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.
- Membership in FASI is one of the best ways for you and your company to stay current on the many changes and updates in the workers' compensation law. FASI has sponsored or supported every important advancement in the self-insurance industry since its founding in 1969. FASI members are the leaders in workers' compensation, general liability, and employee benefit programs. Membership gives you the opportunity to share information with your peers, helps you obtain business contacts, and gives you access to up-to-date industry information and developments. More members assure the industry a stronger voice in representing your interests in Tallahassee.
- FASI is active in supporting legislation that promotes and supports employer goals in Workers' Compensation.
- FASI members are instrumental in the regulatory process and provide guidance and assistance in this area.
- Responsible for members-only newsletters designed to keep the membership informed about state and national trends, legal decisions, and market changes.
- Monitoring of State legislation and regulations regarding changes in self-insurance privileges as well as Workers Compensation.
- Provide an active meeting and forum for the exchange of ideas and education on hot topics concerning workers' compensation and self-insurance.
- FASI sponsors an annual summer educational conference and an annual winter meeting.

Florida Association of Self Insureds  
222 S. Westmonte Drive, Suite 101  
Altamonte Springs, FL 32714

First-class  
postage  
required

# Pulling Together



**FASI** FLORIDA ASSOCIATION OF SELF INSURED

## MEMBERSHIP APPLICATION

# FASI Membership Application

**FASI** FLORIDA ASSOCIATION OF SELF INSURED

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

Company Representative: \_\_\_\_\_

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

City, State and Zip: \_\_\_\_\_

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

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

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

*\*By providing your email address, you agree to accept valuable member information sent electronically.*

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

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

Membership fees: Please check one category and send the appropriate fees with the application to the address above. (FASI dues are collected on a calendar year - January 1-December 31. If you apply for membership after July 1, please submit one-half the dues amount for your category)

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.)*

Total amount enclosed: \_\_\_\_\_ Amount to Charge: \_\_\_\_\_

Check Enclosed (Check # \_\_\_\_\_)  MasterCard  Visa  AmEx

Cardholder's Name: \_\_\_\_\_

Account #: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

FOR FASI OFFICE USE ONLY

Proc \_\_\_\_\_ Ref # \_\_\_\_\_ Amt \_\_\_\_\_ Date \_\_\_\_\_ Comp \_\_\_\_\_

Return with payment to

**FLORIDA  
ASSOCIATION  
OF SELF  
INSUREDS**

222 S. Westmonte Drive  
Suite 101

Altamonte Springs, FL 32714

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