



Enrollment Application Form for AFFILIATE STATUS

For Office use only

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PERSONAL INFORMATION

CQ# _____

Mr. Miss Mrs. Ms.

Date of birth _____
month / day / year

\$ _____

Name: _____
surname given name middle name other initial(s)

P C

Date _____

Name to be printed on Fellowship certificate: _____
please print

Previous name (if any): _____

Req. _____

ADDRESS

This address will be used in the Yearbook and for all mailings.

Company name: _____

Address, line 1: _____
street number and name

Address, line 2: _____
apt. / suite / room / floor / p.o.box / rr number

Rec'd: _____

City: _____ Province: _____ Country: _____

Postal Code: _____ Telephone : () / _____ Fax: ()
ext.

E-mail: _____

Input: _____

Please indicate the name of your employer if it is not included in the above address:

_____ employer city

Main:

QUALIFICATIONS (see also "Enrollment with the Institute" attached)

Info:

A) EDUCATION

Cttee:

Actuarial qualifications (e.g. FSA,FCAS): _____ Year obtained: _____

Rec:

Other actuarial designations (e.g. MAAA, EA): _____ Year obtained: _____

Other actuarial examinations passed (if applicable): _____

Degree	Name of University	Country
Highest university degree (e.g. BScAct, MSc): _____		

EMPLOYMENT CODES (See reverse)*

Code 1 (primary) Code 2 Code 3 (if applicable)

(secondary, if applicable)

LANGUAGE

Language preference for general correspondence: English French

Language preference for CIA documents: English French Both

MAILINGS

Please check the type(s) of mailings you wish to receive:

Life Insurance Property & Casualty Insurance Pensions Include my name on mailing list to be sold

****Please note that non practice-specific mailings are sent to you automatically.****

→ The following material **MUST** accompany your application:

- annual dues as prescribed on the CIA website (www.actuaries.ca/membership/quali_fees_e.cfm) (Includes electronic publications ONLY via the CIA announcements list)
N.B. If you would like to receive all CIA publications in paper format, please add \$95.
- Affiliate Application Filing Fee of \$300.00
- proof of Fellowship (or highest actuarial qualification) and current membership in good standing in the actuarial association in your home country
- a description of the courses and/or examinations completed in order to obtain your actuarial qualification in your home country (if not already provided) as well as proof of any additional examinations passed
- a description of your actuarial work experience in your home country (if not already provided)
- a list of previous employers (for reference)
- a copy of any actuarial paper published in a recognized professional magazine or newspaper

In addition to the above, please include any additional required documents indicated to you in your primary assessment (if applicable).

AFFILIATE STATEMENT

I hereby apply for enrollment as an Affiliate of the Canadian Institute of Actuaries. I have received and studied the bylaws of the Institute, specifically, Section 5.1 – Affiliates, which I understand govern the professional activities of persons enrolled in the Canadian Institute of Actuaries.

Signature date

Please return to: Membership Dept., Canadian Institute of Actuaries, 150 Metcalfe St. Suite 800, Ottawa, ON, Canada, K2P 1P1
Telephone: (613) 236-8196, ext. 117 Fax: (613) 233-4552

EMPLOYMENT CODES

Code 1: Practice Area

- 1 - Life Insurance
- 2 - Property and Casualty Insurance
- 3 - Pensions
- 4 - Nontraditional actuarial work
- 5 - Nonactuarial work
- 6 - Out of work force
- 7 - Actuarial Evidence

Code 2: Employer Type

- 01 - Life insurance company
- 02 - P&C insurance company
- 03 - Consulting firm
- 04 - Reinsurance company
- 05 - Government
- 06 - University or college
- 07 - Bank or trust company
- 08 - Other financial institution
- 09 - Technology company
- 10 - Other corporation
- 11 - Unemployed
- 12 - Retired
- 13 - Other (Please specify)

Code 3: Sub-Practice Area

- 01 - Individual
- 02 - Group life & health
- 03 - Systems
- 04 - Investment
- 05 - Health
- 06 - Reinsurance
- 07 - Workers' compensation
- 08 - Management
- 09 - n/a
- 10 - International
- 11 - Social insurance
- 12 - General liability insurance
- 13 - Other corporate functions
- 14 - Financial reporting
- 15 - Education & research
- 16 - Product development
- 17 - General
- 18 - Nonactuarial
- 19 - Nontraditional actuarial

Would you be interested in serving on a CIA committee?

Yes No

If yes, please check the appropriate box or boxes below.

COMMITTEES

- | | |
|--|---|
| <input type="checkbox"/> Actuarial Evidence Practice | <input type="checkbox"/> Life Insurance Financial Reporting |
| <input type="checkbox"/> Annual and General Meeting Organizing Committee | <input type="checkbox"/> Organizing Committee for the Joint CAS/CIA/SOA Appointed Actuary Seminar |
| <input type="checkbox"/> Application of Rules and Standards | <input type="checkbox"/> Organizing Committee for the Pension Seminar |
| <input type="checkbox"/> Appointed/Valuation Actuary | <input type="checkbox"/> P&C Insurance Pricing |
| <input type="checkbox"/> Board and Council Performance | <input type="checkbox"/> Pension and Social Security Liaison Committee |
| <input type="checkbox"/> Communications | <input type="checkbox"/> Pension Plan Financial Reporting |
| <input type="checkbox"/> Continuing Education | <input type="checkbox"/> Post-Employment Benefit Plans |
| <input type="checkbox"/> Co-sponsorship of Exams | <input type="checkbox"/> Public Policy Committee |
| <input type="checkbox"/> Editorial | <input type="checkbox"/> Professional Conduct |
| <input type="checkbox"/> Education & Examinations | <input type="checkbox"/> Property & Casualty Financial Reporting |
| <input type="checkbox"/> Elections | <input type="checkbox"/> Research |
| <input type="checkbox"/> Eligibility | <input type="checkbox"/> Risk Management and Capital Requirements |
| <input type="checkbox"/> Expected Experience | <input type="checkbox"/> Rules of Professional Conduct |
| <input type="checkbox"/> Finance | <input type="checkbox"/> Standards of Practice Editing Committee |
| <input type="checkbox"/> Group Insurance | <input type="checkbox"/> Volunteer Initiatives |
| <input type="checkbox"/> International Relations | <input type="checkbox"/> Workers' Compensation |
| <input type="checkbox"/> Investment Practice | |
| <input type="checkbox"/> Joint Committee on Academic Relations | |

