

# ENROLMENT APPLICATION FORM

WHICH ENROLMENT STATUS ARE YOU APPLYING FOR?:  FELLOW  ASSOCIATE  CORRESPONDENT  AFFILIATE  
 HAVE YOU EVER APPLIED FOR THIS STATUS PREVIOUSLY?  NO  YES, YEAR: \_\_\_\_\_

**PERSONAL INFORMATION**

Office Use

MY INFORMATION MAY BE PUBLISHED IN THE CIA'S ONLINE PUBLIC MEMBERSHIP DIRECTORY:  YES  NO

MR.  MISS  MRS.  MS. DATE OF BIRTH (M/D/Y): \_\_\_\_\_

NAME: \_\_\_\_\_  
GIVEN NAME MIDDLE NAME SURNAME OTHER INITIALS

PREVIOUS NAME (IF APPLICABLE): \_\_\_\_\_ NAME TO BE PRINTED ON DIPLOMA (FELLOWS ONLY): \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_ EMPLOYER NAME (IF DIFFERENT): \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_  
(THIS ADDRESS WILL BE USED FOR THE ONLINE DIRECTORY AND FOR ALL MAILINGS)

POSTAL/ZIP CODE: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

**QUALIFICATIONS**

ACTUARIAL QUALIFICATIONS (e.g., ASA, FCAS): \_\_\_\_\_ YEAR OBTAINED (IF DESIGNATION): \_\_\_\_\_

OTHER ACTUARIAL DESIGNATIONS (e.g., MAAA, EA): \_\_\_\_\_ YEAR OBTAINED: \_\_\_\_\_

OTHER ACTUARIAL EXAMINATIONS PASSED (IF APPLICABLE): \_\_\_\_\_

HIGHEST UNIVERSITY DEGREE (e.g., BScAct, MSc): \_\_\_\_\_ UNIVERSITY: \_\_\_\_\_

**PRIMARY PRACTICE AREA**

**PRIMARY SUB-CATEGORY**

**SECONDARY PRACTICE AREA**

**SECONDARY SUB-CATEGORY**

AE - Actuarial Evidence

AE-MB - Marriage Breakdown  
 AE-PI - Personal Injury  
 AE-OTH - Actuarial Evidence-Other Specify: \_\_\_\_\_

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ERM - Enterprise Risk Management

ERM-ALM - Asset Liability Management  
 ERM-MOD - Modeling  
 ERM-OTH - ERM-Other Specify: \_\_\_\_\_

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GROUP - Health, Welfare, Life & Living Benefits sold for groups of employees

GROUP-GEB - Group Employee Benefits  
 GROUP-PEB - Post-Employment Benefits  
 GROUP-WC - Workers Compensation  
 GROUP-OTH - Group-Other Specify: \_\_\_\_\_

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INDIV - Life Insurance and Living Benefits underwritten and sold to individuals

INDIV-ANN - Individual Annuity  
 INDIV-CI - Individual Critical Illness  
 INDIV-CRED - Creditor  
 INDIV-DIS - Individual Disability  
 INDIV-HC - Individual Health & Dental  
 INDIV-LIFE - Individual Life  
 INDIV-SPEC - Special Risk  
 INDIV-OTH - Individual Life-Other Specify: \_\_\_\_\_

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 INDIV-OTH - Individual Life-Other Specify: \_\_\_\_\_

INV - Investment

INV-FINREP - Financial Rep  
 INV-PORT - Portfolio Management  
 INV-OTH - Investment Other Specify: \_\_\_\_\_

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PC - P&C Insurance

PC-COMM - Commercial  
 PC-PERS - Personal  
 PC-OTH - P&C-Other Specify: \_\_\_\_\_

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PC-COMM - Commercial  
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 PC-OTH - P&C-Other Specify: \_\_\_\_\_

PENS - Pensions

PENS-DB - Defined Benefit  
 PENS-DC - Defined Contribution, RRSP  
 PENS-OTH - Pension-Other Specify: \_\_\_\_\_

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NT - Non-traditional Actuarial

Specify: \_\_\_\_\_

NT - Non-traditional Actuarial

Specify: \_\_\_\_\_

RET - Retired

Specify: \_\_\_\_\_

RET - Retired

Specify: \_\_\_\_\_

OTH - Other

Specify: \_\_\_\_\_

OTH - Other

Specify: \_\_\_\_\_

**EMPLOYER TYPE**

**MAJOR JOB FUNCTION**

CONS\_1 - Consulting Firm - Small (5 or less fully qualified FCAs employed)  
 CONS\_2 - Consulting Firm - Large (more than 5 fully qualified FCAs employed)  
 FI - Other Financial Institution  
 FUND - Fund Management Company  
 OTH - Other Specify: \_\_\_\_\_

GOV - Government  
 INS - Insurance Company  
 REIN - Reinsurance Company  
 UNIV - University or College  
 RET - Retired  
 UN - Unemployed

CONS - Consultant  
 CRM - Client Relationship Manager  
 EXEC - Executive  
 FIN - Finance/Financial Reporting  
 INV - Investment  
 MGMT - Management  
 OTH - Other Specify: \_\_\_\_\_

PRIC - Pricing  
 PROD - Product Development  
 REIN - Reinsurance  
 RISK - Risk Management  
 SM - Sales & Marketing  
 VAL - Valuation

# ENROLMENT APPLICATION FORM

## 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  
 NOTE: NON-PRACTICE-SPECIFIC MAILINGS ARE SENT TO YOU AUTOMATICALLY

## COMMITTEES

WOULD YOU BE INTERESTED IN SERVING ON A CIA COMMITTEE, NOW OR IN THE FUTURE?  YES  NO

IF YES, PLEASE CHECK THE APPROPRIATE BOXES BELOW.

- I WOULD BE INTERESTED IN SERVING ON ANY COMMITTEE THAT REQUIRES VOLUNTEERS
- I WOULD BE INTERESTED IN SERVING ON THE COMMITTEE(S) NOTED BELOW:
- |  |   |
|--|---|
| <input type="checkbox"/> ACTUARIAL EVIDENCE                              | <input type="checkbox"/> INVESTMENT PRACTICE  |
| <input type="checkbox"/> ANNUAL AND GENERAL MEETING ORGANIZING COMMITTEE | <input type="checkbox"/> JOINT COMMITTEE ON ACADEMIC RELATIONS                                |
| <input type="checkbox"/> APPLICATION OF RULES AND STANDARDS              | <input type="checkbox"/> LIFE INSURANCE FINANCIAL REPORTING                                   |
| <input type="checkbox"/> APPOINTED/VALUATION ACTUARY                     | <input type="checkbox"/> ORGANIZING COMMITTEE FOR THE JOINT SEMINAR FOR THE APPOINTED ACTUARY |
| <input type="checkbox"/> BOARD AND COUNCIL PERFORMANCE                   | <input type="checkbox"/> ORGANIZING COMMITTEE FOR THE PENSION SEMINAR                         |
| <input type="checkbox"/> COMMUNICATIONS                                  | <input type="checkbox"/> PENSION AND SOCIAL SECURITY LIAISON                                  |
| <input type="checkbox"/> CONTINUING EDUCATION                            | <input type="checkbox"/> PENSION PLAN FINANCIAL REPORTING                                     |
| <input type="checkbox"/> CO-SPONSORSHIP OF EXAMS                         | <input type="checkbox"/> POST-EMPLOYMENT BENEFIT PLANS  |
| <input type="checkbox"/> EDITORIAL                                       | <input type="checkbox"/> PROFESSIONAL CONDUCT   |
| <input type="checkbox"/> EDUCATION & EXAMINATIONS                        | <input type="checkbox"/> PROPERTY & CASUALTY INSURANCE FINANCIAL REPORTING                    |
| <input type="checkbox"/> ELECTIONS                                       | <input type="checkbox"/> P&C INSURANCE PRICING  |
| <input type="checkbox"/> ELIGIBILITY                                     | <input type="checkbox"/> RESEARCH   |
| <input type="checkbox"/> ENTERPRISE RISK MANAGEMENT APPLICATIONS         | <input type="checkbox"/> RISK MANAGEMENT AND CAPITAL REQUIREMENTS                             |
| <input type="checkbox"/> FINANCE   | <input type="checkbox"/> RULES OF PROFESSIONAL CONDUCT  |
| <input type="checkbox"/> GROUP INSURANCE                                 | <input type="checkbox"/> STANDARDS OF PRACTICE EDITING  |
| <input type="checkbox"/> HEALTH CARE APPLICATIONS                        | <input type="checkbox"/> VOLUNTEER INITIATIVES  |
| <input type="checkbox"/> INTERNATIONAL RELATIONS                         | <input type="checkbox"/> WORKERS' COMPENSATION  |

## REQUIRED ITEMS

### ALL APPLICATIONS MUST INCLUDE:

- ✓ The admission fee as prescribed on the CIA website ([http://www.actuaries.ca/membership/quali\\_fees\\_e.cfm](http://www.actuaries.ca/membership/quali_fees_e.cfm)) (includes electronic publications ONLY via the CIA Announcements List – if you would like to receive all CIA publications in paper format, please add \$95)  
 NOTE: NO FEE IS REQUIRED WITH A FELLOW APPLICATION IF YOU ARE CURRENTLY ENROLLED WITH THE INSTITUTE AS AN AFFILIATE, ASSOCIATE OR CORRESPONDENT

### FELLOW APPLICATIONS MUST ALSO INCLUDE:

- ✓ An official transcript (photocopy) from the examining actuarial body, listing all exams passed
- ✓ A photocopy of your Fellowship certificate from the examining actuarial body
- ✓ Description(s) of practical and Canadian actuarial work experience covering at least the required period (Note: This must be certified by a Fellow) - see Appendix A

### ASSOCIATE APPLICATIONS MUST ALSO INCLUDE:

- ✓ An official transcript from the examining actuarial body, listing all exams passed

### AFFILIATE APPLICATIONS MUST ALSO INCLUDE:

- ✓ Affiliate application filing fee of \$300 (in addition to the required admission fees)
- ✓ Proof of Fellowship (or highest actuarial qualification) and current membership in good standing in the actuarial association in your home country
- ✓ Description of the courses and/or examinations completed in order to obtain your actuarial qualification in your home country as well as proof of any additional examinations passed (if not already provided)
- ✓ 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 papers published in a recognized professional magazine or newspaper
- ✓ Any additional required documents indicated to you in your primary assessment (if applicable)

### CORRESPONDENT APPLICATIONS MUST ALSO INCLUDE:

- ✓ A photocopy of your Fellowship certificate from the examining actuarial body

## APPLICANT STATEMENT

I HEREBY APPLY FOR ENROLMENT IN THE CANADIAN INSTITUTE OF ACTUARIES. I HAVE RECEIVED AND STUDIED THE BYLAWS OF THE INSTITUTE, WHICH I UNDERSTAND GOVERN THE PROFESSIONAL ACTIVITIES OF PERSONS ENROLLED IN THE CANADIAN INSTITUTE OF ACTUARIES.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

### PLEASE RETURN COMPLETED APPLICATIONS TO:

MEMBER SERVICES DEPARTMENT, CANADIAN INSTITUTE OF ACTUARIES, 150 METCALFE STREET, SUITE 800, OTTAWA, ON CANADA K2P 1P1  
 TELEPHONE: (613) 236-8196 X111 FAX: (613) 233-4552 WWW.ACTUARIES.CA

## FOR OFFICE USE:

ID # \_\_\_\_\_ CHQ # \_\_\_\_\_ DATE REC'D: \_\_\_\_\_ AMOUNT: \_\_\_\_\_  P  C

INPUT:  MAIN  INFO  CTTEE  CTTEE-IMIS  CTTEE-WEB  WEB ANNOUNCEMENT  REC  MEM A/C

## APPLICATION DEADLINES

FEBRUARY 1 (ONLY ONE HALF YEAR'S DUES REQUIRED)

APRIL 1

JULY 1

OCTOBER 1

## FEE STRUCTURE

- |  |  |
|--|--|
| <input type="checkbox"/> FELLOW                    | \$ 1067.00*                            |
| <input type="checkbox"/> ASSOCIATE                 | \$ 534.00*                             |
| <input type="checkbox"/> AFFILIATE                 | \$ 534.00* (+ \$300.00 PROCESSING FEE) |
| <input type="checkbox"/> CORRESPONDENT             | \$ 534.00*                             |
| <input type="checkbox"/> PAPER FORMAT PUBLICATIONS | \$ 115.00                              |

**TOTAL AMOUNT DUE:** \$ \_\_\_\_\_

\* This fee covers electronic publications only, distributed via the CIA Announcements Listserv. Please ensure that your e-mail address is included.

\*\*Fees are subject to change without notice. Please refer to the website ([http://www.actuaries.ca/membership/quali\\_fees\\_e.cfm](http://www.actuaries.ca/membership/quali_fees_e.cfm)) to confirm current fee structure.

## PAYMENT OPTIONS

BY CHEQUE (PAYABLE TO CANADIAN INSTITUTE OF ACTUARIES)

VISA    MASTERCARD    AMERICAN EXPRESS

CARD #: \_\_\_\_\_ EXP: \_\_\_\_\_

CARDHOLDER'S NAME: \_\_\_\_\_

CARDHOLDER'S SIGNATURE: \_\_\_\_\_