

February 26, 2019

Dear Indiana Self-insurer and Self-insurance professional:

It is time to renew your ISIA membership for 2019. ISIA is the only organization in Indiana dedicated to serving Indiana employers and claims professionals who self-insure and administer worker's compensation self-insurance obligations. ISIA works for its members and with other employer groups and the Indiana Worker's Compensation Board to make sure that the Indiana Worker's Compensation Act remains responsive and effective.

Please review our HOME page at [www.indianaselfinsurers.org](http://www.indianaselfinsurers.org) for a description of ISIA and its goals and please renew your ISIA membership today. The 2019 membership renewal form is attached. Please print and complete the form and mail it to ISIA, P.O. Box 160, Syracuse, IN 46567 along with your check.

Sincerely,  
INDIANA SELF-INSURERS ASSOCIATION, INC.

Robert Fanning, Executive Director

# ISIA

*Indiana Self-Insurers Association, Inc.*  
8440 Allison Point Blvd. Suite 350  
Indianapolis, Indiana 46250  
[www.indianaselselfinsurers.org](http://www.indianaselselfinsurers.org)

## 2019 NEW MEMBER AND RENEWAL APPLICATION

The Indiana Self-Insurers Association, Inc. is a nonprofit association of Indiana employers which self-insure their worker's compensation obligation (**Corporate Membership**) and of companies which provide services to self-insured employers. (**Associate Member**)

**ANNUAL DUES FOR CORPORATE MEMBERS** are based on the number of Indiana employees:

Fewer than 500	\$350.00
500 but fewer than 2,000	\$425.00
2,000 but fewer than 5,000	\$475.00
5,000 but fewer than 10,000	\$525.00
10,000 or more	\$700.00

**ANNUAL DUES FOR ASSOCIATE MEMBERS** are: \$350.00

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\_\_\_\_\_ **Corporate** Member                      \_\_\_\_\_ **Associate** Member

COMPANY NAME: \_\_\_\_\_

COMPANY ADDRESS: \_\_\_\_\_

COMPANY REPRESENTATIVE: \_\_\_\_\_

AMOUNT OF DUES ENCLOSED \$ \_\_\_\_\_ E-MAIL: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ FAX NUMBER : \_\_\_\_\_

**INDIANA LOCATIONS**

**INDIANA CONTACTS**

**E-MAIL**

_____	_____	_____
_____	_____	_____
_____	_____	_____

### ADDITIONAL REPRESENTATIVES TO RECEIVE ISIA INFORMATION

**NAME**

**E-MAIL**

_____	_____
_____	_____

Please make check payable to: "Indiana Self-Insurers Association, Inc." (IRS #35-1420875)

Please send Check & Application to: Robert Fanning, Executive Director  
P. O. Box 160  
Syracuse, IN 46567

Telephone: (574) 457-7600

Fax: (574) 457-0189

E-mail: [rfanning@duedoyle.com](mailto:rfanning@duedoyle.com)