



### **Associate Member Eligibility Criteria**

1. The Associate Member ("Associate Member") shall be duly organized pursuant to state law and existing in good standing in the Associate Member's state of organization;
2. The Associate Member shall be committed to promoting the lawful principles and objectives of the WCIO;
3. The Associate Member shall not engage in any activity which is contrary to the lawful principles and mission of the WCIO, or otherwise violates the WCIO Conflict of Interest Policy;
4. The Associate Member shall agree to comply with the Bylaws and other rules of the WCIO;
5. The Associate Member shall pay an annual membership fee ("Annual Fee") of Two Thousand Five Hundred and 00/100 Dollars (\$2,500.00);
6. The Associate Member shall be a licensed insurer actively writing workers' compensation insurance in at least one (1) state; a duly authorized or licensed workers' compensation rating organization in at least one (1) state; or an organization currently and actively engaged in submitting workers' compensation insurance data to a Full Member of the WCIO;
7. The Associate Member shall treat as confidential and proprietary all information and documents disseminated or transmitted to the Associate Member by the WCIO, including but not limited to, information learned or discussed during any WCIO meeting;
8. The Associate Member shall be entitled to have one person attend all portions of WCIO meetings open to Associate Members. The Associate Member may bring up to two (2) additional persons to a meeting at a cost of \$250.00 per person per meeting. Associate Members are not permitted to attend the Executive Session of any WCIO meeting; and
9. The Associate Member shall be permitted to participate in the Electronic Data Interchange Committee.



## **Associate Member Application**

Applicant Name:  
Address:

Contact Name:  
Phone Number:  
Email Address:

Please check which of the following apply (must select at least one):

- Applicant is a licensed insurer actively writing workers' compensation insurance in at least one (1) state.
- Applicant is a duly authorized or licensed workers' compensation rating organization in at least one (1) state.
- Applicant is an organization currently and actively engaged in submitting workers' compensation data to a Full Member of the WCIO.

State why the Applicant wants to join the WCIO as an Associate Member. Include a complete explanation about the Applicant's history; what state(s) it is involved in the business of workers' compensation; the nature of its workers' compensation business; and how it can further the mission and interests of the WCIO as an Associate Member. Attach any documents the Applicant wants the WCIO to consider in reviewing its application.

I hereby certify that the above information is true and correct. I certify that I am authorized to submit this application; agree that the Applicant will sign a confidentiality agreement; agree that the Applicant will promote the lawful principles and objectives of the WCIO; and further agree that the Applicant will comply with all rules and bylaws of the WCIO.

Signature:  
Title:  
Date: