

## **Non-Member Attendance at WCIO Meetings**

Requests by workers compensation insurance carriers (other than trade association representatives) or by non-members (other than workers compensation insurance carriers) are forwarded to the Secretary. The Secretary, in turn, responds to the requesting organization with the following correspondence and request form.

### *WCIO Letterhead*

*To Whom It May Concern:*

*Subject: Request to Attend WCIO Membership Meeting*

*The WCIO permits interested companies, organizations and/or individuals that are not members of WCIO to attend WCIO Membership Meetings either at the invitation of the WCIO, or by request. Such requests to attend WCIO Membership Meetings will be considered for approval based on the reason for the request and availability of sufficient meeting space to accommodate all attendees. Where facilities are limited, priority will be given to WCIO member representatives and invitees.*

*WCIO requires that non-members wishing to attend a WCIO Membership Meeting submit an advanced written request for such attendance to the Secretary of the WCIO. A suggested request form is attached for such purpose. Non-members will be advised in writing of the WCIO's response, which will include indication as to whether attendance, if approved, will pertain to all or only specific portions of the meeting.*

*Very truly yours,*

*Monte Almer  
Secretary*

*Attachment: Request Form*

REQUEST TO ATTEND WCIO MEMBERSHIP MEETING

1) Date of request: \_\_\_\_\_  
(Note: Request must be received by the WCIO Secretary at least 30 days in advance of the meeting at which attendance is desired.)

2) Date of meeting at which attendance is requested: \_\_\_\_\_

3) Company or organization making request: \_\_\_\_\_

4) Individual who would attend on behalf of above company or organization if request is approved:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

5) On a separate sheet(s), please state your purpose(s) in requesting attendance at the above meeting. Include subject(s) of potential interest to you, background of your company, organization and/or individual pertinent to those subjects in the context of the meeting agenda, and a description of the nature of any information or comments you would expect or intend to provide at the meeting. Also send a copy of any information that you would intend to distribute at the meeting if your request is approved.

6) Name (print or type) and signature of representative of requesting company or organization:

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

7) Submit completed form and narrative to:

Mr. Monte Almer, WCIO Secretary  
New York Compensation Insurance Rating Board  
200 East Forty-Second Street  
New York, New York 10017-5803  
Fax: (212) 972-5230  
E-mail: malmer@nycirb.org