



CASUALTY ACTUARIAL SOCIETY
4350 North Fairfax Drive, Suite 250
Arlington, VA 22203
(703) 276-3100 fax (703) 276-3108 www.casact.org

REINSTATEMENT APPLICATION

Please print clearly. All sections must be completed.

PERSONAL DATA

Name _____ Former Name (if applicable) _____

Date of Birth ___/___/___ Male Female

Employer _____ Your Title _____

Business Address _____

City _____ State _____ Zip Code _____ Country _____

Telephone _____ Fax _____ E-mail _____

Home Address _____

City _____ State _____ Zip Code _____ Country _____

Telephone _____ Fax _____ E-mail _____

Send mail to: Business Home

CAS Membership Information

1. Highest Designation Achieved with Casualty Actuarial Society and Date Attained:

Designation _____ Date Attained _____

2. Has any actuarial organization ever taken any disciplinary action (i.e., public reprimand, suspension, or expulsion) against you? Yes No (If yes, please explain on a separate sheet of paper)

3. Attest compliance to the CAS CE Policy (<http://www.casact.org/education/index.cfm?fa=ceinfo>)

I have complied I have not complied I am not providing actuarial services

3a. This attestation applies to actuarial service provided in year _____

Applicant's Signature: _____

Date: _____