

# Instructions for Completing the May 2018 Exam Application

Registration Deadline: **March 8, 2018**

All applications must be received at the CAS Office by **March 8, 2018**. **No late applications will be accepted.**

Please allow at least **TEN WORKING DAYS** for the application to arrive; otherwise, the use of an overnight courier is strongly recommended. Postmark dates will **NOT** be considered. Applications received after the deadline will **NOT** be accepted. Late applications will be returned to the candidate with a full refund. When using an overnight courier, send application directly to the CAS street address (see directions for credit card payments) as a courier will not deliver to a post office box.

## CANDIDATE NAME and PREFERRED ADDRESS

- Indicate if you have registered previously for an exam with the CAS by checking yes or no.
- If you used a different name on your last application (e.g., a maiden name), print that name in the space provided.
- Print your full name (include middle name), your date of birth, address, daytime telephone number, and e-mail address. All CAS correspondence will be sent to your preferred address.
- Employment date is your **FIRST** full-time job in the property and casualty industry (month and year) where taking and passing actuarial exams is an expected part of the job. Do not count internships.

## PRELIMINARY EDUCATION

- Indicate the preliminary actuarial exams and Validation by Educational Experience (VEE) requirements for which you have credit.

## INFORMATION FOR FULL-TIME STUDENTS

- In order to pay the discounted exam fee for full-time students, the candidate must complete this section.

## EXAMINATION REGISTRATION and EXAMINATION CENTER

- Indicate the exam(s) you wish to write by placing an "X" in the box in front of the desired exam.
- Refer to the list of examination centers on the next page. Print the center name in the space provided. If a test center is cancelled or filled to capacity, candidates will be reassigned to the nearest available center.

**SIGNATURE:** In order for this application to be valid, your signature must appear on the front of this application (lower left corner).

## EXAMINATION FEES

- Registration is not valid until the account is paid in full. Fees listed in U.S. dollars. Write fees in appropriate boxes.

May 2018 Exam Fees	Candidate	Full-Time Student
Exam MAS-I	\$450	\$360
Exams 5, 6C, 6US, 7 and 9	\$675	\$540

## OTHER FEES

- **Center Change Request:** A non-refundable \$60 administrative fee is required from candidates who request a change in center from their initial application. Requests for a center change will not be considered after the registration deadline.
- **Refund Request:** A \$100 administrative fee will be assessed to all refunds. Candidates must submit a written refund request to the CAS Office at [refund@casact.org](mailto:refund@casact.org) by the refund deadline of **April 26, 2018**.

## PAYMENT INFORMATION

- Exam fees may be paid by check, money order, or credit card (American Express, MasterCard, or Visa). Checks should be payable to "Casualty Actuarial Society." Send applications to the appropriate address listed on the front of this application. Fees must be in U.S. funds (or Canadian equivalent). Credit card payments will be processed in U.S. funds. The amount billed to an individual's credit card will be automatically adjusted if the amount due is miscalculated. Fees are not transferable from one session to another. A \$20 fee will be assessed on any checks returned due to insufficient funds.
- If paying by credit card, the completed application form may be faxed to the CAS Office at 703.276.3108 or sent by e-mail to [office@casact.org](mailto:office@casact.org). **Please note that the applications sent by e-mail MUST be scanned (i.e., not photographed by cell phone).**

**CONFIRMATION/RECEIPT:** A confirmation will be sent that contains your Candidate Number for this session. It serves as your receipt. Use the bottom half to request refunds or to make changes to your name, address, or examination center location.

**CHANGE OF ADDRESS:** Report any change of address to the CAS Actuaries Resource Center promptly (fax: 703.276.3108; e-mail: [arc@casact.org](mailto:arc@casact.org)).

**SPECIAL NEEDS:** Candidates with special needs must submit a written request with their application that details the requested accommodation. Documentation of the disability and the need for special arrangements are required. Documentation is requested as early as possible but must be submitted at least two weeks prior to the registration deadline. Contact Bob Craver [bcraver@casact.org](mailto:bcraver@casact.org) 703-562-1743

**Retain your Candidate Number. Candidate Numbers will not be given over the telephone or by e-mail.**



Canadian Institute of Actuaries

# May 2018 Exam Application

Exams MAS-I, 5, 6C, 6 U.S., 7, 9

Application must reach the CAS Office by **March 8, 2018**.



Casualty Actuarial Society

**Registration is available online in the "Exams and Admissions" section of the CAS Web Site (www.casact.org).**

For Office Use Only

I have previously registered for an exam with the CAS:  Yes  No

Prefix (check one):  Mr.  Ms.  Mrs.  \_\_\_\_\_

LAST NAME/Family Name/Surname

First Name

Middle Name

Suffix

If a **different name** was used on a previous application, print it here:

Date of Birth  
(Month-Day-Year)

**Preferred Address**

Please check for preferred address:  Home Address  Office Address  New Address

Organization Name (only if a company address)

Street or P.O. Box

City

State/Province

Zip/Postal Code

Country

Business Telephone

Business E-Mail

Home E-Mail

Date of First Full-Time Property-Casualty Employment (Month/Year)

Home Telephone

**Preliminary Education**

I have credit for:  Exam 1/P  Exam 2/FM  Exam 3F/MFE  SOA Exam MLC  Exam 4/C  
 Exam LC  Exam ST  VEE-Applied Statistical Methods  VEE-Corporate Finance  
 VEE-Economics

**For Full-time Students**

Name of College/University

Expected Graduation Year

Undergraduate  
 Graduate

**Exam Registration Information**

**Exam Center**

I am registering for the following:

- Exam 5 (Friday, May 4, 2018)
- Exam MAS-I (Monday, May 7, 2018)
- Exam 6 Canada (Monday, April 30, 2018)
- Exam 6 U.S. (Monday, April 30, 2018)
- Exam 7 (Wednesday, May 2, 2018)
- Exam 9 (Thursday, May 3, 2018)

**Translation Service**

Check here if taking the exam(s) in Canada and you would like to use the translation service to answer in French.

**Mail check or money order payments to:**

Casualty Actuarial Society  
P.O. Box 425  
Merrifield, VA 22116-0425 U.S.A.

**Mail credit card payments (and all overnight/courier deliveries) to:**

Casualty Actuarial Society  
4350 N. Fairfax Drive, Suite 250  
Arlington, Virginia 22203 U.S.A.

"I have read the rules and regulations concerning the examination(s) for which I am applying and agree to be bound by them. I have read the CAS "Code of Professional Ethics for Candidates" and agree to be bound by it. I also agree that the results of any examination(s) which I take, and any action taken as a result of my conduct may, at the sole discretion of the Casualty Actuarial Society, be disclosed to any other bona fide actuarial organization that has a legitimate interest in such results and/or actions."

**Signature**

\_\_\_\_\_  
Your signature is required for this application to be valid.

Check here if you have attached a written request for accommodation to meet an ADA need(s).

**Method of Payment**

Indicate One:  Credit Card  Company Check  Personal Check  Money Order

If paying by credit card, please indicate the card:  American Express  MasterCard  Visa

Account Number: \_\_\_\_\_

Expiration Date: (month/year) \_\_\_\_\_ Cardholder's Name \_\_\_\_\_

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

Cardholder's Signature (Required)

**Payment Information**

**TOTAL** Amount Enclosed: \_\_\_\_\_