

**Casualty Actuarial Society
Biographical Questionnaire**

Name Information

Legal Name: Please enter your full name. If it is different from that which you used while taking exams, please provide official documentation for the name change.

First (given/individual): _____ Middle: _____ Last (family): _____ Suffix: _____

Employer Information

Employer Name: _____

Job Title: _____

Employer Address: _____

Office Phone: _____ Office Fax: _____

Check box for **preferred e-mail address** used for CAS correspondence:

Office E-Mail Address: _____

Home E-Mail Address: _____

Preferred Address Check box for **preferred address** used for CAS mailings:

Home: Primary (CAS Mailings) Publishable (CAS Online Member Directory)

Office: Primary (CAS Mailings) Publishable (CAS Online Member Directory)

Type of Employment (Please check one.)

1) Insurance: P&C Liability Reinsurance Life, Accident & Health

2) Organization Serving Insurance Business

3) Consultant

4) Academic

5) Government

6) Retired

7) Insurance Broker and Agent

8) If other employment type, please list here: _____

Education Information

Undergraduate College: _____ City, State/Prov.: _____

Graduation Date: _____ Major: _____ Degree: _____

Graduate College: _____ City, State/Prov.: _____

Graduation Date: _____ Major: _____ Degree: _____

Travel Time Information

Please check one: Month/year of first full-time casualty actuarial employment: _____ / _____ (mm/yyyy)

I have never worked in the property and casualty actuarial industry.

NOTE: "Casualty actuarial employment" is a job in the property and casualty industry where taking and passing actuarial exams is an expected part of the job. Do not count internships; ignore "breaks" in your employment history; do not consider exams taken prior to your employment. If you started as a life actuary, only indicate the date of your first full-time casualty job.

Diploma & Pronunciation

Diploma: Please enter your name as you would like it to appear on your diploma:

First (given/individual): _____ Middle: _____ Last (family): _____ Suffix: _____

Pronunciation Guide: So that your name is pronounced correctly at the CAS Spring or Annual Meeting, please fill in the **pronunciation spelling**. You do not need to provide a formal phonetic spelling – simply indicate how the name sounds when it is spoken in English (example: Lussier = Loo-see-ay or Xinxin = Shin-shin):

First: _____ Middle: _____ Last: _____ Suffix: _____

For CAS Records

Male Female Date of Birth: *(For Verification Purposes Only)* ____/____/____ (Month/Day/Year)

Language Capabilities other than English: _____

Are you related in any way to an existing CAS Member? If so, who and how are you related? (e.g., father, aunt, etc.)

Job Responsibility

Please identify and rank the five top job functions you currently perform in your job. Please use a scale of 1 - 5 (1 being where you spend most of your time and 5 being the least amount time).

Rank only five (5) of the following job functions (using the scale above):

____ Data management	____ Management of Actuarial Unit	____ Reserving
____ Risk & Capital Management	____ Marketing / Underwriting	____ Regulation
____ Product Development	____ Reinsurance	____ Teaching / Researching
____ Expert Witness	____ Planning - Strategic & Financial	____ Valuation
____ Accounting/Financial Report	____ Predictive Modeling	____ Enterprise Risk Management
____ Investments	____ Programming/Software Dev.	____ Executive Management
____ Catastrophes	____ Pricing/Ratemaking	

Other (please specify): _____

Ethnicity – Optional

<input type="checkbox"/> Non-Hispanic White	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
<input type="checkbox"/> Asian	<input type="checkbox"/> Hispanic or Latino
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Other
<input type="checkbox"/> American Indian or Alaska Native	

News Release

The following information should be completed if you would like the CAS to issue a news release regarding your membership into the Casualty Actuarial Society. Please attach a separate sheet with the requested information. Be sure to put your name on the top of the sheet.

- Local Newspaper *(include name, address, and e-mail)—See attached sheet for details.*
- College Magazine *(include name, address and e-mail)—See attached sheet for details.*
- Company Publication *(include name, address, and e-mail)—See attached sheet for details.*

Return this form to the CAS Office by mail, fax, or e-mail to:

Danelle Gee, Member Resource Center Manager
 Casualty Actuarial Society
 4350 N. Fairfax Drive, Suite 250
 Arlington, VA 22203 U.S.A.
 Fax: 703.276.3108 ♦ E-mail: dgee@casact.org
 Inquiries: 703.276.3100