

**CASUALTY ACTUARIAL SOCIETY**  
**BIOGRAPHICAL QUESTIONNAIRE**

**Name Information**

Legal Name: Please enter your full name. If it is different from what 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 \_\_\_\_\_

YES, I would like to receive emails from the CAS about news, events and other topics that may be of interest to me.

NO, I do not want to receive any emails from the CAS. *(Please note that you will still receive transactional emails.)*

**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 Ins. Business

3)  Consultant

4)  Academic

5)  Government

6)  Retired

7)  Insurance Broker & Agent

8)  If other employment type, please list here: \_\_\_\_\_

**Education Information**

Undergraduate College: \_\_\_\_\_ City, State: \_\_\_\_\_

Graduation Date: \_\_\_\_\_ Major: \_\_\_\_\_ Degree: \_\_\_\_\_

Graduate College: \_\_\_\_\_ City, State: \_\_\_\_\_

Graduation Date: \_\_\_\_\_ Major: \_\_\_\_\_ Degree: \_\_\_\_\_

Would you be interested in returning to your alma mater, on CAS's behalf, to inform students of the actuarial profession?

**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 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**

Gender:

\_\_\_\_ Male      \_\_\_\_ Female      \_\_\_\_ I choose to identify as \_\_\_\_\_      \_\_\_\_ I prefer not to answer

Date of Birth: *(For Verification Purposes Only)* \_\_\_\_/\_\_\_\_/\_\_\_\_ (Mon/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)

**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 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 write in) \_\_\_\_\_

**Ethnicity and Other Information** *(Optional)*

Which categories describe you? *Select all that apply.*

____ Non-Hispanic White	____ Asian
____ Hispanic, Latino, or Spanish origin	____ American Indian or Alaska Native
____ Black or African American	____ Pacific Islander

Optionally, please provide your specific race / ethnicity / country of origin \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_

Country of Practice: \_\_\_\_\_

Are you currently or have you ever served in the U.S. armed forces?

\_\_\_\_ Yes

\_\_\_\_ No

Do you have a physical, mental, or emotional condition that you would consider a disability? (Yes or No)

\_\_\_\_ Yes

\_\_\_\_ No

## **News Release**

The following information should be completed if you would like the CAS to issue a news release regarding your achievement of Fellowship:

*\*\*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 - Actuaries Resource Center Manager  
Casualty Actuarial Society  
4350 N Fairfax Dr, Ste 250,  
Arlington, VA 22203  
Fax 703-276-3108 · Email: [dgee@casact.org](mailto:dgee@casact.org)  
Inquires: 703.276.3100**