

Application for CERA Credential with the Casualty Actuarial Society

Section 1

Please provide your details in the fields below.

Forms containing invalid information cannot be processed.

This form must be returned to:

Attn: Danelle Gee

Casualty Actuarial Society

4350 N. Fairfax Dr. Suite 250 Arlington, VA 22203

Please check one:

I am a member of the _____ and have completed the CERA requirements of the Casualty Actuarial Society and am applying for the CERA designation with the Casualty Actuarial Society.

I am a member of the _____ and already hold the CERA designation and would like to transfer supervision of the designation to the _____. I am currently holding the CERA designation through:

(print name) _____.

Last Name:		First Name:	
Address 1:		Address 2:	
City:		Province/ State:	
Postal Code/ZIP		Country	
Email:			
Job Title		Employer	
Year Awarded CERA		Awarding Organisation	
Actuarial Association Membership (Optional)		Other Association Membership (Optional)	
CERA Award Pathway	Please indicate below which pathway was used to obtain your CERA Award		
	Exam	Experienced Practitioner	Other

Section 2

Please check as appropriate:

Has any professional organisation (actuarial or otherwise) ever taken disciplinary action against you as a member or as a candidate? Yes No

Are there any disciplinary action(s) currently pending against you? Yes No

If you have answered yes to either question above, then please provide details on the next page and attach any supporting documentation.

Section 3

I declare that the above answers are, to the best of my knowledge, information and belief, correct and authorise the **Casualty Actuarial Society** to verify the information submitted on this form.

I understand that CERA is a mark owned and registered by the CERA Global Association in various jurisdictions subject to specified standards and regulations that apply in each jurisdiction.

I understand and irrevocably agree that my eligibility for, and continued use of, the CERA credential is conditional, regardless of my membership status, upon compliance with the following regulations and procedures of the Casualty Actuarial Society:

- i. the Bylaws, Rules of Professional Conduct, and Standards of Practice;
- ii. the Rules of Professional Conduct and Disciplinary Process;
- iii. the completion of and reporting on Continuing Professional Development (CPD) activities as required from time to time.

I understand and agree, in perpetuity and regardless of my membership status, that:

- i. I will comply with the standards and regulations applicable to the CERA mark in each jurisdiction in which I practice.
- ii. I will promptly report to the Casualty Actuarial Society any misuse of the CERA mark and any failure to comply with the relevant standards and regulations of which I become aware.
- iii. the Casualty Actuarial Society, or any other professional organisation of which I am, or have been, a member, may communicate to any CERA Treaty signatories, all public information regarding disciplinary matters against me under the discipline process of the Casualty Actuarial Society or relevant professional organisation;
- iv. my CERA credential may be withdrawn from me if:
 - a) I am found to have engaged in unprofessional conduct under the Rules of Professional Conduct of the Casualty Actuarial Society;
 - b) I fail to pay any fees or charges or disciplinary penalties levied by the Casualty Actuarial Society, notwithstanding reasonable notice have been given to me to do so;
 - c) the Casualty Actuarial Society receives relevant information, whether or not as a result of my consent given above, and the Casualty Actuarial Society considers that the withdrawal of the CERA credential from me is appropriate and reasonable in all the circumstances
- v. I will cease to use the CERA credential if it is withdrawn from me as a result of any of the matters set out in paragraph (iv) immediately above.

Section 4

Submission of this form allows the *CERA Global Association* to collect, store, use and share the details of CERA credential holders through the CERA Website at www.ceraglobal.com. Please indicate your consent by checking the boxes below.

Store data	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Use data	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Share data	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Name (BLOCK CAPITALS)

Signature (electronic)

Date

If you answered yes to either question in Section 2, please provide details below and attach any supporting documentation.

Data Protection Act 1998:

The Institute and Faculty of Actuaries is registered as a Data Controller in terms of the Data Protection Act 1998. We will use the information provided on this form to process your application for the CERA qualification and to maintain our Register of Members. Unless you notify us to the contrary, details of your name, business/home address and membership status will be published on the CERA's website and will be provided to persons contacting CERA such as potential employers, other Actuarial Associations or Regulators, who have, or reasonably appear to have, a legitimate interest in obtaining membership information. Apart from this, we will not pass your personal information to any other bodies without your consent.