

CAS Board of Directors Disclosure Statement

I acknowledge that:

I want to serve the CAS as a member of the Board of Directors.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I have read all of the information provided about Board service, and I understand the role and time commitment.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I agree to fulfill the fiduciary responsibilities of Board of Directors members.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I have reviewed and am willing to sign the CAS's conflict of interest statement, if elected.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I have been convicted of a felony. (If yes, please provide details.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
I authorize the CAS to perform a criminal background check.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I have had a disciplinary action against me recommended by the ABCD, CIA or any other actuarial organization. (If yes, please provide the date and a brief description of the cause for the recommended discipline.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
I have been notified by the ABCD, CIA or any other actuarial organization of a disciplinary inquiry against me.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a Board member of any other organization? If yes, please provide the name(s) of the organization(s) and the year your term ends:	<input type="checkbox"/> Yes <input type="checkbox"/> No
My employer is aware of my candidacy, and I have ensured that there are no company policies that preclude me from serving on the Board.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Attendance of elected Directors at Board meetings is mandatory. I agree if elected to attend all meetings.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I will not share confidential information that I am provided as a member of the Board of Directors.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I agree to fully cooperate with the CAS Continuing Education Compliance Committee in its annual review of CAS CE Policy compliance by members, including the CAS Board of Directors.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Signature

Name

Date

Submit to:

Kathy Antonello, Chairperson
2024 CAS Nominating Committee

Casualty Actuarial Society

Email: lstout@casact.org