



Request for Life Insurers Council Access

Date: _____

Any dues-paying member of LOMA or LIMRA may request access to Life Insurers Council services.

(Name of Company)

requests access to the Life Insurers Council services and agrees to pay an annual fee established by the Council as approved by LOMA's Board of Directors. A check in the amount of:

✓	Category	2017 Access Fee
	Insurance Companies paying less than \$15,000 in LOMA Dues, or less than \$50,000 in LIMRA Dues	\$2,240
	Insurance Companies paying \$15,000 or more in LOMA Dues, or \$50,000 or more in LIMRA Dues	\$5,760
	International Members	\$855
	Affiliate Members (Vendors)	\$855

is enclosed covering the 2017 LIC Annual Access Fee. Please remit your payment in US Dollars with a copy of this form to LOMA, PO Box 660, Bridgeport, CT 06601-0660.

Officer (Key Contact for LIC Correspondence)

Name of Company

Title

Street Address/PO Box

Telephone

City/State/Zip

Email Address

Country

Mail this form with payment to:

**LOMA
PO Box 660
Bridgeport, CT 06601-0660**