



## Request for Life Insurers Council Access

Date: \_\_\_\_\_

Any dues-paying member of LOMA or LIMRA may use this form to request access to Life Insurers Council services. If your company is not a member of LOMA or LIMRA, please use the Membership form at [www.loma.org/About/Membership.aspx](http://www.loma.org/About/Membership.aspx) and check the LIC box.

\_\_\_\_\_  
(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	2018 Access Fee
	Insurance Companies paying less than \$15,000 in LOMA Dues, or less than \$50,000 in LIMRA Dues	\$2,310
	Insurance Companies paying \$15,000 or more in LOMA Dues, or \$50,000 or more in LIMRA Dues	\$5,930
	International Members	\$880
	Affiliate Members (Vendors)	\$880

is enclosed covering the 2018 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.

_____ <b>Officer (Key Contact for LIC Correspondence)</b>	_____ <b>Name of Company</b>
_____ <b>Title</b>	_____ <b>Street Address/PO Box</b>
_____ <b>Telephone</b>	_____ <b>City/State/Zip</b>
_____ <b>Email Address</b>	_____ <b>Country</b>

Mail this form with payment to: **LOMA  
PO Box 660  
Bridgeport, CT 06601-0660**