



Kentucky Self-Insurers
Association

Membership Application

www.kysia.org

Regular Voting Member - Any employer operating in the state of Kentucky as a self-insurer, either as provided by the Kentucky Workers' Compensation Law and other appropriate statutes, regulation or grant of authority shall be qualified for membership in the association and shall be authorized to vote at any meeting of the association.

Associate Member - Any person, corporation or business which provides administrative or other services to a self-insured employer may be a member of the Association.

KSIA Membership Investment Schedule

<u>Number of Employees</u>	<u>Annual Membership Investment</u>
Below 100	\$ 150.00
101-200	\$ 300.00
201-500	\$ 500.00
501-1,000	\$ 800.00
1,001 - 2,000	\$1,250.00
2,001 +	\$1,250.00 + \$1 per employee above 2,000
Self-Insured Groups	\$1,250.00
Associates	\$ 400.00

_____ **Regular Member** _____ **Self-Insured Group** _____ **Associate Member**

Firm Name _____

Designated Contact Person _____

Email _____

Address _____

City, State, Zip _____

Telephone _____ FAX _____

Nature of Business _____

Number of Kentucky Employees _____ Total Membership Investment \$ _____

Check

Credit Card Type _____ Card Number _____

Exp Date _____ Security code from back of card _____

Billing Address for Card _____

Email address for receipt _____

Please remit to: KY Self-Insurers Association, 5932 Timber Ridge Drive, Suite 101, Prospect, KY 40059

Office 502-223-5322 Fax 502-223-4937