

## International Foundation of Employee Benefit Plans

The International Foundation of Employee Benefit Plans (IFEBP) is an educational association providing education and information to the employee benefits and compensation industry. It is a non-profit, non-lobbying organization.

Membership – 35,000 individuals representing 8,400 multi-employer trust funds, corporations, public employee groups and professional advisory firms throughout the U.S. and Canada.

### 1. Membership and Fees

#### a. Organizational Membership

- 1) Trust funds: Full membership privileges to up to six individuals (includes the salaried administrator). Full membership includes unlimited access to the Information Center. Membership fee: \$550
- 2) For 7-10 Individuals - \$575
- 3) For 11-14 Individuals - \$600

#### b. Individual Membership

- 1) Membership privileges to one person from the organization. Membership includes free periodicals, use of Benefits Peer Network, access to the Members Only section of the Web site, discounted rates at educational programs and on books and cassettes, three uses of the Information Center each year.
- 2) Membership fee: \$295

### 2. Membership fees are calendar-based and may be prorated:

#### a. Organizational Membership

- |                            |   |
|----------------------------|---|
| 1) January 1 – December 31 | \$550   |
| 2) April 1 – December 31   | \$415   |
| 3) July 1 – December 31    | \$275   |
| 4) After October 1         | \$550 (membership good through December 31 of the following year) |

#### b. Individual Membership

- |                            |   |
|----------------------------|---|
| 1) January 1 – December 31 | \$295   |
| 2) April 1 – December 31   | \$220   |
| 3) July 1 – December 31    | \$145   |
| 4) After October 1         | \$295 (membership good through December 31 of the following year) |

# INTERNATIONAL FOUNDATION MEMBERSHIP APPLICATION

## Multiemployer and Public Sector

### 1. Contact Information

The contact person is responsible for paying membership dues and making changes to the membership roster.

Date Filled Out: \_\_\_\_\_ Membership Number: \_\_\_\_\_  
(to be filled in by Intl. Fndn.)

Contact Name: Mr./Mrs./Ms. \_\_\_\_\_

Title: \_\_\_\_\_

Organization Name: \_\_\_\_\_  
(please spell out)

Mailing Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Telephone Number: ( ) \_\_\_\_\_

Fax Number: ( ) \_\_\_\_\_

E-Mail Address of Contact: \_\_\_\_\_

### 2. Membership Type

The International Foundation has a calendar-based annual membership of \$550 for organizations and \$295 for individuals.

- Multiemployer Trust Fund
- Public Employer Trust Fund

- Public Employee Staff/Other
- Labor Unions
- Employer Associations
- Other

Organizational membership:

- 6 or less individuals . . . \$550
- 7-10 . . . . . \$575
- 11-14 . . . . . \$600
- 15-20 . . . . . \$625
- 21+ . . . . . \$650

- Organizational membership . . . \$550
- Individual membership . . . . . \$295

Individual membership . . . \$295

Dues must accompany this application.

Check enclosed     American Express     MasterCard     VISA

Acct. # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Cardholder's name \_\_\_\_\_

Membership recommended by (optional): \_\_\_\_\_

Individual's name (not fund name)

**International Foundation**   
EDUCATION - BENEFITS • COMPENSATION

*Accomplish More.*

### 3. Trust Fund Memberships Only

List names and mailing addresses (where you will receive all International Foundation mail) of all membership participants. Any professional service providers (attorneys, administrators, etc.) are required to hold membership in their personal or firm names and are not eligible for membership as representatives of a trust fund. Salaried administrator should list fund address. Trustees should list individual addresses. Please attach a list of additional trustees/individuals to this application.

#### Administrator (only if salaried)

Mr./Mrs./Ms. \_\_\_\_\_ Street/City/State/ZIP: \_\_\_\_\_  Home  Business  
 Tel.: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ Organization: \_\_\_\_\_  
 S.S. No.: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

#### Trustees/Individuals

Mr./Mrs./Ms. _____	Street/City/State/ZIP: _____	<input type="checkbox"/> Home <input type="checkbox"/> Business	Tel.: ( ) _____	Fax: ( ) _____	E-Mail: _____	S.S. No.: _____	<input type="checkbox"/> Management <input type="checkbox"/> Labor <input type="checkbox"/> Other
Title: _____							
Mr./Mrs./Ms. _____	Street/City/State/ZIP: _____	<input type="checkbox"/> Home <input type="checkbox"/> Business	Tel.: ( ) _____	Fax: ( ) _____	E-Mail: _____	S.S. No.: _____	<input type="checkbox"/> Management <input type="checkbox"/> Labor <input type="checkbox"/> Other
Title: _____							
Mr./Mrs./Ms. _____	Street/City/State/ZIP: _____	<input type="checkbox"/> Home <input type="checkbox"/> Business	Tel.: ( ) _____	Fax: ( ) _____	E-Mail: _____	S.S. No.: _____	<input type="checkbox"/> Management <input type="checkbox"/> Labor <input type="checkbox"/> Other
Title: _____							
Mr./Mrs./Ms. _____	Street/City/State/ZIP: _____	<input type="checkbox"/> Home <input type="checkbox"/> Business	Tel.: ( ) _____	Fax: ( ) _____	E-Mail: _____	S.S. No.: _____	<input type="checkbox"/> Management <input type="checkbox"/> Labor <input type="checkbox"/> Other
Title: _____							
Mr./Mrs./Ms. _____	Street/City/State/ZIP: _____	<input type="checkbox"/> Home <input type="checkbox"/> Business	Tel.: ( ) _____	Fax: ( ) _____	E-Mail: _____	S.S. No.: _____	<input type="checkbox"/> Management <input type="checkbox"/> Labor <input type="checkbox"/> Other
Title: _____							
Mr./Mrs./Ms. _____	Street/City/State/ZIP: _____	<input type="checkbox"/> Home <input type="checkbox"/> Business	Tel.: ( ) _____	Fax: ( ) _____	E-Mail: _____	S.S. No.: _____	<input type="checkbox"/> Management <input type="checkbox"/> Labor <input type="checkbox"/> Other
Title: _____							
Mr./Mrs./Ms. _____	Street/City/State/ZIP: _____	<input type="checkbox"/> Home <input type="checkbox"/> Business	Tel.: ( ) _____	Fax: ( ) _____	E-Mail: _____	S.S. No.: _____	<input type="checkbox"/> Management <input type="checkbox"/> Labor <input type="checkbox"/> Other
Title: _____							
Mr./Mrs./Ms. _____	Street/City/State/ZIP: _____	<input type="checkbox"/> Home <input type="checkbox"/> Business	Tel.: ( ) _____	Fax: ( ) _____	E-Mail: _____	S.S. No.: _____	<input type="checkbox"/> Management <input type="checkbox"/> Labor <input type="checkbox"/> Other
Title: _____							
Mr./Mrs./Ms. _____	Street/City/State/ZIP: _____	<input type="checkbox"/> Home <input type="checkbox"/> Business	Tel.: ( ) _____	Fax: ( ) _____	E-Mail: _____	S.S. No.: _____	<input type="checkbox"/> Management <input type="checkbox"/> Labor <input type="checkbox"/> Other
Title: _____							
Mr./Mrs./Ms. _____	Street/City/State/ZIP: _____	<input type="checkbox"/> Home <input type="checkbox"/> Business	Tel.: ( ) _____	Fax: ( ) _____	E-Mail: _____	S.S. No.: _____	<input type="checkbox"/> Management <input type="checkbox"/> Labor <input type="checkbox"/> Other
Title: _____							
Mr./Mrs./Ms. _____	Street/City/State/ZIP: _____	<input type="checkbox"/> Home <input type="checkbox"/> Business	Tel.: ( ) _____	Fax: ( ) _____	E-Mail: _____	S.S. No.: _____	<input type="checkbox"/> Management <input type="checkbox"/> Labor <input type="checkbox"/> Other
Title: _____							

## 4. Organization Type

(Please complete the appropriate section.)

4a.	<input type="checkbox"/> Multiemployer trust fund <input type="checkbox"/> Labor union <input type="checkbox"/> Employer association	Please list your union affiliation (i.e., IBEW, UFCW, etc.). _____ _____ _____
4b.	<input type="checkbox"/> Public employee trust fund <input type="checkbox"/> Public employer/other	<b>Check all that apply:</b> <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> County/city/municipality What types of individuals does your plan cover? <input type="checkbox"/> Teachers/school employees/administrators <input type="checkbox"/> Police/fire/safety <input type="checkbox"/> Elected officials/public finance/administrative <input type="checkbox"/> Other _____
4c.	<input type="checkbox"/> Other (please specify) _____ _____	

## 5. Organization Demographics

5a. Please indicate the predominant industry in which your organization is involved. (Please check only one.)

- |   |  |
|---|--|
| <input type="checkbox"/> Accommodation and food services            | <input type="checkbox"/> Mining  |
| <input type="checkbox"/> Administrative and support services        | <input type="checkbox"/> Professional, scientific, technical services and graphic arts |
| <input type="checkbox"/> Agriculture, forestry, fishing and hunting | <input type="checkbox"/> Public administration/service                                 |
| <input type="checkbox"/> Arts, entertainment and recreation         | <input type="checkbox"/> Real estate/rental/leasing                                    |
| <input type="checkbox"/> Construction                               | <input type="checkbox"/> Retail trade  |
| <input type="checkbox"/> Educational services                       | <input type="checkbox"/> Transportation/warehousing                                    |
| <input type="checkbox"/> Finance/insurance                          | <input type="checkbox"/> Unclassified establishments/other                             |
| <input type="checkbox"/> Health care and social assistance          | <input type="checkbox"/> Utilities   |
| <input type="checkbox"/> Information services/data communication    | <input type="checkbox"/> Wholesale trade   |
| <input type="checkbox"/> Management of companies and enterprises    | <input type="checkbox"/> Other services _____  |
| <input type="checkbox"/> Manufacturing                              |  |

5b. For trust funds only, what types of funds are covered under this membership? (Please check all that apply.)

- |   |                                      |
|---|--------------------------------------|
| <input type="checkbox"/> Health and welfare     | <input type="checkbox"/> Vacation    |
| <input type="checkbox"/> Pension                | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Training and education |                                      |

5c. How are your organization's benefit plans administered and funded? (Please check all that apply.)

- |                 |   |  |
|-----------------|---|--|
| <b>Pension:</b> | <b>Administered</b>   | <b>Funded</b>  |
|                 | <input type="checkbox"/> Salaried administrator<br><input type="checkbox"/> Third-party administrator | <input type="checkbox"/> Self-funded<br><input type="checkbox"/> Insured |
| <b>Health:</b>  | <b>Administered</b>   | <b>Funded</b>  |
|                 | <input type="checkbox"/> Salaried administrator<br><input type="checkbox"/> Third-party administrator | <input type="checkbox"/> Self-funded<br><input type="checkbox"/> Insured |

*Continued*

## 5. Organization Demographics (Continued)

Please complete those questions that apply to your organization.

### 5e. Number of active participants in:

### 5d. Please indicate the specific types of benefits your organization provides. (Please check all that apply.)

#### Health and Welfare

- Death benefits/life insurance
- Disability
- Health/medical/hospital

#### Ancillary

- Child care
- Dental
- Elder care
- Employee assistance program
- Health promotion/wellness
- Long-term care insurance
- Prepaid legal
- Prescription drug
- Supplemental unemployment
- Vision
- Other \_\_\_\_\_

#### Pension and Retirement

- Defined benefit
- Defined contribution
  - 401(k)/annuity
  - 457 plan
  - Money purchase plan
  - Thrift and savings
- Hybrid
- Other \_\_\_\_\_

#### Which of the following features do your plans include? (Please check all that apply.)

- Disease management
- Flexible benefits arrangement
- HMO
- Indemnity/fee for service
- Point of service
- PPO
- Retiree medical benefits
- Other \_\_\_\_\_

#### Health/Welfare Fund

- Less than 250
- 250-499
- 500-999
- 1,000-4,999
- 5,000-10,000
- Over 10,000

#### Pension Fund

- Less than 250
- 250-499
- 500-999
- 1,000-4,999
- 5,000-10,000
- Over 10,000

### 5f. Total assets:

#### Health/Welfare Fund

- Less than \$100,000
- \$100,000-\$999,999
- \$1-\$4.9 million
- \$5-\$9.9 million
- \$10-\$24.9 million
- Over \$25 million

#### Pension Fund

- Less than \$1 million
- \$1-\$9.9 million
- \$10-\$49.9 million
- \$50-\$99.9 million
- \$100-\$499.9 million
- Over \$500 million

*Continued*

## 6. Additional Information

### 6a. What prompted your organization to join the International Foundation? (Please check all that apply.)

- |  |  |
|--|--|
| <input type="checkbox"/> Attended an educational program       | <input type="checkbox"/> Media coverage  |
| <input type="checkbox"/> Advertisements                        | <input type="checkbox"/> Direct contact with the International Foundation              |
| <input type="checkbox"/> Information services                  | <input type="checkbox"/> Recommendation  |
| <input type="checkbox"/> International Foundation publications | <input type="checkbox"/> Direct mail/brochure  |
| <input type="checkbox"/> CEBS                                  | <input type="checkbox"/> Annual Conference   |
| <input type="checkbox"/> International Foundation Web site     | <input type="checkbox"/> Presentation by an International Foundation regional director |
| <input type="checkbox"/> Other _____                           |  |

### 6b. I do **not** want to:

- Receive faxes promoting International Foundation products and services
- Receive e-mails promoting International Foundation products and services
- Receive non-International Foundation mail.

**Thank you for your membership in  
the International Foundation.  
Please return the completed membership application in the  
enclosed envelope . . . or fax it to (262) 786-8670.**

**International Foundation**   
**EDUCATION - BENEFITS • COMPENSATION**

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Employee Benefit Plans  
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(262) 786-6710, ext. 8224  
Fax: (262) 786-8670  
membership@ifebp.org  
www.ifebp.org



2.5c-12/01

**DO NOT WRITE IN THIS SPACE**

Date Received \_\_\_\_\_ Check Number \_\_\_\_\_ Amt. Received \_\_\_\_\_

K

P

W