



IRSG Membership Application

Thank you for your interest in Insurance Rehabilitation Synergy Group (IRSG) membership. Membership in IRSG shall be on an individual and not on a company basis.

The IRSG's MISSION is to provide an educational forum for the insurance industry to explore and develop concepts and programs of effective medical and rehabilitation services that pertain to all lines of insurance.

The VISION of IRSG is to serve as an innovative leader by promoting and advocating quality and service delivery, through education and shared knowledge between members, the insurance industry and the healthcare community.

For additional information please visit the IRSG Website: irsghome.org

All members will be expected to participate in various committees during their membership. Membership will be granted upon the recommendation of the IRSG Executive Committee and a vote of a majority of the Regular Members.

REGULAR MEMBERSHIP

Membership shall be available to decision-making employees of:

- **Risk-taking (defined as: full financial exposure) organizations** which include, but are not necessarily limited to, insurance companies, managed care organizations or self-insured employers.
- **Third Party Administrators (TPA).**
- **Individuals who provide comprehensive medical management services** for risk-taking organizations or TPAs and who hold a health-related licensure or rehabilitation certification (physicians, registered nurses case managers, OT, PT, speech therapist, psychologist, vocational counselors).

Qualifying individuals or organizations must actively engage in, or interface with, rehabilitation issues and programs, and who, in the opinion of the Executive Committee, can contribute to the mission and purpose of IRSG.

Employees of organizations or facilities that provide medical or rehabilitation services in a clinical setting are not eligible for membership.



COMPLETE FORM

To apply, complete all questions and follow next steps below:

Last Name

First and Middle Name

Title

Phone

Email

Name of Company

Street Address

City

State

Zip

1. Describe your current job duties. (please attach resume, Bio, or CV)

2. In your present position, do you have executive or management authority to make policy decisions for your organization's rehabilitation and/or medical management program?

3. Why do you seek membership in the IRSG?



4. What do you believe you can contribute to further the goals of the IRSG?

5. List areas of special interest in your field.

6. How did you learn about us?

My signature represents that I have reviewed and fully understand the application.
The information I am providing to IRSG is accurate to the best of my knowledge.

Signature

Date

NEXT STEPS

Please return a completed application, along with a copy of your resume to Natalie Haefner at n.haefner@wcra.biz.

You will receive a response with further instructions within 60 days of submitting your application.

Again, thank you for your interest in IRSG membership.

IRSG Board
IRSG Membership Committee