

# medTRANS 2.0 Membership Application



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

## Company Information

Company Name:		DBA Name:	
Primary Office Address:		Phone:	
City:	State:	ZIP:	Fax:
Tax ID:		Company Website:	
Primary Business model:			Years in business:

## Primary Contact

First Name:		Last Name:	
E-mail Address:		Personal Contact Number/Extension:	
How did you learn about medTRANS?	Broker <input type="checkbox"/>	Conference <input type="checkbox"/>	What is your knowledge base with captive insurance? Very <input type="checkbox"/> Limited <input type="checkbox"/> Somewhat <input type="checkbox"/> None <input type="checkbox"/>
	Colleague <input type="checkbox"/>	Article <input type="checkbox"/>	

medTRANS Insurance Ltd. is a member owned and directed captive insurance company domiciled in the state of North Carolina. (BOB TO ADD MORE IF NEEDED)

Signature: \_\_\_\_\_

### **medTRANS Insurance Vision Statement:**

Revolutionizing member's employee health care benefits through innovative coverage plans in order to improve financial performance.