

INSTRUCTIONS FOR COMPLETING THE  
*APPLICATION FOR WAIVER OF ANNUAL MEMBERSHIP DUES – 2011/2012*

*This form is to be used for **Financial Hardship** applications and **Medical Disability** applications.*

You may apply for a waiver of your annual membership dues (ICABC and CICA) if you are currently experiencing financial difficulty or a medical disability. Complete and submit the attached application form to the Membership Committee **before May 31, 2011**. All applications will be considered on a strictly confidential basis by the Membership Committee. If your application is denied, you will be notified by mail and given a date by which you must pay the outstanding dues to avoid late penalties. Denied applicants can make a written appeal to Council.

The terms of this policy apply only to annual membership dues for the year ending March 31, 2012. No applications will be accepted after the end of the current fiscal year. **Requests for retroactive reductions to membership dues for prior years will not be reviewed or granted.**

You must apply for this waiver **ANNUALLY**.

**Mail to:**  
**ICABC Membership Committee**  
**(Private & Confidential)**  
**c/o Stephanie Langley, Registrar**  
Suite 500, One Bentall Centre  
505 Burrard Street, Box 22  
Vancouver, BC V7X 1M4

**OR scan and email to:**  
**langley@ica.bc.ca**

**FINANCIAL HARDSHIP**

The financial hardship waiver policy requires a review of you and your family's income and net worth. Family income includes all income sources from you, your spouse or common-law partner, and dependant family members. "Spouse or common-law partner" is used here as defined by the Income Tax Act.

The Membership Committee considers each situation on an individual basis, and exceptional circumstances are carefully reviewed for eligibility. Family income thresholds for 2011 are as follows (all dollar amounts are approximate).

- Single person \$27,700
- 2-person family \$34,500
- 3-person family \$42,500
- 4-person family \$51,500
- For larger families, please contact the institute.

All financial hardship dues waivers are granted **conditionally** on the basis of projected income and financial situation. You will be required to submit evidence of actual income for the calendar year 2011 and financial situation as at December 31, 2011, by June 1, 2012, to support **final approval** of the waiver. **The evidence presented must include relevant 2011 income tax returns for all family members, and CRA Notices of Assessments, as well as the financial statements of any business of which any family member is a full or part owner.** The relevant accounting period for purposes of calculating business income is the 2011 calendar year, regardless of the actual year-end selected for business purposes.

If it is determined that your **actual** income or financial situation exceeds the threshold guidelines for the 2011 calendar year, the conditional dues waiver will be rescinded and you will be billed for your 2011/2012 membership dues.

**MEDICAL DISABILITY**

Please COMPLETE ALL SECTIONS OF THIS FORM if you suffer from a long-term medical disability that is expected to continue throughout the 2011 calendar year, and which prevents you from earning any active income. Ensure that your physician completes the form *SUPPLEMENTAL INFORMATION IN SUPPORT OF FEE WAIVER DUE TO MEDICAL DISABILITY* and return it to the Institute. This form can be found on our website.

There are also dues waivers for members who are out of the workforce caring for dependants, or members who are retired. Please see the forms section of our website at [www.ica.bc.ca](http://www.ica.bc.ca), under Member Centre > Dues and Waivers > Fee Reductions and Waivers, or request one from the Institute at 604-681-3264.

## APPLICATION FOR WAIVER OF 2011/2012 MEMBERSHIP DUES

Please refer to *Instructions for Completing the Application for Waiver of Annual Membership Dues* for instructions to complete **Financial Hardship** and **Medical Disability** application forms. If additional information must be added to this form, please attach a separate page.

LAST NAME	FIRST NAME	INITIAL	AGE	MEMBER # 
APT/BOX/UNIT	STREET ADDRESS			
CITY	PROV.	POSTAL CODE		EMAIL
TELEPHONE # ( )	FAX # ( )		QUALIFICATION YEAR	

### 1. Details

Details of the circumstances that have caused the financial difficulty:

.....

.....

### 2. Employment Status

I am employed by .....  
 in the capacity of .....  
 at a salary of \$ ..... per year OR \$ ..... per month

I have been out of full-time work since: .....  
 Reason for leaving: .....

I expect to be employed on a per diem/part-time basis from ..... to .....  
 Please provide details: .....

I have been self-employed since .....  
 Please provide details: .....

I am unemployed and  I will be receiving EI from ..... to .....  
 OR  I am not eligible for EI

### 3. Family Dependents

Marital Status:  Married  Single  Common-law  Separated

Number of dependants supported by me: ..... Number of Children: .....

DEPENDANT'S NAME	AGE	RELATIONSHIP TO MEMBER

### 4. Medical Disability – this applies only to those members with a full or partial disability.

Please ask your health care provider to complete the form *SUPPLEMENTAL INFORMATION IN SUPPORT OF FEE WAIVER DUE TO MEDICAL DISABILITY* and return it to the Institute. This form can be found on our website.

Will you have income from employment or self-employment during the 2011 calendar year?  YES  NO

**5. Expected Annual Family Net Income (January 1, 2011 to December 31, 2011)**

Income Sources – worldwide	Member	Spouse (including common-law)	Other Dependants	Total
Salary or Wages				
Termination Pay				
Self-Employment Business Income				
Share of Net Income of Controlled or Related Entities, whether withdrawn or not				
Director's Fees				
Consulting Fees				
Disability Receipts				
Investment Income				
Pension or Annuity Income				
Rental Income				
Realized Capital Gains				
EI or other Social Assistance Receipts				
Alimony/Childcare Receipts				
Other:				
<b>TOTAL</b>	\$	\$	\$	\$

**6. Family Net Worth**

**As at current date:** \_\_\_\_\_, 2011

Assets – worldwide	Asset Value	Related Debt	Net Value
Short-Term Investments			
Long-Term Investments			
Businesses			
Home – property tax assessed value			
RRSP			
Other Real Estate			
Other Assets (specify):			
<b>TOTAL</b>	\$	\$	\$

Other Liabilities – worldwide	Amount Owning
Bank Loans	
Credit Cards (specify)	
Student Loans	
Income Taxes	
Loans from Family Members	
Other Obligations (specify):	
<b>TOTAL</b>	\$
<b>NET WORTH</b>	\$

**7. Financial Prospects**

Estimate a date at which current financial circumstances might improve (please provide details):

.....

.....

**8. Other Relevant Information**

Any other information you believe is relevant to the waiver application:

.....

.....

.....

I hereby confirm that the information provided in this application is true, correct, and complete.

Signature	Date
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## SUPPLEMENTAL INFORMATION IN SUPPORT OF FEE WAIVER DUE TO MEDICAL DISABILITY

**MEMBER:** Please fill in the top portion of the form and ask your physician to complete the remainder. Once it is complete, it should be returned to the attention of the Registrar, at the address noted above.

\_\_\_\_\_  
Surname

\_\_\_\_\_  
First name

\_\_\_\_\_  
Member #

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### PHYSICIAN TO COMPLETE THE FOLLOWING

Please identify the nature of the member's illness/disability and severity. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

When was the member first seen regarding this illness/disability? \_\_\_\_\_

Describe the impact of this illness/disability on the member's ability to work. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is the member able to work?  Yes  No If yes, can the member work:  PT  FT

Please provide an estimated date for return to work. \_\_\_\_\_

What is the prognosis for the member? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Physician's name – (please print)

\_\_\_\_\_  
Physician's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Tel. no.

\_\_\_\_\_  
Registration #

*Information on this form is used solely to determine eligibility for a waiver of professional dues. All information is kept strictly confidential.*