Orthopaedic Surgeons of New Jersey Medical Liability Insurance Purchasing Alliance, Inc

Membership Application/Renewal Form

Membership in OSNJ MLIPA entitles you to discounts on your malpractice premiums through MDAdvantage of NJ

- 12.5% for Orthopaedic surgeons <u>Excluding</u> spine; Orthopaedics Office and Surgical Assisting Excluding spine; and Orthopaedics - Office only
- 7.5% for Orthopaedic surgeons Including spine or Assisting in spine surgery

Name:			
Last	First MI		
Practice Name:			
Office Address:			
Office Address:	City	State	Zip
Office Telephone: ()	Cell Phone:	()	
Email Address (IMPORTANT):			
Please check the (one) specialty you currently practice: Orthopaedic Surgery – including spine Orthopaedic – office & assisting – excl. spine Orthopaedic – office only Orthopaedic – office only Orthopaedic – office only Orthopaedic – office a member of the New Jersey Orthopaedic Society? (please circle) Yes / No If "No" then please fill out the NJOS application and submit PRIOR to submitting this form.			
*** To qualify for membership in the alliance, you must be a current member of the New Jersey Orthopaedic Society (NJOS). Go to <u>www.njos.org</u> to download the form and join. ***			
 Please note: I - If currently insured by MD Advantage and meet the program requirements, the discount will be applied to your policy by MD Advantage at time of renewal. If not currently insured by MD Advantage, the discount will be given on the effective date of your policy once your MD Advantage application has been approved for coverage. If you do not meet underwriting guidelines and your MD Advantage application is declined, your membership fee of \$1,000.00 will be refunded to you. For a complete listing of all terms and conditions please go to our website: www.njos.org 			
2023 Membership Fee (January to December) - \$1, Practitioners in First Year of Practice - \$100 Practitioners in Second Year of Practice - \$300 Practitioners in Third Year of Practice - \$500		\$ \$ \$ \$	
Please return a copy of this invoice with your payment.			
Make checks payable to: OSNJ MLIPA and mail to: 150 West State Street, Suite 110, Trenton, NJ 08608			
Visa® MasterCard®	or American Express®	(circle one)	
Account #:	-	-	
Exp Date: Signature:			
and fax to: 609-392-2664			