

**FLORIDA BIRTH RELATED NEUROLOGICAL COMPENSATION ASSOCIATION**

You must choose one of the three options described below. Please be sure to view the information about each exemption at [www.nica.com](http://www.nica.com). Check only one.

\$5,000  
Participating

\$250  
Non-participating

\$0  
Exempt

\_\_\_\_\_  
Amount enclosed

If you choose "\$0 Exempt" provide appropriate documentation to the Board of Medicine and to NICA.

I have read the explanatory information provided by NICA, and I choose the option above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip

If you are a participating or non-participating physician, or a physician claiming exemption, you must complete, sign and date this form and return it with your payment to this address.

Board of Medicine  
4052 Bald Cypress Way, #C-03  
Tallahassee, FL 32399-3253

If you are a physician claiming exemption, you must also send a copy of your completed, signed, and dated form with proof of your exemption to:

NICA  
2360 Christopher Place  
Tallahassee, FL 32308

If you have any questions about NICA or this form, please contact NICA at [www.nica.com](http://www.nica.com) or (850) 488-8191.