



Employer Member Application 2020

Name of Organization: _____
 Address: _____
 City: _____ State: _____ Zip code: _____

Organization Representatives

Primary Representative

Name: _____ Title: _____
 Email: _____
 Phone: _____ Fax: _____

Secondary Representative

Name: _____ Title: _____
 Email: _____
 Phone: _____ Fax: _____

Other representatives to be added to distribution list: _____

Membership Dues for 2020

PBGH membership is for 12 months, January 1 through December 31. For new members joining during a calendar year, dues will be prorated and will be based on the calendar quarter in which membership becomes effective.

Select Level	Number of U.S. Active Regular Full-time and Part-time Employees (not seasonal or temporary)	Employer Membership Dues
	<150	\$400.00
	150-249	\$600.00
	250-999	\$1,720.00
	1000-1999	\$2,120.00
	2000-2999	\$2,380.00
	3000-3999	\$2,520.00
	4000+	\$2,650.00



Organization Information

Type of Industry: _____

Number of active regular full-time and part-time employees: (not seasonal or temporary)

Total U.S. _____
Full-time U.S. _____
Part-time U.S. _____
Pittsburgh/Western PA _____

Total number of covered lives:

Total U.S. _____

Total number of U.S. benefits-covered retirees:

Is any portion of your health benefits self-insured?

If yes, what percentage of active members is covered by a self-insured health plan?

_____ %

Does your company have any employees located outside of the US?

What was your company's 2017 total health care spend?

Select areas of interest through your Pittsburgh Business Group on Health membership:

- Webinars, Forums, Symposium, Group Purchasing, Benchmarking, Online education, Networking, Advocacy

Qualifications, Rights, and Privileges of Employer Members

An applicant for Employer Membership in the Pittsburgh Business Group on Health (PBGH) must be an employer in the corporate or social sectors and meet the following qualifications:

- Does not have a principal business objective that includes providing health care consulting, insuring, brokering or administering health care services or benefits;
Other requirements as may be established from time to time by the Board of Directors.

Employer Members may:

- Participate in all of the educational, networking and service opportunities and events conducted or sponsored by PBGH.
Serve on any committees that are not designated exclusively for associate members.
Participate in group purchasing programs of the PBGH.



Pittsburgh
Business Group
ON HEALTH

Employer Members of PBGH have voting rights in the Coalition. Representatives of Employer Members are eligible to serve on the PBGH Board of Directors.

The applicant company and its designated representatives agree to follow the By-laws and membership policies established by the Board of Directors, which may be changed from time to time. It is also agreed that the applicant company and designated representatives shall abide by the core values of the PBGH. Continuation of membership is at the discretion of the PBGH Board of Directors.

Signature: _____ Date: _____

Name of Organization: _____

Please note: Payment of dues to associations is not deductible as a charitable contribution for Federal income tax purposes. However, dues may be deducted as an ordinary and necessary business expense or deducted under other provisions of the IRS Code as recommended by your tax accountant.

Please make your check payable to: *Pittsburgh Business Group on Health* and mail to:

Laura Wicker
Administrator
Pittsburgh Business Group on Health
P.O. Box 208
Ambridge, PA 15003

The PBGH is a 501(c)(3) organization with the tax identification number 25-1420994. If you have any questions, contact Jessica Brooks, CEO/Executive Director, 724-251-0230, jessica.brooks@pbghpa.com, or Laura Wicker, 724-266-0383, laura.wicker@pbghpa.org.