

# **Employer Member Application**

Pittsburgh Business Group on Health is a 501(c)(3) organization. Tax Identification #: 25-1420994.

Name of Organization:			
Address:			
City:	State:	Zip code:	
Organization Representatives			
Primary Representative			
Name:	Title:		
Email:			
Phone:			
Secondary Representative			
Name:	Title:		
Email:			
Phone:			
Other representatives who should receive informa	ation about invoices	, events, announcements, etc	
Name:Title:		_ Email:	
Name:Title:		_ Email:	



# **Membership Dues**

PBGH membership is for 12 months from the date of application.

PBGH Blog

Select Level	Number of U.S. Active Regular Full-time and Part-time Employees (not seasonal or temporary)	Employer Membership Dues (1 Year Membership)
	<150	\$400.00
	150-249	\$600.00
	250-499	\$800.00
	500-999	\$1,200.00
	1000-1499	\$1,500.00
	1500-1999	\$1,800.00
	2,000-4,999	\$2,200.00
	5,000-9999	\$2,800.00
	10,000+	\$3,200.00

## **Organization Information**

Podcast

This information is useful to better understand overall market dynamics and to identify potential savings solutions for organizations.

solutions for organization	ons.			
Type of Industry:				
Number of active regula	ar full-time and par	t-time employees (not s	easonal or temporary):	
Total U.S.:				
Part-time U.S.:				
Western PA:				
Total number of U.S. cov	vered lives:			
Total number of U.S. bei	nefits-covered reti	rees:		
Is your company self-ins	sured?			
What percentage is cov	ered by a self-insur	red health plan?		%
What is your company's	total health care s	pend?		
Select areas of interest	through your Pitt	sburgh Business Group	on Health membership:	
Webinars	Forums	Symposium	Group Purchasing	Board Membership

Networking

Advocacy

Committee

Membership



### **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, which includes providing health care consulting, insuring, brokering or administering health care services or benefits.
- Other requirements may be established from time to time by the Board of Directors.

#### **Employer Members may:**

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

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:		



### **Payment information**

**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:

Pittsburgh Business Group on Health 322 N. Shore Dr. Pittsburgh, PA 15212

Please include your organization's Accounts Payable contact for invoicing:

Name:	Title:		
Address:			
City:	State:	Zip code:	
Email:			
Phone:			

If you wish to pay electronically, we can send you an invoice. Please let us know.

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If you have any questions, contact Rachel Dengler at <a href="mailto:rachel.dengler@pbghpa.org">rachel.dengler@pbghpa.org</a>