



Pittsburgh  
Business Group  
on Health

# Individual 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 Representative

### Employee Name

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

### Other representative who should receive information about invoices

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Email: \_\_\_\_\_

## Membership Dues

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

\$250.00



## Organization Information

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

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.: \_\_\_\_\_

Western PA: \_\_\_\_\_

Total number of U.S. covered lives: \_\_\_\_\_

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

Is your company self-insured? \_\_\_\_\_

What percentage is covered by a self-insured health plan? \_\_\_\_\_ %

What is your company's total health care spend? \_\_\_\_\_

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

Webinars

Forums

Symposium

Podcast

PBGH Blog

Networking

Advocacy

Board  
Membership

Committee  
Membership



## Referral Discount for Employer Members

**Referral Discount of 15% for the next year's dues.**

Referral organization: \_\_\_\_\_

## Qualifications, Rights, and Privileges of Individual Members

**An applicant for Individual 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.

### **Individual Members may:**

- Participate in all the educational, networking and service opportunities and events conducted or sponsored by PBGH.
- Serve on any committee. Committees are not open to Associate Members.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Individual: \_\_\_\_\_

Please email your completed application to Rachel Dengler at [rachel.dengler@pbghpa.org](mailto:rachel.dengler@pbghpa.org).  
Your application will be reviewed by our team when received. Once approved, you will be emailed an invoice for dues which you can pay electronically.

If you would prefer to send a check, please let Rachel know and mail the check to:  
**Pittsburgh Business Group on Health, 322 N. Shore Dr., Pittsburgh, PA 15212**