



Pittsburgh
Business Group
on Health

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 information about invoices, events, announcements, etc.

Name: _____ Title: _____ Email: _____

Name: _____ Title: _____ Email: _____



Membership Dues

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

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
	5,000-9,999	\$2,800.00
	10,000+	\$3,200.00

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

Group Purchasing

Board Membership

Podcast

PBGH Blog

Networking

Advocacy

Committee Membership



Referral Discount for Employer Members

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

Referral organization: _____

Non-profit Discount for Employer Members

Are you a non-profit? _____

Discounts available for qualifying applicants.

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 committee. Committees are not open to 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: _____



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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 Lisa Early at lisa.early@pbghpa.org*