



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 *Lisa Early* at lisa.early@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 Lisa know and mail the check to:
Pittsburgh Business Group on Health, 322 N. Shore Dr., Pittsburgh, PA 15212