

We cordially invite you to become a member of Northeast Business Group on Health!

PLEASE NOTE: Membership dues are based on the type of organization and the number of employees nationally. Dues are payable by January 1st for the calendar year.

Company/Organization Name:

What type of organization are you?

- | | |
|--|---|
| <input type="checkbox"/> Employer | <input type="checkbox"/> Pharmacy Benefit Manager |
| <input type="checkbox"/> Healthcare Provider (eg: Hospitals, Healthcare Systems, Medical Groups, etc.) | <input type="checkbox"/> Pharmaceutical |
| <input type="checkbox"/> Health Plan | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Related (Healthcare products and services) | <input type="checkbox"/> Nonprofit |

How many employees does your organization have nationally?

- | | |
|--|--|
| <input type="checkbox"/> <250 | <input type="checkbox"/> 3,000 - 4,999 |
| <input type="checkbox"/> 250 - 499 | <input type="checkbox"/> 5,000 - 9,999 |
| <input type="checkbox"/> 500 - 999 | <input type="checkbox"/> 10,000 - 24,999 |
| <input type="checkbox"/> 1,000 - 2,999 | <input type="checkbox"/> 25,000+ |

PRIMARY CONTACT: Each member company should designate one individual as the primary NEBGH contact liaison for billing and other communications.

Name:

Job Title:

Address:

City:

State:

Zip Code:

This location is a: Headquarters Local Office Telecommuting/Home Address Other

Telephone:

Fax:

Email:

HEALTH PLAN AND PBM USER GROUPS: To help us better design our programs, please let us know which health plans and vendors your organization uses. Check all that apply.

Health Plans:

- | | | | |
|--------------------------------------|---------------------------------------|---|---|
| <input type="checkbox"/> Aetna | <input type="checkbox"/> Cigna | <input type="checkbox"/> Horizon BCBS of NJ | <input type="checkbox"/> UnitedHealthcare |
| <input type="checkbox"/> Anthem BCBS | <input type="checkbox"/> EmblemHealth | <input type="checkbox"/> Kaiser | <input type="checkbox"/> Other: |
-

Consultants:

- | | | | |
|-------------------------------------|------------------------------------|---------------------------------|---|
| <input type="checkbox"/> AonHewitt | <input type="checkbox"/> Gallagher | <input type="checkbox"/> Mercer | <input type="checkbox"/> Willis Towers Watson |
| <input type="checkbox"/> Buck/Xerox | <input type="checkbox"/> Lockton | <input type="checkbox"/> PwC | <input type="checkbox"/> Other: |
-

PBMs:

- | | | | |
|-------------------------------------|---|-----------------------------------|---------------------------------------|
| <input type="checkbox"/> CVS Health | <input type="checkbox"/> ExpressScripts | <input type="checkbox"/> Optum Rx | <input type="checkbox"/> Other: _____ |
|-------------------------------------|---|-----------------------------------|---------------------------------------|
-

SECONDARY CONTACTS: If you have more than two contacts you'd like to include, please list under separate cover. Email subscriptions can be updated at any time.

IMPORTANT: If you are not an employer organization, please provide contact information for your HR or Benefits Manager information.

Name:

Job Title:

Address:

City:

State:

Zip Code:

Telephone:

Fax:

Email:

Name:

Job Title:

Address:

City:

State:

Zip Code:

Telephone:

Fax:

Email:

Name:

Job Title:

Address:

City:

State:

Zip Code:

Telephone:

Fax:

Email:

Name:

Job Title:

Address:

City:

State:

Zip Code:

Telephone:

Fax:

Email:

Please submit this application to: Fatima Riaz at friaz@nebgh.org