



EMPLOYER MEMBERSHIP APPLICATION

Company Name: _____

Type of Industry: _____

Primary Contact

Name: _____

Title: _____

Address: _____

Phone: _____

E-mail: _____

Secondary Contact

Name: _____

Title: _____

Address: _____

Phone: _____

E-mail: _____

Copy and attach additional pages to list additional secondary contacts. All contacts will receive event invitations and communications from the coalition.

Health plans offered for employees in the Minnesota service region (check all that apply):

- ☐ Blue Cross/Blue Shield of Minnesota (includes Blue Plus)
- ☐ Medica
- ☐ Health Partners
- ☐ Aetna
- ☐ Cigna
- ☐ Kaiser Permanente
- ☐ United Healthcare

Others: _____

Health plan funding model:

- ☐ Self-funded
- ☐ Fully insured

Which benefits consulting organization(s) do you use in making decisions about health benefits?

Complete the following table. If exact numbers are not available, please provide an estimate.

	In Minnesota	In the United States
Total number of full-time employees		
Number of benefit-eligible employees		
Total number of covered lives (employees and family members)		

MBCH Employer Annual Membership Dues

Annual organizational membership dues are based on total number of employees (FTEs) nationally, per the following 2027 dues schedule:

Number of employees	Annual dues
<250 employees	\$2,000
251-1,000 employees	\$3,000
>1,000 employees	\$5,000

Payment is due within 30 days of notification of membership acceptance.

Dues will be invoiced upon receipt and acceptance of application, and thereafter on the anniversary date of joining MBGH. Rates are subject to change.

By completing this application, I am indicating that I am authorized to commit my organization to joining the Minnesota Business Coalition on Health. I understand that my organization will be invoiced based on the dues schedule above. My organization may choose to terminate its membership at any time but is not entitled to a refund of dues paid.

Name of Authorized Individual Completing Application: _____

Title: _____

Date: _____

Signature: _____

THANK YOU FOR JOINING MBCH!

Please return this form via e-mail to:
Jean Hanvik (jhanvik@sghcomm.com)