



Sponsor Application Form

The “patients first” Minnesota Business Coalition on Health (MBCH) unites employers, self-insured plan sponsors, public purchasers, and healthcare advocates across Minnesota. By leveraging pooled purchasing power, enforcing price transparency, and promoting fiduciary accountability, MBCH drives market-based reforms to bring greater value to the healthcare system.

Transparency • Fiduciary Accountability • Employer-Led Healthcare Value

1. Organization and Primary Contact Information

- Organization: _____
- Headquarters Address: _____
- City, State, ZIP: _____
- Website: _____
- Primary Contact Person: _____
- Title/Role: _____
- Direct Phone: _____ Email: _____
- Executive/CEO Contact (Optional): _____

2. Sponsorship Level and Commitment

Select your organization’s annual level of sponsorship and involvement. ***Payment is due within 30 days of application acceptance.*** Membership may be terminated at any time but there will be no refund of dues paid.

Tier	Annual Investment	Key Benefits
☐ Patron	\$10,000+	Prime logo placement on mbch1.org; priority access to MBCH and National Alliance of Healthcare Purchaser Coalitions tools and resources; facilitated meetings with key employers; right of first refusal on sponsorship opportunities; panel/webinar facilitation; up to four complimentary event passes
☐ Champion	\$7,500	Logo placement on mbch1.org; early access to MBCH and National Alliance of Healthcare Purchaser Coalitions tools and resources; networking opportunities with key employers; panel/webinar participation; up to two complimentary event passes
☐ Supporter	\$5,000	Logo placement on mbch1.org; access to MBCH and National Alliance of Healthcare Purchaser Coalitions tools and resources;

Tier	Annual Investment	Key Benefits
		networking opportunities with key employers; possible panel/webinar participation; one complimentary event pass
☐ Advocate	\$2,500	Logo placement on mbch1.org; access to coalition webinars, work groups, and member networking roundtables.

3. Key Focus Areas and Priorities

Check the MBCH initiatives your organization is most interested in supporting:

- ☐ **Pharmacy Benefit (PBM) Reform:** Transparent pass-through modeling and joint PBM contract leverage.
- ☐ **Price and Data Transparency:** Local hospital rate benchmarking and claims data analytics.
- ☐ **Fiduciary and ERISA Compliance:** Independent tools to audit vendors and meet heightened federal standards.
- ☐ **Value-Based and Direct Contracting:** Direct-to-provider agreements and center-of-excellence programs.
- ☐ **Legislative and Employer Advocacy:** Unified state policy reform to control rising healthcare costs. Annual Hill visits.
- ☐ **Other** _____

4. Fiduciary and Transparency Attestation

- ☐ **Conflicted Vendor Attestation:** We certify that our products/services align with MBCH's standards for fee transparency and unconflicted fiduciary guidance.

5. Authorization and Signature

By signing below, the applicant agrees to support the mission of the Minnesota Business Coalition on Health in driving market competition, transparency, and high-quality healthcare outcomes.

- Authorized Representative Signature: _____
- Printed Name: _____
- Title: _____ Date: _____

Submission and Next Steps

- Email:** Send completed application to jhanvik@sghcomm.com.

Thank you for supporting employer-led healthcare reform in Minnesota.