



215 S. Wadsworth Blvd, Suite 250
Lakewood, CO 80226
Phone: 303-922-0939
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Purchaser Membership Application

Thank you for your interest in the Colorado Business Group on Health (CBGH). Please complete this form regarding your organization's Colorado operations. Having a better picture of the characteristics of CBGH members gives the Board of Directors and Committees a clearer idea of what would be of most value to members.

Name of Organization: _____

Address: _____

City: _____ State: _____ Zip code: _____

Primary Contact: _____

Title: _____

Phone: _____ Cell: _____

Fax: _____

E-mail: _____

Organization Information (please state briefly the business function of your organization)

Number of employees: _____

Do you self-insure? _____ Yes _____ No

If yes, approximately what percentage of your covered lives is through self-insurance: _____%

Do you purchase fully insured products from health plans?

_____ Yes _____ No

If yes, please list the health plans you currently contract with:



Approximate number of covered lives

Employees _____ Dependents _____ Retirees _____

Total Covered Lives _____

Membership Fee Structure

CBGH Membership is for 12 months, January 1 through December 31. For new members joining during a calendar year, we prorate your membership fee.

Yes! My organization wants to join CBGH as a Member. We are enclosing a check.

	<u>Initial Membership Year</u>	<u>Annually Thereafter</u>
▪ 1 – 250 employees	\$400	\$800
▪ 251 – 999 employees	\$750	\$1,500
▪ 1000 – 2,499 employees	\$3500	\$7,000
▪ 2,500 – 4,999	\$5000	\$10,000
▪ 5,000+	\$7500	\$15,000

Mail or email application and check payable to: Colorado Business Group on Health
215 S. Wadsworth Blvd, Suite 250, Lakewood, CO 80226, Attn: Bonnie Martin
(bonnie.martin@cbghealth.org)

**The Colorado Business Group on Health is a 501 (c) (3) organization
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