



New York Business Group on Health, Inc. Membership Application & Questionnaire

Membership is open to all employers, health insurance companies, providers of healthcare, consultants, government agencies and labor organizations in New York, New Jersey, and Connecticut. Non-resident membership is open to organizations which are outside the Tri-State Area.

Company/Organization:

Check One: Corporate Headquarters Other (describe):

How did you hear about NYBGH?

- Conference Brochure
 - Monthly Breakfast Club
 - NYBGH Publication
 - NYBGH Member: _____
 - Other: _____
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Primary Contact: Each member company should designate one individual as the primary NYBGH contact person. The responsibility of the primary contact is to be the liaison between the company and NYBGH. This involves disseminating NYBGH information to appropriate company personnel, to key officers and to those in the organization who are responsible for health-cost management. The primary contact may suggest topics for conferences and participate in one or more of the three NYBGH task forces: Elder Care, Mental Health, and the Health Benefits Advisory Group. This individual should provide comments and suggestions that will enhance the value of NYBGH activities. The primary contact will have an opportunity to name secondary contacts who are to receive NYBGH mailings.

Primary Contact's Name:

Title:

Address:

City/State/Zip Code:

Telephone:

Fax:

E-mail:

I would like to connect our organization's web site to NYBGH membership roster page: yes no

Web Site (if applicable):

Please state briefly the business function of your company/organization:

Dues Information: Annual membership dues are based on the number of company employees in the Tri-State Area (NY, NJ, CT). Dues are payable January 1st for the calendar year. The dues schedule for member companies with special fiscal cycles should be discussed with Jennifer Cole, Coordinator, Membership Services at 212-252-7440 ext. 223. All checks should be made payable to: **NEW YORK BUSINESS GROUP ON HEALTH, INC.** Mailing address: *61 Broadway, Suite 2705, New York, NY 10006.*

Number of Employees in the Company/Organization: Tri-State: _____ **Nationally:** _____

If your company/organization is a healthcare insurer, consultant, provider, or other healthcare related organization:

<u>Number of Employees</u>	<u>Membership Dues</u>
1-24 (small broker firms/consultants)	\$500
25-499	\$1000
500+	see scale below

If your company/organization is not related to the healthcare industry:

<u>Number of Employees</u>	<u>Membership Dues</u>
under 250	\$500
250-499	\$1000
500-999	\$1900
1000-2999	\$2900
3000-4999	\$3800
5000-9999	\$4700
10000-24999	\$5700
25000+	\$6600

Calculated Dues: \$ _____

Check Enclosed

Check being processed

Secondary Contacts:

Name: _____

Title: _____

Address: _____

City/State/ZipCode: _____

Telephone: _____ Fax: _____

E-mail: _____

Name: _____

Title: _____

Address: _____

City/State/ZipCode: _____

Telephone: _____ Fax: _____

E-mail: _____

Name: _____

Title: _____

Address: _____

City/State/ZipCode: _____

Telephone: _____ Fax: _____

E-mail: _____

Name: _____

Title: _____

Address: _____

City/State/ZipCode: _____

Telephone: _____ Fax: _____

E-mail: _____

Please Fax this form to NYBGH at (212) 252-7448.

Please indicate which healthcare issues are most important to you and your organization. Please rank these items with a number 1—5, “1” representing the most important topic.

- Aging Workforce Issues Eldercare/Caregiving Resources for Employees Prescription Drugs
 Consumer-Driven Health Benefits Health Plan Evaluation/Quality Provider Quality
 Depression/Behavioral Health Integrated Disability Retiree Health Benefits
 Disease/Care Management Pay for Performance Programs Plan Design Changes and Communication Strategies
 Other: _____

How do you classify your industry?

- Communications Financial/Legal Services Manufacturing Transportation/Utilities
 Consulting Government Pharmaceutical Wholesale/Retail
 Education Healthcare Insurer Services
 Entertainment Healthcare Provider Technology
 Other: _____

What type of healthcare benefit plans does your company offer for its employees?

Type of Plan	Plan Offered (y/n)	Percentage of Employees Enrolled	Self-Insured (y/n)	Fully-Insured (y/n)
Traditional Plan				
PPO				
HMO				
POS				
HSA				
HRA				

Do you offer Long-Term Care insurance?

- Yes No

How does your company assess the quality of the health plans it provides?

Do you "carve out" any portion of your health benefits?

- Yes No

Which Ones?

- Dental
 Pharmacy
 Vision
 Mental Health
 Disease Management
 Other: _____

Please enclose descriptive literature about your organization, if available.

Date: _____ Completed by: _____

If you have any questions, please do not hesitate to contact Jennifer Cole: 212.252.7440 ext.223/ nybgh@nybgh.org.