



Membership Application

ORGANIZATION INFORMATION

Organization Name: _____

Parent Company (if different): _____

Website Address: _____

Location #1 Mailing Address: _____

Street Address (if different): _____

City: _____ State: _____ ZIP Code: _____

Number of Employees at Address #1: _____ Number of Employees at Address #1 Enrolled in Company Insurance Plan: _____

Location #2 Mailing Address (if applicable): _____

Street Address (if different): _____

City: _____ State: _____ ZIP Code: _____

Number of Employees at Address #2: _____ Number of Employees at Address #2 Enrolled in Company Insurance Plan: _____

If applicable, attach information for each additional location, including: addresses; number of employees at each address; and number of employees enrolled in company insurance plan at each address.

Number of Employees (Nationally): _____ Total Number of Employees Enrolled in Company Insurance Plan: _____

- Legal Entity: self-employed partnership
for-profit entity: sole proprietor limited liability company limited partnership
 "s" corporation "c" corporation other _____
 non-profit rural utility cooperative trade or labor organization
municipality/public: town village city county school district

MAIN CONTACT INFORMATION

Name: _____ Title: _____

Address (if different than above): _____

Phone: _____ E-mail: _____ Fax: _____

HEALTH INSURANCE AGENT AND AGENCY INFORMATION

Name of Health Insurance Agent (see list of CHC Accredited Brokers): _____

Name of Health Insurance Agency: _____

MEMBERSHIP FEE (NOT REFUNDABLE)

Membership Level

- 1-10 enrolled local employees, \$250
 11-49 enrolled local employees, \$500
 50+ enrolled local employees, \$1,000

Payment (make checks payable to: Cooperative Health Choices)

- Payment attached, check number: _____
 Payment attached, check number: _____
 Payment attached, check number: _____

PROMOTING WELLNESS AND HEALTHY BEHAVIORS

The regional health insurance cooperative model strives to create cost effective, meaningful health care solutions for small employers that improve the health of individuals, businesses, and local economies. Promoting wellness and healthy behaviors are critical elements of this cooperative model. Each member of the cooperative hereby agrees to the consumer-driven and wellness-based approach to health insurance. *Failure to embrace to the wellness principles of the cooperative shall result in penalties (i.e. higher premiums) and/or termination from the cooperative.*

SIGNATURE

Signature of applicant: _____ Date: _____

Please return this application with your payment