LVBCH℠
Employers for Healthcare Value Since 1980

Membership Application Form

LVBCH Membership Application Form – To join the Lehigh Valley Business Coalition on Healthcare (LVBCH) please complete the following information about your organization. Complete and return this form to LVBCH@LVBCH.com. Upon receipt of your application, we will send you an invoice for your annual dues. If you have questions, please contact us. **Please complete all fields on this application for the applicant organization.**

1) Business Name:_____

   a. Is this Business a subsidiary of another corporation? ☐**Yes** ☐**No**

   b. If Yes, enter the name of the Parent Corporation: _____

   c. If Yes, do you want to join without your Parent Corporation becoming a member: ☐**Yes** ☐**No**

2) Business Billing Address: _____

3) Business Website Address: _____

4) Primary Contact Name & Information:

   a. Name: _____

   b. Title: _____

   c. Email: _____

   d. Phone: _____ Fax: _____

   e. Mailing Address: _____

5) Description of Primary Business: _____

LVBCH Membership – LVBCH offers two types of membership: Employer or Associate

Employer: Organizations whose employees will be eligible to enroll in LVBCH programs (i.e. medical, dental, vision, Rx drug, etc.), attend LVBCH events (including Employer Member Only events), and are eligible to participate on LVBCH committees and to serve on the LVBCH Board of Directors.

Associate: Organizations such as healthcare providers, pharmaceutical companies, insurance companies, benefit consultants or brokers, and providers of any healthcare related services. Associate members are eligible to enroll in LVBCH programs (i.e. medical, dental, vision, Rx drug, etc.), attend selected LVBCH events and participate on selected LVBCH committees, but are NOT eligible to serve on the LVBCH Board of Directors.

6) Please answer the following Yes/No questions about your business to determine your membership type:

   a. ☐**Yes** ☐**No** Is your business a healthcare provider?

   b. ☐**Yes** ☐**No** Is your business a pharmaceutical company?

   c. ☐**Yes** ☐**No** Is your business an insurance company?

   d. ☐**Yes** ☐**No** Does your business provide benefits-related Broker/Consultant services to employers?

   e. ☐**Yes** ☐**No** Does your business offer any healthcare related services to employers?

Based on your responses please select your membership type:

☐**Employer** All “No” for question 6a-e
☐**Associate** Any “Yes for question 6a-e

7) Associates Only: I am interested in learning more about the LVBCH Affiliate Program ☐**Yes** ☐**No**

8) Is your business enrolling in any LVBCH purchasing programs? ☐**Yes** ☐**No**

If yes, answer #8-11 and complete the signature section.
If no, complete the signature section only.

9) If yes, please select which program(s):

- ☐**Medical: Capital Blue Cross**
- ☐**PBM: Express Scripts**
- ☐**PBM: Capital Rx**
- ☐**Dental: United Concordia Dental**
- ☐**Vision: EyeMed**
- ☐**Pharmacy: KPCM**
- ☐**Small Group Self-Funding: BSI Core**
- ☐**EAP: Health Advocate**
- ☐**Wellness: BeneFIT Corporate Wellness**

10) Number of regular full-time employees at the end of the immediately preceding fiscal year:

a. _____ Number (#) of employees who work in PA
b. _____ # of employees who do **NOT** work in PA but who **will** be enrolled in an LVBCH program
c. _____ Total # of employees

11) Please answer the following Yes/No questions about your business:

a. ☐**Yes** ☐**No** Is your business headquartered in PA?
b. ☐**Yes** ☐**No** Is your business non-profit or tax-supported (i.e., school, municipality, college, etc.)?
c. ☐**Yes** ☐**No** Is your business self-insured for medical coverage?

12) Please provide the company name providing the following benefits for your "***Active***" employee population:

a. **Broker/Consultant(s)**:_____
b. **Medical**:_____
c. **Pharmacy (PBM):**_____
d. **Dental:**_____
e. **Vision:**_____

The undersigned hereby applies for membership in LVBCH on behalf of the Business listed above.
If approved for membership, we hereby accept and agree to abide by the Articles of Incorporation, Bylaws and policies of LVBCH as now in effect or hereafter amended.

Signature: _____ **Date**: _____

Print Name: _____ **Print Title**: _____