California Public Employers Employees Health Care Coalition

Application for Membership

The following is an application for membership to the California Public Employers-Employees Health Care Coalition (CPEEHCC), a non-profit association. Please check the appropriate boxes as they apply to your organization and answer all questions.

1. You are eligible to enter the Trust only if you meet at least one of the following criteria:
   Your organization is a (n):

   - ☐ California Public Employer
   - ☐ Association or Union representing members employed by a Public Employer
   - ☐ Trust Fund formed by such Association or Union to provide benefits to their employees
   - ☐ Jointly-Managed Employer-Employee Trust Fund
   - ☐ Other Public Sector Benefit Plan

2. How many members does your organization currently represent (actual lives)

   - ☐ 0 to 10,000
   - ☐ 10,001 to 30,000
   - ☐ Over 30,000

3. What medical carriers and ancillary services does your existing membership currently use?

_____

_____

_____

_____

_____

4. Would you agree to pool your existing membership with the CPEEHCC membership on any of the following services (check all that apply):

   - ☐ Delta Dental
   - ☐ Medco PBM Service
   - ☐ Best Doctors
   - ☐ American Fidelity
   - ☐ VSP Vision
   - ☐ Other: _____
   - ☐ No, we are not willing to pool our membership with CPEEHCC

*Note: Pooling, in this context, means combining membership for purchasing benefits, it does not represent pooling of claims.

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5. For what reason(s) are you requesting membership into CPEEHCC? How do you believe your organization could contribute? (Please attach another sheet if you need more room.)

_____

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_____

_____

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6. Please provide contact information:

Name and Title	
Street Address	
City, State & Zip Code	
Phone	
Email	

Attached is a copy of the by-laws of CPEEHCC. By signing below you agree that you have read and understand the terms of membership should your application be approved.

Name and Title: _____ Date: _____

Once your Membership Application is received, it will be submitted for approval by the CPEEHCC Board of Directors and you will be notified of their decision.

Thank you for your interest in CPEEHCC.

Please mail or fax this application to:

HUB International Insurance Services Inc.
Attn: Ron Riley
180 N. Riverview Drive, Suite 100
Anaheim, CA 92808
Fax: 951-922-4248