



Business Health Care Group
Driving Meaningful Change

BHCG Membership Information Form

Company Name: _____
 Company Contact: _____
 Email Address: _____
 Street Address: _____
 City, State, Zip: _____
 Phone Number: _____

One-Time Joining Fee* (Circle One)

<u># Employees</u>	<u>Joining Fee</u>
2-10	\$100
11-25	\$250
26-99	\$500
100+	\$1000



*These fees are waived if joining through a sponsoring organization.

Sponsoring Organization: **Granville-Brown Deer Chamber of Commerce**

Annual Membership Fee per Eligible Employee:

Number of Eligible Employees** _____ X \$9.00 = _____

**Eligible Employee = an employee that is eligible to take your company sponsored health insurance even if they choose not to enroll or retirees receiving employer-sponsored health insurance. The employee needs to reside within the 11 eligible counties of Dodge, Jefferson, Kenosha, Milwaukee, Ozaukee, Racine, Rock, Sheboygan, Waukesha, Walworth and Washington.

Total Amount Paid: _____

Please make check payable to: Business Health Care Group (**BHCG**) and return payment to your Humana Sales Representative. Please note next membership fee will be due 1/31/08.

Signature: _____

Date: _____