



# California Purchasers Health Care Coalition

## Application for Membership

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

1. Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Primary Contact & Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Secondary Contact & Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

2. You are eligible to apply for membership if you meet at least one of the following criteria:  
*Your organization is a (n):*

- California Public Sector or Private Sector Employer
- Associations or Unions representing members employed by a Public or Private Sector Employer
- Trust Fund formed by such Associations or Unions to provide benefits to their Employees
- Jointly-Managed Employer-Employee Trust Fund
- Joint Powers Authority
- Other California Public Sector or Private Sector Benefit Plans

3. How many subscribers does your organization currently represent on medical plans:

- 1 to 10,000
- 10,001 to 30,000
- Over 30,000

4. What medical carriers and ancillary services do your existing membership currently use?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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5. Would you agree to pool your existing membership with the CPHCC membership on any of the following services:

- Delta Dental
- Medco PBM Service
- Best Doctors
- American Fidelity
- VSP Vision
- Other: \_\_\_\_\_

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

6. What reason(s) are you requesting to join the CPHCC and how do you feel your organization could contribute? (You can attach another sheet if you need more room.)

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

Name and Title: \_\_\_\_\_ Date: \_\_\_\_\_

*Membership is subject to approval by the CPHCC Board of Directors. Upon completion, your Application for Membership will be submitted to the Board and you will be notified of their decision.*

Thank you for your interest in **CPHCC**.

**Please mail or fax this application to:**

Keenan & Associates  
Attn: Yanique Alce  
4204 Riverwalk Parkway, Suite 400  
Riverside, CA 92505