



FOR PROFIT EMPLOYER APPLICATION FOR MEMBERSHIP

Name of Organization: _____
Address _____

Contact person for this form:

Name _____
Position _____
Phone: (work) _____
(cell) _____
Email: _____

The organization hereby applies for itself, its affiliates, and its subsidiaries as listed on Schedule A (“related employers”) for membership in The Catholic Benefits Association.

The organization represents, for itself and its related employers, that: (i) Catholics (or trusts or other entities wholly controlled by Catholics) own 51% or more of employer, (ii) 51% or more of the members of the employers’ governing bodies, if any, are Catholics, and (iii) either their respective owners or their respective governing bodies have adopted written policies committing the employers to provide no health care benefits to their employees or independent contractors inconsistent with Catholic values.

As a condition for membership in the Association, the organization agrees to pay dues and assessments to the Association, as determined by the Association’s Board of Directors, and which, as of the date of this application, are dues of \$0.50 per covered employee¹ per month not to exceed \$2,000/mo. plus a temporary litigation fee of \$1.00 per covered employee per month also not to exceed \$2,000/mo.

The organization hereby represents (i) that it has the authority to apply for membership in the Association for itself and its related employers, and (ii) that its related employers which it intends to be included as members of the Association are identified on Schedule A.

The total number of covered employees for the organization and the related employers is _____.

(Name of Organization)

By: _____

Position: _____

Date: _____

¹ A “covered employee” is an employee participating in a health plan sponsored or maintained by the applicant organization or a health plan sponsored or maintained by any related employer.



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RELATED EMPLOYERS TO BE ADMITTED AS MEMBERS

The applicant organization identifies the following separately incorporated related employers and acknowledges that pursuant to this Application for Membership, each of them will be admitted as a member of The Catholic Benefits Association:

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____