Application for Member Organizations

ORGANIZATION NAME

ADDRESS

CITY | STATE | ZIP

PHONE (AREA CODE/NUMBER) | FAX (AREA CODE/NUMBER)

E-MAIL (FOR AHIP INTERNAL USE ONLY.) | WEBSITE

MAILING ADDRESS (IF DIFFERENT)

CITY | STATE | ZIP

Organization – Products Offered (Check all that apply)

☐ Dental
☐ Disability Insurance
☐ Disease Management
☐ Exchanges – Federal/State
☐ Group Medical
☐ HDHP/HSAs
☐ HMO
☐ Individual Medical
☐ Long-term Care Insurance
☐ Medicare Supplement
☐ PPO
☐ Reinsurance
☐ Stop Loss
☐ Supplemental Insurance
☐ Third Party Administrator (TPA)
☐ Utilization Review Organization (URO)
☐ Vision

Participation in Government Programs

☐ CHIP
☐ CMS Dual Eligibles Demonstration
☐ FEHBP
☐ Medicaid Health Plan
☐ Medicare ACO
☐ Medicare Advantage
☐ Medicare Cost Contract
☐ Medicare Part D
☐ PACE Plan
☐ TRICARE

Tax Status: ☐ For Profit ☐ Non-profit

Premium and Revenue

- Total Accident & Health Premium as of December 31st of the prior year: ____________________
- For TPAs, PPO Networks, and Disease Management Organizations, please provide gross revenues as of December 31st of the prior year: ____________________

Covered Lives (If applicable)

- Commercial Major Medical (Individual & Group): ____________________
- Medicare Advantage: ____________________
- Medicare Cost: ____________________
- Medicare Part D (stand-alone): ____________________
- Medicaid/CHIP: ____________________
- Exchange: ____________________
- ASO: ____________________

Ownership

- Is your organization owned (e.g., through majority stock ownership) or controlled (e.g., by majority representation on your Board of Directors) by another organization? ☐ Yes ☐ No
- If yes, please name the organization and explain the relationship to your organization: ____________________

____

Please List the States in Which Your Organization Does Business:

____

____

____

☐ Check here if your organization does business in all 50 states

Executive/Senior Management Team:

Chief Executive

NAME

TITLE

PHONE (AREA CODE/NUMBER) FAX (AREA CODE/NUMBER)

E-MAIL (FOR AHIP INTERNAL USE ONLY.)

Assistant to Chief Executive

NAME

TITLE

PHONE (AREA CODE/NUMBER) FAX (AREA CODE/NUMBER)

E-MAIL (FOR AHIP INTERNAL USE ONLY.)

Finance/CFO

NAME

TITLE

PHONE (AREA CODE/NUMBER) FAX (AREA CODE/NUMBER)

E-MAIL (FOR AHIP INTERNAL USE ONLY.)

Operations/COO

NAME

TITLE

PHONE (AREA CODE/NUMBER) FAX (AREA CODE/NUMBER)

E-MAIL (FOR AHIP INTERNAL USE ONLY.)

Medical Director/Chief Medical Officer

NAME

TITLE

PHONE (AREA CODE/NUMBER) FAX (AREA CODE/NUMBER)

E-MAIL (FOR AHIP INTERNAL USE ONLY.)

IT/Chief Information Officer

NAME

TITLE

PHONE (AREA CODE/NUMBER) FAX (AREA CODE/NUMBER)

E-MAIL (FOR AHIP INTERNAL USE ONLY.)

Communications/Public Relations

NAME

TITLE

PHONE (AREA CODE/NUMBER) FAX (AREA CODE/NUMBER)

E-MAIL (FOR AHIP INTERNAL USE ONLY.)

Legal Affairs/General Counsel

NAME

TITLE

PHONE (AREA CODE/NUMBER) FAX (AREA CODE/NUMBER)

E-MAIL (FOR AHIP INTERNAL USE ONLY.)

Chief Marketing Officer

NAME

TITLE

PHONE (AREA CODE/NUMBER) FAX (AREA CODE/NUMBER)

E-MAIL (FOR AHIP INTERNAL USE ONLY.)

Human Resources Officer

NAME

TITLE

PHONE (AREA CODE/NUMBER) FAX (AREA CODE/NUMBER)

E-MAIL (FOR AHIP INTERNAL USE ONLY.)

Product Contacts:

Dental

NAME

TITLE

PHONE (AREA CODE/NUMBER) FAX (AREA CODE/NUMBER)

E-MAIL (FOR AHIP INTERNAL USE ONLY.)

Disability Income

NAME

TITLE

PHONE (AREA CODE/NUMBER) FAX (AREA CODE/NUMBER)

E-MAIL (FOR AHIP INTERNAL USE ONLY.)

Exchange

NAME

TITLE

PHONE (AREA CODE/NUMBER) FAX (AREA CODE/NUMBER)

E-MAIL (FOR AHIP INTERNAL USE ONLY.)

FEHBP

NAME

TITLE

PHONE (AREA CODE/NUMBER) FAX (AREA CODE/NUMBER)

E-MAIL (FOR AHIP INTERNAL USE ONLY.)

Individual Medical

NAME

TITLE

PHONE (AREA CODE/NUMBER) FAX (AREA CODE/NUMBER)

E-MAIL (FOR AHIP INTERNAL USE ONLY.)

Long-term Care

NAME

TITLE

PHONE (AREA CODE/NUMBER) FAX (AREA CODE/NUMBER)

E-MAIL (FOR AHIP INTERNAL USE ONLY.)

Medicaid

NAME

TITLE

PHONE (AREA CODE/NUMBER) FAX (AREA CODE/NUMBER)

E-MAIL (FOR AHIP INTERNAL USE ONLY.)

Medicare

NAME

TITLE

PHONE (AREA CODE/NUMBER) FAX (AREA CODE/NUMBER)

E-MAIL (FOR AHIP INTERNAL USE ONLY.)

Medigap

NAME

TITLE

PHONE (AREA CODE/NUMBER) FAX (AREA CODE/NUMBER)

E-MAIL (FOR AHIP INTERNAL USE ONLY.)

Reinsurance

NAME

TITLE

PHONE (AREA CODE/NUMBER) FAX (AREA CODE/NUMBER)

E-MAIL (FOR AHIP INTERNAL USE ONLY.)

Supplemental Insurance

NAME

TITLE

PHONE (AREA CODE/NUMBER) FAX (AREA CODE/NUMBER)

E-MAIL (FOR AHIP INTERNAL USE ONLY.)

Additional Key Contacts:

Government Affairs – Federal Issues

NAME

TITLE

PHONE (AREA CODE/NUMBER) FAX (AREA CODE/NUMBER)

E-MAIL (FOR AHIP INTERNAL USE ONLY.)

Government Affairs – State Issues

NAME

TITLE

PHONE (AREA CODE/NUMBER) FAX (AREA CODE/NUMBER)

E-MAIL (FOR AHIP INTERNAL USE ONLY.)

Government Affairs – Grassroots

NAME

TITLE

PHONE (AREA CODE/NUMBER) FAX (AREA CODE/NUMBER)

E-MAIL (FOR AHIP INTERNAL USE ONLY.)

Actuarial

NAME

TITLE

PHONE (AREA CODE/NUMBER) FAX (AREA CODE/NUMBER)

E-MAIL (FOR AHIP INTERNAL USE ONLY.)

AHIP Survey Contact

NAME

TITLE

PHONE (AREA CODE/NUMBER) FAX (AREA CODE/NUMBER)

E-MAIL (FOR AHIP INTERNAL USE ONLY.)

Claims

NAME

TITLE

PHONE (AREA CODE/NUMBER) FAX (AREA CODE/NUMBER)

E-MAIL (FOR AHIP INTERNAL USE ONLY.)

Compliance

NAME

TITLE

PHONE (AREA CODE/NUMBER) FAX (AREA CODE/NUMBER)

E-MAIL (FOR AHIP INTERNAL USE ONLY.)

Corporate Governance

NAME

TITLE

PHONE (AREA CODE/NUMBER) FAX (AREA CODE/NUMBER)

E-MAIL (FOR AHIP INTERNAL USE ONLY.)

Customer Service

NAME

TITLE

PHONE (AREA CODE/NUMBER) FAX (AREA CODE/NUMBER)

E-MAIL (FOR AHIP INTERNAL USE ONLY.)

Emergency Preparedness/Business Continuity

NAME

TITLE

PHONE (AREA CODE/NUMBER) FAX (AREA CODE/NUMBER)

E-MAIL (FOR AHIP INTERNAL USE ONLY.)

Fraud

NAME

TITLE

PHONE (AREA CODE/NUMBER) FAX (AREA CODE/NUMBER)

E-MAIL (FOR AHIP INTERNAL USE ONLY.)

Health & Wellness

NAME

TITLE

PHONE (AREA CODE/NUMBER) FAX (AREA CODE/NUMBER)

E-MAIL (FOR AHIP INTERNAL USE ONLY.)

Additional Key Contacts Continued:

Pharmacy

NAME

TITLE

PHONE (AREA CODE/NUMBER) FAX (AREA CODE/NUMBER)

E-MAIL (FOR AHIP INTERNAL USE ONLY.)

Tax

NAME

TITLE

PHONE (AREA CODE/NUMBER) FAX (AREA CODE/NUMBER)

E-MAIL (FOR AHIP INTERNAL USE ONLY.)

Privacy/HIPAA

NAME

TITLE

PHONE (AREA CODE/NUMBER) FAX (AREA CODE/NUMBER)

E-MAIL (FOR AHIP INTERNAL USE ONLY.)

Training & Learning Development

NAME

TITLE

PHONE (AREA CODE/NUMBER) FAX (AREA CODE/NUMBER)

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In Submitting this Member Organization Application, the Applicant Agrees to the Following:

- If admitted to membership, to pay annual dues as determined by the AHIP Board of Directors and to comply with the provisions of the AHIP Bylaws.
- On behalf of the applicant, the undersigned agrees to the foregoing conditions and certifies that the information in this application is true and correct.

SIGNATURE DATE

NAME TITLE

Please mail or e-mail to:

AHIP, Membership Department, 601 Pennsylvania Ave., NW, South Building, Suite Five Hundred, Washington, DC 20004

E-mail: MembershipFrontline@ahip.org | Phone: 202.778.8502

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