

# Rhode Island Business Group on Health 2010 Invoice

Company Name\_\_\_\_\_

Company Address\_\_\_\_\_

RIBGH Contact Name \_\_\_\_\_

RIBGH Contact Email Address\_\_\_\_\_

Telephone #\_\_\_\_\_

CEO Name\_\_\_\_\_

1. Is your company fully insured or self insured?
2. Is your company with BCBS of RI, United Healthcare or another outside RI carrier?
3. Number of RI Employees?
4. Number of Nationwide Employees?

Please remit payment along with a copy of this completed invoice to:  
Rhode Island Business Group on Health  
PO Box 1523  
Providence, RI 02901-1523

## 2010 Fees (based upon number of RI Employees):

- Under 100 ee's: \$100
- 100-250 ee's: \$200
- 251-1,000 ee's: \$300
- Over 1,000 ee's: \$500
- Brokers/Insurers: \$1,000

We thank you for your support and commitment to the Rhode Island Business Group on Health. We encourage you to visit [www.ribgh.org](http://www.ribgh.org) and to be involved in one of our RIBGH Sub Committees.