



[spbatpa.org](http://spbatpa.org)

Two Wisconsin Circle, Suite 670  
Chevy Chase, MD 20815

Dear Self-Administered Plan Representative,

The SPBA Board of Directors encourages you to join the Society of Professional Benefit Administrators today!

### About SPBA

SPBA is the national association that provides regulatory and legislative education to help administrators of self-funded plans. SPBA helps members succeed in a fast-moving industry with insightful compliance-related guidance.

As you know, self-funded health plans are subject to countless complex regulatory changes. At SPBA, we analyze those changes with you. We are a leading voice for employee benefits and a major behind-the-scenes sounding board for government policymakers.

SPBA works closely with federal agencies to understand the constant flow of regulations and interpretations. This knowledge helps us give perspective and education to plan sponsors and trustees. In turn, agencies appreciate the insights of SPBA, and say this interaction helps them understand potential issues.

### Educational Focus

SPBA focuses on providing its members with education they need to excel in administering benefit plans with enhanced regulatory compliance knowledge. SPBA's **publications** including SPBA UPDATE, email alerts, and website articles, and **educational offerings** including webinars and meetings provide unique, timely insights that help you improve the performance and efficiency of your plan.

Many speakers for our Spring Meetings write the government's regulations. Others who have products/services for plans are invited solely based on their expertise and ability to inform and educate our audience.

### Cost of Membership

Full SPBA Self-Administered Membership dues are \$2,250 under 1,000 employees, and \$2,950 with 1,000+ employees.

Guidance  
Compliance  
Confidence

Society of Professional Benefit Administrators  
ADVANCING SELF-FUNDED HEALTHCARE

### How to Join

Complete the attached Member Application Form and return it via email to Kathy Strauss, Director of Member Services, at [kathy@spbatpa.org](mailto:kathy@spbatpa.org). She will send you an invoice. Please email her at [kathy@spbatpa.org](mailto:kathy@spbatpa.org) with questions.

Thank you, and welcome to SPBA. We look forward to having you join our community of the best employee benefit brains in the industry!

Anne Lennan  
SPBA President

## APPLICATION FORM

Please print or type clearly. Send no money; SPBA will send you an invoice.

Name of Firm: \_\_\_\_\_

Industry: \_\_\_\_\_

Number of Employees: \_\_\_\_\_

Describe your services and/or products: \_\_\_\_\_

Website address: \_\_\_\_\_

Mailing address, city/state/zip: \_\_\_\_\_

How did you hear about SPBA? \_\_\_\_\_

### KEY CONTACTS

**All Listed Contacts Must Be Actual Employees of the Member Firm.**

No outside advisors, investors, attorneys, brokers etc., are allowed as “contacts” or to attend SPBA meetings.

**Primary Contact** *(will receive renewal and update forms, vote in SPBA elections)*

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Job Roles: \_\_\_\_\_

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

Phone (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

### Secondary Contact

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Job Roles: \_\_\_\_\_

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

Phone (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

**Additional contacts may be added on the next page**

**ADDITIONAL CONTACTS** *(if applicable)*

**Contact #3**

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Job Roles: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

**Contact #4**

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Job Roles: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

**Contact #5**

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Job Roles: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

**Contact #6**

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Job Roles: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

**Contact #7**

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Job Roles: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_