



Statement of Chamber Membership

Chamber of Commerce Programs are not available in all areas.

Our company, _____, desires to receive the premium rate advantages available through the MemberCare AllianceSM or Healthy Business AllianceSM Chamber of Commerce-sponsored program available in our area. By signing below, I do hereby confirm that our company is either currently a member in good standing with the _____ Chamber of Commerce, or will join a designated participating Chamber of Commerce within 30 days of our group's effective date of coverage.

I understand that the premium rate advantages made available through this program can be removed at my group's annual rate renewal if I fail to maintain membership in a participating Chamber of Commerce.

Signature: _____

Title: _____

Date: _____

Broker Notice: For information on the availability of Chamber of Commerce-Sponsored Insurance Programs in your area, please contact Purchasing Alliance Solutions, Inc., at 800-782-8254.

MemberCare Alliance and Healthy Business Alliance are registered service marks of Purchasing Alliance Solutions, Inc.