

_	MFM	RERSHIP	APPLICATION	

Membership in TABA is granted to TPAs and related businesses; individual memberships are not available. All information provided on this

application for membership will remain high information.	ly confidential and will only be	used for mem	nbership purposes. TABA re	tains tl	ne right to verify all
Member Company					
Primary Contact / Title	Secondary Contact / Title				
Mailing Address		City	State		Zip
Phone Fax		Benefits Admi	n		
Primary Email	Claims Admin				
Accounting Email	Referred by				
Select the appropriate membership catego	ry below:	My	company is involved in the	follow	ing:
Member		401k Plans		Medical Cost Containment	
Regular members are those that are licensed	er	Ancillary Coverages		MEWAs	
state law. Dues are based on gross annual ac	ck one)	Auditing & Consulting		MGUs	
			Automated Software Systems	6	MSAs
Amount of Annual Revenue/Billing	Annual Dues		Broker/Consultant Cafeteria Plans		Non-Subscriber Pension Benefit Plans
\$200,000 to \$499,999	\$550		Claims Payor System		Pharmacy Benefits Manager
\$500,000 to \$999,999	\$825		COBRA Administration		PPO
\$1 million plus	\$1100		Dental		Re-Insurer
Additional Satellite Office(s)*	\$110		Disability Plans		Section 125 Plans
	ŞIIU		DMO		Self Funded Plans
*include contacts and locations			EAP		Stop-Loss Insurer
			FSAs		Subrogation Services
License #			Fully Insured		Utilization Review
			HMO		Vision Plans
Associate Member (Non-Voting) - Annu	ual Dues: \$795		HRAs		Wellness
•		HSAs		Worker's Comp. Plans	
This membership category is made available maintain a mutual interest in benefit adminis			Managed Care		

## Credit Card Check Enclose a check with this application and return to: To request an invoice that will allow you to pay through a secure payment terminal, contact Phyllis Campbell at pcampbell@tabatpa.org or by phone at (512) 507-7001. TABA, 6009 W Parker Road #149-131, Plano, TX 75093