

EMPLOYEE SERVICES PROGRAM (ESP) 2017 MEMBERSHIP APPLICATION



Prospective members should follow the instructions provided below for becoming an active member of the Employee Services Program (ESP), offered through **United Iroquois Select LLC** (an affiliate of **Iroquois Healthcare Alliance and United Iroquois Shared Services, Inc.**).

- 1) Completely fill out and sign this Membership Application.
- 2) Make your check payable to United Iroquois Select for the applicable membership fee shown on Page 2.
- 3) Submit your completed application and check to:

United Iroquois Select, LLC
5740 Commons Park
East Syracuse, NY 13057

ORGANIZATION INFORMATION

Organization Name _____

Address _____

City, State, Zip _____

of Employees: _____

ESP CHAMPION INFORMATION

Your organization must indicate *at least* one representative who will be designated as your facility's "Champion". This is usually the person within your organization who has direct responsibility for employee services, benefits, and recreation programs. As the ESP Champion, he/she will work with Iroquois to promote ESP to their employees through the use of ESP marketing materials. This individual will also coordinate Iroquois' participation at employee benefit fairs or other such venues.

Primary Champion's Name: _____

Title: _____

Phone Number (with extension, if any): _____

Email Address: _____

Secondary Champion's Name (if any): _____

Title: _____

Phone Number (with extension, if any): _____

Email Address: _____

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2017 ESP MEMBERSHIP FEES

Membership fees entitle your employees to all the benefits of ESP. Organizational memberships are good for the calendar year in which the membership is activated, unless otherwise noted in your cover letter, and will automatically renew annually on January 1 unless a written cancellation is received by November 30 for the subsequent year's membership. Your organization's membership start date is contingent upon receipt of your application and check, as noted below.

Non-Healthcare ESP Fees - 2017

# EMPLOYEES	FEE
1-250	\$649
250-500	\$946
501-1000	\$1,150
1001-1500	\$1,353
1501-2000	\$1,623
2001-3000	\$2,002
3001-4000	\$2,625
4001-5000	\$3,421
5001-6000	\$4,084
6001-7000	\$4,748
7001-8000	\$5,150

2017 ESP MEMBERSHIP START DATES

APPLICATION AND CHECK RECEIPT DATE BY UI SELECT	MEMBERSHIP START DATE
01/01/16 - 02/19/16	03/01/16
02/20/16 - 03/18/16	04/01/16
03/19/16 - 04/22/16	05/01/16
04/23/16 - 05/20/16	06/01/16
05/21/16 - 06/17/16	07/01/16
06/18/16 - 07/22/16	08/01/16
07/23/16 - 08/19/16	09/01/16
08/20/16 - 09/23/16	10/01/16
09/24/16 - 10/21/16	11/01/16
10/22/16 - 11/25/16	12/01/16
11/26/16 - 12/23/16	01/01/17

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AUTHORIZED REPRESENTATIVE SIGNATURE

By my signature below, I hereby confirm that I am a duly authorized representative of _____ (organization name), and I hereby request membership on behalf of _____ (organization name), into the Employee Services Program (ESP) offered through United Iroquois Select LLC.

Authorized Representative Signature

Date

Printed Name

Title

WE'RE HERE TO HELP

If you have questions concerning the Employee Services Program (ESP), we are here to help. Please contact:

Contact Person: Kourtney Van Patten
Direct Phone: (518) 348-7445
Fax Number: (518) 383-2616
Email: kvanpatten@iroquois.org
Address: 15 Executive Park Drive, Clifton Park, NY 12065

APPLICATION AND CHECK SUBMISSION

Make your check payable to **UNITED IROQUOIS SELECT, LLC**. Submit your completed application and check to:

Accounts Receivable
United Iroquois Select, LLC
5740 Commons Park
East Syracuse, NY 13057