



Missouri Educators Unified Health Plan, Inc.

2019-2020 APPLICATION FOR MEMBERSHIP

2019-20 Board of Directors and Regional Leadership

Executive Director

Ken Cook

President

Stan Stratton, Dunklin R-V

Vice President

Eric Allen, Alton R-IV

Treasurer

John French, Lewis Co C-I

Secretary

Kevin Goddard, Sarcoxie R-II

Board Members

Northwest

Karma Coleman, Tarkio R-I

Northeast

John French, Lewis Co. C-1

West Central

Terry Mayfield, Drexel R-IV

Central

Open

Southeast

Adam Friga, Oran R-III

South Central

Eric Allen, Alton R-IV

Southwest

Dr. Kevin Goddard, Sarcoxie R-II

St. Louis

Stan Stratton, Dunklin R-V

Kansas City

Jaret Tomlinson, Excelsior Springs 40

Name of School District _____

Address _____

City, State, Zip Code _____

Contact Name _____ Title _____

E-mail Address _____

Telephone Number _____

Payroll Supervisor/HR Director _____

E-Mail Address _____

Type of Membership (circle one) Voting Non-Voting

Region:

- Northwest Northeast Southwest Southeast
 West Central South Central Central St. Louis

The Missouri Educators Unified Health Plan, Inc. is a non profit corporation formed for the purpose of promoting the common interests and mutual benefit of its members by engaging in providing and maintaining insurance and other benefits for its members as permitted by the statutes of the State of Missouri and the transaction of any other lawful activity.

Each new school district will pay a one-time, \$250 membership fee within 30 days of the membership application being approved by the Board of Directors.

By completing and signing this form, the named organization is applying to become a member of the Missouri Educators Unified Health Plan, Inc. In the event of a member's resignation or termination from membership, it is understood that neither the initial assessment nor any future assessments will be refundable. It is understood that membership involves certain obligations and responsibilities and that by becoming a member, all of the benefits of such membership will be available. I hereby agree on behalf of the above named organization to be bound by the statements set forth on this application, the Membership Agreement, Business Associate Agreement, and Bylaws of the corporation. It is acknowledged that membership is not automatic upon submission of this application, but is subject to the approval of the Board of Directors.

Name: _____ Signature: _____
(Printed Name)

Title: _____ Date: _____

Forrest T. Jones and Company, Administrator
 MEUHP Third-Party Plan Administrator
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