



www.labi.org

Group Insurance

Only For LABI Members
Only From BlueCross BlueShield of Louisiana



LABI's Benefit Plan Consultants
Associated Benefits Consulting

Baton Rouge: 225-928-2225
Toll Free: 1-877-799-2225

Fax: 1-800-370-1638

Authorized Signature _____ Date _____

Yes, I am a member of LABI. Member Number _____

or

My signature above is authorization to enroll my company as a member of the Louisiana Association of Business and Industry for the introductory first-year dues of \$299.00. The membership will be effective and payable on issuance of the policy.

Name _____ Title _____

Company Name _____

Address _____

City _____ State _____ Zip _____

Phone # _____ Email Address _____

No. Employees _____ NAICS Code _____

LABI Annual Membership Investment – Blue Chip \$299.00

Attach check for LABI annual dues of \$299.00

or

Please charge LABI membership dues annually to:

Charge to: AMEX MC VISA Card # _____

Annual Dues of **\$299.00** Expiration Date ____/____/____ Security Code _____ Credit

Card Billing Address (if different from above):

City _____ State _____ Zip _____

Cardholder's Name _____ Signature _____

TAX INFORMATION: LABI dues are not deductible as a charitable contribution but may be deductible as an ordinary and necessary business expense. A portion of your dues however, is not deductible as an ordinary and necessary business expense to the extent that LABI engages in lobbying.

A portion of your LABI dues are tax deductible. Please consult your tax professional for further details.

Return this copy with LABI dues payment and master application for LABI/BlueCross BlueShield Group Insurance. Thank You!