



Charter Sponsor Invitation

Bringing together leaders and decision makers from a variety of businesses, the Oklahoma Employers Healthcare Alliance is a state-wide, employer-sponsored healthcare coalition. OEHA is committed to educating and empowering local employers and their employees to make informed healthcare-related decisions, and committed to promoting healthcare quality, cost-effectiveness, transparency and accountability in our community. Launching in 2020, OEHA will offer educational programs, sponsorship opportunities, research projects, and employer surveys that focus on increasing the value of health and welfare benefits for Oklahoma employers while also increasing the productivity of their workforce. OEHA will represent the purchaser perspective on healthcare benefits and healthcare delivery. Our mission is to act in the collective best interest of purchasers and members while being transparent and disruptive in our efforts to improve health in Oklahoma. The Oklahoma Employers Healthcare Alliance is a non-profit organization.

We are inviting a select group of leading healthcare companies to become our Charter Sponsors. These organizations will be our initial supporters and will have a critical voice in the development of OEHA. As our Board of Directors begins to layout the OEHA strategic plan, our Charter Sponsors will have the opportunity to partner on our first programs and initiatives.

The Charter Sponsorship Includes:

- 2 Years of Allied Membership in OEHA
- Recognition on the OEHA Website
- Recognition at all OEHA Meetings
- Participation in OEHA Planning Committees
- Opportunity to partner with OEHA on Membership Meeting Content

Oklahoma Employers Health Alliance

www.oeha.org

Contact Person

For questions regarding this sponsorship, OEHA should contact:

Name: _____

Title: _____

Phone: _____ Email: _____

Payment Method

Please indicate your method of payment.

- Check enclosed, payable to Oklahoma Employers Health Alliance

- Credit card payment

Charter Sponsorship Fee \$10,000

Card Type: ▪ VISA ▪ MC ▪ AMEX

Card Number: _____ Exp. Date: _____

CVC (3 digit code): _____ Zip Code: _____

Card Holder's Name (Please print): _____

Signature: _____

Please complete both pages of this agreement and return to:

Oklahoma Employers Health Alliance
 Tenth Floor, Two Leadership Square Email: info@oeha.org
 211 N. Robinson, Oklahoma City,
 OK 73102-7103