



**INFORM – IMPLEMENT - IMPROVE**

*Join together to implement the most inclusive and strongest health care measures in the country.*

Organization: \_\_\_\_\_ Date: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_ Zip: \_\_\_\_\_

Work: (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

We are interested in participating in the following (check all you are interested in):

**Issue Working Groups:**

- Insurance Implementation Reforms (interested in all of them)
  - Rate Reform  Medical Loss Ratio  Insurance Exchange (options, benefits, etc.)
- Quality and Costs Containment
- Medicaid Implementation
- Workforce Development
- Other:

**Health Care Justice Campaign Components: I am interested in participating in...**

- Communications
- Local Congressional District Committees
- Legislative Consortium
- Local Congressional District Committees
- Caucuses

*Thank you for your interest in HCJC! Please mail your completed form to the Campaign for Better Health Care Central Office: 44 E. Main Street #414, Champaign, IL 61820*

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**A Project of the Campaign for Better Health Care**

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