North Carolina Medical Society Employee Benefit Plan

Physician Membership Verification Form

For an Employer to be eligible to participate in the North Carolina Medical Society Employee Benefit Plan, one hundred percent (100%) of the practicing physicians owning or employed by the Employer must be members in good standing of the North Carolina Medical Society. All Employers must complete this membership verification form as part of their renewal process. Membership will be verified by The North Carolina Medical Society.

_____

(Please type or print name)

Employer Name:_____

Employer Address:_____

Telephone Number:_____ **Fax Number:**_____

Contact Person:_____

Please provide the following information for **all** practicing physicians or attach listing of physicians.

Last Name	First Name	MI	Suffix (Jr., MD, DO, etc)	Social Security Number

Revised 11/07 jd