



P.O. Box 948
West Plains, MO 65775

800-793-0010 • Fax 866-299-3303
membership@airmedcarenetwork.com

Dear Utilities District of Western Indiana, REMC Member,

Good News! Utilities District of Western Indiana, REMC has partnered with Air Evac Lifeteam to offer you as a Member the opportunity to join Air Evac Lifeteam’s Membership Program at a special “members-only” discounted rate! Membership is now available through an affordable monthly billing plan or at an annual discounted rate.

Monthly Membership Fees added to your Utilities District of Western Indiana, REMC Bill
\$5.00 – per household

Annual Membership Fees one time annual payment submitted directly to AEL
\$55 per household

As your local air ambulance, serving area residents from our surrounding bases, Air Evac Lifeteam understands the critical aspect of time in treating medical emergencies. For those of us living in rural America, our recovery can depend on how much time it takes to be transported to an emergency room. Air Evac Lifeteam can cut that transportation time ***in half.***

An Air Evac Lifeteam membership offers significant money-saving benefits. In the event you are flown by Air Evac Lifeteam for a life or limb-threatening emergency, we will work with your benefits provider to secure payment for your flight. Whatever your benefits provider pays will be considered payment in full. Furthermore, your membership is valid in over 240 service locations in 32 states.

Air Evac Lifeteam is a member of the AirMedCare Network, the largest United States Air Ambulance Membership Network supported by more than 240 individual Emergency Air Ambulance Aircraft in 32 states. All AirMedCare Network service providers work cooperatively to provide the highest levels of care for you, your family, and your community.

Don’t wait any longer! You have heard about the Air Evac Lifeteam Membership and probably have intended to sign up. Now it’s easier and more affordable than ever! Simply complete the enrollment form on the reverse side of this letter and pick the payment option that is best for you. **Do not send any money to Utilities District of Western Indiana, REMC as you will be billed \$5.00 on your current monthly bill. If you select the annual membership fee mail the completed enrollment form with payment to: AirMedCare Network, PO Box 948, West Plains, MO 65775.** It’s that easy! If you have additional questions about Air Evac Lifeteam’s Membership Program, please contact me.

Air Evac Lifeteam cares about you and your loved ones. Our mission is to make it possible for people living in rural areas to get the life-saving emergency care they need, when they need it. Thanks to the support of our over 2.5 million members, Air Evac Lifeteam can provide financial peace of mind for you and your family... while providing this vital service to our community.

Sincerely,

Mike Mayle

Membership Sales Manager
Cell: 812-691-2599
Email: Michael.Mayle@amgh.us



Air Evac Lifeteam Membership Registration - Utilities District of Western Indiana, REMC Billing Plan

By applying for membership, I agree to AMCN's terms and conditions. Initials: **X** _____ Todays Date: _____ / _____ / _____
month day year

Name as it appears on bill: _____ Account Number (if known): _____

Mailing Address: _____ Physical Address: _____
If different than mailing

City: _____ State: _____ Zip: _____ County: _____

Home Tel.: _____ Cell: _____ Work Tel.: _____

Email: _____ Your Date of Birth _____ / _____ / _____ Do you live in City Limits Yes No
month day year

Please List Others Living in Household and Date of Birth (other than yourself)

Name: 1 _____ Date of Birth _____ / _____ / _____ Name: 3 _____ Date of Birth _____ / _____ / _____
month day year month day year

Name: 2 _____ Date of Birth _____ / _____ / _____ Name: 4 _____ Date of Birth _____ / _____ / _____
month day year month day year

Terms and Conditions

AirMedCare Network is an alliance of affiliated air ambulance providers* (each a "Company"). An AirMedCare Network membership automatically enrolls you as a member in each Company's membership program. Membership ensures the patient will have no out-of-pocket flight expenses if flown by a Company by providing prepaid protection against a Company's air ambulance costs that are not covered by a member's insurance or other benefits or third party responsibility, subject to the following terms and conditions:

1. Patient transport will be to the closest appropriate medical facility for medical conditions that are deemed by AMCN Provider attending medical professionals to be life- or limb-threatening, or that could lead to permanent disability, and which require emergency air ambulance transport. A patient's medical condition, not membership status, will dictate whether or not air transportation is appropriate and required. Under all circumstances, an AMCN Provider retains the sole right and responsibility to determine whether or not a patient is flown.
2. AMCN Provider air ambulance services may not be available when requested due to factors beyond its control, such as use of the appropriate aircraft by another patient or other circumstances governed by operational requirements or restrictions including, but not limited to, equipment manufacturer limitations, governmental regulations, maintenance requirements, patient condition, age or size, or weather conditions. FAA restrictions prohibit most AMCN Provider aircraft from flying in inclement weather conditions. The primary determinant of whether to accept a flight is always the safety of the patient and medical flight crews. Emergent ground ambulance transport of a member by an AMCN Provider will be covered under the same terms and conditions.
3. Members who have insurance or other benefits, or third party responsibility claims, that cover the cost of ambulance services are financially liable for the cost of AMCN Provider services up to the limit of any such available coverage. In return for payment of the membership fee, the AMCN Provider will consider its air ambulance costs that are not covered by any insurance, benefits or third party responsibility available to the member to have been fully prepaid. The AMCN Provider reserves the right to bill directly any appropriate insurance, benefits provider or third party for services rendered, and members authorize their insurers, benefits providers and responsible third parties to pay any covered amounts directly to the AMCN Provider. Members agree to remit to the AMCN Provider any payment received from insurance or benefit providers or any third party for air medical services provided by the AMCN Provider, not to exceed regular charges. Neither the Company nor AirMedCare Network is an insurance company. Membership is not an insurance policy and cannot be considered as a secondary insurance coverage or a supplement to any insurance coverage. Neither the Company nor AirMedCare Network will be responsible for payment for services provided by another ambulance service.
4. Membership starts 15 days after the Company receives a complete application with full payment; however, the waiting period will be waived for unforeseen events occurring during such time. Members must be natural persons. Memberships are non-refundable and non-transferable.
5. Some state laws prohibit Medicaid beneficiaries from being offered membership or being accepted into membership programs. By applying, members certify to the Company that they are not Medicaid beneficiaries.
6. These terms and conditions supersede all previous terms and conditions between a member and the Company or AirMedCare Network, including any other writings, or verbal representations, relating to the terms and conditions of membership.

*Air Evac EMS, Inc. / EagleMed LLC / Med-Trans Corporation / REACH Air Medical Services, LLC — These terms and conditions apply to all AirMedCare Network participating provider membership programs, regardless of which participating provider transports you.

For Air Evac Office Use Only

TRACK CODE

5865

Monthly Membership Payment Option - Utilities District of Western Indiana, REMC Billing Plan

The price for an AEL household membership will be \$5.00 per month

Name: _____

Physical Address: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Account Number (if known) _____

Primary Tel. _____

Authorization to add \$5.00 per month to Utilities District of Western Indiana, REMC invoice to pay monthly Air Evac Lifeteam Fees.

The price for an AEL household membership will be \$5.00 per month

- A member's membership will be effective 15 calendar days after receipt by Utilities District of Western Indiana, REMC of the member's first monthly Membership fee and will continue thereafter as long as monthly Membership fees are paid, but will terminate automatically without notice if no monthly Membership fee is received by AEL from member for a 60 calendar day period.
- A member may discontinue their AEL membership at anytime by signing a discontinuation notice (as provided by AEL).
- **Utilities District of Western Indiana, REMC and AEL are not affiliated. Utilities District of Western Indiana, REMC is not responsible for any of AEL's acts or omissions, and AEL is not responsible for any of Utilities District of Western Indiana, REMC's acts or omissions. All AEL membership relationships are directly between AEL and its members.**

By signing this authorization I agree to the terms stated above and acknowledge that I authorized to have the additional \$5.00 AEL fees added to my residential account. I also understand that I will communicate directly with Air Evac Lifeteam for Membership Member Service.

X _____
Member Signature

_____ / _____ / _____
month day year

For Air Evac Office Use Only

PLAN CODE

3086

Air Evac Lifeteam Annual & Multi-Year Membership Payment Options

(Select One)

Platinum (25 Year) Membership* <small>(Multi-year memberships are not available in Indiana or California)</small>	Entire Household	\$1125	<input type="checkbox"/>
10-Year Membership* <small>(Multi-year memberships are not available in Indiana or California)</small>	Entire Household	\$550	<input type="checkbox"/>
5-Year Membership* <small>(Multi-year memberships are not available in Indiana or California)</small>	Entire Household	\$275	<input type="checkbox"/>
3-Year Membership* <small>(Multi-year memberships are not available in Indiana or California)</small>	Entire Household	\$165	<input type="checkbox"/>
1-Year Membership	Entire Household	\$55	<input type="checkbox"/>

- Check or money order made payable to: Air Evac Lifeteam
PO Box 948, West Plains, MO 65775
- One Time transfer from checking account or credit card

Total Amount \$ _____



Credit Card Number _____ Expires _____ 3 digit code on back of card _____

X _____
Signature

Bank Information (required for automatic transfers from checking account)

Name on bank account _____ routing number _____ account number (please attach a voided check) _____

Statement of Authorization I authorize Air Evac Lifeteam to initiate the EFT withdrawal as indicated above. I may change or cancel this payment by notifying Air Evac Lifeteam in writing. All notifications must be received by the first of the month in order to alter the month's transaction. If I have elected to pay by credit card, I agree to abide by all terms and conditions of my credit card agreement. If I have elected to pay via EFT, I authorize my financial institution to transfer the amount indicated on the attached voided check to Air Evac Lifeteam. Adjusting entries to correct errors are also authorized. It is agreed that these debits and adjustments will be made electronically and under the rules of the National Automated Clearing House Association (NACHA). This authorization is to remain in full force and effect until written notification is given to Air Evac Lifeteam of its termination.

For Air Evac Office Use Only

PLAN CODE

3363

X _____
(Signature required)