

Membership Terms and Conditions

An Air Evac Lifeteam ("Company") membership ensures the patient will have no out-of-pocket flight expenses if flown by the Company or another AirMedCare Network participating provider (together with the Company, each an "AMCN Provider") by providing prepaid protection against AMCN Provider 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.
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.

Questions? Call Membership Sales Manager

Becky Phillips • 417-274-3402

or visit www.airmedcarenetwork.com

GET CODE

TRACK CODE
5863

PLAN CODE
2444

Membership Application Wayne-White Counties Electric Cooperative

Quick STEP 1

Member Contact Information

By applying for membership, I agree to AEL's terms and conditions.

Initials: **X** _____ Today's Date: _____ / _____ / _____
month day year

First Name: _____ Last Name: _____

Physical Address: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

E-Mail Address: _____ County: _____

Affiliation: Wayne-White Counties Electric

Date of Birth: _____ / _____ / _____ (M / F) Do you live within the City Limits? Yes No

Quick STEP 2

List Other Persons In Household and Date of Birth

1	First Name	Last Name	_____ / _____ / _____ (M / F)
			<small>month day year</small>
2	First Name	Last Name	_____ / _____ / _____ (M / F)
			<small>month day year</small>
3	First Name	Last Name	_____ / _____ / _____ (M / F)
			<small>month day year</small>

If more space is needed please attach an additional sheet and detail the full name and date of birth for each member.

Quick STEP 3

Membership and Payment Options

(select one)

Monthly Membership

\$5.00 Household

I authorize Wayne-White Counties Electric Cooperative to add \$5.00 per month to my bill and to disperse the money as payment for my Air Evac Lifeteam Membership. I understand that this authorization will stay in effect as long as I am a member of Wayne-White Counties Electric Cooperative, or until I submit a cancellation in writing.

Signature as it appears on utility bill _____

Account number (if known) _____

- A member's membership will be effective 15 calendar days after receipt by Wayne-White Counties Electric Cooperative 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 any time by signing a discontinuation notice (as provided by AEL).
- Wayne-White Counties Electric Cooperative and Air Evac Lifeteam are not affiliated. Wayne-White Counties Electric Cooperative is not responsible for any of AEL's acts or omissions, and AEL is not responsible for any of Wayne-White Counties Electric Cooperative's acts of omissions. All AEL membership relations are directly between AEL and it's 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 Wayne-White Counties Electric Cooperative bill. I also understand that I will communicate directly with Air Evac Lifeteam for Membership Member Service.

Completed enrollment forms may simply be returned in the envelope provided with your next payment.

X _____
(Signature required)

_____ / _____ / _____
month day year