

COLES-MOULTRIE ELECTRIC CO-OP CUSTOMERS



By applying for membership, I agree to AMCN
Terms and Conditions on the bottom of this document. Initials: **X** Date: ___ / ___ / ___

1. Member Contact Information (please print)

Primary First Name		Primary Last Name		Date of Birth / /	
Home Phone Number () ()			Cell Phone Number () ()		
E-mail Address					
Don't miss out on important AirMedCare Network news and updates... leave us your e-mail address and stay in the loop!					
Mailing Address				City	
State	Zip	County			
Home Address (if different than above)					
City		State	Zip		

2. List Additional Members in Household

Secondary First Name	Secondary Last Name	Date of Birth / /
First Name	Last Name	Date of Birth / /
First Name	Last Name	Date of Birth / /

If more space is needed please use back of this application.

3. Choose Your Membership Option (select one)

Membership Options	Discount Cost
Monthly Membership	<input type="checkbox"/> \$ 5

† MULTI-YEAR MEMBERSHIP IS NOT AVAILABLE IN ALASKA, CALIFORNIA AND INDIANA.

4. Bill Pay Authorization

I authorize Coles-Moultrie Electric Co-Op to add \$5.00 per month to my bill and to disperse the money as payment for my AirMedCare Network Membership. I understand that this authorization will stay in effect as long as I am a member of Coles-Moultrie Electric Co-Op, or until I submit a cancellation in writing.

Signature as it appears on bill _____ Account number (if known) _____

A member's membership will be effective 15 calendar days after receipt by Coles-Moultrie Electric Co-Op 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 AMCN from member for a 60 calendar day period. A member may discontinue their AMCN membership at any time by signing a discontinuation notice (as provided by AMCN).

Coles-Moultrie Electric Co-Op and AirMedCare Network are not affiliated.

Coles-Moultrie Electric Co-Op is not responsible for any of AMCN's acts or omissions, and AMCN is not responsible for any of Coles-Moultrie Electric Co-Op acts of omissions. All AMCN membership relations are directly between AMCN 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 AMCN fees added to my Coles-Moultrie Electric Co-Op bill. I also understand that I will communicate directly with AirMedCare Network for Membership Member Service.

Completed enrollment forms may be simply returned with your next payment.

X _____ / ____ / ____
Signature required MONTH DAY YEAR

**Questions? Contact your Local Membership Sales Manager
Curt Rogers • 217-441-1386
Curtis.Rogers@AirMedCareNetwork.com
Join Online at: www.AMCNRep.com/Curtis-Rogers**

For Office Use Only	GET CODE	TRACK CODE	PLAN CODE
		13410	2362

AMCN Membership 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. / Guardian Flight 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.

†In Nebraska, waiting periods are not allowed; however, a member cannot purchase a membership at the time of transport.



Coles-Moultrie Electric Co-Op has partnered with AirMedCare Network to offer you, as a customer, the opportunity to join AirMedCare Network's membership program at a special "customers-only" discounted rate!

MONTHLY FEE ADDED TO YOUR ELECTRIC BILL
FOR COLES-MOULTRIE ELECTRIC CO-OP CUSTOMERS

\$5.00

ABOUT AIRMEDCARE NETWORK

AMCN is America's largest air medical membership network, providing financial coverage for emergency air medical transport. Even with medical insurance, air medical transport can result in significant out-of-pocket expenses, however **an AMCN membership ensures no out-of-pocket expenses for medically necessary flights if flown by an AMCN provider.**

MEMBERSHIP BENEFITS AT-A-GLANCE

- **NO OUT-OF-POCKET COSTS:** Members have no out-of-pocket costs if flown by an AMCN provider.
- **HOUSEHOLD COVERAGE:** Membership fees cover not just yourself, but anyone who resides within the household.
- **TELADOC ACCESS:** AMCN members enjoy access to Teladoc membership at a discounted rate of \$3 a month. Teladoc lets you speak with a board-certified doctor 24 hours a day, 365 days a year.
- **COAST TO COAST PROTECTION:** Membership is valid across 320 locations in 38 states, so you are covered at home and while traveling.

Not only does AMCN membership provide financial protection, our 3+ million members help support the health care needs of the community as a whole. Our mission is to make it possible for people living in rural areas to get the life and limb saving emergency care they need, when they need it.

JOINING IS EASY!

Become a member today so you and your family can have peace of mind, at home and on the road! Completed enrollment forms may be mailed to: **AirMedCare Network, P.O. Box 948, West Plains, MO 65775.** For questions, or to enroll contact:

CURTIS ROGERS | (217) 441-1386 | curtis.rogers@airmedcarenetwork.com
www.amcnrep.com/curtis-rogers | plan code 2362

JOIN TODAY!



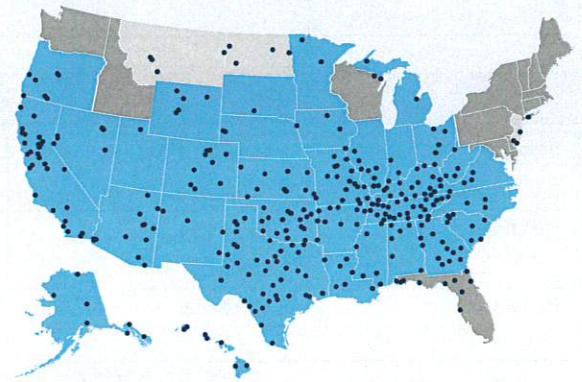
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www.amcnrep.com/curtis-rogers



PHONE:
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**AMERICA'S LARGEST AIR
MEDICAL MEMBERSHIP NETWORK**

Over 320 locations across 38 states



"AirMedCare Network membership is a good thing. You never know when you might need it."

Eddie Forrester—member & survivor

