

# MEMBERSHIP APPLICATION— JOHNSON COUNTY TN EMPLOYEES



By applying for membership, I agree to AMCN and/or Fly-U-Home Terms and Conditions on the back 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 / /
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	Membership Cost	Discounted
10-Year Membership <sup>†</sup>	<input type="checkbox"/> \$765	<input type="checkbox"/> \$450.00
5-Year Membership <sup>†</sup>	<input type="checkbox"/> \$395	<input type="checkbox"/> \$225.00
<b>More Members Choose:</b> 3-Year Membership <sup>†</sup>	<input type="checkbox"/> \$240	<input type="checkbox"/> \$135.00
1-Year Membership	<input type="checkbox"/> \$85	<input type="checkbox"/> \$45.00

<sup>†</sup> MULTI-YEAR MEMBERSHIP IS NOT AVAILABLE IN ALASKA, CALIFORNIA AND INDIANA.

## 4. Payroll Deduct Authorization

**Payroll Deduct**

I authorize Johnson County TN to deduct the above selected amount from my paycheck for my AirMedCare Network Membership.

If my employment ends prior to the full membership amount being deducted from my paycheck(s), I understand that the remaining balance will be deducted from my final paycheck.

I hereby authorize automatic renewal at the end of my membership term unless I cancel in writing 30 days prior to renewal or I am no longer employed by Johnson County TN Employees.

**X** \_\_\_\_\_ / /  
Signature required MONTH DAY YEAR

**Membership Opt-Out**

I understand the benefits offered and wish to opt out of the AirMedCare Network enrollment being offered by Johnson County TN Employees.

**X** \_\_\_\_\_ / /  
Signature required MONTH DAY YEAR

**Questions?**  
**Sarah Sarver-276-613-3971**  
**Sarah.sarver@AirMedCareNetwork.com**

For Office Use Only	GET CODE	TRACK CODE	PLAN CODE	FUH PLAN CODE
		13740	1072	



## 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

## AirMedCare Network Fly-U-Home U.S. Domestic Membership – Terms and Conditions

1. Air Medical Transport: Arrangements, Suitability and Additional Passengers. If (1) an AirMedCare Network Fly-U-Home member is admitted to a hospital in the contiguous 48 States that is more than 150 nautical miles (or approximately 172.6 statute miles) from the member's residence and (2) it is determined by the member's physician and AirMed's medical director that the member's medical condition is stable enough to allow air transport but that medical escort is required, then, at the member's request, AirMed will provide the member with private air medical transport or, if appropriate, commercial airline transport with medical escort. Transport will be provided on a bedside-to-bedside basis to a hospital of the member's choice that has accepted the member as a patient and is within the locality of the member's residence, subject to the membership terms and conditions. Decisions regarding urgency of transport, the best timing and the most suitable means of transport will be made by AirMed after consultation with the local attending physician and the member's receiving physician. AirMed will make all arrangements for each air medical transport. AirMed will not reimburse members for medical, medical transport or related expenses they incur on their own. AirMedCare Network Fly-U-Home membership does not cover emergent patient transports.
 

Travel companions and baggage will be accommodated at no additional cost on AirMed transports, subject to safety and space constraints, but companions will be responsible for their own airfare on scheduled commercial aircraft.
2. Transport of Mortal Remains. If a member dies within the contiguous 48 States while traveling more than 150 nautical miles (or approximately 172.6 statute miles) from the member's residence, at the request of the member's family, AirMed will arrange for the return of the member's mortal remains to a funeral facility in the city of the member's residence within the contiguous 48 States.
3. Member Eligibility. A member must be a natural person who resides in the contiguous 48 States, meaning the United States of America, excluding the states of Alaska and Hawaii, and excluding all territories and possessions. A member's residence must be listed on the member's enrollment application. Requests for changes to a member's residence must be submitted in writing to AirMed. The benefits of the membership extend to the designated primary member and all persons who dwell in a shared living space with the primary member and who are named in the enrollment application. Membership commences after a completed enrollment application and full payment has been received.
4. Qualifications, Limitations and Exclusions. Membership is subject to the following qualifications, limitations and exclusions:
  - (a) Ineligible and Excluded Transports. A member who is hospitalized at the time of enrollment, or who was hospitalized within 30 days prior to enrollment for the same or related condition, will not be eligible for transport benefits related to that hospitalization. A member being evaluated for or on an organ transplant list prior to enrollment will not be entitled to a transport for conditions related to that transplant.
  - (b) Maximum Number of Transports. Membership covers up to two separate transports per year per membership (in total for all members covered under one membership); however, if multiple members who are covered under one membership require simultaneous transport, then each such member will be limited to that one transport.
  - (c) Locations Inaccessible by Fixed Wing Aircraft. Both the originating and receiving hospital must be reasonably accessible by ground ambulance to transport the member to and from an airfield capable of accommodating an AirMed or one of its authorized affiliates aircraft. The cost associated with transportation from isolated areas or islands to an airport accessible to AirMed aircraft is not included in the membership and will be the responsibility of the member. Membership benefits do not include helicopter transportation.
  - (d) High Risk / Safety Medical Restrictions. In conjunction with FAA, U.S. State Department and other regulatory standards, and AirMed safety standards, a member will not be entitled to air medical transport if the member's illness or injury is a result of or is contributed to by the following: (i) suicide or attempted suicide or intentional self-injury, (ii) a member's own criminal or felonious act; (iii) actions taken while the member is in a state of insanity; (iv) war, invasion, civil war or terrorism; or (v) contagious airborne pathogens. A member suffering from a psychiatric or mental disorder that is not manageable and will not allow safe transport within the confines of the ground ambulance and aircraft may not be transported. A member beyond the second trimester of pregnancy may not be transported if the transport request relates to the pregnancy.
  - (e) Non-Refundable, Non-Transferable. Memberships are non-refundable and non-transferable.

\*AirMedCare Network® is a registered service mark of Air Medical Group Holdings, Inc. All AMCN Fly-U-Home™ membership benefits and services are offered and provided by AirMed International LLC, an FAA Part 135 operator, and EagleMed LLC, an FAA Part 135 operator, both subsidiaries of Air Medical Group Holdings, Inc.

## Additional Household Members (continued)

<b>First Name</b>	<b>Last Name</b>	<b>Date of Birth</b> / /
<b>First Name</b>	<b>Last Name</b>	<b>Date of Birth</b> / /
<b>First Name</b>	<b>Last Name</b>	<b>Date of Birth</b> / /
<b>First Name</b>	<b>Last Name</b>	<b>Date of Birth</b> / /