



P.O. Box 948  
West Plains, MO 65775

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

**This is not a bill.**

Dear Southeastern Illinois Electric Cooperative Member,

**SEIEC has partnered with Air Evac Lifeteam to offer you 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 SEIEC bill**

\$5.00 – per household

**Membership fee, one time payment submitted directly to Air Evac**

- \$65 - Household - 1 Year Membership
- \$185 - Household - 3 Year Membership
- \$300 - Household - 5 Year Membership
- \$575 - Household - 10 Year Membership

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 320 service locations in 38 states.

Air Evac Lifeteam is a member of the AirMedCare Network, the largest United States Air Ambulance Membership Network supported by more than 320 individual Emergency Air Ambulance Aircraft in 38 states. All AirMedCare Network service providers work cooperatively to provide the highest levels of care for you, your family, and your community.

Join today and you can receive membership in the AirMedCare Network at the same low price as the individual membership programs, giving you membership across 3 leading air ambulance operators for the price of 1! Completed enrollment forms may be mailed to: **AirMedCare Network P.O. Box 948, West Plains, MO 65775**, *(if you elect to participate in the monthly billing plan, please mail enrollment form to the electric coop first)*. If you have any additional questions, please do not hesitate to 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 3 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,

*Kevin Fear*

Membership Sales Manager

618-713-6125

Kevin.Fear@AirMedCareNetwork.com

www.AirMedCareNetwork.com/msm/Kevin-Fear



## AirMedCare Network Membership Registration - Southeastern Illinois Electric Cooperative Billing Plan

**By applying for membership, I agree to AirMedCare Network's terms and conditions on the bottom of this application.**

SIGN OR INITIAL HERE

TODAY'S DATE

Account Number (if known)

### STEP 1: MEMBER CONTACT INFORMATION

Primary First Name		Primary Last Name		Date of Birth		Home Phone		Cell Phone	
Physical Address			City	State	Zip	E-Mail <small>In order to sign up with recurring payment options or receive electronic invoicing, you must provide a valid email address</small>			
Mailing Address <small>(if different from above)</small>			City	State	Zip	County		<input type="checkbox"/> Electronic Invoicing <input type="checkbox"/> Quarterly Member News	

### STEP 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	First Name	Last Name	Date of Birth
		/ /			/ /

### STEP 4: CHOOSE YOUR MEMBERSHIP AND BILLING OPTIONS

**Monthly Membership Payment Option - Southeastern Illinois Electric Cooperative Billing Plan**

The price for an AMCN household membership will be \$5.00 per month  
 Please mail monthly enrollments to: **SEIEC, P.O. Box 961, Carrier Mills, IL 62917**  
**Authorization to add \$5.00 per month to Southeastern Illinois Electric Cooperative invoice to pay monthly AirMedCare Network Fees.**

- A member's membership will be effective 15 calendar days after receipt by Southeastern Illinois 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 AMCN from member for a 60 calendar day period.
- A member may discontinue their AMCN membership at anytime by signing a discontinuation notice (as provided by AMCN).
- **Southeastern Illinois Electric Cooperative and AMCN are not affiliated. Southeastern Illinois Electric Cooperative is not responsible for any of AMCN's acts or omissions, and AMCN is not responsible for any of Southeastern Illinois Electric Cooperative's acts or omissions. All AMCN membership relationships are directly between AMCN 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 AMCN fees added to my residential account. I also understand that I will communicate directly with AirMedCare Network for Membership Member Service.**

Member Signature \_\_\_\_\_  
 \_\_\_\_\_  
 month / day / year

For Office Use Only

**PLAN CODE**  
**2678**

**AMCN Annual & Multi-Year Membership Payment Options**

<input type="radio"/> 10-Year Membership*	Household Cost	\$765	\$575
<input type="radio"/> 5-Year Membership*	Household Cost	\$395	\$300
<input checked="" type="radio"/> 3-Year Membership* <b>More Members Choose</b>	Household Cost	\$240	\$185
<input type="radio"/> 1-Year Membership	Household Cost	\$85	\$65

\*Multi-year memberships are not available in Indiana or California

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

**BANK INFORMATION (For automatic transfers from checking account)**

Name on bank account \_\_\_\_\_

Routing number \_\_\_\_\_ Account number (please attach a voided check) \_\_\_\_\_

**CREDIT CARD INFORMATION**

Credit Card Number \_\_\_\_\_ Expires \_\_\_\_\_ 3 digit code on back of card \_\_\_\_\_

**Statement of Authorization** I authorize AirMedCare Network to initiate the EFT withdrawal as indicated on this form. If I have elected to pay via 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 AirMedCare Network. 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).

(Signature required for automatic withdrawals and credit card charge authorization) \_\_\_\_\_  
 month / day / year

For Office Use Only

**PLAN CODE**  
**1661**

Questions? Call Membership Sales Manager. Enroll Today at: [www.AirMedCareNetwork.com/msm/Kevin-Fear](http://www.AirMedCareNetwork.com/msm/Kevin-Fear)

**Kevin Fear • 618-713-6125 • [Kevin.Fear@AirMedCareNetwork.com](mailto:Kevin.Fear@AirMedCareNetwork.com)**

For Office Use Only

**TRACK CODE**  
**5864**

### 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.