



Membership Application

For More Information: 1-888-207-5433

Group Name: Brooktrails Property Owner's Association

Name: _____ Birth Date: _____

Spouse/Partner: _____ Birth Date: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Membership (15+): One group membership: \$35

Membership Definitions

Individual memberships are for the named person only.

Family Membership covers legal dependents in the immediate family claimed on the same Federal Income Tax return. Family membership also covers domestic partners and children away at school.

Memberships are non-transferable. Call 1-888-207-5433 with membership questions.

Family Members (Attach additional paper if necessary):

First name	Last name	Relationship	Birthdate

A Word From the Department of Managed Health Care

For complaints regarding CALSTAR’s Membership Program, first attempt to call the plan at 1-888-207-LIFE (5433). If CALSTAR fails to resolve the complaint to your satisfaction, contact the Department of Managed Health Care at 1-800-400-0815. The Department’s Website is: <http://www.dmhc.ca.gov>. You may obtain complaint forms and instructions online.

CALSTAR is operating pursuant to an exemption from the Knox-Keene Health Care Service Plan Act of 1975 (Health and Safety Code Section 1340 et seq.).

PLEASE READ AND SIGN THIS AGREEMENT

If you are currently in a health maintenance organization (HMO) or other health insurance, the benefits provided by an Ambulance Plan may duplicate the benefits provided by your HMO or other health insurance. If you have a question regarding whether your HMO or other health insurance offers benefits for ambulance services, you should contact that company directly.

CALSTAR’s membership program is not an insurance program. It will not compensate or reimburse another ambulance company that provides emergency transportation to you or your family. This may occur when the “911 Emergency System” has independently determined that another company could provide more expeditious service or is next in the rotation to receive a call. This might also occur when CALSTAR is unable to perform within a medically appropriate timeframe due to severe weather, a maintenance issue or being committed to another call.

INITIAL HERE: _____

Membership Agreement Continued on Reverse – Additional Signature Required

Please Read and Sign this Agreement

- CALSTAR is an emergency service, activated under county protocols, by an emergency 911 response services or physician’s prescription only.
- CALSTAR membership is secondary to all other insurance carriers.
- CALSTAR will accept payment from insurance carriers as payment in full.
- I transfer directly to CALSTAR my rights to air medical insurance payments due me. Such payments shall not exceed CALSTAR’s regular charges.
- New Member benefits take effect 14 days after receipt of completed enrollment with payment. There is not a waiting period for membership renewal. There is a 30-day waiting period for pre-existing illness or injury.
- Coverage is only valid for services provided directly by CALSTAR Air Ambulance or a Reciprocal Partner Program. Reciprocity between AAMMP member programs is subject to the reciprocating program’s rules.
- CALSTAR flies based on medical need, not membership status, and transports patients to the closest, medically appropriate facility as requested by a physician or under county protocols by activation under the emergency 911 system. There may be times, due to weather, backup aircraft and crew, that CALSTAR cannot guarantee availability of service.
- CALSTAR membership does not cover ground ambulance charges, including transportation to and from the aircraft.
- The CALSTAR membership program benefits are for myself, and if I pay the family rate, include my spouse/partner and dependent children listed on this form. Memberships are non-transferable.
- If you, as a member, receive a bill from CALSTAR, contact us with your membership number.
- Memberships are non-refundable.
- Please make a copy of this agreement for your own records. We will not be able to provide you with a copy of this form.
- **If your membership lapses, then you will NOT be covered during that gap period.**

*I have read and agree to the benefits, terms, and conditions of the CALSTAR Membership Plan. **Membership is not valid without signature.***

SIGN HERE: _____

Supporting CALSTAR

- In addition to my membership, I want to support CALSTAR’s lifesaving mission. I am enclosing a tax-deductible donation of \$_____. I understand that CALSTAR will use my donation to support the CALSTAR Base in my community.
- I would like information about naming CALSTAR in my will or trust.

Payment (Do not send cash)			
<input type="checkbox"/> Check	<input type="checkbox"/> Money Order	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard
Credit Card Acct #: _____		Exp. Date: _____	
Amount: _____			
Name on Credit Card: _____			

Please make sure you initialed and signed the form on BOTH sides. Make checks payable to CALSTAR.

Return completed form to:
CALSTAR Membership
4933 Bailey Loop
McClellan, CA 95652