REACH for life℠
Air Ambulance Membership

REACH for Life Membership Application
P.O. Box 1200, Windsor, CA 95492 • Phone 866 767-3224 • Fax 707 324-2478
membership@REACHair.com • www.REACHair.com

It's easy to enroll: GO ONLINE to www.REACHair.com/membership. MAIL completed application with enrollment fee to address above. FAX application with credit card information to 707 324-2478.

Application Type *(select one):* □ New Membership □ Renewal
Membership Type *(select one):* □ Group Individual - $25 □ Group Family - $40

Group Membership: Brooktrails Property Owners Association (BPOA)

Primary Member
First Name _____ M.I. _____ Last Name _____
Address _____
City _____ State _____ ZIP _____ County _____
Home Phone _____ Cell Phone _____ Email _____
Date of Birth _____ Social Security # *(last 4 digits only)* _____ Gender □ M □ F

Family Information	Name	Relationship to Primary Member	Date of Birth	Gender
Family Member 1				□ M □ F
Family Member 2				□ M □ F
Family Member 3				□ M □ F
Family Member 4				□ M □ F

Health Insurance Co. _____ Group # _____ Member ID # _____
Best way to contact member? □ Email □ Mail □ Phone Would you like to receive our health-related newsletter? □ Yes □ No

Group Name/Affiliation: Brooktrails Property Owners Association (BPOA) Email: rwterry@saber.net
Group Coordinator Name: Robert Terry, 2111 Poppy Lane, Willits CA 95490 Group Coordinator Number: (707) 459-6760

Billing Name and Address *(if different than Primary Member Information above)*
First Name _____ M.I. _____ Last Name _____
Address _____ City _____ State _____ ZIP _____ County _____
Phone _____ Email _____

Payment Information *(Please check preferred method of payment)* □ Check or Money Order *(payable to REACH for Life)*
Please charge my credit card: □ VISA □ MasterCard □ American Express □ Discover Card
Credit Card # _____ Exp. Date _____ Security Code # *(on back of card)* _____
Name *(as it appears on credit card)* _____

Membership cards will be mailed approximately 14 days after we receive your application and payment. Membership cards are not required to receive service. Your canceled check, credit card statement or money order receipt is your proof of payment.

BEFORE YOU PURCHASE: If you are enrolled in a health maintenance organization (HMO) or other health insurance program, benefits provided by REACH for Life may duplicate benefits provided by your plan. Before purchasing REACH for Life membership, it is recommended you call your health plan provider to determine if you are covered for this service. • WARNING: REACH for Life 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 rotation to receive a call. This might also occur if REACH is unable to perform within a medically appropriate timeframe due to certain weather conditions, mechanical/out-of-service issues, or when committed to another call. REACH for Life membership only applies to emergency air medical transport by REACH or a REACH service partner. REACH reserves the right to cancel an individual membership or REACH for Life membership program at any time. • COMPLAINTS: For complaints regarding REACH Air Medical Services, first attempt to call us at 866 767-3224. If your complaint is still unresolved, in California you may contact the Department of Managed Health Care at 800 400-0815 or visit http://www.dmhc.ca.gov.

To confirm agreement to conditions of membership in the REACH for Life program, please check the "I agree" box below, sign, date and return this application with your payment. REACH for Life membership will only be valid with your signature below.

□ I agree □ I do not agree Signature _____ Date _____

For more information, call REACH for Life weekdays from 8 a.m. to 5 p.m. PST at 866 767-3224 or visit our website at www.REACHair.com.