



ENROLL ONLINE at www.REACHair.com. MAIL completed application with payment to address above. FAX completed application with credit card information to 707-324-2478.

EXCLUSIONS: For REACH for Life members who do not have current health insurance, membership covers fifty percent of the billed charges for an emergency air transport by REACH; you are liable for the remainder of the bill. We do not offer REACH for Life membership to Medicaid recipients as it will provide no benefit to you.

Membership Fee: \$50 Application Type (select one): New Membership Renewal
 Membership Type (select one): Individual Family*

*Family memberships are defined as the primary member, spouse or partner, and other dependent family members living in the same house.

GO GREEN. Send my renewal by email.

Primary Member Information

First Name M.I. Last
 Mailing Address
 City State ZIP County
 Home Phone Cell Phone
 Email
 Date of Birth (example: 01 01 1960) Social Security Number (last 4 digits only) Gender M F

Best way to contact member? Email Mail Phone Would you like to receive our health-related newsletter? Y N

Billing Name and Address (if different than above)

First Name M.I. Last
 Billing Address
 City State ZIP County
 Home Phone Email

Family Information	Name	Relationship to Primary Member	Date of Birth (ex: 01 01 1960)	Gender
Family Member 1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F
Family Member 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F
Family Member 3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F
Family Member 4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F

*For additional family members, please provide name, relationship, date of birth and gender on a separate sheet of paper.

Health Insurance Co. (If you have no health insurance at time of transport, you will be liable for 50% of the transport cost.)

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 (3 or 4 digit no. on back of card)

Name (as it appears on credit card)

Membership will be active seven days after receipt of your signed and completed application and payment. **Your canceled check, credit card statement or money order receipt is your proof of payment.**

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

I 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

TERMS AND CONDITIONS OF MEMBERSHIP:

By signing the Membership Application, I agree, on behalf of myself and the residents of my household listed on the Application, to the following terms and conditions:

TERM OF COVERAGE: Coverage will begin seven days after receipt of completed application and payment by REACH and will expire 364 days from that day.

PERSONS COVERED: Membership covers me and the household members (collectively, "Members") listed in my Application, so long as they remain full-time residents of the specified household. New household members may be added, household members may be deleted or the household location may be changed by written notice to REACH, effective the day following receipt by REACH of such notice. References to "I" or "me" and similar references herein shall be construed as including all Members.

EXCLUSIONS: Members who do not have current health insurance are covered

for fifty percent of the billed charges for an emergency air transport by REACH; I understand I am liable for the remainder of the bill. Membership is not offered to Medicaid recipients as it will provide no benefit.

ASSIGNMENT OF BENEFITS: I hereby assign to REACH all rights and benefits that I have under any and all medical, health, supplemental, worker's compensation, liability, auto or homeowner's insurance policies or plans, or from other third party payers or sources which provide coverage or would otherwise pay for air ambulance services covered by this Membership. Such payment sources are collectively referred to herein as "Insurance." I authorize payment of all Insurance benefits or payments for air ambulance services covered by this Membership to REACH. I understand that REACH will, whenever it deems it feasible, file claims for and directly collect the benefits payable from Insurance, up to the amount of REACH's charges for its services. When requested by REACH, I agree to complete any forms and take any other reasonable action that may be necessary to collect such




amounts. If I or anyone on my behalf receives any Insurance or other third party payments for air ambulance services provided by REACH, I will promptly turn over those payments to REACH.

BENEFITS: I understand that I am responsible for payment for all air ambulance services provided to me by REACH. However, this Membership will discharge and relieve me of that part of my financial liability that is not covered by Insurance for REACH's services. Members with current insurance who receive medically necessary emergency air ambulance services from REACH, either from the scene of an emergency to a hospital or between hospitals, shall pay nothing out of pocket for such services. Any air ambulance service that is covered by a Member's primary Insurance shall be deemed to be medically necessary and shall be covered by this Plan. Any air ambulance service denied or downgraded to ground ambulance shall be deemed not to be medically necessary and is not covered unless REACH determines otherwise, using standards of the Medicare program. I agree to pay REACH for any services it provides that are not covered

by this Membership. Membership does not cover services rendered by any other provider. Members who do not have current health insurance are responsible for fifty percent of the billed charges for an emergency air transport by REACH.

SERVICE AREA: The Service Area covers all counties in the state of California. In Oregon, REACH serves the following counties: Benton, Clackamas, Clatsop, Coos, Deschutes, Douglas, Lane, Lincoln, Linn, Marion, Multnomah, Polk, Tillamook, and Yamhill. In Texas, REACH serves the following counties: Atascosa, Bandera, Bexar, Comal, Dimmitt, Edwards, Frio, Gillespie, Gonzales, Guadalupe, Karnes, Kendall, Kerr, Kinney, La Salle, Maverick, Medina, Real, Uvalde, Val Verde, Wilson, and Zavala. Only helicopter air ambulance services that begin and end within the Service Area are covered. Only the first 200 miles of helicopter transport are covered. Only airplane air ambulance services that begin in the Service Area are covered. Only the first 600 miles of airplane transport, which shall be deemed to be within the Service Area, are covered.

Western U.S. Service Map

-  Indicates base locations
-  Darker shaded area shows helicopter range of service.
-  Lighter shaded area shows airplane range of service.



Texas Service Map

