Swisher Electrical Cooperative, Inc.







1. MEMBER CONTACT I	NFORMATION (please	print)	
Primary First Name	Primary Last Name		Date of Birth
			/ /
Home Phone Number	Cell Phone N	lumber	
()	()		
E-mail Address			
	rtant AirMedCare Network e-mall address and stay ir		
Mailing Address		City	
State Zip	County		
Home Address (if different than	above)		
City	State	Zip	
2. LIST ADDITIONAL ME	MBERS IN HOUSEH	OLD	
Secondary Member First Name	Secondary Member La	ast Name	Date of Birth
			/ /
First Name	Last Name		Date of Birth
			1 1

3. CHOOSE A MEMBERSHIP OPTION (select one)

Monthly Membership

\$5.00

Multi-year memberships not available in AK & CA. 10-year membership not available in IN. Terms & conditions apply.

QUESTIONS? CONTACT YOUR LOCAL MEMBERSHIP SALES MANAGER:

Last Name

Last Name

Last Name

Last Name

James Edgar| 806-831-8534 James.Edgar@gmr.net

By applying for membership, I agree to AMCN's and/or	
Fly-U-Home's terms and conditions. (reverse side/below)	Initials

Date

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GET CODE	TRACK CODE	PLAN CODE
2E 0	12752	9617

AIRMEDCARE NETWORK TERMS & CONDITIONS

First Name

First Name

First Name

First Name

AIKINGLUARE NET WORK Is an alliance of almidate air ambilance providers" (each a "company"). An AirNedCare Network membership automatically enrolls you as a member in each Company's membership program. Hembership program, Bembership program, Bemb

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 manufacture limitations, governmental regulations, maintenance requirements, and the appropriate aircraft by another patient or other circumstances governed by operational requirements or testrictions including, but not limited to, equipment manufacture limitations, governmental regulations, maintenance requirements, patient conditions, as each of the appropriate aircraft by another patient or other circumstances governed by operational requirements or testrictions including, but not limited 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.

- aways me savery or inequaling in clears, emerging pound annulance comport of a member by an Anti-royate will be covered under the same terms and containers. Members who avery increases or other benefits, or third party responsibility available to the covere durate the same terms and containers. Members who avery increases or other benefits, or third party responsibility available to the cover and ANCI Provider reserves the right to bill directly any appropriate insurance, benefits or third party responsibility available to the member to have been fully prepaid. The ANCI Provider reserves the right to bill directly any appropriate insurance, benefits or third party responsibility available to the member to have been fully prepaid. The ANCI Provider reserves the right to bill directly any appropriate insurance, benefits or third party responsibility available to the member to have been fully prepaid. The ANCI Provider reserves the right to bill directly any appropriate insurance, benefits or third party responsibility available to the ANCI Provider reserves the right to bill directly any appropriate insurance, benefits or third party responsibility available to the ANCI Provider reserves the right to bill directly any appropriate insurance, benefits or third party responsibility available to the ANCI Provider reserves the right to bill directly any appropriate insurance or benefit providers and resonance provided by the ANCI Provider not oscender reserves the right to bill directly any appropriate insurance or benefit providers or any third party for services provided by the ANCI Provider not oscender reserves the resonance benefit providers or a supplement to any insurance coverage. In estimate the considered as a secondary insurance coverage, the reservice. When the form party responsibility available to the annotation devices the provider as a secondary insurance coverage of a supplement to any insurance coverage. In estimate the company non Attreader Network will be estimate the provider as a secondary insu 3.
- 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. Hembers must be natural persons. Memberships are non-refundable and non-transferable.

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.

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Some back may be note any became results definition in the original of the original oris or

ambulance or an out of network air ambulance providers. Your membership only covers flights by AirMedCare Network participating providers so you will be responsible for payment to other service providers. It is important that you get the medical care you need as quickly as possible, regardless of who provides the transport, so you have the best chance for survival and degree of recovery.