REACH for life[SM]
Air Ambulance Membership

REACH for Life Membership Application
P.O. Box 49100, San Jose, CA 95161-9100 • Phone 866 767-3224 • 866 76-REACH • Fax 707 324-2487
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** completed application with credit card information to 707 324-2487.

Application for *(select one):* ☐ New Membership ☐ Renewal
Membership Type *(select one):* ☐ Group Individual - $35 ☐ Group Family - $35

Group Name: **Curves Ukiah/Willits (CUW)**
Group Name/Affiliation: CUW
Coordinator's Name: Terry Phillips, 628 S. State Street, Ukiah CA 95482
Coordinator's Phone Number: (707) 468-5755
Coordinator's Email: curvesukiah@yahoo.com

Primary Member Information (or Gift Recipient Information—*please complete all information you know for gift membership*.)

First Name ______________________ M.I. __________ Last ______________________
Address ____
City ______________________ State __________ ZIP __________ County ______________
Home Phone ______________ Cell Phone ______________ Email ______________________
Date of Birth ______________________ Social Security Number *(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

Billing Name and Address *(if different than above)*
First Name ______________________ M.I. __________ Last ______________________
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 *(last 3#s 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 currently enrolled in a health maintenance organization (HMO) or other health insurance program, the benefits provided by REACH for Life may duplicate the benefits provided by your current plan. Before purchasing REACH for Life coverage, 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 the 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, or mechanical/out-of-service issues, or when committed to another call. REACH for Life membership only applies to emergency air medical transports 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, you may contact the Department of Managed Health Care at 800 400-0815 or visit their website at http://www.dmhc.ca.gov.*

To confirm agreement to conditions of membership in the REACH for Life program, 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 ☐ 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.