



There. When You Need Us.®

# GROUP MEMBERSHIP ENROLLMENT

## Abate of Grant County

### MEMBER ENROLLMENT INFORMATION

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Spouse/Domestic Partner: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

#### Additional Eligible Household Members:

*Includes any dependents claimed on your tax return and elderly or disabled family members living in the same household*

	Date of Birth	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

\_\_\_\_\_ I am an existing member. ID# (if known) \_\_\_\_\_

Member's Signature: \_\_\_\_\_

### GROUP DISCOUNT MEMBERSHIP:

- ◆ Annual fee of \$50 per year per household.
- ◆ Discount rate is valid with enrollment through an approved group only.
- ◆ Payment directly to Life Flight Network is not available.
- ◆ Complete Statement of Understanding is found on the reverse side of this form.

Return form by July 20, 2019. Send to:

Abate Grant County, PO Box 1392, Moses Lake, WA 98837

*This form is valid through 06/30/2020. Contact your employer or group representative for an updated enrollment form if this form is expired. New member benefits take effect 72 hours after receipt of completed enrollment form and payment. Life Flight Network transports patients based on medical need, not membership status. Medicaid beneficiaries should not apply for membership. Life Flight Network operates under its own FAA Part 135 Air Carrier Certificate.*