



SPECIAL OFFER FOR MEMBERS OF NAT'L ASSOC OF RIDING CLUBS & SHERIFF'S POSSES

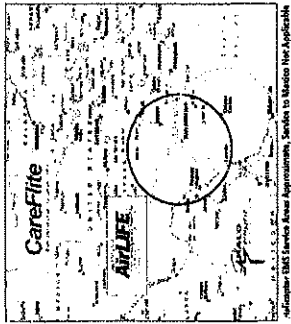
CareFlite membership protects members and their family members living in their household against out of pocket costs for medically necessary transports. If you have insurance, all costs not covered by insurance are absorbed by the membership program. Anyone without insurance or non-medically necessary transports receives a 50% member discount. CareFlite membership coverage areas:

- Helicopter EMS within 150 miles of DFW
- Fixed Wing Air Ambulance within 500 miles of DFW
- Ground Ambulance / 911 services where operated

PROTECT YOUR FAMILY & FINANCES

\$94 per Year www.CAREFLITE.org **(877) DFW-CARE**

By special arrangement with CareFlite, Employees of 4Front Engineered Solutions can Obtain a Caring-Heart Membership at a cost of only \$10 per household per year!



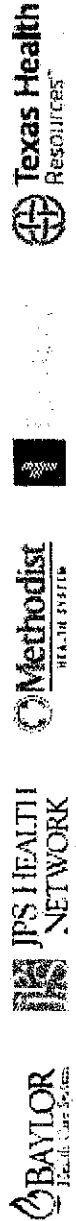
CareFlite Helicopter EMS Benefit now honored by San Antonio AirLIFE and Halo Flight in Corpus Christi ... so your family is protected within all of the circled areas shown at left!

Medicaid recipients are not eligible for the Caring-Heart Membership by Texas regulations. Membership Program approved by the Texas Department of State Health Services Member services office available weekdays 8am until 5pm (877) 339-2273 CareFlite contacts: Laura Thompson, Membership Program Office Manager (877) 339-2273 James C. Swartz, President & CEO (972) 339-4201

About CareFlite

Oldest joint-use air medical program in the United States, founded 1979 Over 500,000 patients transported since 1979, 6 air and 17 ground ambulance bases across North Texas Only IFR program in the region with 17 proprietary instrument approaches to area hospitals Provides 911/EMS in Balch Springs, Johnson County, Ellis County ESD #5 & Hill County ESD #2

CareFlite is a 501(c)3 Not For Profit Air and Ground Ambulance Service Sponsored by:



WWW.CAREFLITE.ORG • **MEMBERSHIP (877) DFW CARE**



3110 S. Great Southwest Parkway
Grand Prairie, Texas 75052
Members Services (877) 339-2273
(A Texas 501-c-3 non-profit entity)



Caring ~ Heart Membership Program



PERSONS COVERED: This Agreement covers the household family members listed on this application, so long as they remain full-time residents (including college students) of my household. New residence family members may be added, others deleted or the household location changed by written notice to CareFite at the address shown above. Added members will be effective as of the postmark date on the envelope. Medicaid recipients are not permitted to enroll in this program.

EFFECTIVE DATE: This application will be effective on the date agreed to in the contract between CareFite and the company shown on the reverse side of this form.

BENEFITS: Payment of the membership fee by the company shown above and compliance with the terms of this program/agreement entitles the members shown on the reserve side to the following benefits:

1. Emergency helicopter air ambulance services originating within 150 miles of DFW Airport for medically necessary advanced or basic life support emergency transport services from CareFite as a result of an emergency medical condition shall pay nothing out of pocket, unless otherwise specified herein.
2. Emergency fixed wing air ambulance services for patients needing a higher level of care originating within 500 miles of DFW Airport and within the United States shall pay nothing out of pocket. For non-medically necessary fixed wing transports, CareFite will make its best efforts to obtain an insurance pre-authorization. For fixed wing air ambulance service that are not medically necessary and/or operated for patient or family convenience, CareFite will give members a 50% discount from its standard rates.
3. CareFite's ground ambulance and 911/EMS service will be available with its service areas. These benefits will follow the rules of this Air Ambulance membership program.

PAYMENT FOR SERVICES: I understand that I am responsible for payment for any services provided to me by CareFite, but that my membership will assist me by discharging that part of my financial liability that is not covered by insurance for those CareFite services specified in this Agreement. This benefit is subject to certain limitations specified in this agreement. As a condition of receiving this benefit, I hereby assign (hand over) to CareFite all rights and benefits that I or the other family members of my residence 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 ambulance services. Such payment sources are collectively referred to in this agreement as "insurance". I authorize the payment of all insurance benefits or payments to CareFite. I understand that CareFite will, whenever it deems it feasible, file claims for and directly collect the benefits payable from insurance up to the amount of CareFite's charges for its services. When requested by CareFite, 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 services provided by CareFite, I will promptly forward those payments to CareFite at 3110 S. Great SW Parkway, Grand Prairie, Texas 75052.

LIMITATIONS and CONDITIONS: Membership benefits extend to CareFite's critical car, advanced or basic life support helicopter and fixed wing air ambulance services staffed with nurses, paramedics and pilots, Specialty Care Transport (a ground transport staffed similarly to CareFite's air ambulance services) as well as ground ambulances staffed with qualified paramedics and EMTs. Member benefits are not applicable to services rendered by any other provider. As a condition of receiving the benefits of membership with respect to any air or ground ambulance transport, members with insurance agree to and must comply with all coverage conditions of their applicable insurance program for such transport. Some insurance programs require the insured person to obtain prior authorization of payment for non-emergency, yet medically necessary air ambulance services. (This requirement typically applies to fixed wing air ambulance and inter-facility ground ambulance only but not to helicopter or 911/EMS emergency services.) Non-insured household family members will automatically receive a 50% membership discount on CareFite's standard charges for the services rendered. Some plans require certain documentation from the insured within a specified time limit or the plan(s) deny or reduce coverage for ambulance services. In the event the member with insurance forfeits coverage by failing to comply with these types of requirements for a transport that would otherwise be covered by insurance, the member will then forfeit membership benefit for failing to so comply and their membership can be revoked at CareFite's discretion. Membership is available for sale only in those counties or jurisdictions shown on CareFite's website www.carefite.org. Ground ambulance benefits are available to all members but only in CareFite's ground ambulance service areas. The member must hold a membership that is in good standing at the time of service and the transport must originate in CareFite's deemed service area with CareFite as the transporting agency. CareFite reserves the right to deny or revoke any membership for reasonable cause. If membership is revoked then all balances are due in full. CareFite may terminate the membership program at any time upon notice to the members. If CareFite terminates the program, members will have any unused, prorated portion of their membership fee returned. To protect member fees, CareFite maintains a bond with an A rated insurance company.



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 Grand Prairie, Texas 75052
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**Caring - Heart
 Membership Application**



PO Box 217
 Joshua, TX 76058

**PLEASE ENCLOSE A CHECK FOR \$10 PAYABLE TO NARCSP AND MAIL TO NARCSP.
 PLAN YEAR JANUARY 23 - JANUARY 22 EACH YEAR.**

This form must be completed and turned in to NARCSP to activate your membership and receive its benefits.

First Name: _____ Middle Initial: _____ Last Name: _____

Home Address: _____

City: _____ Zip Code: _____ Home Phone # (____) _____

Date of Birth: _____ Male Female

Do you participate in the hospital's health insurance program? Yes No if you answered No to this question,
 please list your primary health insurance company: _____

Other Family Members of Your Household:

First Name: _____ Middle Initial: _____ Last Name: _____

Date of Birth: _____ Male Female

First Name: _____ Middle Initial: _____ Last Name: _____

Date of Birth: _____ Male Female

First Name: _____ Middle Initial: _____ Last Name: _____

Date of Birth: _____ Male Female

First Name: _____ Middle Initial: _____ Last Name: _____

Date of Birth: _____ Male Female

(For additional household family members, please copy this page and attach to this application)

By submitting this application, I agree (on my behalf and on behalf of my family) in consideration of the benefits provided to abide by the terms of the Caring-Heart Membership Program, which are shown on the back of this application. I request payment of authorized Medicare or other insurance benefits to me, or on my behalf, to be paid to CareFlite for any emergency services and supplies furnished to me or my household family members by CareFlite. I authorize any holder of any of my medical information or that of my household family members to release that information to CMS, its agents or carriers, or CareFlite in order to determine benefits payable on my behalf or on behalf of the other members of my household. This agreement and authorization is executed on my own behalf and on behalf of the other members of my household, if they are minors or otherwise unable to sign. I understand that under Texas rule 157.11 if I or a household member is a Medicaid recipient, than I am not allowed to have them on this application. Therefore I am stating that I have not listed on this application anyone that is a Medicaid recipient. If a household family member subsequently becomes a recipient of Medicaid, I will notify CareFlite in writing of this change immediately. I warrant that all of the information on this application is true and correct. CareFlite reserves the right to request documentation to verify the accuracy of any such information. I acknowledge that membership in CareFlite's Caring-Heart Membership Program is an EMS membership in a program sponsored by CareFlite and is not a membership in CareFlite's non-profit entity as the term "membership" is contemplated under the Texas Non-Profit Corporation Act.

Member Signature _____

For NARCSP Use Only: Date Rec'd: _____
 Forwarded to CareFlite on: _____
 Payroll Deduction on: _____

For CareFlite Office Use Only	
Date Received: _____	No Medicaid Verified Date: _____ Initials: _____
Membership # Assigned: _____	Date Mailed to Member: _____ Initials: _____