

Customer Signature

Air Evac Lifeteam Membership Registration – S.P.G. Water Association Billing Plan

Name as it appears on water	r bill:			Name and the second sec	
Mailing Address:		1- /			
Physical Address:					
City:		State:	Zip:	County:	
Main Tel.		Ce	ell		
Work Tel.		Er	nail:		
Your Date of Birth	Do you li	ve in City Limits	Yes 🗆 No 🗅		
S.P.G. Water Association A	ccount Number (if known)				
Please List Others Living	in Household and Date of Birtl	1 (other than yourself)			
Name:	Date of Birth	Nan	ne:	Date of Birth	
Name:	Date of Birth	Nan	ne:	Date of Birth	
Name:	Date of Birth	Nan	ne:	Date of Birth	
A customer's membership will be effective matically without notice if no monthly Mer 2 A customer may discontinue their AEL mes 5 S.P.G. Water Association and AEL are not af directly between AEL and its members. Transport by an AEL helicopter will be to the emergency helicopter transport. A patient's whether or not a patient is flown. AEL services may not be available when recequipment manufacturer limitations, governinant of whether to accept a flight is alwa 6. Members who have insurance or other bene consider all air ambulance costs not cover authorize their insurer or benefits provider AEL is not an insurance company. AEL meanother ambulance service. Membership starts 15 days after AEL receives. Some state laws prohibit Medicaid beneficies. These terms and conditions supersede all p. I have read and understand the AEL Membership.	15 calendar days after receipt by S.P.G. Water Association inbership fee is received by AEL from customer for a 60 cambership at any time by signing a discontinuation notice filiated. S.P.G. Water Association is not responsible for an acceptance of the second of the s	paid protection against AEL air an of the customer's first monthly llendar day period. (as provided by AEL). y of AEL's acts or omissions, and institute are deemed by an attendihether or not air transportation; the appropriate aircraft by anot ize or weather conditions. Federally liable for the cost of services to have been fully prepaid. AEL rece to remit to AEL any payment ered as a secondary insurance of the waiting period will be waived to membership programs. By a tichulding any other writings, pplication is complete and accurring the complete and ac	Membership fee and will continue AEL is not responsible for any of S ling medical professional to be life- n is appropriate and required. Und her patient or other circumstances al Aviation Administration restricti up to the limit of any available inst reserves the right to bill directly th received from insurance or benefit overage or a supplement to any inst or unforeseen events occurring du polyping, members certify to AEL th or oral representations, relating to to the L authorize my insurer or benefit	a member's insurance or medical benefits, subject to the following terms and conthereafter as long as monthly Membership fees are paid, but will terming the fees are paid to permanent disability, and whice all circumstances, AEL retains the sole right and responsibility for det governed by operational requirements or restrictions including, but not light one prohibit AEL from flying in inclement weather conditions. The prima prance or benefit coverage. In return for payment of the membership fee, are appropriate insurance or benefits provider for services rendered, and appropriate insurance or benefits provided by AEL, not to exceed regular prance coverage. AEL will not be responsible for payment for services provided time. Memberships are non-refundable and non-transferable, and they are not Medicaid beneficiaries. The fees are paid to the fees are paid to the fees are paid to the program. The provider to pay any covered amounts to AEL directly. By signing this author the program is a the provider to pay any covered amounts to AEL directly. By signing this author the program is a provider to pay any covered amounts to AEL directly. By signing this author the program is a provider to pay any covered amounts to AEL directly. By signing this author the program is a provider to pay any covered amounts to AEL directly. By signing this author the program is a provider to pay any covered amounts to AEL directly. By signing this author the program is a provider to pay any covered amounts to AEL directly.	ships are the require ermining mited to, try deter-AEL will members that charges, wided by the corization to Use Only
	Customer Signature			st be dated)	-0.5
S.P.G. Water Association Custon Primary Home Address	ner Name				
Account Number (if known)		Primary Tel #_			
 A customer's membership will be as monthly Membership fees are A customer may discontinue the S.P.G. Water Association and 	e paid, but will terminate automatically with eir AEL membership at any time by signin	y S.P.G. Water Associate nout notice if no monthling a discontinuation not association is not response.	ion of the customer's first y Membership fee is recei ice (as provided by AEL) onsible for any of AEL's	monthly Membership fee and will continue thereafter wed by AEL from customer for a 60 calendar day periodates or omissions, and AEL is not responsible for	od.
	gree to the terms stated above and acknown and acknown and acknown and acknown are to the state of the state			al \$5.00 AEL fees added to my residential water ac	count.

Date (must be dated)