

When seconds count . . .

Enroll Today For Membership in Air Evac Lifeteam

Air Evac Lifeteam has been serving rural communities with air ambulance care since 1985. We provide fast, professional, safe and courteous emergency medical service. Our professionally trained crews of nurses, medics and pilots operate medically equipped helicopters that rapidly transport patients to the nearest appropriate medical facility.

Save time and money with an Air Evac membership.

As a member, Air Evac will work on your behalf with your insurance company to secure payment for your flight. Whatever your insurance company pays will be considered payment-in-full for your flight no matter how many times a year you use the service for a life- or limb-threatening emergency.



Annual Membership Fees: FOR MEMBERS OF FARM BUREAU

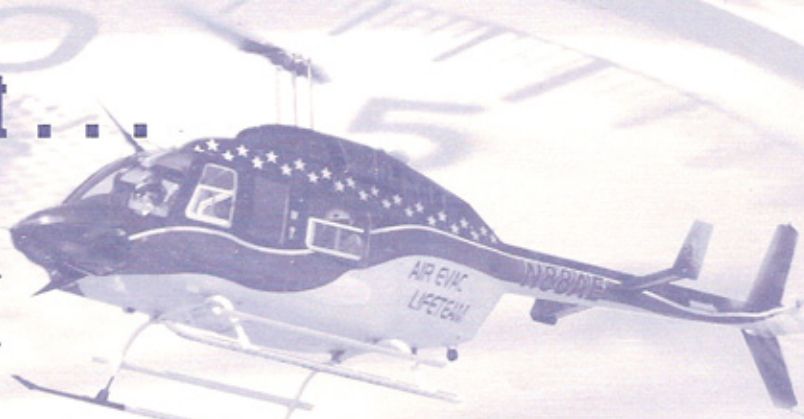
~~\$50~~ \$40 per one member household
~~\$55~~ \$45 per two member household
~~\$60~~ \$50 per 3 or more member household

Terms and Conditions

- Membership is valid 15 days after registration is received with payment.
- Members are entitled to transport by an Air Evac Lifeteam (AEL) helicopter to the closest appropriate medical facility, for injuries that are deemed by an attending medical professional to be life- or limb-threatening, or that could lead to permanent disability.
- A patient's medical condition will dictate whether or not air transportation is in the best interest of the patient's health and well-being. In certain conditions of compromised health, AEL will have the sole responsibility for determining whether or not a patient is flown.
- AEL reserves the right to directly bill the appropriate benefits provider for services rendered. Members agree to remit to AEL any payment received from benefit providers for air medical services provided by AEL.
- AEL will not be responsible for payment for services provided by another air ambulance service.
- AEL membership is not an insurance policy, is non-refundable, and may not be transferred to other persons or families.
- Federal Aviation Administration restrictions prohibit AEL from transporting patients weighing over 400 pounds, or flying in inclement weather conditions. The primary determinant of whether to accept a flight regardless of the factor, be it patient size, weather conditions, or some other factor is always the safety of the patient and our medical flight crews.
- AEL services may not be available at the time of request for services due to factors beyond AEL's control, such as use of the appropriate aircraft by another patient or other circumstances governed by operational requirements such as regulations and maintenance.
- AEL members agree to arbitrate any and all claims, controversies or disputes against each other arising out of, or relating to, AEL membership even if the dispute arises after membership lapse. Arbitration would include any and all claims that an AEL member may bring against AEL's employees, agents, affiliates or other representatives of the company. The Federal Arbitration Act applies to this agreement and its provisions, not state law, govern all questions of whether a claim is subject to arbitration.

GET CODE _____
TRACK CODE _____
PLAN CODE _____

FARM BUREAU
MEMBERSHIP NUMBER



Step 1 Membership & Shipping Information

Last Name: _____

First: _____ MI: _____

Address: _____

Address: _____

City: _____ State: _____ Zip: _____

County: _____

Home Phone Number: _____

Work Phone Number: _____

Cell Phone Number: _____

E-Mail Address: _____

Date of Birth: _____

List persons in your household other than yourself:

Last: _____ First: _____ DOB: _____

Last: _____ First: _____ DOB: _____

Last: _____ First: _____ DOB: _____

Last: _____ First: _____ DOB: _____

Last: _____ First: _____ DOB: _____

Do you live within city limits: Yes _____ No _____

Step 2 Payment Method

If paying by credit card, please complete the following information. If paying by personal check or money order, please enclose your payment with this form and mail to:

Air Evac Lifeteam, PO Box 948, West Plains, MO 65775
or you may call **1-800-793-0010** to enroll immediately.

Thank you for joining Air Evac Lifeteam!

Credit Card Number: _____

Expiration Date: _____ - _____ Authorization Code _____

MasterCard ___ Visa ___ Discover ___ American Express ___

Cardholder Name: _____

I attest that the information provided in this application is complete and accurate. This authorization or a copy will be valid for 12 months from the date of signature. I understand that Air Evac Lifeteam reserves the right to deny my enrollment or may remove my enrollment from the Air Evac Lifeteam Program based on any misuse or abuse of the program.

Signature: _____

Date: _____

Call **1-800-793-0010** or visit **www.lifeteam.net** for more information.