



2019 Application

| | |
|---------------|----------|
| DATE RECEIVED | TOWNSHIP |
| CHECK NUMBER | AMOUNT |

(PLEASE PRINT OR TYPE) Please complete all information below and sign the LifeCare 2019 contract.
Return to: LifeCare, P.O. Box 12050, Fort Wayne, Indiana 46862

| | | |
|--|-----------|---|
| Primary Member <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE | | Spouse |
| Last Name, First Name, Middle Initial | | Name |
| Address | | Date of Birth |
| City/State/Zip | | Is Spouse A Nursing Home Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Name of Nursing Home: |
| Date of Birth | Phone No. | |
| Is Primary Member A Nursing Home Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Name of Nursing Home: | | |

| Dependent Information. Attach separate sheet if necessary. (See membership terms for definition of dependent.) | | |
|--|--------------|---------------|
| Name | Relationship | Date of Birth |
| Name | Relationship | Date of Birth |
| Name | Relationship | Date of Birth |
| Name | Relationship | Date of Birth |
| Name | Relationship | Date of Birth |

| | | |
|-----------------------|--|--|
| Insurance | As additional consideration for my LifeCare membership, I have agreed to assign my ambulance benefits of my insurance contract rights to TRAA or my participating Allen County township volunteer ambulance service for any date of transport. | |
| Primary Member | | |
| Insurance Company | Address | |
| ID Number | City / State / Zip Code | |
| Spouse | | |
| Insurance Company | Address | |
| ID Number | City / State / Zip Code | |

| Method of Payment | | |
|---|-------------|-------------------|
| Money Order <input type="checkbox"/> Credit Card <input type="checkbox"/> | Card Number | Date Card Expires |
| Personal Check (Payable to LifeCare 2019) | | |

Membership contract must be signed by the Insurance Policy Holder or Authorized Person if uninsured.

I authorize the release of any medical information, held by anyone necessary to process a claim, and further assign and authorize such payment to be made directly to TRAA or my participating Allen County township volunteer ambulance provider. Membership is non-transferable and non-refundable. I have read and understand the items stated in the terms of this membership contract.

YOU MUST SIGN HERE X _____ Date _____

Important Instructions: Read and sign the application. Return with your enclosed payment of \$59 by June 30, 2019. Please allow 4-6 weeks for processing and mailing your Membership Cards.