



2022 Application

FOR OFFICE USE ONLY

DATE RECEIVED	TOWNSHIP
CHECK NUMBER	AMOUNT

(PLEASE PRINT OR TYPE) Please complete all information below and sign the LifeCare 2022 contract.
RETURN TO: LifeCare, P.O. Box 12050, Fort Wayne, Indiana 46862

Primary Member

Last Name, First Name, Middle Initial		<input type="checkbox"/> Male <input type="checkbox"/> Female
Address	City/State/Zip	
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:		

Spouse Information

Name	Date of Birth
Is Spouse A Nursing Home Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Name of Nursing Home:	

Dependent Information

Dependents are single children living with you under the age of 26. Any/all dependents must be living with you or be claimed as a dependent on your Federal Income Tax. Attach separate sheet for additional dependents.

Name	Relationship	Date of Birth

Method of Payment

<input type="checkbox"/> Money Order <input type="checkbox"/> Credit Card <input type="checkbox"/> Personal Check (Make check payable to LifeCare 2022)	Card Number	Date Card Expires
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PAYMENT AMOUNT

\$75 Mail no later than June 30, 2022

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 Allen County township ambulance service. Membership is non-transferable and non-refundable. By signing, I acknowledge that I have read and understand the terms of this membership contract.

As additional consideration for my Life Care membership, I have agreed to assign my ambulance benefits of my insurance contract rights to TRAA or my Allen County township ambulance service for any date of transport.

Please read attached Coverages and Membership Contract carefully for full contract terms.

**SIGNATURE
REQUIRED**

Please sign here: X _____ Date _____

IMPORTANT INSTRUCTIONS: Read and sign the application. Return with your enclosed payment of \$75 by June 30, 2022. Allow 4-6 weeks for processing and mailing of membership cards. Mail to: LifeCare, P.O. Box 12050, Fort Wayne, IN 46862.