



Intermountain Ski Council Group Rate \$45.00

Group Membership Agreement and Application

Air St. Luke's Membership Agreement

By becoming a member, I understand that:

- Air St. Luke's Membership is not an insurance or investment program and has no guaranteed benefit. The purpose of membership is to support Air St. Luke's and area EMS and hospital education.
- **The membership benefits are for myself, my spouse (domestic partner), and any unmarried dependent children claimed on my income tax return and listed on the enrollment form.**
- The benefits of Air St. Luke's Membership cover air ambulance and ground ambulance charges for medically necessary services **provided by Air St. Luke's or AAMMP affiliates only. Local 911 emergency ground ambulance response is not included.**
- Both ground and air emergent medical transports are based on medical need, not membership status. Not every illness or injury requires air transport. Patients will be transported to the closest, medically appropriate facility as determined by a physician or emergency personnel.
- Medical necessity can only be determined by a physician or EMS personnel.
- Reciprocity among AAMMP member programs is subject to the reciprocating program's rules.
- New member enrollment and benefits take effect three days after receipt of a completed enrollment form with payment, and continue for one year thereafter, unless lifetime membership.
- I transfer directly to St. Luke's my rights to air medical insurance payments due me. Such payments shall not exceed Air St. Luke's regular charges.
- The Air St. Luke's Membership benefit is secondary to all other insurance payments.
- While every reasonable effort will be made, service cannot always be guaranteed due to weather conditions or commitment to another transport.
- Memberships are non-refundable, non-transferable, and may not be assigned to other individuals.
- Proof of membership is not required at the time of transport.

Air St. Luke's Group Membership Application Member Information (Please print)

Mr./Mrs./Ms. _____ Date of Birth _____

Mailing Address _____

City _____ State _____ Zip _____ Phone (_____) _____

Family Members (spouse and/or dependent children claimed on income tax)

First Name	Last Name	Relationship	Date of Birth

Please complete and mail with payment to: Air St. Luke's Membership, 190 E Bannock ST, Boise, ID 83712