



Emergency Transportation Subscription ENROLLMENT FORM

Dear Downey Resident,

The City of Downey is once again offering residents an opportunity to join the optional **Emergency Transportation Subscription Program** that has been servicing Downey citizens since 1986. Annually about 4,800 people are transported by ambulance. For an annual fee of only **\$60.00**, your household is provided with a supplemental insurance program that will cover unlimited emergency transportation services within Downey's city limits.

If you would like to join this optional **Program**, complete the bottom portion of this form and return it with a check or money order for \$60.00 and you will be immediately enrolled in the **Emergency Transportation Subscription Program**. If you prefer not to join, your household would be responsible for the following emergency transportation fees:

- Advanced Life Support transport: Fees start at \$2,102.50
- Basic Life Support transport: Fees start at \$1,391.00

The **Emergency Transportation Subscription Program** is a supplemental insurance that will cover any "out of pocket" expenses for emergency transportation. If you have medical insurance, the City of Downey will bill that insurance carrier for the full cost of the service. **Any unpaid balance will be covered by the Emergency Transportation Subscription Program.** Billing your insurance company helps maintain the minimal annual fee charged to subscribers. As a subscriber, **all** members of your household will be covered by the **Emergency Transportation Subscription Program**. In some cases they may be required to provide proof of residency that was valid on the date of service, such as California ID card, California Driver's License, or other identification.

On the reverse side of this form, you will find answers to frequently asked questions about the program. Please call (562) 904-7345 with any other questions.

**The subscription period of the Emergency Transportation Subscription Program is:
March 1, 2016 through February 28, 2017.**

Please remit payment to:

**CITY OF DOWNEY ~ EMERGENCY TRANSPORTATION SUBSCRIPTION PROGRAM
P.O. BOX 607, DOWNEY, CA 90241
Make checks payable to The City of Downey**

**PLEASE PRINT LEGIBLY; List the First and Last Name of EACH Permanent Resident:
IF an additional sheet of paper is attached, please check here**

- | | |
|----------|-----------|
| 1. _____ | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | 9. _____ |
| 5. _____ | 10. _____ |

Resident Address _____ Unit # _____ Zip Code _____

Print Head of Household Name _____ Signature of Head of Household _____ Date _____

Phone Number for verification of information if necessary: (_____) _____ --- _____

DO NOT SEND CASH. YOUR CANCELED CHECK IS YOUR RECEIPT. \$60.00 Policy Period 2016 ~ 2017

