MASA Medical Transport Solutions™

Any Ground. Any Air. Anywhere.

NAME (Last, First, Middle): _____ DOB: ____ / ____ / _____

SPOUSE (Last, First, Middle): _____ DOB: ____ / ____ / _____

Physical Address: _____ City/State/Zip: _____

Mailing Address (if different): _____ City/State/Zip: _____

Phone: (_____) _____ - _____ Alt. Phone: (_____) _____ - _____ Email: _____

Dependent Name: _____ DOB: ____ / ____ / _____

Dependent Name: _____ DOB: ____ / ____ / _____

Dependent Name: _____ DOB: ____ / ____ / _____

Dependent Name: _____ DOB: ____ / ____ / _____

Dependent Name: _____ DOB: ____ / ____ / _____

PLATINUM MEMBERSHIP ELECTION

Platinum Membership Options

____ $468 Family (Staff: $308)

____ $348 Single (Staff: $188)

____ $160 Emergent Plus (Staff: $0)

PAYMENT AUTHORIZATION

I authorize Harney County School District #3 to withdraw the difference in Emergent Plus membership $160 and the Platinum Family ($308) or Platinum Single plans($188) from 1 paycheck, annually until otherwise changed.

► _____

Member's Signature **Date**

PAYMENT CALCULATION

$_____ Staff Pays

$ $160 District Pays (Emergent Plus, family plan)