



## Standish Fire/EMS Subscription Agreement

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### **Primary Insurance Information**

Insurance Carrier: \_\_\_\_\_

Policy/ID/Certificate #: \_\_\_\_\_

Group #: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

### **Secondary Insurance Information** (If applicable)

Insurance Carrier: \_\_\_\_\_

Policy/ID/Certificate #: \_\_\_\_\_

Group #: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

As a subscription member you will not be billed for emergency medical services not covered by your insurance for Standish EMS transportation to the nearest hospital. This subscription agreement covers a full year from January 1<sup>st</sup> until December 31<sup>st</sup>. Subscriptions are renewable on a calendar year basis.

\_\_\_\_\_ \$5.00 Senior Citizen Plan (Ages 60 & over) Per Person

\_\_\_\_\_ \$10.00 Single Resident or Summer Resident Plan

\_\_\_\_\_ \$20.00 Family Plan

\_\_\_\_\_ \$50.00 Business Plan

Please fill out this enrollment form and return this with your check payable to Standish EMS. Upon receipt of your application you will receive membership confirmation and further details of your coverage. If you desire more information regarding this plan you may call (207) 642-8821.