

**Standish Fire/EMS Subscription Agreement**

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

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

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

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

As a subscription member, you will not be billed for emergency medical services that are NOT covered by your insurance for Standish Fire-EMS ground transportation to the nearest hospital. This subscription agreement covers a full year from January 1st until December 31st. Subscriptions are renewable at any time. Must be purchased prior to service.

\_\_\_\_ **$15.00 Senior Citizen Plan** (Ages 60 & over) Per Person

\_\_\_\_\_ **$20.00 Senior Couple** (both over 60)

\_\_\_\_ **$30.00 Single Resident or Summer Resident Plan** (per person rate)

\_\_\_\_ **$50.00 Family Plan** (immediate family, up to 5 members, that live in the residence)

\_\_\_\_ **$100.00 Business Plan** (Employer/Employee’s only. Up to 25 employees)

**\_\_\_\_ $150.00 Business Plan** (Employer/Employee’s only. 26+ employees)

Please complete the enrollment form and return with your **check made payable to**: Town of Standish.

If you would like more information regarding this plan, please call (207) 642-4343.

**Any members listed below must live with you. Cannot be family members visiting.** Please only list members to be covered. Do not list family members as contacts, as we do not use this form to contact family members in case of emergency.

1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For office use only:

Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Entered: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RETURN TO: Town of Standish

Attn: EMS Subscription

175 Northeast Rd

Standish ME 04084