


**Fire Department  
Westminster Med Membership Application**

### INSTRUCTIONS

- Please be sure to complete **BOTH** sides of this application.
- Return the completed application with a **copy of your medical insurance card and fee**.
- The individual membership fee is **\$35**; family membership is **\$55**.
- Membership will be declined if form is incomplete, copy of medical insurance card is not enclosed, or the payment amount is not included or incorrect.

**Recipients of Medicaid through the State of Colorado are NOT ELIGIBLE for this ambulance subscription program.**

### APPLICANT INFORMATION

Last Name of Primary Member:		Phone Number:		
Street Address:	Apt #:	City:	State:	Zip:
Mailing Address <i>(If Different Than Above):</i>	Apt #:	City:	State:	Zip:
Primary Member Email Address:				

### MEMBER INFORMATION

List all family members including unmarried children under age 25 and other dependents listed on your tax return and regularly living at your residence that would be included in the family membership. Please list any last name that is different than the last name listed above. Please be sure to list complete birth dates for all members. If you need to list additional dependents, please attach a separate sheet of paper with your application and include all of the below information.

	LAST NAME	FIRST NAME	M.I.	RELATIONSHIP TO PRIMARY MEMBER (Spouse, Son/Daughter, Other)	DATE OF BIRTH (MM/DD/YYYY)
PRIMARY MEMBER					
OTHER					
DEPENDENT					
DEPENDENT					
DEPENDENT					

### MEDICAL INSURANCE INFORMATION

The next portion of the application is for Medical Insurance. Please be sure to provide the requested information. If opting for a Family Membership and the secondary member(s) has different and/or additional medical insurance, please be sure to include that information on a separate sheet of paper and submit with application.

<b>Medicare Group/Member Number</b> <i>(If Applicable)</i>	
<b>Medical Insurance Provider:</b> <i>(Name of insurance provider)</i>	
<b>Medical Insurance Member and/or Group Number:</b>	

# WESTMINSTER MED

An Emergency Ambulance Care & Transportation Membership Program for Residents of the City of Westminster

THE WESTMINSTER MED PROGRAM will provide emergency ambulance care and transportation by the Westminster Fire Department within the ambulance service area of the City of Westminster. Ambulance transport will be provided to a nearby hospital, taking into consideration the hospitals facilities, and whether or not the hospital accepts the member's health care insurance when that information is made known. Non-emergency ambulance transportation for routine, scheduled, or other non-emergency medical care is not covered. Coverage will begin upon the receipt of the application and the payment of the annual fee. The membership will extend for one year from date of acceptance.

Westminster MED is not insurance and is not intended to be a substitute for insurance. The Westminster MED membership fee represents the prepayment of the uninsured portion of a member's ambulance bill. The City of Westminster will bill a member's insurer or other provider of medical payment. A member will not be charged for any costs not covered by insurance. The deductible and co-payment portions of an ambulance bill usually paid by the member will not be collected by the City. If a member received payment from an insurance company or other medical benefit provider for ambulance service provided by the City of Westminster, the member will forward such payment to the City. Membership in Westminster MED is not solicited from persons who receive welfare benefits and such membership constitutes a voluntary contribution only.

Membership in Westminster MED is offered only to residents of the City of Westminster and employees of the City. Membership is offered for individuals or families. Individual memberships applies to only one person. Family membership covers immediate family members living in the same household. Immediate family members include the member, spouse, unmarried children under age 25, and other persons listed as legal dependents for income tax purposes. Persons who do not meet this definition of immediate family are required to obtain their own separate memberships. Fees are: for individual membership \$35, for family membership \$55. Membership is nonrefundable and nontransferable and will automatically terminate if the member no longer resides in the Westminster ambulance service area.

Programs similar to Westminster MED may be offered to residents of communities outside Westminster. Westminster MED member benefits may be extended to areas outside the Westminster ambulance area where the City has reciprocal agreements with such other agencies, but benefits may be limited by the terms of the program offered by the other agency. If a Westminster MED ambulance is not available and an outside agency transports the member and benefits are not extended the member is responsible for payment to the service provider. A current list of participating agencies are on file in the city of Westminster MED office. Members who receive ambulance service from another participating agency may be eligible for benefits offered by that agency if they submit a copy of the ambulance bill to the City of Westminster within 30 days and agree to abide by the terms of the other agency program.

Where Westminster Fire Department ambulance service is provided within the City, the City of Westminster will honor membership in the City's Westminster Med Program only. Membership benefits in ambulance programs provided by other non-City ambulance service providers will not be honored when Westminster Fire Department ambulance service is provided within the City.

This membership may be terminated by the City at any time and for any reason upon written notice to the member by regular U.S. mail service. In the event the City terminates the membership the City will refund the entire membership fee. Nothing in this agreement shall be deemed or construed as a modification or waiver of any of the limitations or protections available to the City under the Colorado Governmental Immunity Act.

## AGREEMENT

I HEREBY APPLY FOR MEMBERSHIP in the City of Westminster MED Program as an (check one)  INDIVIDUAL or as a  FAMILY

I hereby authorize the release of any medical information necessary to process any insurance claims and further authorize direct payment of any insurance of other medical benefits to the City of Westminster.

### To my insurance carrier or other provider of medical benefits:

- I authorize a copy of this agreement to be used in lieu of the original on file at the City's Westminster MED office.
- I authorize a payment of benefits for ambulance service for myself or eligible family members directly to the City of Westminster.
- I expect your usual and customary ambulance reimbursement to be sent directly to the City of Westminster.

Primary Member Printed Name:		Primary Member Signature:	
Other Member Printed Name:		Other Member Signature:	
Dependents Over 18 Name:		Dependents Over 18 Signature:	
Dependents Over 18 Name:		Dependents Over 18 Signature:	
Dependents Over 18 Name:		Dependents Over 18 Signature:	

A check, cash or money order must accompany this application.

Please make checks payable to "City of Westminster"

Payment By (please check one):  Check  Money Order  Cash

Revised 1/2018

Please Mail Application & Payment to:  
 Westminster Fire Department  
 9110 Yates Street  
 Westminster, CO 80031