



This section to be completed by Acadian

Employee number: _____

2022-2023 New Member Application

Membership covers applicant, spouse and children up to 26 years of age.

Applicant

Last name

First name

Middle initial

Address

City

State

Zip

()
Contact phone (including area code)

Date of birth (mm/dd/yyyy)

Social Security number

Email address: _____

Spouse

Last name

First name

Middle initial

Date of birth (mm/dd/yyyy)

Social Security number

()
Contact phone (including area code)

Email address: _____

Dependent Information (List additional family members on the back of this form.)

Dependent name _____ Date of birth (mm/dd/yyyy) _____

1. _____ Handicapped

2. _____ Handicapped

3. _____ Handicapped

Note: To be eligible for Medicare & Supplemental Insurance discount, the information below must be provided.

Insurance Information, Applicant

Medicaid number

Medicare number

Private insurance name

Address

City, State, Zip
(Include retired information)

Name of policy holder

Insured's employer & phone

Policy number

Group number

Insurance phone

Insurance Information, Spouse

MEMBERS ENJOY GREAT BENEFITS AND SAVINGS

Ambulance Services Discount

Receive a 30% discount on billed ambulance charges.



Savings Network

Access thousands of discounted products and services from local and national businesses.¹

- Movies and concert tickets
- Groceries and dining
- Retail and shopping
- Home services
- Travel and rental cars
- Auto repair
- Health and wellness
- Phones and electronics



On Call Medical Alert Systems

Save 10% on monthly monitoring rates.



Acadian Total Security

Security system startup fee waived (a \$99 value).²



VIP Phone Line

Enjoy exclusive access to specialized customer service and billing assistance.

¹This service is provided by a third-party vendor. Offers and services are subject to change without notice. Acadian Ambulance Service is not an agent of Abenity, provides no warranties related to the services provided by Abenity and hereby disclaims any liability with regard thereto. ²With new alarm account activation.



Acadian
Ambulance Service

Membership Program



2022-2023 New Member Application (continued)

Additional Dependent Information *Membership covers applicant, spouse and children up to 26 years of age.*

Dependent name	Date of birth (mm/dd/yyyy)	
4. _____	_____	<input type="checkbox"/> Handicapped
5. _____	_____	<input type="checkbox"/> Handicapped
6. _____	_____	<input type="checkbox"/> Handicapped
7. _____	_____	<input type="checkbox"/> Handicapped
8. _____	_____	<input type="checkbox"/> Handicapped
9. _____	_____	<input type="checkbox"/> Handicapped
10. _____	_____	<input type="checkbox"/> Handicapped

Thank you for choosing to be an Acadian member!

Consent to Receive Notifications

- I agree to to be contacted per the terms listed in the "Reimbursement for Membership Services" section on the Membership Terms page in the *Member Handbook*.
- I agree to receive text-message and email notifications from Acadian. (Optional) Text and data rates may apply.

Mobile phone number: () _____
 Email address: _____

Mail this completed membership application in the enclosed envelope.

Enroll and pay online at Acadian.com/Membership, or call **1.800.256.JOIN (5646)**. (A \$2.00 handling fee will be added to pay by phone.)

NOTE: Mississippi and Texas residents with Medicaid coverage, by law, are not eligible to purchase a membership. Louisiana Medicaid recipients can make a voluntary contribution.

Select one:

- \$84 one-year standard membership
 - \$168 two-year standard membership
- Discounted membership (only for applicants having traditional medicare & supplemental insurance):*
- \$69 one-year discounted membership
 - \$138 two-year discounted membership
- Add \$_____ as a donation to the *Helping Hand fund (optional)*

CIRCLE CARD TYPE: VISA MASTER CARD DISCOVER AMERICAN EXPRESS

CARD NUMBER	3-DIGIT CODE ON BACK	BILLING ZIP CODE
SIGNATURE	EXPIRATION DATE	AMOUNT PAID
<input type="checkbox"/> MY CHECK OR MONEY ORDER IS ENCLOSED - CHECK / MONEY ORDER # _____		

NOTE: Mississippi and Texas residents with Medicaid coverage, by law, are not eligible to purchase a membership. Louisiana Medicaid recipients can make a voluntary contribution.

PLEASE REMIT PAYMENT TO:

MEMBERSHIP DEPARTMENT
P.O. BOX 919285
DALLAS, TX 75391-9285