

## 2024-2025 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. _____	_____	<input type="checkbox"/> Handicapped
2. _____	_____	<input type="checkbox"/> Handicapped
3. _____	_____	<input type="checkbox"/> 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.



### VIP Phone Line

Enjoy exclusive access to specialized customer service and billing assistance.

### Savings Network

Access thousands of discounted products and services from local and national businesses.<sup>1</sup>

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



### Home Security System



Includes a wireless panel, 3 sensors, 1 motion detector, and 1 smoke alarm and CO detector. No upfront costs and up to 5 months of free monitoring.<sup>2</sup>

**On Call Medical Alert Systems**  
Save 10% on monthly monitoring

<sup>1</sup>This 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 Abernity, provides no warranties related to the services provided by Abernity and hereby disclaims any liability with regard thereto.  
<sup>2</sup>With new alarm account activation with Acadian Total Security. Free monitoring for 3 months with a three-year agreement or free monitoring for 5 months with a five-year agreement.

**2024-2025 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.  
Ensure the "Membership Department" address at the bottom of this page is visible through the envelope's window.**

Enroll and pay online at [Acadian.com/Membership](http://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