

# Join Authority Advantage Today!

Are you and your family covered in the event of a medical emergency requiring ambulance transport?

Did you know that most insurance does not pay ambulance bills at 100% and that most have deductibles and/or co-pays?

Marshall Area Firefighters Ambulance Authority offers to residents of the City of Marshall, Burlington, Clarendon, Fredonia, Convis, Lee, Marengo, Marshall, Eckford, and Tekonsha Townships our **Authority Advantage** membership program.

Protect yourself and your family from unexpected out-of-pocket expenses due to a medical emergency requiring ambulance transport.

### Benefits:

- No out-of-pocket expense for medically necessary ambulance services including deductibles and co-pays
- Medically necessary services not covered by insurance are rendered at a 20% discount from regular rates.
- Covers ground ambulance services provided by Marshall Area Firefighters Ambulance Authority within its service area listed above.
- Only \$30 for senior citizens over the age of 65 and \$40 for all other residents of the Authority area.
- See reverse side for complete rules.

Piece of mind- knowing that you are covered in the event of an emergency

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## Authority Advantage Application

Membership fees – Senior Citizens \$30 All others- \$40

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_ APT/LOT# \_\_\_\_\_ PHONE \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

LIST FULL NAME OF EACH **RESIDENT**, BIRTHDATE, AND RELATIONSHIP TO YOU WHO LIVES AT THE ABOVE ADDRESS AND WILL BE INCLUDED ON THIS MEMBERSHIP.

**NAME**                                      **DATE OF BIRTH**                                      **RELATIONSHIP**

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\_\_\_\_\_

PRIMARY INSURANCE \_\_\_\_\_ POLICY/CONTRACT # \_\_\_\_\_ GROUP \_\_\_\_\_

SECONDARY INSURANCE \_\_\_\_\_ POLICY/CONTRACT# \_\_\_\_\_ GROUP \_\_\_\_\_

OTHER PRIMARY INSURANCE \_\_\_\_\_ POLICY/CONTRACT# \_\_\_\_\_ GROUP \_\_\_\_\_

OTHER SECONDARY INSURANCE \_\_\_\_\_ POLICY/CONTRACT# \_\_\_\_\_ GROUP \_\_\_\_\_

**SIGNATURE OF PRIMARY MEMBER** \_\_\_\_\_

SEND COMPLETED APPLICATION FORM AND APPROPRIATE FEES TO:

MARSHALL AREA FIREFIGHTERS AMBULANCE AUTHORITY  
323 W MICHIGAN AVE  
MARSHALL, MI 49068