



**City of La Habra Heights**  
 Paramedic Membership Program  
 1245 N. Hacienda Road  
 La Habra Heights, CA 90631  
 (562) 694-6302

**Paramedic Membership Program Application**  
**Dates Effective: January 1, 2020 – December 31, 2020**

**If received after January 31, 2020,  
 Membership will be effective upon receipt by the City.**

**What is the Paramedic Membership Program?**

The Paramedic Membership Program (PMP) is an official subscription program of the City of La Habra Heights. The City designed this program to protect residents and businesses from out-of-pocket expenses related to emergency paramedic services provided by the La Habra Heights Fire Department.

**What does the membership cover?**

- 24-hour emergency paramedic service.
- Protects members from out-of-pocket expenses related to First Responder/Emergency medical treatment provided by the La Habra Heights Fire Department.
- **Does NOT cover ambulance transportation cost.** The ambulance company bills for this cost separately from the City.

**Is the Paramedic Membership Program GRANT available for 2020?**

Yes! There are limited subscriptions available. It will be on a first-come, first-serve basis. To be eligible for the GRANT program, a household member must be age 55 years and older, and a La Habra Heights resident.

**How do I apply for the Paramedic Membership Program GRANT?**

Fill out the Paramedic Membership Program application. Attach a copy of valid identification (driver's license, CA issued identification card) showing you are 55 years or older and living at a valid La Habra Heights address.

**What is the cost of the Paramedic Membership Program if I am not eligible for the GRANT?**

The yearly cost of the Paramedic Membership Program is \$45 per household and \$200 per business within the City of La Habra Heights.

**Saving You Money... AVOID COSTLY FEES!**

Did you know that a First Responder emergency call can cost up to \$225 per incident? In addition, many insurance companies do not cover the First Responder fee for emergency services. Please check with your medical insurance company.

**Your enrollment will also help offset the high costs of training and maintaining advanced lifesaving personnel and equipment for the La Habra Heights Fire Department.**

Cut Here ✂-----

**Please read and sign the agreement on the back of this form.**

LHH Address:		
Phone Number:		
E-Mail Address:		
Check Plan Type		Household GRANT \$0
		Household \$45
		Business (Less Than 50 Employees) \$200

<b>List ALL Household or Business Members to be covered below.</b>

**For GRANT applications only:**

**Ethnic Background**

Mark  next to the category that best describes your ethnicity.

- Yes, Hispanic/Latino
- No, not Hispanic/Latino

**Household Information**

Check one only.

- A female heads the household where this resident resides.
- A male heads the household where this resident resides.

**Racial Background**

Mark  next to the category that best describes your origin.

- Single Categories
- American Indian/Alaska Native
  - Asian
  - Black/African American
  - Native Hawaiian/Other Pacific Islander
  - White

Double Categories

- American Indian or Alaska Native AND White
- Asian AND White
- Black or African American AND White
- American Indian or Alaskan Native AND Black or African American
- Other – for individuals not identified above

I certify that the background information is true and accurate and that supporting documentation can be provided upon request.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Agency Approval \_\_\_\_\_ Date \_\_\_\_\_

# PARAMEDIC MEMBERSHIP PROGRAM ENROLL NOW!

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Pay by check or money order payable to:  
City of La Habra Heights  
Attn: PMP 2020  
1245 N. Hacienda Road  
La Habra Heights, CA 90631

## Paramedic Membership Program Agreement

I understand and acknowledge the following:

- I understand that I must be a resident or a business located within the City of La Habra Heights to enroll in the program.
- I understand that to be eligible for the Paramedic Membership Program GRANT, I must submit a copy of identification document(s) and those documents will only be used to confirm eligibility for the GRANT program.
- I understand that the membership fee provides protection for all permanent members of my household or for employees of my business located within the City of La Habra Heights. It is my responsibility to contact the City of La Habra Heights to add or remove any permanent members of my household or business.
- I understand that the fee protection applies only to First Responder/Emergency Medical treatment performed by the La Habra Heights Fire Department.
- I understand that the City of La Habra Heights Paramedic Membership Subscription Program does NOT include ambulance transportation costs. These fees are billed separately by the ambulance company.
- I understand the City of La Habra Heights reserves the right to bill any insurance that I, or any covered member of my household, may have. I further authorize the release of emergency medical/insurance information for the purpose of emergency medical service billing only.
- I understand that membership is non-transferable and any violations of the terms of this agreement and/or other abuses of membership as deemed by the Fire Chief could result in the cancellation of my membership.

I have read and understand the Paramedic Membership Program Agreement. I understand that the City of La Habra Heights will bill any insurance that I, or any covered member of my household, may have.

I understand for the First Responder/Emergency Medical costs to be covered by the program, the application and payment for the Paramedic Membership Program must be received by the City prior to First Responder/Emergency Medical treatment.

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Applicant's Signature

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Date