



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, 2019 – December 31, 2019

**If received after January 31, 2019,
 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 2019?

Yes! The GRANT is available to household subscriptions on a first-come, first-serve basis. To be eligible for the GRANT program, a household member must be 55 years and older, and a La Habra Heights resident.

How do I apply for the Paramedic Membership Program GRANT?

If you applied for the GRANT in 2018, complete the Paramedic Membership Program application below and return it to City Hall. If this is your first time applying for the GRANT, include with your application a copy of a valid identification document (driver's license, CA issued identification card...) showing you are 55 years and older and showing 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 one First Responder emergency call can cost a minimum of \$671? 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 ✂-----

Select Plan Type:		
Household GRANT		\$ 0.00
Household		\$ 45.00
Business (less than 50 employees)		\$200.00

Pay by check or money order payable to:

City of La Habra Heights
 Attn: PMP 2019
 1245 N. Hacienda Road
 La Habra Heights, CA 90631

LHH Address:	
Phone:	
Email Address:	

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

List ALL Household or Business Members to be covered (attach additional pages if more space is need):

First Name	Last Name
Total Number of Members:	



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PARAMEDIC MEMBERSHIP PROGRAM ENROLL NOW!

Mailing Address (if different from residence address):

Contact Name:		Contact Phone:	
Mailing Address:			

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.

Head of Household or Business Owner Signature

Date