

MASA – Medical Air Services Association

Please visit www.insurance-network.com/masa

Medical Air Services Association (MASA) is an international association founded more than 30 years ago dedicated to providing life-saving emergency assistance from home or while traveling.

MASA has the largest membership base in the industry for good reason; quite simply, there is tremendous pride in the level of care provided MASA members. When a MASA member calls, they fly into action to take care of the member's specific emergency situation and get them to the specialized care they deserve.

MASA membership is designed not only to save lives, but also to protect our members from catastrophic financial loss when medical emergencies requiring air and/or ground ambulances. One simple toll-free phone call gives you full access to a team of professionals and all of our member benefits - 24 hours a day, 7 days a week and 365 days a year. MASA is always on duty for you and your family.

An average medical flight costs \$10,000 and can be well over \$50,000. Today these flights are becoming more and more common for the average family. In almost every case, a very expensive flight is utilized for any organ transplant, serious coronary problem, bone reconstruction, serious accidents and illnesses that occur at home or while traveling.

From the initial call, MASA will do everything they can to help members during a medical emergency; getting them to the medical specialists they need as quickly and safely as possible, **all at no cost to the member.**

Benefits

- **Emergency Air Transportation** - Should a member suffer a serious illness or injury, resulting in hospitalization and if the member is in need of specialized treatment, not available locally, then MASA shall fly him/her to the nearest appropriate medical facility capable of providing such specialized treatment. Typical costs run from \$10,000 to \$100,000+
- **Commercial Air Transportation** - Should a member's physician and/or Associations' medical director recommend medical treatment at a hospital more than 100 miles from Member's residence and requires at least 24 hour overnight hospitalization, MASA will pay the cost of Member's roundtrip commercial coach airfare. Typical costs run \$300 to \$1000
- **Ground Ambulance** - MASA will arrange and provide ground ambulance for a Member to and from the medical facility to the air ambulance. Typical costs run \$1,000 to \$2,500
- **Repatriation/Recuperation** - If a Member is hospitalized while away from home, MASA will fly him/her home to recuperate in familiar surroundings. Typical costs \$6,000 to \$50,000
- **Return Transportation** - MASA will fly a Member to a commercial airport nearest his/her home following inpatient hospitalization away from home. Typical costs \$200 to \$500+
- **Non Injury Transport** - If a Member is hospitalized away from his/her home for more than 7 days, the member may select a family member to visit him/her during confinement. MASA will provide roundtrip common carrier air transportation for the person selected. Typical cost \$400 to \$800

- **Escort Transportation** - If a Member requires emergency air transport, MASA will also fly the Member's spouse or other family member or friend to accompany him/her in the air ambulance, subject to space available.
- **Minor Children/Grandchildren Return** - When minor children/grandchildren are left unattended as a result of a Member using MASA air ambulance service, MASA will provide one-way common carrier air transport for return of the children to the commercial airport nearest the place of residence of the children. A qualified attendant shall accompany the children. Typical cost \$500 to \$2000
- **Vehicle Return** - MASA will return vehicles such as cars, vans or trucks owned or rented by the Member when illness, injury or death requires use of the air ambulance service provided by MASA. The vehicle will be carried to the Members place of residence or rental vehicles will be returned to the nearest rental company office or agent. Typical costs \$500 to \$5000+
- **Mortal Remains Transport** - In the event a Member dies while away his/her place of residence, MASA will return his/her remains to the commercial airport nearest his/her residence. Typical costs run \$1000 to \$5000+
- **Organ Retrieval** - MASA will provide air transportation of an organ to be used in an organ transplant. Typical costs run \$1000 to \$5000+
- **Organ Recipient Transport** - MASA shall fly a Member to the commercial airport nearest the medical facility where an organ transplant is scheduled to be performed. Typical costs run \$500 to \$2000+

Costs

- **Platinum Worldwide Plan** – Individual \$290/year Family (2 or more persons) \$390 Plus one time \$60 enrollment fee

Please complete the attached application and fax to 407-386-7053 or mail to the address below. All checks are to be made payable to MASA.

Mail to:

John K Arnold Insurance – FI license A008535

5415 Lake Howell Rd # 325

Winter Park, FL 32792

Ph: 407-592-0311

Ph: 888-592-0311 X 706

Fax: 407-386-7053

Skype: john.k.arnold

Email: john@insurance-network.com

Website: www.insurance-network.com

Medical Air Services Association

Annual Membership Application

Account Executive John K Arnold A0005

Phone 407-592-0311



Print Only

Date: _____

NAME _____ DEPENDENTS: _____
Last First Middle BIRTHDATE

SPOUSE _____
Last First Middle

BIRTHDATE: Member _____ Spouse _____

MAILING ADDRESS: _____

City State Zip Country

* Pre-Existing Conditions Are Covered After 90 Days *

E-MAIL ADDRESS: _____

PHONE: _____ SIGNATURE: _____

Social Security Number:

TYPE OF MEMBERSHIP

Individual Family

ANNUAL MASA MEMBERSHIP FEE \$290.00 \$390.00 \$

INITIATION FEE (First Year Only) \$ 60.00

TOTAL AMOUNT PAID \$

Please Check Your Method of Payment:

1. Charge to: VISA or MASTERCARD AMERICAN EXPRESS DISCOVER

CARD NUMBER EXPIRATION

(Initial) _____ I Want Automatic Renewal on my Charge Card

2. Payment Enclosed: CHECK MONEY ORDER TOTAL AMOUNT PAID \$ _____

3. ACH / PAYROLL DEDUCT - (See Attached) *Account Executive* John K Arnold # A0005

Please fax to 407-386-7053 or mail to:

John K Arnold, 5415 Lake Howell Road # 325, Winter Park, FL 32792

If paid by check, check payable to MASA

www.floridahealthinsurance.com and www.insurance-network.com



PERSONAL ACH CREDIT CARD PAYMENT AUTHORIZATION FORM

CREDIT CARD COMPANY

(CHOOSE ONE)

VISA AMERICAN EXPRESS MASTER CARD DISCOVER

Account Number

Expiration Date

YEAR 1 – You are hereby authorized to charge \$_____ (which includes my initiation fee) to my credit card each month, for dues owed for membership in MASA – Medical Air Services Association. I understand and agree that it is my obligation to make certain my credit card company honors the above charges and that payment to MASA is approved on a timely basis and that failure to do so may result in cancellation of my membership.

YEAR 2+ – You are hereby authorized to deduct \$_____ to my credit card each month, for dues owed for membership in MASA – Medical Air Services Association. I understand and agree that it is my obligation to make certain my credit card company honors the above charges and that payment to MASA is approved on a timely basis and that failure to do so may result in cancellation of my membership.

Such Credit Card charges are to continue until:

- 1. Written notice by me to MASA – Medical Air Services Association of cancellation of this authorization; or
- 2. Termination of the ACH Credit Card Payment Plan by MASA – Medical Air Services Association.

NAME: _____ Social Security No. _____

Customer's Signature

Date: _____

ADD – NEW

Agent: John K Arnold

Change from \$_____ to \$_____

Agent #: A0005

Delete _____

**AUTHORIZATION AGREEMENT
FOR
RECURRING ELECTRONIC ACH DEBIT**



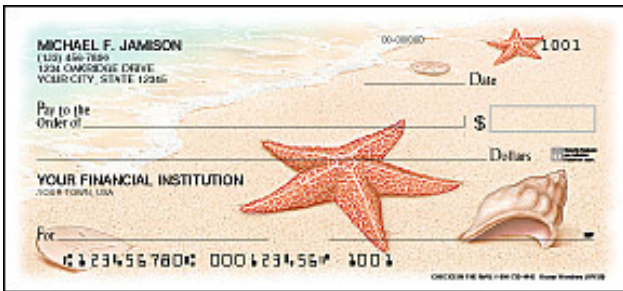
I hereby authorize MASA - Medical Air Services Association, herein after called the COMPANY, to initiate a debit to my CHECKING / SAVINGS Account (Check One) indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to debit or credit the same to such account. If this item is returned unpaid, I authorize an additional returned check fee in the conformity with the policies of my Financial Institution.

Depository (Bank) Name: _____

City: _____ State: _____ Zip: _____

Routing Number: _____ Account Number: _____
(Nine Digits) (Ten Digits)

To avoid confusion, please attach a Voided Check



Amount to be debited 1st Year: \$ _____
Single - \$25.00; Family - \$35.00
Includes \$60.00 one time initiation fee

Amount to be debited 2nd Year+: \$ _____
Single - \$20.00; Family - \$30.00

Routing # ↑ ↑ Account #

Frequency of Payments: Monthly Please Circle the Debit Date: 1st 15th 25th

This authorization is to remain in full force and effect until the COMPANY has received written notification from me of its termination, in such time and matter as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Signature: _____ Name: _____
(Print Name)

Date: _____ Agent: John K Arnold Agent's # A0005

MEMBERSHIP AGREEMENT

Medical Air Services Association

TravelAid Membership

THIS AGREEMENT, made and entered into by and between MEDICAL AIR SERVICES ASSOCIATION, an Oklahoma corporation, hereinafter called the "Association", and the subscribing Member, hereinafter called the "Member".

TO ACCESS SERVICES CALL 1-800-643-9023 OR 1-817-430-4655 COLLECT

WITNESSETH:

In consideration of payment of the membership fee, the Association agrees to provide emergency medical air transportation to the Member and such services as are described herein, during the term hereof, subject to the conditions and limitations set forth below.

ARTICLE I

Services Available to Members

Subject to the Limitations and Exclusions stated below, the Association will provide the following services:

1. Emergency Air Transportation

The Association hereby agrees to provide Emergency Air Transportation and Air Medical Services as described in the Agreement should the Member suffer a serious illness or injury that requires air transport of that sick or injured member in need of specialized treatment, not available locally, to the nearest appropriate medical facility capable of providing such specialized treatment, when the medical facility is more than one hundred (100) air miles from the point of departure. These air medical services will be provided using medically equipped fixed-wing aircraft or helicopters (at the discretion of the Association) that is provided by the Association or if appropriate, by common air carrier. The Association will arrange such transportation upon certification by an attending physician and the Association's Medical Director that the Member is "seriously ill or injured" as defined herein and is in need of Emergency Air Transportation.

2. Ground Ambulance Transportation

The Association hereby agrees to provide Ground Ambulance Transportation from a hospital to an airport and from an airport to a receiving hospital when emergency air transportation is utilized (Service #1).

3. Repatriation / Recuperation

When the Member is confined in a medical facility more than one hundred (100) air miles from residence and his treating physician along with the Association's Medical Director determines it is feasible or medically necessary to transfer the Member to a medical facility nearer his permanent residence to recuperate in familiar surroundings, the Association hereby agrees to provide air transport for the Member.

4. Return Transportation

The Association hereby agrees to provide arrangements and transport the Member by common air carrier (coach fare) to the commercial airport nearest the Member's residence anywhere in the United States of America following in-patient medical facility confinement more than one hundred (100) air miles from residence.

5. Escort Transportation

In the event the Member should require emergency air transport by air ambulance under the provisions of this Membership Agreement, the Association will also provide transportation of the Member's spouse or other family member or companion to personally accompany the sick or injured Member in flight, subject to space available, giving due priority to the medical personnel and equipment aboard for the welfare and safety of the patient.

6. Non-Injury Transport

When a Member is hospitalized more than one hundred (100) air miles from place of residence for more than seven (7) days, or at the discretion of the Association, the Member may select a family member to attend during the confinement. Upon being notified of such selection, the Association will provide round-trip common carrier air transportation (coach fare) for the person so selected from the commercial airport nearest their home or usual place of residence to the commercial airport nearest the hospital where the Member is confined.

7. Minor Children/Grandchildren Return

When minor children or minor grandchildren are left unattended as a result of a Member utilizing Medical Air Services Association Emergency Air Transportation (Service #1), the Association will provide one way common carrier air transport (coach fare) for return of children/grandchildren to the commercial airport nearest the Member's place of residence for minor children and the parent's place of residence for minor grandchildren anywhere in the United States. A qualified attendant will also be provided by the Association to accompany such minor children/grandchildren en route back to their home, in the event that the age or condition of health of the children/grandchildren requires such attention, without cost to the Member.

8. **Mortal Remains Transport**

In the event of the death of any Member at a location more than one hundred (100) air miles from place of residence, the Association will provide for payment of the air waybill of the Member's remains to the commercial airport nearest his usual place of residence. Place of residence is established by the address on the application.

9. **Travel Expense**

In the event the Member should require air transport by air ambulance under the provisions of this Member Service Agreement, and if a family member accompanies the member on the flight (Service #5), the Association will reimburse travel expenses of the family member (hotel, meals and public transportation) in an amount not to exceed \$500.00.

10. **Worldwide Coverage**

As a Member, coverage shall be extended to a worldwide basis (Services 1, 3, 4 and 8 only).

ARTICLE II

Definitions

1. **"Emergency Air Transportation"** is defined to mean travel from a suitable airport nearest the hospital where the Member is hospitalized, to a suitable airport nearest the facility medically necessary, by "fixed wing" medically equipped air transport or common air carrier.
2. **"Air Medical Services"** is defined as commercial or air transport rated pilots; A.C.L.S. rated Registered Nurses or paramedics trained in critical care and support patient care; medical equipment and drugs most essential for routine and emergency in-flight care; Medical Advisory team headed by a Medical Director and head nurse; and air to ground communication capabilities.
3. **"Serious Illness or Injury"** means a medical condition which by customary practice in the medical profession is considered to warrant transport to a facility medically appropriate to the situation. Warranted transport requires the recommendation of the attending physician and agreement with the Association Medical Director that the flight is in the best interest of the patient and that the patient is in a condition sufficiently stable for the flight.
4. **"Medical Facility"** means an institution licensed and operated according to the laws pertaining to hospitals, which maintains the facilities necessary to provide for the diagnosis and treatment of injury and sickness by or under the supervision of physicians on an inpatient basis with continuous twenty-four (24) hour nursing services. Medical Facility does not include physical rehabilitation centers, skilled nursing centers or hospice settings, even if they are otherwise contained within a hospital.
5. **"Member"** is defined to mean a person who (a) makes application for membership in Medical Air Services Association and whose application for such membership and membership fees have been received at the Association Home Office, and (b) becomes and remains a Member in good standing of said Association. The Spouse and children, as defined herein, of a Member shall be included in the term "Member" for purposes hereof if, and only if, the Member applies for Family Coverage and the required membership fee is paid.
6. **"Residence"** shall mean the address provided on the application for membership, provided by the applicant and family. Should request of residence change be made, member must do so by certified mail, return receipt requested, to the Administrative Office. Change of residence must be received by the Administrative Office prior to any injury, illness or other incident which may activate the provision of services.
7. **"Spouse"** is defined to mean a person to whom a Member is legally married.
8. **"Children"** means a Member's unmarried children, legally adopted children and unmarried step-children of the Member and unmarried children for whom the Member (or Spouse) has been appointed legal guardian by a court of competent jurisdiction provided such children reside with the Member and are chiefly dependent upon the Member for support and maintenance from birth through the last day of the month in which such children marry or attain age 18, whichever event shall first occur, provided that in the event of children who are full time students in a recognized college or university, coverage shall continue until age 23. Children born or adopted in the coverage period shall be covered, provided written notification is sent to the Association Home Office and provided any additional membership fees, if due, are paid.
9. **"Grandchildren"** means a Member's unmarried grandchildren, legally adopted grandchildren and unmarried step-children of the Member's own children provided such children reside with the Member or the Member's own children and are chiefly dependent upon the Member or the Member's own children for support and maintenance from birth through the last day of the month in which such grandchildren marry or attain age 18, which ever event shall first occur, provided that in the event of grandchildren who are full time students in a recognized college or university, applicable age shall be 23.
10. **"Single coverage"** means coverage for an individual Member under the Membership Agreement.
11. **"Family coverage"** means coverage for a Member, his Spouse and their Child(ren), who are dependents under the Membership Agreement. Family coverage is also extended to include Grandchildren who are within the physical control of Member while visiting or living with said member. Grandchildren are not otherwise eligible for benefits if an illness or injury occurs or is diagnosed at a time other than when grandchildren are within the physical control or custody of Member.

12. **“Physician”** means a duly licensed doctor of Medicine (M.D.) or doctor of Osteopathy (D.O.).

13. **“Suitable Airport”** shall be interpreted to mean an airport of such location, construction and facilities to safely accommodate the landing, ground service and maintenance requirements, and take-off of the fixed-wing aircraft assigned by the Association.

14. **“In-patient”** is defined as an admission into a medical facility for at least twenty-four hours. Emergency room and out-patient visits are not considered in-patient hospitalization.

ARTICLE III General Provisions

1. Identification

The Association hereby agrees to provide the Member with an identification certificate bearing the Membership Number. Such certificate and other forms of identification should be carried by the Member at all times to provide proof of the right to services under this Membership Agreement.

2. Access of Services

All arrangements for transportation or services under this Membership Agreement must be made by the Association. The Member agrees to notify the Association promptly of the need for emergency medical air transportation specifying the nature of the injury or illness requiring air transportation. The Association will require a reasonable period of time to properly initiate the Member's medical air transportation. The Member must recognize that diligence is necessary to properly accommodate a medical emergency; therefore, the Association requires notice at the earliest possible moment to secure the Association Medical Director's assent and to allow proper time to prepare the Member's flight.

3. Service Contract

The Member shall not contract, authorize or engage any service or expense in the name of or on behalf of the Association. The obligations of the Association in the Membership Agreement are limited to providing the various services described herein. The Association is under no obligation to reimburse the Member should Member independently authorize, contract or make payment for any services.

4. Authorization

To facilitate the providing of services, the Member does hereby authorize any physician, hospital, medical attendant or others to furnish to the Association any and all information regarding the Member's physical condition including x-rays acquired in the course of examinations and treatment. The Member hereby further agrees to authorize the Association's medical team, or the Association's contractor's medical team authority to perform those procedures deemed necessary.

5. Use of Benefits

Return Transportation must occur within thirty (30) days after member has been discharged from in-patient medical facility confinement.

ARTICLE IV Exclusions

This Membership Agreement does not provide transport for illness or injury arising out of or caused by:

1. Pre-existing medical conditions which lead to illness or injury.
2. Elective or cosmetic surgery.
3. Occurrences related to military personnel during active duty hours.
4. Air travel other than as a passenger in an aircraft operated by a scheduled airline maintaining regular published schedules.
5. Treatment for mental illness or disease.
6. The Association's obligation to provide emergency air ambulance services and other benefits to the Member is subject to the limitations upon the operation of aircraft imposed by the weather, regulations and restrictions imposed by the Federal Aviation Administration and other conditions beyond the control of the Association.
7. The Association will not provide more than two (2) air medical transports, for any one Member during each Membership period.
8. Claims more than 180 days old will not be accepted.

ARTICLE V
Limitations on Liability

1. Liability

The Association shall use all reasonable diligence in selecting persons and equipment to provide the described services. If outside contractors are used to provide any services, the Association shall not be liable for any negligence or tortuous acts resulting from such services. The Association is not liable for departures or arrivals delayed in transport when deemed unsafe by airport authorities or by the pilot due to operational conditions, Acts of God, or mechanical failure.

2. Death, Disability and Injury

The Association shall not be liable to any person for the death, disability or injury of the Member, the patient, or any other person accompanying the patient unless such injury is caused by the sole negligence of the Association, its agents, servants and employees. It is understood and agreed that the Association may enter into contracts with regional air ambulance carriers and that such contract carriers shall be solely responsible in the event of any injury or death to the Member which might occur during the course of transport by such contracted carrier.

3. Impossibility of Performance

The Association shall not be liable for failure to perform under this Membership Agreement if such failure is caused by Act of God, fire, flood, strike, labor dispute, riot, insurrection, war or any other cause beyond the control of the Association. Nothing herein contained shall require the Association to take any action contrary to law or to any order or regulation of any governmental agency or officer or contrary to any permit or authorization granted to the Association by any governmental agency.

4. Arbitration / Dispute Resolution

All disputes hereunder shall be resolved by arbitration in accordance with the Commercial Rules of the American Arbitration Association.

5. Entire Agreement

All provisions of this Membership Agreement, the Member's identification certificate or other Agreement to provide services constitute the entire agreement between the Association and the Member. If any provision is declared null and void under the law, that provision is severable and the remainder of this Agreement shall remain in full force and effect.

6. Effective Term

Member services shall become effective on the date the application and membership fees are received and approved at the Association Home Office. Services shall remain in effect for the period of time designated by member in the application provided that the corresponding service fee must have been received by the Association prior to any request for services.

7. Legal Action

If any legal action is brought by either party to this Membership Agreement it is expressly agreed that the party in whose favor final judgment shall be rendered shall be entitled to recover from the other party reasonable attorney's fees in addition to any other relief which may be awarded. This Agreement shall be construed in accordance with the laws of the State of Texas. Venue of any action to enforce this Agreement shall be in Tarrant County, Texas.

8. Assignment

This Membership Agreement cannot be assigned by the Member.

9. Subrogation

Member hereby assigns to Medical Air Services Association all of his rights, entitlements and interests in any and all insurance policy benefits to which the Member may be entitled to receive monies for any of the same services provided herein by Medical Air Services Association. Said assignment is irrevocable and Member further warrants that Medical Air Services Association may pursue any claims for payment of any insurance benefits directly to itself from the Member's insurance carrier or from any insurance carrier from which Member is entitled to payment of monies for any of the same services provided herein by Medical Air Services Association.

ADMINISTRATIVE OFFICE

1250 W. Southlake Blvd.
Southlake, TX 76092

COMMUNICATION NUMBERS

Executive Office & Member Services: (800) 423-3226
Emergency Access: (800) 643-9023
Metro (817) 430-4655 • Fax (817) 491-1368
Web Site: www.medairservices.com