



2020-2021 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

Insurance Information, Spouse

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 _____

Mail this membership application in the enclosed envelope to:
Acadian Ambulance Membership Dept.
PO Box 91431, Lafayette, LA 70509-1431

Enroll and pay online at www.MyAcadian.com
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

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: _____

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

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 |

Mail this completed membership application in the enclosed envelope to:
Acadian Ambulance Membership Dept., PO Box 91431, Lafayette, LA 70509-1431

Enroll and pay online at www.MyAcadian.com, or call **1.800.256.JOIN (5646)**. (A \$2.00 handling fee will be added to pay by phone.)

Thank you for choosing to be an Acadian member!

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.¹

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



On Call Medical Alert Systems

Save 10% on monthly monitoring rates.



Acadian Total Security

Security system startup fee waived (a \$99 value).²



¹This 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 Abenity, provides no warranties related to the services provided by Abenity and hereby disclaims any liability with regard thereto.
²With new alarm account activation.