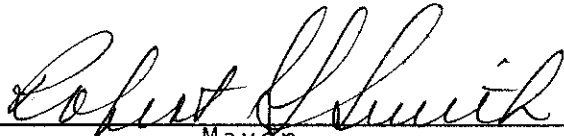


A RESOLUTION APPROVING A MEMBERSHIP )  
PROGRAM FOR THE AMBULANCE SERVICE )  
AND ESTABLISHING FEES )


RESOLUTION NO. 6  
for 1986

Pursuant to Section 13.16.040 of the Lebanon Municipal Code, the City Council hereby approves a membership program for the ambulance service provided by the Lebanon Fire Department in the form attached hereto as Exhibit "A". The annual enrollment fee is hereby established at \$35.00.

Passed by the Council of the City of Lebanon by a vote of 5  
for and 0 against and approved by the Mayor this 12<sup>th</sup> day of  
February, 1986.

  
\_\_\_\_\_  
Mayor

ATTEST:

  
\_\_\_\_\_  
Recorder



#### PROTECTION IN EXCESS OF INSURANCE COVERAGE

The protection provided by this membership is in excess of existing insurance coverage or any other applicable benefits to which a member is entitled at the time of claim. LEBANON FIRE DEPARTMENT agrees to collect directly from any agency or insurance company whatever benefits are available. All fees and charges for services rendered by LEBANON FIRE DEPARTMENT pursuant to this agreement and in excess of the insurance and other benefits available to the member are automatically covered by the membership without additional charge. Any such proceeds received directly by the member from an insurer or other entity providing applicable benefits shall be held in trust by the member for the benefit of LEBANON FIRE DEPARTMENT, and shall be tendered to LEBANON FIRE DEPARTMENT immediately upon receipt thereof by the member.

#### EFFECTIVE DATE RE APPLICATION

Membership is effective ----- and expires ----- . This is a single premium, non-renewable membership agreement. Membership is dependent upon annual application to LEBANON FIRE DEPARTMENT together with payment of the membership fee for the year which application is accepted.

#### OTHER SERVICE PROVIDER

Membership provides no coverage for services rendered by any health care provided other than LEBANON FIRE DEPARTMENT.

#### NOTICE OF CLAIM FOR MEMBER SERVICES

A request for covered services given by or on behalf of the member at 451-7441 or to the authorized representative of LEBANON FIRE DEPARTMENT, at 1050 W. Oak St. Lebanon, Oregon 97355 with information sufficient to identify the member, the services required and the location where services are to be administered shall be deemed notice to LEBANON FIRE DEPARTMENT.

#### ENTIRE CONTRACT; CHANGES

This membership form including the endorsement and application herein constitutes the entire agreement between the parties. No changes shall be valid until approved by an executive officer of LEBANON FIRE DEPARTMENT, and unless such approval be endorsed hereon or attached hereto. No agent has authority to change this policy or to waive any of its provisions.

DEADLINE NOVEMBER 1st

The member affixing his/her name hereunder assigns all right and interest in and to any insurance or other third party benefits payable to member for services rendered by LEBANON FIRE DEPARTMENT.

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LEBANON FIRE DEPARTMENT

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APPLICANT, MEMBER