Α	RES	OLL	JTIO	N APP	ROVIN	IG A	MEMBE	RSHIP)
PR	OGR	MAS	FOR	THE	AMBUL	ANCE	SERV	ICE)
ΑN	DE	STA	BLI	SHING	FEES	•		j

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	e City	of L	ebano	on by	a vote	of5	
for and	0	_ against	and	approve	d by	the	Mayor	this	_{12±h} da	y of
February		1986.	_	ÉO	fi	ut.		fue	Ê	

ATTEST:

Recorder

EXHIBIT "A" MEMBERSHIP APPLICATION

AND

AGREEMENT

LEBANON FIRE DEPARTMENT is expanding its service by the introduction of a membership program designed to provide the highest quality of emergency care at a minimum cost to the participant:

ENROLLMENT

For the enrollment fee of \$35.00 LEBANON FIRE DEPARTMENT agrees to provide the services prescribed herein to the enrolled member, the member's spouse and dependent children. Dependent children shall be defined to include only those children under the age of twenty-one (21) years, unmarried and regularly living in the enrolled member's home.

SERVICES

Enrollment entitles the member to services consisting of emergency ground ambulance transportation and attendant care by trained EMTs from the scene of an accident or illness to the appropriate medical facilities and includes non-emergency ground ambulance transportation as directed by a physician. All services must originate and end within the boundaries served by LEBANON FIRE DEPARTMENT.

SERVICE AREA

LEBANON FIRE DEPARTMENT is engaged in providing emergency medical services to a 0,000 square mile area of Linn County, Oregon. The service area is comprised of the following cities and unincorporated areas:

MEMBERSHIP APPLICATION

Please include me in the 1985 LEBANON FIRE DEPARTMENT membership program

1985-1986.			
INDIVIDUAL	FAMILY	# IN FA	MILY
Enclose check or money order in FIRE DEPARTMENT	the amount of \$35	.00 payable to	LEBANON
NAME :		AGE:	
MAILING ADDRESS:		PHONE:	
CITY & STATE:		ZIP:	
LIST SPOUSE AND CHILDREN UNDER A	GE 21:		
NAME AG	SE NAME		AGE
		······	

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 memberhsip 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.

LEBANON FIRE DEPARTMENT

APPLICANT, MEMBER