

FIREMED MEMBERSHIP APPLICATION

Yes! I want to join FireMed! Please enroll me and all the members of my household in the Huntington Beach Fire Department's FireMed Program.

Huntington Beach Fire Department FireMed Program
2000 Main Street, Huntington Beach, CA 92648

Questions? Call the FireMed Office at (714) 374-1598

Check one box:

- Include the \$5 monthly payment on my Municipal Services Statement (Low Income @ \$2.50)
- I choose to be billed annually at a rate of \$60.00 (Low Income @ \$30.00)

Last Name _____ First Name _____ Middle Initial _____

Street Address _____ Apt. or Unit # _____

City HUNTINGTON BEACH State CA Zip Code _____

Mailing Address _____
(If Different Than Above)

Home Phone (____) _____ - _____

Number in Household _____ Email Address _____

Payment of the membership fee constitutes authorization for the FireMed Program to charge to the extent of available Medicare and/or other coverage. Effective October 1, 2003, those insured FireMed members will receive no out-of-pocket costs; uninsured members will receive a 20% discount of the total bill.

I hereby certify that I qualify for the Low Income membership rate by meeting the below criteria. I also declare that I will provide proof of my eligibility upon request and will notify the FireMed Office of any changes that affect my eligibility. **Signature:** _____

Number Of Persons Living In Household	Total Household Income Cannot Be More Than
1	\$ 26,450
2	30,250
3	34,000
4	37,800
5	40,800
6	43,850