



Business Name: _____ Effective Date: _____
 Date of Hire: _____ Employee ID #: _____

MASA MEMBER INFORMATION

NAME (Last, First, Middle): _____ DOB: ___/___/___

SPOUSE (Last, First, Middle): _____ DOB: ___/___/___

Physical Address: _____ City/State/Zip: _____

Mailing Address (if differen[t): _____ City/State/Zip: _____

Phone: (____) _____ - _____ Alt. Phone: (____) _____ - _____ Email: _____

Dependent Name: _____ DOB: ___/___/___

Dependent Name: _____ DOB: ___/___/___

Dependent Name: _____ DOB: ___/___/___

Dependent Name: _____ DOB: ___/___/___

Dependent Name: _____ DOB: ___/___/___

EMPLOYEE PAYMENT OPTIONS FOR MASA MTS MEMBERSHIP	
Platinum Membership	Emergent Plus Membership
___ \$39 Monthly	___ \$19 Monthly

I authorize my employer to do a payroll deduction equivalent to the selected amount from my payroll check for my MASA MTS membership. I further understand that in the event that my employment with my employer is terminated, whether voluntarily or involuntarily, my employer has the right to deduct from my final paycheck any amounts paid upfront by my employer that has yet to be deducted from my paycheck(s).

▶ _____
Member's Signature **Name (Printed)** **Date**

I acknowledge that I have been offered the opportunity to enroll into the MASA MTS membership program via a payroll deduction and have decided to opt out. Additionally, I understand the potential out of pocket exposure resulting from an emergent air or ground ambulance transport and willingly assume the responsibility of such balance bill.

▶ _____
Employee's Signature **Name (Printed)** **Date**

MASA MTS Rep	Other