

Effective Date: Business Name: CITY OF ROSEBURG MASA MEMBER INFORMATION DOB: ____ / ____ / ____ NAME (Last, First, Middle): _____ SPOUSE (Last, First, Middle): DOB: ____ / ____ / ____ Physical Address: City/State/Zip: Mailing Address (if different): _____ City/State/Zip: ____ Phone: (_____) ____ - ____ Alt. Phone: (_____) ___ - ____ Email: DOB: / / Dependent Name: _____ DOB: ____ / ____ / ____ Dependent Name: DOB: ____ / ____ / ____ Dependent Name: DOB: ____ / ____ / ____ Dependent Name: ______ Dependent Name: _____ DOB: ____ / ____ / ____ EMPLOYEE PAYMENT OPTIONS FOR MASA MTS MEMBERSHIP Platinum Membership **Emergent Plus Membership Emergent Ground Membership** __ \$14 Monthly ____ \$9 Monthly ___ \$39 Monthly (\$25 Initiation Fee Waived) (\$60 Initiation Fee Waived) (\$25 Initiation Fee Waived) ☐ I authorize my employer to do a payroll deduction equivalent to the selected amount from my payroll check for my MASA MTS membership. □ 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 (Print) 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 (Print) Date

MASA MTS Rep	Other
Tony Urioste	WHA Insurance