



2025 Membership Renewal

OFFICE USE ONLY	
DATE RECEIVED	
CHECK NUMBER	AMOUNT

PLEASE PRINT Complete all information and sign below.

Primary Member Full Name & Address

Date of Birth	Phone No.	Email
Is Address within Fort Wayne City Limits ? <input type="checkbox"/> Yes <input type="checkbox"/> No		If No, Provide Township:

Spouse Information

Name	Email	Date of Birth
------	-------	---------------

Dependent Information

Dependents are single children living with you under the age of 26. Any/all dependents must be living with you or be claimed as a dependent on your Federal Income Tax. Attach separate sheet if necessary.

Full Name	Relationship	Date of Birth
Full Name	Relationship	Date of Birth
Full Name	Relationship	Date of Birth

Method of Payment

<input type="checkbox"/> Credit Card <input type="checkbox"/> Personal Check (Payable to LifeCare 2025)	Card Number 	Date Card Expires 	CVC
--	-----------------	-----------------------	---------

PAYMENT AMOUNT	\$70 must be postmarked by December 7, 2024
-----------------------	---

Membership contract must be signed by the Insurance Policy Holder or Authorized person if uninsured. I authorize the release of any medical information, held by anyone necessary to process a claim, and further assign and authorize such payment to be made directly to TRAA, or my participating Allen County township ambulance service. **Membership is non-transferable and non-refundable. I have read and understand the items stated in the terms of this membership contract.**

As additional consideration for my Life Care membership, I have agreed to assign my ambulance benefits of my insurance contract rights to TRAA or my participating Allen County township ambulance service for any date of transport.

Please read 2025 Coverages and Membership Contract carefully for full contract terms.

SIGNATURE REQUIRED
Please sign here: X _____ Date _____

QUESTIONS? CALL 260-422-9172
 Mail to: LifeCare, P.O. Box 12050, Fort Wayne, IN 46862-2050