



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 different): \_\_\_\_\_ 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 (\$60 Initiation Fee Waived)	_____ \$14 Monthly (\$60 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. 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