

Business Name: Crook County 2026 Enrollment / Renewal Effective Date: 07/01/2020

MASA MEMBER INFORMATION	N	
NAME (Last, First, Middle):		DOB: / /
SPOUSE (Last, First, Middle):		DOB: / /
Physical Address: City/Sta		te/Zip:
Mailing Address (if different): Cit		te/Zip:
Phone: () Alt. Phone: ()		Email:
Dependent Name:		DOB: / /
Dependent Name:		DOB: / /
Dependent Name:		DOB: / /
Dependent Name:		DOB: / /
Dependent Name:		DOB: / /
Emergent Plus	Emergent Premier	Platinum Plan
\$7.00 Per Pay Period (\$25 Initiation Fee Waived)	\$9.50 Per Pay Period (\$25 Initiation Fee Waived)	\$14.50 Per Pay Period Single \$19.50 Per Pay Period Family (\$25 Initiation Fee Waived)
	oyment with my employer is terminated, w	om my payroll check for my MASA MTS membership. I whether voluntarily or involuntarily, my employer has as yet to be deducted from my paycheck(s). Date
	nortunity to enroll into the MASA MTS	membership program via a payroll deduction and
nave decided to opt out. Additionally, I understau ransport and willingly assume the responsibility of	nd the potential out of pocket exposure resu	ulting from an emergent air or ground ambulance

WHA Insurance	WHA Insurance
Kim Nicholsen	Rich Allm