

JUST \$60 PER YEAR COVERS YOUR WHOLE HOUSEHOLD

More Information

- Additional funds beyond \$60 will be considered a donation to your local rescue agency.
- Your coverage period starts 2 business days after your payment and continues until end of the program year (October 31).
- Contact the Wake County Rescue and EMS Fund in writing at PO Box 603428, Charlotte NC 28260-3428 or by calling 844-409-2031 if you have any changes or additions to your household during the year.
- Updates to terms and conditions are available on our website: www.wakegov.com/emsfund

WAKE RESCUE AND EMS FUND
PO BOX 603428
Charlotte, NC 28260-3428

IN AN EMERGENCY,
THE LAST THING
YOU SHOULD WORRY ABOUT
IS PAYING FOR THE
AMBULANCE.



\$60 PER YEAR COVERS YOUR
WHOLE HOUSEHOLD

Join Wake Rescue and EMS Fund Today
www.wakegov.com/emsfund



Emergencies Happen

An ambulance transport can cost more than \$500. Most insurance providers, including Medicare, expect you to pay 20% or more of the ambulance bill.

Act Now

Join the Wake County EMS Fund today. Your \$60 membership covers emergency 911 ambulance transports to a local hospital from anywhere in Wake County for all family members living in your household during the membership period. Your insurance will be billed, but you pay nothing out of pocket after insurance. Your coverage period begins 2 days after receipt of your payment and ends on October 31 of the next year.

*Additional funds beyond \$60 will be considered a donation to your local rescue agency.

Join Today

To become an EMS Fund member, please fill out the attached form and mail it with your check or money order (please, no cash), payable to Wake Rescue and EMS Fund, or call 844-409-2031 to pay by credit card.

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Participating Agencies:

Wake County Emergency Medical Services System

Apex EMS * Cary EMS * Eastern Wake EMS



IF YOU HAVE ANY QUESTIONS
CALL WAKE EMS INFO-LINE AT
919-856-6205

Your Wake County Rescue and EMS Fund membership covers EMERGENCY 911 TRANSPORTS from Wake County to the nearest appropriate hospital (it does not cover non-emergency or air transports). Your insurance will be billed each time you use the program. A \$25 processing fee will be charged on returned checks. You will receive emergency ambulance transport regardless of your participation in this program.

Please fill out the information below. Include either check or money order (please, no cash) for \$60 made payable to:

WAKE RESCUE AND EMS FUND • PO Box 603428 • Charlotte, NC 28260-3428

NEW MEMBER RENEWAL

MEMBERSHIP FEE: _____ \$60.00 _____

DONATION: _____

TOTAL AMT: _____

RESIDENCE LOCATION _____

APT/UNIT _____

CITY _____ STATE ____ ZIP CODE _____

IS THIS ADDRESS IN WAKE COUNTY? YES NO

PHONE:

HOME () _____ WORK () _____

MAILING ADDRESS _____

APT/UNIT _____

CITY _____ STATE ____ ZIP CODE _____

E-MAIL ADDRESS _____

TO PAY BY CREDIT CARD CALL 844-409-2031

LIST HEAD OF HOUSEHOLD FIRST FOLLOWED BY OTHER MEMBERS OF THE HOUSEHOLD

(Attach additional pages if needed).

SOCIAL SECURITY NUMBER (OPTIONAL) IS USED TO MATCH SUBSCRIPTION WITH PATIENT MEDICAL RECORDS.

NAME (LAST, FIRST, MI) DATE OF BIRTH SSN/WORK VISA
(OPTIONAL)

_____ / ____ / ____ _____

_____ / ____ / ____ _____

_____ / ____ / ____ _____

_____ / ____ / ____ _____

_____ / ____ / ____ _____

How did you hear about us?

__TV __Radio __Newspaper __Mail __Family

Other _____