



Dear Tehama County Employees,

Great News! Tehama County has arranged for PHI Cares to provide Employees with a special discounted rate, through convenient payroll deduct.

Annual rate for Tehama County Employees - \$40.00

As your local air ambulance, serving area residents from our Redding and Redbluff, CA bases, PHI Air Medical understands the critical aspect of time in treating medical emergencies. Our mission is to make it possible for people living in all areas to get the life-saving emergency care they need, when they need it. For those of us living in rural America, our recovery can depend on how much time it takes to be transported to emergency medical treatment.

In the event you are flown by PHI Air Medical for a life or limb-threatening emergency, we will work directly with your benefits provider to secure payment for your flight. PHI Cares members have no out-of-pocket expenses related to their flight when flown by any PHI Air Medical participating provider, so you're even covered when traveling!

Please let me know if you have any questions or require assistance with your application. We look forward to the continued support and service to the employees of Tehama County, and your community.

Sincerely,

*Ron Sanders*

Senior Sales Manager

Mobile: 530-638-6737

[RSanders@PHIAirMedical.com](mailto:RSanders@PHIAirMedical.com)

[www.PHICares.com/Ron-Sanders](http://www.PHICares.com/Ron-Sanders)

Tehama County Employees



Tehama County Employee Information (please print)

First Name	Last Name	DOB:	
Phone	Email		
Physical Address	City	State	Zip
Mailing Address (if different from above)	City	State	Zip

Additional Household Members

First Name	Last Name	DOB
First Name	Last Name	DOB
First Name	Last Name	DOB
First Name	Last Name	DOB
First Name	Last Name	DOB

☐ PHI Cares Annual Membership – \$40.00\* – Group Rate for Tehama County Employees

*\*If enrolling after plan start date, membership will be prorated so that all employees come due at the same time each year.*

Annual	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12
\$40.00	\$36.67	\$33.33	\$30.00	\$26.67	\$23.33	\$20.00	\$16.67	\$13.33	\$10.00	\$6.67	\$3.33

I authorize Tehama County (*employer*) to deduct the above selected amount from my wages for my enrollment in PHI Cares Membership. I understand that this authorization remains in effect until I provide written notice to the contrary, and that if my employment is terminated, the remaining balance of any authorized deductions may be withheld from my final paycheck. I understand that this authorization is voluntary and is not a condition of my continued employment

**X** \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
*Signature Required*

**PHI Cares** is a membership program operated by PHI Health, LLC, which covers the uninsured or otherwise uncovered portion of the flight charges that may be incurred by members who are transported on a PHI medically configured aircraft. The **PHI Cares** membership program is not an insurance product. A member who receives a medically necessary transport through the **PHI Cares** program is relieved from paying any charges related to the medical transport other than amounts paid or reimbursed to the Member by any available healthcare insurance, a third-party payer, or a third party who may be legally responsible for the charges. Medicaid participants are not eligible for membership in the **PHI Cares** program. Please note that a PHI aircraft may not be available at the time a flight request is made due to inclement weather, the PHI aircraft being in service at the times of the request, the PHI aircraft undergoing maintenance or repairs, or other reasons that make the PHI aircraft unavailable to respond to a request. Passenger weights and other operating restrictions may limit our ability to transport a member. **PHI Cares** does not cover and will not pay or reimburse you for services performed by any other air medical transport services provider or ground ambulance services provider. Membership will also cover medically necessary transports on PHI’s partners’ aircraft if such transports occur within PHI’s service areas. It is the responsibility of each Member to contact us if are registered and eligible household dependent has been flown by PHI. Please call our Membership Department, Monday–Friday, 8:00 am to 4:00 pm (MST) at 1-855-522-4533.

Please visit our website at [www.PHICares.com](http://www.PHICares.com) to view all the terms and conditions of the PHI Cares program.  
By approving and submitting your application for PHI Cares membership, you agree to all of the Terms and Conditions.