



**EAST FORK FIRE
PROTECTION DISTRICT**
1694 County Road
Minden, Nevada 89423
(775) 782-9040

SIERRA SAVER RENEWAL 2026

Dear Sierra Saver Member:

NOTICE

- Annual membership for subscribers with insurance is \$65.
- Annual membership for subscribers without insurance is \$130.

As a subscriber, you and family members residing with you are covered in the event an East Fork Fire District ambulance transport is needed. The price of this membership is only \$65 per year for those with medical insurance and \$130 per year for those without medical insurance. Your subscription is also reciprocal with neighboring fire agencies that offer ambulance subscription programs. These agencies include Carson City, Storey County and Central Lyon County. So, if you require an ambulance transport in these jurisdictions, your East Fork Fire Sierra Saver Subscription is good there too! Please note that you will not receive a Sierra Saver Membership card, however, your subscription information will be saved in our database.

To renew as an East Fork Fire Protection District Sierra Saver member, simply complete and return the enclosed Sierra Saver Application and Ambulance Subscription Program Agreement, along with your payment, to the following address by **December 31, 2025**. You must enroll by December 31st, 2025, to avoid a break in coverage. All payments received prior to December 31, 2025, will apply toward an enrollment period of January 1, 2026, through December 31, 2026, unless otherwise specified. Payments received after December 31, 2025, will apply toward an enrollment period which will start the date we receive your payment and end on December 31, 2026. Subscription payments cannot be prorated.

East Fork Fire Protection District
1694 County Road
Minden, NV 89423

For additional information about the Sierra Saver program, feel free to give us a call or visit our website at www.eastforkfire.org.

SIERRA SAVER RENEWALS

1. Complete, sign and return the **Program Agreement**
2. Complete, sign and return the **Application**
3. **Enclose payment** (check or credit card)
4. Mail both documents and payment to:

East Fork Fire Protection District
1694 County Road
Minden, NV 89423



Sierra Saver Ambulance Subscription Application East Fork Fire Protection District

"Serving the Fire and Life Safety Needs of our Community"

Application Instructions

1. Complete and return the Sierra Saver Ambulance Subscription Application and the Subscription Program Agreement.
2. Return payment along with your completed and signed application and agreement to: East Fork Fire District, 1694 County Road, Minden, NV 89423.
3. If there is not enough space for all members of your household, please use another piece of paper and add the applicants' complete information.

Select one:

New Subscription Renewal EFFPD Career Firefighter/Employee EFFPD Volunteer Firefighter

Physical Address: _____

Mailing Address: _____

Head of Household

Member 1

First Name: _____ Last Name: _____ Phone #: _____

Date of Birth: _____ SSN: _____

Primary Insurance: _____ Policy _____ Group #: _____

Additional Members Residing with Head of Household

Member 2

First Name: _____ Last Name: _____ Phone #: _____

Date of Birth: _____ SSN: _____

Primary Insurance: _____ Policy _____ Group #: _____

Member 3

First Name: _____ Last Name: _____ Phone #: _____

Date of Birth: _____ SSN: _____

Primary Insurance: _____ Policy _____ Group #: _____

Member 4

First Name: _____ Last Name: _____ Phone #: _____

Date of Birth: _____ SSN: _____

Primary Insurance: _____ Policy _____ Group #: _____

Member 5

First Name: _____ Last Name: _____ Phone #: _____

Date of Birth: _____ SSN: _____

Primary Insurance: _____ Policy _____ Group #: _____

Member 6

First Name: _____ Last Name: _____ Phone #: _____

Date of Birth: _____ SSN: _____

Primary Insurance: _____ Policy _____ Group #: _____

Member 7

First Name: _____ Last Name: _____ Phone #: _____

Date of Birth: _____ SSN: _____

Primary Insurance: _____ Policy _____ Group #: _____

Member 8

First Name: _____ Last Name: _____ Phone #: _____

Date of Birth: _____ SSN: _____

Primary Insurance: _____ Policy _____ Group #: _____

The Sierra Saver Application and the Ambulance Subscription Program Agreement must be signed and returned along with your membership fee. Membership will not be valid unless all forms are signed, dated and returned!

Medical Authorization/Assignment of Benefits

I understand that my Sierra Saver membership is not an insurance plan and that East Fork Fire Protection District will bill and receive payments from my insurer or third party. I hereby authorize any holder of medical or other information about me, who was involved in my treatment related to my ambulance transports, including payment, to release to the Health Care Financing Administration and its agents, East Fork Fire Protection District, and its agents, any information needed to determine Medicare benefits or the benefits payable for related services or any type of insurance claim, now or in the future. I permit a copy of this authorization to be used in place of the original, and request that payment available under any insurance to be made payable directly to the East Fork Fire Protection District. In the event payment(s) are made or sent to me, I agree to immediately endorse and forward them to the East Fork Fire Protection District.

Lifetime Signature Authorization

I understand that by failing to endorse payment to EFFPD, I will be responsible for the full balance due. To facilitate processing, I authorize the release to East Fork Fire Protection District, and the Centers for Medicare and Medicaid Services or other insurer of any medical information or documentation held by anyone necessary to process a claim whether in the past, now or in the future, and further assign and authorize such payments to East Fork Fire Protection District. I permit a copy of this authorization to be used in place of the original. The Sierra Saver Membership Program is not insurance. My membership will not apply if transported by an ambulance company other than East Fork Fire Protection District or a reciprocating program. Ambulances dispatched in an emergency are determined by the 911 Emergency System. This may also occur if East Fork Fire Protection District is unable to respond within a medically appropriate period due to all units being on other calls, weather, or maintenance issues.

Note: The above does not constitute a complete list of terms of the program. For a complete list, refer to the Ambulance Subscription Program Agreement.

My signature below acknowledges that I have read the membership agreement and that I understand and agree to the terms of the entire agreement.

Signature

Member _____

Date _____

AMBULANCE SUBSCRIPTION PROGRAM AGREEMENT

This agreement is between the East Fork Fire Protection District, (hereinafter referred to as "EFFPD") and, subscriber, (hereinafter referred to as "Subscriber") residing at [REDACTED] in Douglas County, Nevada 894 [REDACTED].

This is a contract between EFFPD and the Subscriber to participate in the EFFPD Sierra Saver Ambulance Subscription Program (the "Program"). The Program limits the Subscriber's financial obligation for use of EFFPD's ambulance services, which are not otherwise covered by insurance, to the annual fee amount specified in this agreement. As specified below, and if the terms of the agreement and the Program are met, EFFPD will not charge a Subscriber or a Household member for medically necessary ambulance services.

In consideration of the covenants and consideration contained herein, and other good and valuable consideration, the parties hereto agree as follows:

TERMS OF THIS AGREEMENT

1. **Subscription Period.** The subscription period for the Program is from 12:01 a.m. on January 1 of each year to and including 12:00 midnight on December 31 of the same calendar year. Subscriptions may be purchased or renewed from November 1st through December 31st of each year for the Subscription period beginning January of the following calendar year. If you sign up after December 31st, your enrollment starts 3 days after the date your application is turned in and subscription payment is received.
2. **Subscription Fee.** The annual fee for a subscription period, or any portion thereof, is sixty-five dollars (\$65) for a single or multiple person household with health insurance or one-hundred & thirty dollars (\$130) for single or multiple person household with no health insurance. Health Share plans are not considered Health insurance, therefore the cost will be one-hundred & thirty dollars (\$130). This fee is payable in advance and is a NON-REFUNDABLE FEE. The fee is forfeited in the event the Subscriber moves out of EFFPD's service area or terminates the agreement. No refunds shall be issued in the event the Subscriber abuses this program and membership is terminated pursuant to the terms of this agreement. In the event a Subscriber becomes ineligible after enrollment due to paragraph 4, below, EFFPD may refund a portion of the enrollment fee based upon the unexpired program period upon request.
3. **Subscription Benefits.** A Subscriber who has fully executed and satisfied the terms of this subscription agreement and the Program, paid the subscription fee, and who meets the eligibility requirements, is entitled to no more than three (3) medically necessary basic life support services, advanced life support services or transportation for the subscription period for the subscriber and each of his or her eligible household members if there is a cost to the District. Payment in full of any ambulance transport by a private insurance company, etc., will not count toward this three transport maximum.
4. **Subscriber Eligibility.** Only people residing within the service area of EFFPD are eligible to enroll themselves and their household members in the Program. The following people are ineligible:
 - a. Anyone with outstanding and unpaid bills for past EFFPD services rendered.
 - b. Anyone whose subscription was terminated due to abuse of the Program.
 - c. Corporations, partnerships, associations, cooperatives and all other organizations of people.
5. **Household Eligibility.** A household member who permanently lives at the Subscriber's physical place of residence is eligible for the services provided to Subscriber under this agreement at no additional charge. For Subscribers living in a multi-unit or apartment building, the physical place of residence is limited to the unit, apartment or area occupied by the Subscriber. To be eligible, a Subscriber's household member, as defined above, must be enrolled with the EFFPD at the time EFFPD ambulance services are provided. It is the sole duty of the Subscriber to inform EFFPD, in writing and during the enrollment period, of any additions or deletions. All changes to a Subscriber's list of eligible household members must be made at the time this agreement is made or renewed except that new family members arising from birth, adoption, or marriage may be added at any time.
6. **Limitations on Benefits.** The following are all limitations on the Subscriber's and eligible household members benefits:
 - A. **Time.** In order to be eligible, a newly added subscriber (or renewal subscriber with lapse of coverage) must be enrolled at least three days prior to the use of an EFFPD ambulance service. Services rendered prior to or during the three day waiting period are ineligible.
 - B. **Medically Necessary Services.** The Subscriber acknowledges and agrees that enrollment in this program does not entitle the Subscriber to use EFFPD's ambulance services or ambulance transportation that is not medically necessary. Medically necessary is defined as a specific need for ambulance services or transportation where use of other services or forms of transportation, such as a private car or taxi, would be medically inappropriate. The absence of alternative services or methods of transportation does not, by itself, constitute medical necessity. If a Subscriber and/or eligible household member requests EFFPD's ambulance services and it is determined by EFFPD that it was not medically necessary, the responsible party will be liable for the actual costs incurred in providing such service. If you refuse transport, you may be responsible for the bill. EFFPD reserves the right to require physician certification of medical necessity.
 - C. **Origination and Destination of Trips and Services.** Only transportation initiated from within EFFPD's service area will be covered by the Program. This constitutes all medically necessary and approved transfers from healthcare facilities within the East Fork Fire Protection District coverage area to other areas within 75 miles. Destination transports shall be governed by existing medical protocols. The responsible party will be responsible for all costs incurred in transportation to locations not covered by the Program.
 - D. **Air Ambulance Services and Other Ambulances not included.** The Subscriber/household member will be responsible for any and all costs incurred for any air flight ambulance services provided. No air ambulance services are provided by EFFPD and are only available through other ambulance operators. EFFPD does not exercise control over these services and they are not included in the Program.

E. **Assignment Prohibited.** Subscriber may not assign any rights and duties under this Agreement without formal approval executed in writing by the EFFPD.

F. **Maximum Transports.** A maximum of three ambulance transports during each calendar year shall be covered under the terms of this agreement for each individual subscriber and each household member participating in the Sierra Saver Subscription Program. Payment in full of any ambulance account will not count toward this three transport maximum.

7. **No change in EFFPD Duties.** Nothing in the agreement shall be construed as imposing an additional duty on behalf of EFFPD to provide individual or special ambulance services to the Subscriber. The Subscriber understands and acknowledges that EFFPD only owes a duty to provide ambulance services to the general public and that this agreement does not create a special duty or change or alter the general duty or the priority EFFPD establishes for a response to a request for service.

8. **Medical Insurance.** Subscriber acknowledges and agrees that EFFPD has made no representations as to whether a Subscriber should or should not carry any type of insurance. This agreement does not require that a Subscriber carry medical insurance which covers the costs of ambulance service. In the event a Subscriber does carry medical insurance, Subscriber agrees to provide EFFPD all of the insurance information requests at the time of enrollment. Subscriber agrees that EFFPD may seek reimbursement for the actual cost of the services. To facilitate claims processing, Subscriber authorizes such payments to be made directly to EFFPD. If Subscriber receives payment from any insurer, then Subscriber shall immediately forward that payment to EFFPD. If Subscriber fails to remit any such payment to EFFPD, Subscriber's membership shall be terminated and Subscriber will be billed for the full costs of services provided. No reimbursement beyond the limits of the Subscriber's insurance, if any, shall be sought.

9. **Liability under this Agreement.** Nothing in this Agreement shall be construed as changing or altering EFFPD'S liability for negligent acts or omissions. With respect to matters covered by this Agreement, the Subscriber and Household member hereby agrees to indemnify and hold harmless EFFPD against any and all liability, claims, demands, costs, losses and expenses, including attorney fees, for damage to property or injury including death to persons arising, or asserted to have arisen from the active or passive negligence or actual or alleged breach or default of this Agreement by Subscriber, its agents, representatives, volunteers or employees whether sole or contributory.

10. **General Matters.** This instrument contains the entire agreement between the parties, and no statements, promises or inducements made by either party or agent of either party that are not contained in this written contract shall be valid or binding except for rules or conditions of the Program as established by EFFPD. This Agreement may not be enlarged, modified or altered except in writing by EFFPD. Any controversy or claim arising out of, or relating to, this Agreement, or its breach, may be settled by arbitration, in accordance with the rules then obtaining, of the American Arbitration Association and each party agrees to bear its portion of any attorney's fees or costs. The clause headings appearing in this Agreement have been inserted for the purpose of convenience and ready reference and they do not purport to, and shall not be deemed to define, limit or extend the scope or intent of the clauses to which they appertain. All notices required by this agreement shall be in writing. This agreement shall be enforced and construed according to the laws of the State of Nevada. Portions of this agreement which are held invalid are severable from the rest of the agreement; this agreement may be recorded in the office of the Douglas County Recorder. The preamble and recitals are hereby made a part of this agreement. The address of the Subscriber is as listed above. The address for the EFFPD is as follows:

East Fork Fire Protection District
Ambulance Subscription Division
1694 County Road
Minden, NV 89423
(775) 782-9044

11. **Cancellation.** EFFPD reserves the right to cancel and refund a prorated portion of the Subscriber's enrollment fee based upon the unexpired enrollment period if in the opinion of the East Fork Fire Protection District Board of Directors the operation of this Agreement is no longer in the best interest of the District. EFFPD will notify all Subscribers through regular mail at least thirty (30) days prior to canceling this Agreement.

IN WITNESS WHEREOF, the parties have caused this agreement to be signed and intend to be legally bound thereby.

Dated this ____ day of _____, 20____

Member Name (printed)

Member Signature

FOR OFFICIAL USE ONLY

Dated this ____ day of _____, 20____

Approved by EFFPD (print name)

EFFPD Authorized Signature

