

Group Membership Agreement
Plan Year: FY18

This agreement is by and between CareFlite, a 501(c)3 non-profit Texas Corporation and the County of Johnson, Texas is effective on the first day of October, 2017.

Whereas; CareFlite is authorized by the State of Texas to offer Ambulance Memberships in Johnson County, Texas, and

Whereas; Johnson County desires to purchase a CareFlite Ambulance Membership for each of its employees and;

Therefore; the parties agree as follows:

Johnson County agrees to buy a CareFlite Ambulance Membership for each of its employees at a cost of \$12 per employee per year for the plan year of October 1, 2017 through September 30, 2018. Johnson County agrees to pay the total sum of \$12 times the number of County employees no later than October 31st of the plan year in order to comply with the State regulations governing membership programs and with which regulations the parties agree to comply.

The terms and conditions of CareFlite's Ambulance Membership Program are as described on the Ambulance Membership Agreement. Each membership covers the entire household provided the other family members are listed on the application form. If an employee has more than three additional family members, they may be listed on a separate sheet and attached to the application. Front and back copies of each employee's insurance card should be attached to each application. Employees who do not complete and submit the application will not be members. It shall be the County's responsibility to insure that its employees and officials complete and submit the application paperwork. Blank membership applications may be copied as needed. New applications are not required for anyone enrolled in the Membership Program for the prior year.

The parties agree that any employee who leaves the County's employment during any plan year shall retain their CareFlite Ambulance Membership for the duration of that plan year. Employees hired subsequently by the County during the plan year shall be included in this program for the duration of the plan year effective their first date of employment provided a completed membership application is submitted to CareFlite within 30 days of the first date of employment. Any changes in family members living within the household shall be reported within 30 days of the change.

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Notices, payments and paperwork required under this agreement shall be mailed to the following addresses:

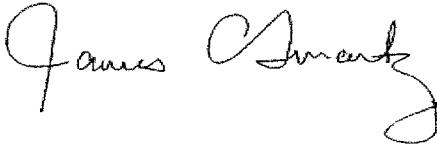
CareFlite
Attention: James C. Swartz
3110 S. Great Southwest Parkway
Grand Prairie, Texas 75052
(972) 339-4200

Johnson County
Attention: Judge Roger Harmon
#2 Main Street, Johnson Co. Courthouse
Cleburne, Texas 76033
(817) 556-6359

As of the date of the execution of this agreement, Johnson County has a total of 563 employees and officials.

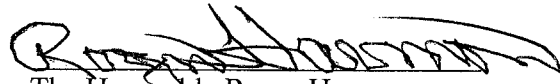
This contract in combination with the terms and conditions of the CareFlite Ambulance Membership Agreement constitutes the entire agreement between the parties and can only be changed in writing signed by both parties. By their signatures below and the affixing of the Johnson County Seal, the individuals signing represent that they have the authority to enter or attest to this agreement and that their respective organizations intend to be bound by the terms herein.

CAREFLITE

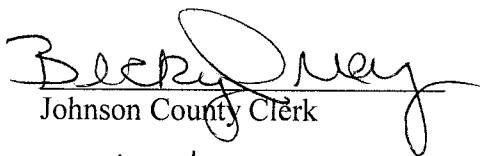


James C. Swartz
President & CEO

JOHNSON COUNTY, TEXAS


The Honorable Roger Harmon
Johnson County Judge 10/23/17

Attest:


Johnson County Clerk

10/23/17
(date)

