

Enroll Today!
Get the Benefits you Deserve!

LifeShield Alliance
Real Benefits. Real Coverage.

Go online to lsaoftx.com or call 888-766-4120 to enroll immediately.

Or complete the application below and mail to: 952 Jefferson St, Kerrville, TX 78028

Step 1: Membership Contact Information

By applying for membership, I agree to LSA's membership terms and conditions

Name _____ Date _____
 Mailing Address _____
 Mailing Address (Con't) _____
 City _____ State _____ Zip Code _____
 Birthdate (MM/DD/YYYY) ____ / ____ / ____
 Social Security Number ____ - ____ - ____
 Phone (____) ____ - ____
 Email Address _____



Step 2: List Persons in Household

Full Name _____ Relationship _____
 Birthdate (MM/DD/YYYY) ____ / ____ / ____ Social Security Number ____ - ____ - ____

Full Name _____ Relationship _____
 Birthdate (MM/DD/YYYY) ____ / ____ / ____ Social Security Number ____ - ____ - ____

Full Name _____ Relationship _____
 Birthdate (MM/DD/YYYY) ____ / ____ / ____ Social Security Number ____ - ____ - ____

Please attach additional sheet if necessary.

Step 3: Membership and Payment Options

Membership Details

___ New Membership
 ___ Renew Membership
 ___ **Individual Membership \$49.95/year**
 ___ **Family Membership \$59.95/year**

Credit Card Info



_____ Credit Card Number

_____ Expires _____ 3 digit code on back of card

✗ _____
 Signature

Statement of Authorization:

I authorize LifeShield Alliance to initiate the credit card charge or EFT withdrawal as indicated. If I have elected to pay by credit card, I agree to abide by all terms and conditions of my credit card agreement. If I have decided to pay via EFT, I authorize my financial institution to transfer the amount indicated on the attached voided check to LSA. Also by completing this application, I acknowledge, understand and agree to be legally bound by all terms that are on the back side of this application.

Bank Info (required for transfer from checking account)

Make checks payable to LifeShield Alliance

All checks are processed as an electronic check, under the company name Advantage LLC.

_____ Name on bank account

_____ Routing Number

_____ Account number (please attach voided check)

_____ Signature

_____ Date

TEX101
 _____ Reference Code

Chubb's Terms and Conditions:

These Terms and Conditions govern LifeShield Alliance's provision of air ambulance insurance coverage through a group policy issued to LifeShield Alliance's members by Chubb Insurance Company. Therefore, it is important that you read these Terms and Conditions carefully.

Guidelines for usage:

Coverage may not be available in all states. Coverages will vary depending on individual state law requirements. Policies, applications, and related information are provided solely for informational purposes and are subject to change without prior notice. The precise coverage afforded by any insurer is subject to the terms and conditions of the policy(ies) as issued.

Coverage is available to residents of the U.S. and its territories, may vary by state and may not be available in all states. Read your certificate carefully and note all state exceptions that may apply. For more information regarding the exclusions and all other terms and conditions of the coverage through LifeShield Alliance membership, please see the applicable certificate wording which is available upon request.

This summary of benefits is not intended to be an offer to sell insurance or a solicitation for insurance.

Qualifying Air Evacuation

A qualifying air evacuation for which benefits will be paid out by Chubb (so long as proof of loss is made and all other requirements of the policy are satisfied) means transportation of the insured person beginning at the time the air ambulance is dispatched and ending at the time of custody of the insured person is transferred from the air ambulance provider to a hospital or medical facility, and which is requested by a physician or authorized medical professional who has determined that (1) the insured person's condition is such that the time or level of care needed to transport such individual by land to the nearest appropriate hospital or other medical facility poses a threat to the individual's survival or seriously endangers the individual's health, (2) an alternative form of transportation to the nearest appropriate hospital or other medical facility is not available, too unstable or the point of pick-up is inaccessible by ground vehicle; (3) air ambulance is the most efficient and medically appropriate means to transfer the insured person from one hospital to another for treatment; or (4) furnished pursuant to a protocol established by a State or regional emergency services agency under which the use of an air ambulance is recommended.

Family Members

Family members of the applicant will be covered under a Family Membership, which shall include a legal spouse or domestic partner of the applicant, if any, and all dependent children (under the age of 26 or incapacitated, as defined in the certificate), if any.

Exclusions

The coverage through LifeShield Alliance membership does not apply to the following activities or circumstances, and Chubb may deny coverage in the event that the loss results from the following:

- Participation in extreme sports, such as scuba diving to depths of more than 130 feet; skydiving; hang-gliding or para-gliding; parasailing other than over water; bungee jumping; mountaineering or rock climbing normally requiring the use of guides or ropes; or caving;
- Illegal acts;
- Intoxication or being under the influence of narcotics or controlled substances, unless prescribed by a physician;
- Traveling or flying on a rocket propelled or launched conveyance;
- Participation in military action while in active military service, except for the first 60 days of service;
- Suicide or intentionally self-inflicted injury; and
- War (whether declared or undeclared), acts of war, or voluntary participation in a civil disorder or unrest.

Exclusions may vary by state. Read your certificate carefully and note all exclusions that may apply. For more information regarding these exclusions and all other terms and conditions of coverage, please see the certificate wording for your state which is available upon request.

File a Claim:

Please contact:

Chubb Group of Insurance Carriers
The Rockwood Company
20 North Wacker Dr., Suite 960
Chicago, IL 60606

Notice of Claim / Proof of Loss

Written notice of claim must be given to Chubb within 20 days from the date of loss, except as otherwise prohibited under law. Proof of loss must be provided within 90 days after the date of the loss.

Right to Cancel

Within 10 days of purchasing the program, you may cancel it and LifeShield Alliance will process a full refund of premium to you, as long as you have not already received benefits or filed a claim, and this certificate will be void from the beginning. No refunds shall be paid to you after 10 days of purchasing the program.

ASSIGNMENT

In regard to the medical air evacuation insurance that I am (we are) receiving as a benefit of a LifeShield Alliance membership, I am (we are) not, at this time, assigning benefits I am (we are) entitled to pursuant to the coverage by Federal Insurance Company to the health care provider that provides a qualifying air evacuation under that coverage. I (we) understand that not executing an assignment at this time has no impact on any assignment I (we) may complete for a particular provider of air ambulance services at another time assigning my benefits in accordance with that provider's procedures. No assignment is valid until accepted by Federal Insurance Company.

LifeShield Alliance Membership Benefits

Note: LifeShield Alliance is a membership program, one of the benefits of which is coverage by Chubb for an air ambulance transportation fixed indemnity; LifeShield Alliance is not an insurance plan or an insurance company. LifeShield Alliance does not and will not reimburse or indemnify members for expenses incurred.

If you have any questions regarding membership services or benefits, please contact LifeShield Alliance.

LifeShield Alliance memberships are non-transferable and non-refundable. By enrolling as a member you accept and agree to all the terms and conditions of membership.

Enrollment Processing

Enrollment forms normally are processed within 24 hours of receipt. Once processing is complete, a welcome kit will be mailed to the mailing address listed on the enrollment form. The welcome packet will include an explanation of the services available as a benefit of membership in LifeShield Alliance.

Membership Term

Subject to the limitations identified herein, the term of an LifeShield Alliance membership commences at 12:01 am on the Effective Start Date selected by the member during the enrollment process.

A Membership Year is the one-year period commencing on the Effective Start Date for the first year for new members and the Effective Renewal Date for renewing members. Regardless of the Effective Start Date selected by the member, LifeShield Alliance membership is valid only when the membership fee is collected. A membership is not valid if the membership fee payment is declined, returned, or otherwise unpaid. In such a case, the Effective Start Date shall be the date the membership fee is successfully collected.

LifeShield Alliance reserves the right to revoke, rescind, or cancel any membership or refuse any renewal at LifeShield Alliance's sole discretion.

Step 4: Discount Eligibility

If you are eligible for a discounted rate as indicated in one of the categories below, please choose one category of eligibility and provide required information for eligibility verification. Please note: Only one discount category may be selected. All discounts are subject to verification and approval by LifeShield Alliance.

A. Active or reserve military member or veteran

Branch of Service _____

Military ID # _____

Rates:

\$5.00 off standard membership fee

B. Group

Group Name _____

Contact Phone # () _____ - _____

Note: Group membership fees are determined by group size. Please contact 888.766.4120 to verify your group rate

C. Emergency Medical Personnel

Position

Organization

Location (City/State/Zip) _____

Contact Phone # () _____ - _____

Rates:

\$10.00 off standard membership fee