

EMPLOYER BENEFIT AGREEMENT - MEMBERSHIP

Employer Provided & Payroll Deduction

Employer/Organization Name				Contact's Name				
Telephone		Fax		E-Mail				
Physical <i>i</i>	Address				City	l	State	Zip Code
Mailing Address (if different)				City		State	Zip Code	
Brokerag	rage Name Producer's Na		ame		MASA Representative's Name			
Invoicing Contact Name		Invoicing Email		l	Eligible Employee Count			
This Employer Benefit Agreement ("Agreement"), effective as of								
offering. NOW, Th	HEREFORE, MASA and Empl	oyer agree as	follows:					
<u>1.</u>	Term and Termination. This Agreement shall have a term of one (1) year from Effective Date ("Initial Term"). Thereafter, this Agreement shall automatically renew for additional one (1) year terms (each a "Renewal Term") unless written notice is given by one Party to the other Parties of its intention not to renew the Agreement at least sixty (60) days before the expiration of the then current Renewal Term. Upon the termination of this Agreement, for any reason, it shall be the Employer's obligation to notify Employees of such termination and the impact on their membership coverage.							
<u>2.</u>	Membership Services Agreement ("MSA"). All Memberships resulting from this Agreement are subject to the terms and conditions of the MSA between MASA and Member Employees. Notwithstanding the terms and conditions of that MSA, those members purchasing the Platinum Membership under the monthly payment option via payroll deduction, "Worldwide Coverage" will be an included benefit without the full annual payment requirement of that respective MSA. All other Worldwide Coverage and Platinum Service Agreement Benefit requirements still apply.							
<u>3.</u>	Membership Fees & Rates Employer agrees that the		mberships	s shall be offered to E	mployees:			
	Select One: ☐ Pa	yroll Deduc	t	☐ Employer Paid				
	Check all that apply:							
		□ Platinum I	Monthly \$	339	□ Emergent Pl	us Monthly \$14		

		and shall end initial enrollment, Period, enrollment may remain open for current						
and/or new Employees.	t rendu j. Following the Emoliment r	remou, emoniment may remain open for current						
he Parties agree that the method for enrollment shall be as follows: (select one)								
☐ Electronic Enrollment Platform	☐ Manual (Paper Form)	☐ MASA Online Enrollment Form						
Name of Platform:								
	OI (or similar type electronic files), it is	system (or similar digital platform) and the intent the responsibility of Employer or their broker to						
regular basis, Employer will have the optio submission. If Employer opts to submit enr	n to submit enrollment changes via ollment changes by roster, MASA will o assist Employer in the enrollment pro	an EDI file (or similar type of electronic files) on a MASA's group management portal or by roster I provide Employer with a template file used to ocess. Employer should populate the Employment er's broker.						
benefit administration system, MASA's group	management portal, or by Enrollment effective date of the change. MASA v	submitted timely, whether submitted through a Roster. In no event will changes be made effective will only reimburse for a correction made to an e effective date of the change.						
If an Employer does not have an active membe	er for more than a two-year period, MA	SA reserves the right to cancel this Agreement.						
identify on such Enrollment Roster any Emplo	oyees who are enrolled in a high-deduct e section 223. Employer shall conduct	ted a desire to enroll in the Membership and to ctible health plan that is compatible with a health such review both at the time of initial enrollment in.						
Upon enrollment, MASA agrees to provide all I	new members an MSA, which provides	an explanation of MASA benefits and services.						
Effective Date"), which must be after the A Membership Effective Date shall be no earlie Enrollment Period, unless prior written app Employee who enrolls after the Enrollment Pe	greement Effective Date, which is the er than the first day of the month follo proval has been received from MASA eriod, their Membership Effective Date	mber's membership effective date ("Membership e date the employer agrees to offer MASA. The owing the thirtieth (30 th) day after the end of the A. Additionally, for a new Employee or current shall be no earlier than the first day of the month mpleted, unless prior written approval has been						
For Employees that enroll as a Member durir Date shall be the First day of		ned in Section 3 above, the Membership Effective						
constitutes breach of this Agreement under terminate this agreement effective immediat made within thirty (30) days from the date id a breach within fifteen (15) days after the co result in the termination of this Agreement.	Section 5. Any breach under this section 5. Any breach under this section. For the purposes of this Agreement lentified in any bill and/or invoice submodusion of the initial thirty (30) day performers. "full payment" shall be define the control of the initial thirty (30) for the first payment.	e to make "full payment" and "timely payment" ction by Employer shall grant MASA the right to nt, "timely payment" shall be defined as payment nitted to Employer by MASA. Failure to cure such eriod from the date in any bill and/or invoice may ned as all Membership Fees & Payment due and ent via either Payroll Deduction or Employer Paid.						

Waiver of such termination rights shall not prevent future enforcement of the same.

Employer desires MASA to (Employer – Please select one option):

	☐ Invoice Employer directly☐ Allow Employer to remit payments via self-b	ill process							
•	If Employer works with third-party administrator ("TPA") for payments, please provide TPA contact information for billing purposes:								
	Name:								
	Email:								
	Phone Number								
<u>7.</u>	Membership Benefits and Requirements. The Parties acknowledge and agree that the Memberships offered by MASA were designed to protect members and their immediate families from the reasonable and customary out-of-pocket expense associated with emergency medical transportation following the primary insurer's reimbursement. Reasonable and customary expenses are determined on a case-by-case basis, considering a variety of factors, including, but not limited to, the primary insurer's determination of reasonable and customary expense and industry practice, based on national and regional norms, among other factors. The Parties acknowledge and agree that Memberships are not represented and/or marketed as a primary level of coverage but rather as a supplement to such coverage; nor is a Membership intended to replace or take the place of primary insurance coverage, and the Membership product should not be construed as insurance.								
	By offering and/or providing Memberships to Emplinsurance policies and plan options that provide a kneimbursement schedules that are consistent with not unreasonably cap or otherwise limit reimbursed provide and/or maintain such coverage for Employed only be sold to groups that offer primary insurance respective MSA, acknowledges and agrees that the and/or other insurance coverage(s). For that purpoclaim, MASA shall be liable to Employee for no more pay more than twenty-thousand dollars (\$20,000), prevent future enforcement of the same.	evel of coverage for er other levels of coverage ment for emergency g ees may be grounds for to their employees. The Services provided are se, in the event that Er than 20% of Employ	mergency, ground and air transport ge within the same policies and plar round and air transportation. Failur immediate termination of this Agree Employee, pursuant to the terms meant exclusively to supplement Employee fails to carry primary healtlee's Out-of-Pocket Expenses, but in	ation based on n options and that do re by Employer to reement. MASA can and conditions of the mployee's health h insurance at time of n no event will MASA					
<u>8.</u>	<u>Tax Consequences</u> . Employer (1) acknowledges the Member that may result from the offer and/or pragrees to hold MASA harmless for any such consequence.	rovision of the Membe							
IN WITN	ESS WHEREOF, the Parties have executed this Agreem	nent as of the Effective	Date.						
MED	ICAL AIR SERVICES ASSOCIATION, INC.	("EMPLOYER")							
Signa	ature	 Signature							
Name: Executive, Medical Air Services Association, Inc.		Name: Authorized Signer, Title							
Date	of Signature	 Email	Phone						
		Date of Signature	:						
		INTERNAL USE ☐ Professional S							