



150 Lagoon Drive • Honolulu, HI 96819  
Tel: 866-533-LIFE (5433) • Fax: 808-836-2809  
Email: [membership@hawaiilifeflight.com](mailto:membership@hawaiilifeflight.com)  
[www.HawaiiLifeFlight.com](http://www.HawaiiLifeFlight.com)

'Ohana Plus Program brochure  
and application are available on our website.  
Inquire about our corporate and group rates.



*Living in our islands. Serving our 'ohana.*

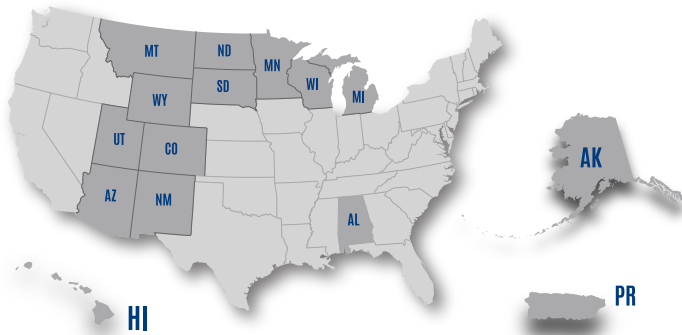
## About Hawaii Life Flight

Since 2006, Hawaii Life Flight has been providing air medical transportation throughout the state of Hawai'i with an outstanding safety record. When you need interisland air medical transportation, Hawaii Life Flight will provide a quick and efficient transport with bases in Honolulu, Lihu'e, Moloka'i, Hilo, Kona and Kamuela.

## 'Ohana Plus Program

The Hawaii Life Flight 'Ohana Plus Program provides financial peace of mind at an affordable price. By enrolling in the 'Ohana Plus Program you will have no out-of-pocket costs when taking a medically necessary flight - all co-payments and deductibles will be waived. To take advantage of your cost-savings benefit, make sure to request for Hawaii Life Flight.

Your membership also extends to our sister companies at no additional cost - see listings at AMRG.com.



## Frequently Asked Questions

### *If I was not a member, how much would an air medical transport cost?*

It could be over \$10,000. Contact your health insurance provider to verify your air medical transportation coverage.

### *How soon will my membership become active?*

Your membership becomes active three days after your application is submitted online or mailed with a payment.

### *What if my health coverage is through Medicaid?*

Medicaid recipients are covered by Medicaid and do not require membership. Contact our membership office at 866-533-5433 to receive a FREE card so you may be identified as a participating member.

### *Who is covered under a "Membership" plan?*

Membership plan covers yourself and family members. Family members are your spouse and any dependents claimed on your head of household tax return.

### *What does having a base in my community mean?*

Hawaii Life Flight personnel are permanent residents in the communities they serve. This ensures the fastest response time through providing the greatest opportunity for the aircraft and crew to be where the patient transport originates. We are based with an aircraft in Honolulu, Lihu'e, Moloka'i, Hilo, Kona and Kamuela.





## Conditions of Membership

By enrolling in the Hawaii Life Flight 'Ohana Plus Program, I agree as follows:

- Membership applies to myself, my spouse/partner and any dependents claimed on the head of household tax return, as listed on the application, and is nontransferable.
- All services covered by this membership must be arranged through or authorized by Hawaii Life Flight and must be within Hawaii Life Flight's scope of care.
- If I receive an air medical transport by Hawaii Life Flight, Hawaii Life Flight 'Ohana Plus Program will bill my insurance or other responsible third party payer (collectively, "Insurance"). Hawaii Life Flight 'Ohana Plus Program will accept the amount paid by my insurance as payment in full for any medically necessary transport. The membership fee constitutes prepayment for any deductible, co-payment or other out-of-pocket expense not covered by my insurance, so I will be relieved of any out-of-pocket expense following transport. Subject to the foregoing, I acknowledge that I am responsible for payment for ground ambulance services rendered to me. Any payment(s) sent to me by my insurance for a Hawaii Life Flight air medical flight must be submitted to Hawaii Life Flight 'Ohana Plus Program within ten (10) days of receiving payment.
- In the event I am transported by Hawaii Life Flight, I hereby assign and transfer to Hawaii Life Flight 'Ohana Plus Program all benefits payable by insurance to or for my benefit, or the benefit of my spouse or dependents that are named as enrollees on my membership, for any services rendered.
- Membership covers only medically necessary air medical transports completed by Hawaii Life Flight and only those transports to the closest appropriate hospital. Medical necessity is determined by my insurance based on information from the attending physician. I am responsible for the cost of any transports that are determined not to be medically necessary by my insurance.
- The Hawaii Life Flight 'Ohana Plus Program only applies to emergent transports and does not apply to any scheduled transport, non-emergent transport, or transport to the mainland.
- I understand that under some circumstances, Hawaii Life Flight may not be available to transport me. This may be due to weather conditions, maintenance, aircraft previously committed to another transport, FAA restrictions, governmental market restrictions or other factors. I understand that membership does not cover the cost of any transport rendered by other air or ground providers other than Hawaii Life Flight.
- Membership becomes active three (3) days after the application is postmarked or given to a Hawaii Life Flight representative along with accompanying payment. There is no waiting period for membership renewal.
- I agree to notify Hawaii Life Flight 'Ohana Plus Program office within five (5) business days of any change in my insurance or the insurance of any family members enrolled in the Hawaii Life Flight 'Ohana Plus Program.
- Neither I nor my family members are Medicaid enrollees.

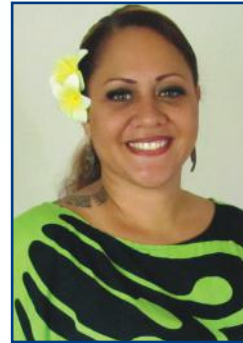
I understand that my Hawaii Life Flight 'Ohana Plus Program is not an insurance product. I certify that I am the individual applying for membership and am the legal representative of my spouse and dependents listed, and am duly authorized by them to execute this application and accept its terms and conditions on their behalf.

If you have questions about Hawaii Life Flight 'Ohana Plus Program, call 866-533-LIFE (5433).



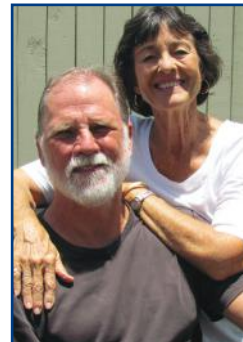
*Hawaii Life Flight transported me and saved my life and my unborn daughter. They are the reason our "princess" is here with us!*

*Danny & Kelly Sapp with Owen & Stella,  
Kaua'i resident*



*"Mahalo nui loa for being a huge part in saving my life. I feel a huge relief that my kuleana for my 'ohana will be in good hands. We gotta protect ourselves and this is the PONO way to go!"*

*Chantell Schilling, Lana'i resident*



*"We were both rushed to O'ahu on separate occasion. The Hawaii Life Flight crew are professional, accommodating and comforting in the midst of a less than ideal environment. You are truly local heroes!"*

*George and Honoree Broderson,  
Kona resident*



# 'Ohana Plus Program Application Form

**PLEASE PRINT**

Applicant's Name \_\_\_\_\_ Birthday \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Last First MI Month Day Year

Mailing Address \_\_\_\_\_ Home # \_\_\_\_\_  
Number and Street or P. O. Box Number City Zip Code

Alternate Phone # \_\_\_\_\_ Email \_\_\_\_\_ \*Current Health Insurance \_\_\_\_\_

Relationship	Family Member Name	*Current Health Insurance	Birthdate Month / Day / Year
			/   /
			/   /
			/   /
			/   /

**\*If you have Ohana Health Plan, please specify whether your coverage is through Medicaid or Medicare.**

**SINGLE OR FAMILY PLAN**

**WITH HEALTH INSURANCE**

**WITHOUT HEALTH INSURANCE\***

1 Year Membership

\$30.00

\$60.00

**Payment Options:**  VISA  MasterCard  AMEX  Check/Money Order - Mail with this application

Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name on Card (please print) \_\_\_\_\_ CVC Code (3-Digit) \_\_\_\_\_

Signature of Cardholder \_\_\_\_\_ Date \_\_\_\_\_

Signature of Applicant/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Member Referral Program**

Referrals from our valued members have been one of the key factors to 'Ohana Plus Program's growth and success. We want to reward you for those family and friends you refer, it is simply our way of saying, "Mahalo!"

For each account a current member refers, with a completed application and payment, they will receive two free months of membership added to their current plan.

**Referred By**

Current Member First and Last Name \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

**SEND APPLICATION AND PAYMENT TO:**

Hawaii Life Flight • P. O. Box 30242 • Honolulu, HI 96820

Toll-Free: 866-533-LIFE (5433)

Email: membership@hawaiilifeflight.com

'Ohana Plus Program brochure and online application are available at [www.hawaiilifeflight.com](http://www.hawaiilifeflight.com).

**For Office Use Only:**

Membership # \_\_\_\_\_ Code # \_\_\_\_\_

Ck # \_\_\_\_\_ CC \_\_\_\_\_ \$ \_\_\_\_\_ Mem Exp \_\_\_\_\_