

Affidavit of Domestic Partnership

Due to the non-existence of legally recognized common law marriage and/or domestic partnership in state of residency and/or domicile (as identified below), the Primary Member and the Domestic Partner (each, as identified below) hereby submit the following Affidavit of Domestic Partnership (the "Affidavit") to Medical Air Services Association, Inc. ("MASA"). This Affidavit shall either accompany an application to purchase a membership product offered by MASA or shall be submitted within the Primary Member's annual open enrollment and/or renewal period.

Primary Member

Legal Name			Telephone Mobile
Street Address			Telephone Home
City	State	Zip	Email Address

Domestic Partner

Legal Name			Telephone Mobile
Street Address			Telephone Home
City	State	Zip	Email Address

By the execution of this document, we – both, the Primary Member and the Domestic Partner – certify that the following statements are true and accurate to the best of our knowledge:

1. We are each eighteen (18) years of age or older.
2. We are not related by blood closer than would bar legal marriage by the laws of the state where we have a permanent residence and/or are domiciled.
3. We have shared jointly the same permanent residence for at least two (2) year immediately preceding the date of the Affidavit and intend to continue to do so, indefinitely.
4. We share an exclusive domestic partnership and have no other domestic partner(s).
5. Neither one of us has a legally binding marriage, nor have we had another domestic partner within the previous two (2) years.
6. We were mentally competent to consent to contract when our domestic partnership began and remain mentally competent.

7. We both have primary health insurance coverage at the time of signing this Affidavit and will maintain that insurance (or some materially similar coverage) throughout the time that we have coverage with MASA.
8. We warrant that such primary health insurance provides coverage for emergency ground and air transportation, subject to a deductible and co-pay.
9. We agree to notify MASA, in writing, within thirty (30) days of any change which would cause us to fail to meet any requirement of this Affidavit.

By signing this affidavit, we, the undersigned persons, certify that the foregoing statements are true and correct to the best of their knowledge. We understand that any coverage obtained by reason of this Affidavit will terminate if we fail to meet any of the requirements of this Affidavit. Further, we hereby agree to provide, associated with any submitted claims for services, any and all documentation reasonably requested by MASA to establish the accuracy and/or validity of any of the statements above. Lastly, we acknowledge and understand that our requests for services may be reasonably denied if (i) any of the foregoing statements are not true or correct or (ii) we fail to provide documentation to establish the accuracy and/or validity of the same, upon MASA's request.

Primary Member's Signature

Domestic Partner's Signature

Primary Member's Name

Domestic Partner's Name

Date

Date