Hospital Wing

1080 Eastmoreland Avenue
Memphis, TN 38104

Group Plan: 1093 City Of Oxford Ms.

This agreement is between Hospital Wing and the City Of Oxford. It represents an agreement for Hospital Wing to provide Membership Services to the employees of the City Of Oxford and their families. As members their household will enjoy the peace of mind of knowing that in the event Air Medical Transportation is needed and Hospital Wing or LeBonheur Pedi-Flite provides those services they will have NO out-of-pocket expense. In addition, each membership will cover the members of the household. A household consists of the individuals living in the household without regard to the relationship of the individuals. There is also no cap on the amount of times in a single calendar year that a household may utilize our services. In some cases we may not be able to accept a flight due to weather or aircraft availability. In this event Hospital Wing is not responsible for any charges incurred for transportation.

According to this agreement the City Of Oxford has agreed to pay in full for their employees and families to have a Hospital Wing Membership at the rate of $20.00/ Year/ Employee. This rate is guaranteed to remain the same unless Hospital Wing has to do a rate increase for Membership that affects every members pricing. The Lafayette County is only obligated to this agreement on a year to year basis. Also, the Lafayette County may add and delete employees in the event an employee is hired or an employee is terminated. However, once payment is received no refunds will be issued. If a replacement for a terminated employee takes place we will exchange one membership for another. It will be the responsibility of the City Of Oxford to notify Hospital Wing of changes to ensure that all employees have coverage.

All Billing and Questions regarding billing will be referred to Clint Townsend 662.560.3106 of Hospital Wing.

Memberships: _____ @ $20= $

Hospital Wing Representative: _____

Date: _____

City Of Oxford Representative:

_____

Date: _____