

HIGHLAND COUNTY VOLUNTEER RESCUE SQUAD HOUSEHOLD SUBSCRIPTION PROGRAM APPLICATION

Last Name	First Name	MI.	Social Security Number (optional)	Date of Birth
Address				
City	State	Zip Code	Telephone Number	

List other members in household:

Last Name	First Name	MI.	Social Security Number (optional)	Date of Birth
Last Name	First Name	MI.	Social Security Number (optional)	Date of Birth
Last Name	First Name	MI.	Social Security Number (optional)	Date of Birth
Last Name	First Name	MI.	Social Security Number (optional)	Date of Birth

Subscription Options

- 🍏 **Option 1** - I would like to enroll as an insured subscriber for \$100. My health insurance is listed below.
- 🍏 **Option 2** - I certify that I do not have health insurance and would like to enroll as an uninsured subscriber for \$200.
- 🍏 **Option 3** - I would like to enroll as an insured subscriber for 5 years at \$400. My health insurance is listed below.
- 🍏 **Option 4** - I certify that I do not have health insurance and would like to enroll as an uninsured subscriber for 5 years at \$800.

Primary Insurance Name: _____

Policy Number: _____

Secondary Insurance Name: _____

Policy Number: _____

Signature of Head of Household or other Authorized Person:

Signature

Date

Please fill out this form completely, select a subscription option and sign. Return the form with payment to:

**Highland County Volunteer Rescue Squad
P.O. Box 2828
Staunton, VA 24402**

Your Subscription will be effective upon receipt of your completed application. For assistance, please call 540-213-0528 or toll free at 877-331-4261.