



City of Sierra Madre

PARAMEDIC SUBSCRIPTION

PROGRAM

Business Application

- \$100 per 10 employees. An additional \$100 applies for every 10 additional employees.
(Business license needed, coverage is valid during regular business hours only.)

SUBSCRIBER INFORMATION

Subscriber Name _____ Total Cost \$ _____

Phone Number _____ Email _____

Business Name _____

Business Address _____

Billing Address (If Different) _____ Number of Employees for Enrollment _____

Documentation Checklist (Required):

Please attach the following documents to complete your application for the Business Plan:

- A valid City of Sierra Madre business license
- Payroll records demonstrating all employees currently employed by the business
- A list of employees the business owner wishes to enroll in the program

(Fees will be based on the number of employees on this list.)

note: Business owners are not required to enroll all employees. Coverage will apply only to those listed on the enrollment form.

Paramedic Subscription Program Agreement for Businesses

(Please read carefully and **sign**.)

I understand that the membership fee provides protection from emergency paramedic and ambulance fees issued by the Sierra Madre Fire Department for all enrolled employees of my business. I agree to provide a current list of the names of employees enrolled in this program and understand that the membership fee is non-refundable. I acknowledge that only businesses physically located within the City of Sierra Madre are eligible to participate in this program. Businesses located outside the city boundaries do not qualify. This program provides coverage only during regular business hours and solely at the business's fixed physical address within the City of Sierra Madre. To ensure eligibility for coverage under this program, I agree to provide verifiable proof that any employee receiving emergency medical services was actively working on behalf of the business and physically present at the business location during business hours at the time of the incident. I further understand that the Sierra Madre Fire Department reserves the right to bill any available insurance coverage held by my permanent employees, and that any payments received—whether by the employee, the business, or the City of Sierra Madre—shall be accepted as payment for emergency medical services rendered. I agree to promptly forward to the City of Sierra Madre any such payments received by any covered employee of my business. I authorize the release of emergency medical and/or insurance information solely for the purpose of billing for emergency medical services. I understand that the Sierra Madre Fire Department must be notified at the time of service in order for membership coverage to apply. Membership becomes effective upon receipt of payment by the Sierra Madre Fire Department. I acknowledge that this membership is non-transferable. I understand that violations of the terms of this agreement or any misuse of membership benefits, as determined by the Fire Chief, or their designee, may result in immediate cancellation of my business's membership in the program.

Authorized Member's Signature _____ Date _____

Emergency Notification Signup NIXLE Smart911 Genasys Protect



For additional information, please contact the Fire Dept. at 626-355-3611,
email subscription@sierramadrecal.gov or visit City Hall during regular business hours.
Payments may be made in person at City Hall or mailed to: Sierra Madre Fire Department