

Norris Electric *News*

Your Touchstone Energy® Partner 



Devin Aherin with Tim Bohnhoff (Member Service Coordinator at Norris Electric)



Benjamin Escker with Gilbert Garbe (Board Director)



Brooke Koebele with Dave Sheppard (Board Director)

2015 Scholarships Awarded

28 students applied for the 2015 scholarships offered by Norris Electric Cooperative. Paperwork was sent to all area high schools for seniors to complete. The forms were also available on the co-op website. A panel of judges reviewed the applications and with much difficulty narrowed down the list to three students.

Benjamin Escker, son of Terry and Gail Escker of Effingham, Saint

Anthony High School; Brooke Koebele, daughter of Ron and Karla Koebele of Wheeler, Newton Community High School and Devin Aherin, son of Philip and Diane Aherin of Dieterich, Dieterich High School each received a \$1,000 scholarship to further their education.

Keith McKinney, Co-op Manager said, "The employees and board members of Norris Electric Cooperative

have always been involved in our local schools and communities. We live here too, and like our members, have a vested interest in the future of our children. These scholarships are just a small way we can help make a difference for students like Benjamin, Brooke and Devin."

Congratulations to all area graduates!

2014 Capital Credits Allocations Statements

As a not-for-profit cooperative, Norris Electric is owned by the member-consumers we serve. When you pay your electric bill, you are accumulating equity in your cooperative.

One of the benefits of belonging to a cooperative is that any monies left over after expenses are paid are allocated back to the members in the form of capital credits according to

your usage.

If you received electric service from Norris Electric in 2014, you will receive a card in the mail which shows the amount being allocated to your capital credit account. This is not a charge you owe nor can it be used to pay your electric bill. It is a statement of your equity in Norris Electric Cooperative for the year 2014.

Capital Credits will be returned to the members when Norris Electric Cooperative's Board of Directors decides that the co-op is strong enough financially to do so. This notice is for our members' information only and does not require any action of their part.

What is Mine and What is the Co-op's?

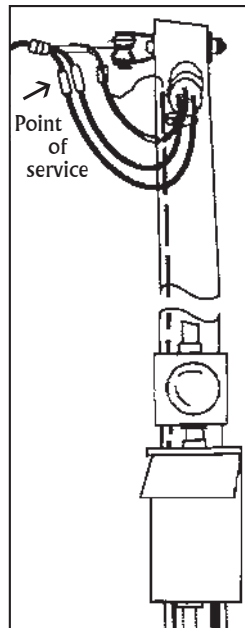
A lot of times a member may be surprised when he hears that the cooperative will not make a repair to part of his service equipment or wire. Sometimes it is hard to see a clear distinction between what is the cooperative's responsibility and what is the member's.

A loose interpretation is that the cooperative is responsible for everything before the meter and the member for everything after the meter. For a residential location this is a reasonable representation. However, a better description would be the service point where the cooperative's equipment meets the member's equipment.

Below are a few examples.

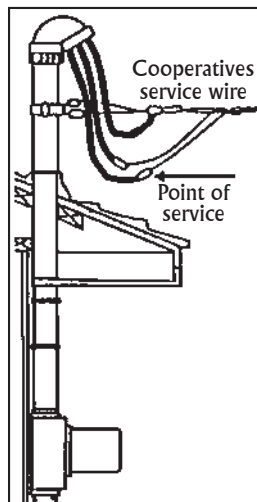
Your meter is on a pole near your home

The cooperative is responsible for the meter and the connection at the top of the pole. The member is responsible for the meter box, meter loop, the wire running up the pole and the service wire running from the pole to the house. The cooperative will provide a pole and meter loop specifications if requested. Members should have a qualified electrician build a meter loop for them. (Diagram shows the meter loop and meter box on the pole.)



Your meter is attached to your home

When a meter box and loop are on a member's house, the wire to the meter loop is the cooperative's responsibility, but the socket is not. A mast needs to be set up before service can be connected. (Diagram shows where the service point is.)

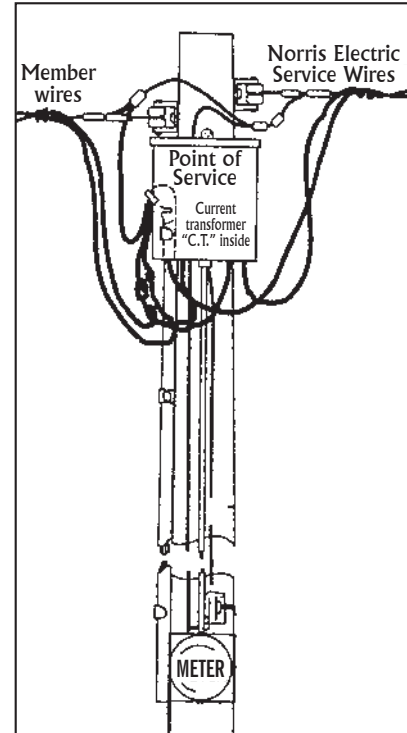


Your meter connects from your home to a pad mounted transformer

The co-op is responsible for the pad mounted transformer and the underground line running to the meter. We can connect a service 5 feet from the transformer but the underground wire from the meter to the house is owned by the member.

Your meter connects to a current transformer

With a current transformer (CT) rated meter, the electric current is measured by passing the service wire through a CT, which then sends a ratio of this current to the meter. The cooperative is responsible for the wire until it connects to or passes through the member's equipment.



If you are still unsure of what is your responsibility and what is the cooperative's, just give us a call at (877) 783-8765 or check out our Web site at www.norriselectric.com.



P.O. Box 948
West Plains, MO 65775

800-793-0010 • Fax 866-299-3303
membership@airmedcarenetwork.com

Dear Norris Electric Member,

Norris Electric along with Air Evac Lifeteam would like to offer you as a Norris Electric Member the opportunity to join Air Evac Lifeteam's membership Program at a special "member-only" discounted rate!

Membership is now available through an affordable monthly billing plan or at an annual discounted rate.

Monthly Membership Fees added to your Norris Electric Bill

\$5.00 – per household

Annual Membership Fees one time annual payment submitted directly to AEL

\$55 per household

As your local air ambulance, serving area residents from our surrounding bases, Air Evac Lifeteam understands the critical aspect of time in treating medical emergencies. For those of us living in rural America, our recovery can depend on how much time it takes to be transported to an emergency room. Air Evac Lifeteam can cut that transportation time **in half**.

An Air Evac Lifeteam membership offers significant money-saving benefits. In the event you are flown by Air Evac Lifeteam for a life or limb-threatening emergency, we will work with your benefits provider to secure payment for your flight. Whatever your benefits provider pays will be considered payment in full. Furthermore, your membership is valid in over 220 service locations in 31 states.

Air Evac Lifeteam is a member of the AirMedCare Network, the largest United States Air Ambulance Membership Network supported by more than 220 individual Emergency Air Ambulance Aircraft in 31 states. All AirMedCare Network service providers work cooperatively to provide the highest levels of care for you, your family, and your community.

Don't wait any longer! You have heard about the Air Evac Lifeteam Membership and probably have intended to sign up. Now it's easier and more affordable than ever! Simply complete the enrollment form on the reverse side of this letter and pick the payment option that is best for you. **Do not send any money to Norris Electric as you will be billed \$5.00 on your current monthly bill. If you select the annual membership fee mail the completed enrollment form with payment to: AirMedCare Network, PO Box 948, West Plains, MO 65775.** It's that easy! If you have additional questions about Air Evac Lifeteam's Membership Program, please contact me.

Air Evac Lifeteam cares about you and your loved ones. Our mission is to make it possible for people living in rural areas to get the life-saving emergency care they need, when they need it. Thanks to the support of our over 1.6 million members, Air Evac Lifeteam can provide financial peace of mind for you and your family... while providing this vital service to our community.

Sincerely,

Chris Rogers

Membership Sales Manager

Cell: 217-690-6488

Email: Christopher.Rogers@air- evac.com



Air Evac Lifeteam Membership Registration - Norris Electric Billing Plan

By applying for membership, I agree to AMCN's terms and conditions. Initials: **X** _____ Today's Date: _____ / _____ / _____
month day year

Name as it appears on Norris Electric Bill: _____ Account Number (if known): _____

Mailing Address: _____ Physical Address: _____
If different than mailing

City: _____ State: _____ Zip: _____ County: _____

Home Tel.: _____ Cell: _____ Work Tel.: _____

Email: _____ Your Date of Birth _____ / _____ / _____ Do you live in City Limits Yes No

Please List Others Living in Household and Date of Birth (other than yourself)

Name: 1 _____ Date of Birth _____ / _____ / _____ Name: 3 _____ Date of Birth _____ / _____ / _____
month day year month day year

Name: 2 _____ Date of Birth _____ / _____ / _____ Name: 4 _____ Date of Birth _____ / _____ / _____
month day year month day year

Terms and Conditions

AirMedCare Network is an alliance of affiliated air ambulance providers* (each a "Company"). An AirMedCare Network membership automatically enrolls you as a member in each Company's membership program. Membership ensures the patient will have no out-of-pocket flight expenses if flown by a Company by providing prepaid protection against a Company's air ambulance costs that are not covered by a member's insurance or other benefits or third party responsibility, subject to the following terms and conditions:

1. Patient transport will be to the closest appropriate medical facility for medical conditions that are deemed by AMCN Provider attending medical professionals to be life- or limb-threatening, or that could lead to permanent disability, and which require emergency air ambulance transport. A patient's medical condition, not membership status, will dictate whether or not air transportation is appropriate and required. Under all circumstances, an AMCN Provider retains the sole right and responsibility to determine whether or not a patient is flown.
2. AMCN Provider air ambulance services may not be available when requested due to factors beyond its control, such as use of the appropriate aircraft by another patient or other circumstances governed by operational requirements or restrictions including, but not limited to, equipment manufacturer limitations, governmental regulations, maintenance requirements, patient condition, age or size, or weather conditions. FAA restrictions prohibit most AMCN Provider aircraft from flying in inclement weather conditions. The primary determinant of whether to accept a flight is always the safety of the patient and medical flight crews. Emergent ground ambulance transport of a member by an AMCN Provider will be covered under the same terms and conditions.
3. Members who have insurance or other benefits, or third party responsibility claims, that cover the cost of ambulance services are financially liable for the cost of AMCN Provider services up to the limit of any such available coverage. In return for payment of the membership fee, the AMCN Provider will consider its air ambulance costs that are not covered by any insurance, benefits or third party responsibility available to the member to have been fully prepaid. The AMCN Provider reserves the right to bill directly any appropriate insurance, benefits provider or third party for services rendered, and members authorize their insurers, benefits providers and responsible third parties to pay any covered amounts directly to the AMCN Provider. Members agree to remit to the AMCN Provider any payment received from insurance or benefit providers or any third party for air medical services provided by the AMCN Provider, not to exceed regular charges. Neither the Company nor AirMedCare Network is an insurance company. Membership is not an insurance policy and cannot be considered as a secondary insurance coverage or a supplement to any insurance coverage. Neither the Company nor AirMedCare Network will be responsible for payment for services provided by another ambulance service.
4. Membership starts 15 days after the Company receives a complete application with full payment; however, the waiting period will be waived for unforeseen events occurring during such time. Members must be natural persons. Memberships are non-refundable and non-transferable.
5. Some state laws prohibit Medicaid beneficiaries from being offered membership or being accepted into membership programs. By applying, members certify to the Company that they are not Medicaid beneficiaries.
6. These terms and conditions supersede all previous terms and conditions between a member and the Company or AirMedCare Network, including any other writings, or verbal representations, relating to the terms and conditions of membership.

*Air Evac EMS, Inc. / EagleMed LLC / Med-Trans Corporation / REACH Air Medical Services, LLC — These terms and conditions apply to all AirMedCare Network participating provider membership programs, regardless of which participating provider transports you.

For Air Evac Office Use Only
TRACK CODE
9798

Monthly Membership Payment Option - Norris Electric Billing Plan

The price for an AEL household membership will be \$5.00 per month

Name: _____

Physical Address: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Account Number (if known) _____

Primary Tel. _____

Authorization to add \$5.00 per month to Norris Electric invoice to pay monthly Air Evac Lifeteam Fees.

The price for an AEL household membership will be \$5.00 per month

- A member's membership will be effective 15 calendar days after receipt by Norris Electric of the member's first monthly Membership fee and will continue thereafter as long as monthly Membership fees are paid, but will terminate automatically without notice if no monthly Membership fee is received by AEL from member for a 60 calendar day period.
- A member may discontinue their AEL membership at anytime by signing a discontinuation notice (as provided by AEL).
- **Norris Electric and AEL are not affiliated.** Norris Electric is not responsible for any of AEL's acts or omissions, and AEL is not responsible for any of Norris Electric's acts or omissions. All AEL membership relationships are directly between AEL and its members.

By signing this authorization I agree to the terms stated above and acknowledge that I authorized to have the additional \$5.00 AEL fees added to my residential account. I also understand that I will communicate directly with Air Evac Lifeteam for Membership Member Service.

X _____
 Member Signature

_____ / _____ / _____
month day year

Questions? Call Membership Sales Manager
Christopher Rogers • 217-690-6488

For Air Evac Office Use Only
PLAN CODE
1729

Air Evac Lifeteam Annual & Multi-Year Membership Payment Options

(Select One)

Platinum (25 Year) Membership*	Entire Household <small>(Multi-year memberships are not available in Indiana or California)</small>	\$1125	<input type="checkbox"/>
10-Year Membership*	Entire Household <small>(Multi-year memberships are not available in Indiana or California)</small>	\$550	<input type="checkbox"/>
5-Year Membership*	Entire Household <small>(Multi-year memberships are not available in Indiana or California)</small>	\$275	<input type="checkbox"/>
3-Year Membership*	Entire Household <small>(Multi-year memberships are not available in Indiana or California)</small>	\$165	<input type="checkbox"/>
1-Year Membership	Entire Household	\$55	<input type="checkbox"/>

- Check or money order made payable to: Air Evac Lifeteam
 PO Box 948, West Plains, MO 65775
- One Time transfer from checking account or credit card

Total Amount \$ _____

Credit Card Number _____ Expires _____ 3 digit code on back of card _____

X _____
 Signature

Bank Information (required for automatic transfers from checking account)

Name on bank account _____ routing number _____ account number (please attach a voided check) _____

Statement of Authorization I authorize Air Evac Lifeteam to initiate the EFT withdrawal as indicated above. I may change or cancel this payment by notifying Air Evac Lifeteam in writing. All notifications must be received by the first of the month in order to alter the month's transaction. If I have elected to pay by credit card, I agree to abide by all terms and conditions of my credit card agreement. If I have elected to pay via EFT, I authorize my financial institution to transfer the amount indicated on the attached voided check to Air Evac Lifeteam. Adjusting entries to correct errors are also authorized. It is agreed that these debits and adjustments will be made electronically and under the rules of the National Automated Clearing House Association (NACHA). This authorization is to remain in full force and effect until written notification is given to Air Evac Lifeteam of its termination.

X _____
 (Signature required)

For Air Evac Office Use Only
PLAN CODE
3057