



**JACK COUNTY**  
**TEXAS EST. 1856**

**Group Membership Agreement**  
**Plan Year: 12/01 – 11/30**

This agreement is by and between CareFlite, a 501(c)3 non-profit Texas Corporation and the County of Jack, Texas is effective on the first day of December 2024.

*Whereas; CareFlite is authorized by the State of Texas to offer Ambulance Memberships in Jack County, Texas, and*

*Whereas; Jack County desires to purchase a CareFlite Ambulance Membership for each of its employees and;*

*Therefore; the parties agree as follows:*

Jack County agrees to buy a CareFlite Ambulance Membership for each of its employees at a cost of \$15 per employee per year for the plan year of December 1<sup>st</sup> through November 30<sup>th</sup>. Jack County agrees to pay the total sum of \$15 times the number of County employees no later than December 31<sup>st</sup> of the plan year in order to comply with the State regulations governing membership programs and with which regulations the parties agree to comply. This contract shall renew automatically and annually on December 1<sup>st</sup>.

The terms and conditions of CareFlite's Ambulance Membership Program are as described on the Membership Enrollment Form. Each membership covers the entire household provided the other family members are listed on the enrollment form. If an employee has more than three additional family members, they may be listed on a separate sheet and attached to the application. Employees who do not complete and submit the application will not be members. It shall be the County's responsibility to insure that its employees and officials complete and submit the enrollment paperwork. Blank membership applications may be copied as needed. New enrollment forms are not required for anyone enrolled in the Membership Program for the prior year.

The parties agree that any employee who leaves the County's employment during any plan year shall retain their CareFlite Ambulance Membership for the duration of that plan year. Employees hired subsequently by the County during the plan year shall be included in this program for the duration of the plan year effective their first date of employment provided a completed membership enrollment form and payment is submitted to CareFlite within 30 days of the first date of employment. Any changes in family members living within the household shall be reported within 30 days of the change.

*Continued next page*

Notices, payments and paperwork required under this agreement shall be mailed to the following addresses:

CareFlite  
Attention: Jennifer Barbary  
3110 S. Great Southwest Parkway  
Grand Prairie, Texas 75052  
(877) 339-2273

Jack County  
Attention: Kim Dungan  
100 N Main St #202  
Jacksboro, TX 76458  
(940) 567-2663

As of the date of the execution of this agreement, Jack County has a total of \_\_\_ employees and officials to be covered.

This contract in combination with the terms and conditions of the CareFlite Membership Enrollment Form constitutes the entire agreement between the parties and can only be changed in writing signed by both parties. By their signatures below and the affixing of the Jack County Seal, the individuals signing represent that they have the authority to enter or attest to this agreement and that their respective organizations intend to be bound by the terms herein.

**CAREFLITE**

**JACK COUNTY, TEXAS**

*Jennifer Barbary* 11/21/2024

Jennifer Barbary  
Membership Manager

*[Handwritten Signature]*  
\_\_\_\_\_  
Brian Keith Umphress  
County Judge

Attest:

*Vanessa James by*

Jack County Clerk

11-25-2024

(date)

*Suzanne Brooks*



**FILED FOR RECORD**

\_\_\_\_\_ O'CLOCK \_\_\_\_\_ M

NOV 25 2024

**VANESSA JAMES, County Clerk  
JACK COUNTY, TEXAS**

BY \_\_\_\_\_ DEPUTY