

# Annual Open Enrollment



## Pafford Medical Services Membership Program

### Submit changes by Monday, May 16, 2022

Now is the time to change your current OPT IN or OPT OUT participation in the City of Yukon's Pafford Medical Services membership program. The deadline to submit your change is Monday, May 16, 2022 and it is effective on your May 31, 2022 monthly utility bill. **It is not necessary to submit the form below if you do not wish to make a change.**

The membership cost is \$3.65 per month and is added to your monthly utility bill. Multi-living facilities should contact our office for details.

A Pafford Medical Services membership is not insurance. It helps cover out of pocket medically necessary ambulance expenses, such as insurance co-pays, for all permanent members of the household. All citizens who require medically necessary ambulance services within the Yukon City Limits will always be transported, regardless of ability to pay. Those not having a Pafford Medical Services membership will be responsible for all billed charges.

**Please direct questions about Pafford Medical Services to:**  
Pafford Medical Services | [pr@paffordems.com](mailto:pr@paffordems.com) | [www.paffordems.com](http://www.paffordems.com)

**Please contact us for questions or submit the form below, if necessary, to:**  
City of Yukon Utility Billing | [customerservice@yukonok.gov](mailto:customerservice@yukonok.gov) | call 405.350.3910 | fax 405.350.8909  
Monday - Friday - 8:30 a.m. - 5:00 p.m.

**Pafford Medical Services Membership Authorization**  
**Submit by Monday, May 16, 2022 | Effective with your May 31, 2022 Utility Bill**  
**We only need this form if you wish to make a change.**

Name on Utility Account \_\_\_\_\_

Utility Service Address \_\_\_\_\_

Utility Account Number, if known \_\_\_\_\_

Daytime Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

By checking my choice and signing below, I acknowledge that I either accept or decline the annual Pafford Medical Services membership offer and my selection remains in force until the open enrollment period of 2023.

**Yes, I choose to OPT IN** the program. I **WANT** a Pafford Medical Services membership at \$3.65 per month.

**No, I choose to OPT OUT** of the program. I **DO NOT WANT** a Pafford Medical Services membership.

Signature \_\_\_\_\_ Date \_\_\_\_\_



**City of Yukon Utility Billing Department**  
500 W Main St.  
PO Box 850500 Yukon, OK 73085

T: 405.350.3910 F: 405.350.8909 email: [customerservice@yukonok.gov](mailto:customerservice@yukonok.gov)