



**Johnson County Special Utility District**

**Caring-Heart Opt Out Form  
Single Family Residences**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip Code: \_\_\_\_\_  
Utility Account # \_\_\_\_\_

The undersigned hereby notifies the JCSUD that he/she is the authorized account holder of the above account and that he/she exercises the right to opt out of the \$1 per month fee for the Caring-Heart Membership. The undersigned acknowledges that the fee will be removed at the conclusion of the next billing cycle. As a result of opting-out, I acknowledge that no one in my household will receive the benefits of the Caring-Heart Membership Program which protects families against out of pocket costs for CareFlite's air and ground ambulance service.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
JCSUD Designee Witnessing above Signature

\_\_\_\_\_  
Date Signed

**For City Use Only:**

- \$1 CareFlite Membership Fee removed from account shown above on \_\_\_\_\_  
by \_\_\_\_\_ (JCSUD Designee).