




Your Touchstone Energy® Cooperative 

# Hi-Lites



## Help Keep Roadside Crews Safe

Luke Johnson,  
General Manager

Orange road signs are not just for highway construction zones; they also apply to utility work zones. Slowing down before entering work zones helps save lives, including the lives of our crew members, who must often work roadside to maintain or restore power.

Cars or trucks that go too fast not only endanger workers on the ground, but can also put a lineworker who is working high up in a bucket in serious danger by causing their bucket to move or sway into high-voltage lines.

Every state has laws that require drivers to slow down or switch lanes if possible when they pass emergency vehicles and, in many states, transportation maintenance, work trucks and other authorized vehicles as well.

For example, in 2019, Illinois' Scott's Law extended protections to any stationary authorized vehicle with oscillating lights: first

responders, state transportation workers, law enforcement officers and other individuals authorized to be on the highway within the scope of their employment or job duties.



Effective January 1, 2020, Scott's Law was amended to increase the minimum fine from \$100 to \$250 for a first violation and to \$750 for a second or subsequent violation.

Because power lines often run along streets and highways, our crews are frequently required to

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### MISSION STATEMENT

To safely provide our member-owners with reliable electric service, superior customer service, and practical energy solutions, all at reasonable prices.

3906 Broadway  
Mt. Vernon, IL 62864

618-244-5151  
Toll-Free: 800-244-5151  
Fax: 618-244-1496  
Pay by phone:  
855-385-9902

Mt. Vernon  
Office Hours  
Monday - Friday  
7:30 a.m. - 4:30 p.m.

Salem  
Office Hours  
Tuesday - Thursday  
7:30 a.m. - 4:30 p.m.  
(Closed 12 p.m. - 1 p.m.)

### BOARD OF DIRECTORS

President  
Donnie Laird - Waltonville

Vice-President  
Doug Knolhoff - Hoyleton

Secretary/Treasurer  
Sam Phillips - Salem

Michelle Barbee - Salem  
Tom Beyers - Odin  
Jordan Brink - Richview  
Phil Carson - Oakdale  
Larry Manning - Belle Rive  
Kathy Withers - Mt. Vernon

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work near or on roadways. Cars that are driven too fast or get too close to a utility truck can cause the truck to move and the extended bucket holding a worker to sway. This is especially dangerous if a crew member is working on an energized power line.

Please slow down and move over for everyone who must complete their jobs on or at the side of the road, including utility crews. Our crews and their families thank you.

## Energy Efficiency Tip of the Month

When was your cooling system last serviced? Most manufacturers recommend an annual tune up for your home's cooling system. March is a great time to schedule this service so you can beat the summer rush when the pros are busiest.

A qualified professional can check the amount of refrigerant, accuracy of the thermostat, condition of belts and motors and other factors that can impact the efficiency of your system.

Source: Dept. of Energy



## Cooperative Calendar

**April 11, 2022**

Petitions must be filed in person along with an affidavit stating that the person filing the petition meets the qualifications to become or remain a board member. Petitions must be filed at our Mt. Vernon office no later than close of business on Monday, April 11, 2022.

**May 20, 2022**

American Red Cross Blood Drive - Mt. Vernon

**July 9, 2022**

Annual Meeting - Mt. Vernon

## Geothermal Tax Credits

The 26% federal tax credit for geothermal heat pumps will be available for one more year. The tax credit extension was part of the federal government's \$900 million Covid relief package that was passed and signed into law in December of 2020.

The law extended the credits for geothermal heat pump installations through 2023. Residential credits are 26% through 2022, step down to 22% in 2023, and expire January 1, 2024. Commercial credits remain at 10% through 2023. Please consult your tax professional for details.

## St. Patrick's Party Punch

- 7 cups Pineapple Juice
- 1 pint Lime Sherbert (or any flavor you prefer!)
- 1 1/2 pint vanilla ice cream
- 3 cups ginger ale or 7-Up

Put pineapple juice, sherbert, and ice cream in large mixing bowl and blend. When ready to serve, add ginger ale. Makes 25 servings.



# PROTECT YOUR FAMILY AND YOUR FINANCES

## Tri-County Electric Cooperative

has partnered with AirMedCare Network (AMCN) to offer you the opportunity to join our membership program at a special discounted rate! Membership is now available through an affordable monthly billing plan or at an annual discounted rate.

# \$5

per household

### MONTHLY MEMBERSHIP FEES

added to your bill for

Tri-County Electric Cooperative

# \$65

per household

### ANNUAL MEMBERSHIP FEES

one-time annual payment submitted directly to AirMedCare Network

In a medical emergency every second counts, especially when transporting patients who are far away from adequate medical treatment. AMCN providers respond to scene calls and provide hospital-to-hospital transports—carrying seriously ill or injured patients to the nearest appropriate medical facility.

## ABOUT AIRMEDCARE NETWORK

AirMedCare Network is America's largest air medical membership network, providing financial coverage for emergency air medical transport. Even with medical insurance, air medical transport can result in significant out-of-pocket expenses, however an AMCN membership ensures no out-of-pocket expenses for medically necessary flights if flown by an AMCN provider.

Not only does AMCN membership provide financial protection, our 3+ million members help support the healthcare needs of the community as a whole. Our mission is to make it possible for people living in rural areas to get the life and limb saving emergency care they need, when they need it.

## JOINING IS EASY!

Simply complete the enrollment form on the reverse side of this letter and pick the payment option that is best for you.

**Monthly membership fees will automatically be charged on your monthly utility bill so you don't need to send money directly to your provider. If you select the annual membership fee, mail the completed enrollment form with payment to: AirMedCare Network, PO Box 948, West Plains, MO 65775.**

Contact your local Membership Sales Manager for questions or to enroll:

Becky Phillips  
Becky.Phillips@gmr.net  
5863 | 2710



## ENROLL TODAY!



### MAIL

Mail the attached application to:

**AirMedCare Network**  
P.O. Box 948, West Plains, MO 65775



### ONLINE

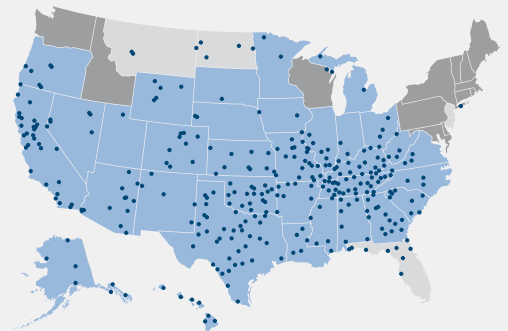
[amcnrep.com/Becky-Phillips](http://amcnrep.com/Becky-Phillips)



### PHONE

417.274.3402

## AMERICA'S LARGEST AIR MEDICAL MEMBERSHIP NETWORK



**320+**  
LOCATIONS

**38**  
STATES

Membership terms & conditions apply.

 **AirMedCare**  
NETWORK®  
A Global Medical Response Solution

 AIR EVAC LIFETEAM

 GUARDIAN  
FLIGHT

 MED-TRANS

 REACH<sup>SM</sup>



# MEMBERSHIP APPLICATION - Tri-County Electric Cooperative Member

## 1. MEMBER INFORMATION (please print)

Primary Member First Name		Primary Member Last Name		
Home Phone Number ( ) ( )	Cell Phone Number ( ) ( )	Date of Birth / /		
E-mail Address		Current Member Household ID#		
Mailing Address	City	State	Zip	County
Home Address (if different than above)	City	State	Zip	County

**I AGREE TO THE TERMS AND CONDITIONS V.01.2021 (shown within this document) FOR ALL MEMBERSHIP PRODUCTS I AM PURCHASING.**

Initials	Date
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## FOR QUESTIONS OR TO ENROLL BY PHONE:

**Becky Phillips**  
**Membership Sales Manager**  
**417-274-3402**  
**Becky.Phillips@gmr.net**

## 2. ADDITIONAL HOUSEHOLD MEMBERS (for additional members, write in empty space on this application)

Secondary Member First Name	Secondary Member Last Name	Date of Birth / /
First Name	Last Name	Date of Birth / /
First Name	Last Name	Date of Birth / /
First Name	Last Name	Date of Birth / /

## 3. MEMBERSHIP AND BILLING OPTIONS (select one)

### Monthly Membership Payment Option

I authorize Tri-County Electric Cooperative to add \$5.00 per month to my bill and to disperse the money as payment for my AirMedCare Network Membership. I understand that this authorization will stay in effect as long as I am a member of AirMedCare Network, or until I submit a cancellation in writing.

Signature as it appears on bill \_\_\_\_\_ Account number (if known) \_\_\_\_\_

A member's membership will be effective 15 calendar days after receipt by AirMedCare Network 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 AMCN from member for a 60 calendar day period.

A member may discontinue their AMCN membership at any time by signing a discontinuation notice (as provided by AMCN).

Tri-County Electric Cooperative and AirMedCare Network are not affiliated. Tri-County Electric Cooperative is not responsible for any of AMCN's acts or omissions, and AMCN is not responsible for any of Tri-County Electric Cooperative acts or omissions. All AMCN membership relations are directly between AMCN 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 AMCN fees added to my Rural Electric Convenience Cooperative bill. I also understand that I will communicate directly with AirMedCare Network for Membership Member Service.

Completed enrollment forms may be simply returned with your next payment.

**X**  
**Signature required**

/ /  
 Date

**FOR OFFICE USE ONLY**  
 PLAN CODE  
 2709

AMCN EMERGENT COVERAGE	10 YEAR	5 YEAR	3 YEAR	1 YEAR
Discounted Rate	<input type="checkbox"/> \$575	<input type="checkbox"/> \$300	<input type="checkbox"/> \$185	<input type="checkbox"/> \$65

\* Multi-year memberships not available in AK & CA. 10-year membership not available in IN. Terms & conditions apply.

**Check or Money Order** Payable to: **AirMedCare Network, P.O. Box 948, West Plains, MO 65775**

**Automatic checking account transfer (attach a voided check)**

Name on Bank Account \_\_\_\_\_ Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

**Credit Card**

Credit Card Number \_\_\_\_\_ Expires \_\_\_\_\_ 3 digit CVV# \_\_\_\_\_

**STATEMENT OF AUTHORIZATION** I authorize AirMedCare Network to initiate the EFT withdrawal as indicated on this form. If I have elected to pay via 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 AirMedCare Network. 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).

**X**  
**Signature required for automatic withdrawal**

/ /  
 Date

**FOR OFFICE USE ONLY**  
 PLAN CODE  
 2710



### FOR OFFICE USE ONLY

GET CODE TRACK CODE PLAN CODE

14344