

### **Tri-County Electric** Cooperative, Inc.

Your Touchstone Energy® Partner



P.O. Box 309 Mt. Vernon, IL 62864

www.tricountycoop.com 618.244.5151

Toll Free 800.244.5151 Fax: 618.244.1496 Pay by Phone: 855.385.9902

#### **Office Hours**

7:30 a.m. - 4:30 p.m. Monday through Friday

(Salem Office closed from 12:00 p.m. - 1:00 p.m. each day)

### **Board of Directors**

President Greg Vieira - Salem Vice President Donnie Laird - Waltonville Secretary/Treasurer Sam Phillips - Salem Tom Beyers - Odin

Phil Carson - Oakdale Doug Knolhoff - Hoyleton Larry Manning - Belle Rive Rick Russell - Richview Kathy Withers - Mt. Vernon

### **Mission Statement**

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

# Hi-Lites

Hi-Lites is a monthly newsletter published for the members of Tri-County Electric Cooperative.

### Call JULIE 811

### What is JULIE?

JULIE stands for Joint Utility Locating Information for Excavators.

JULIE Inc. provides Illinois excavators and underground utility owners with a continuously improving, one-call message handling and delivery service, committed to protecting underground utilities and the safety of people working or living near them. JULIE neither owns nor marks any underground lines.

JULIE's Call Center agents process locate requests 24 hours a day, 365 days per year.

### When to Notify JULIE

You may be surprised by

what's buried in your yard. That's because many electric, gas, water, sewer and telecommunications companies are delivering utility services underground.

State law requires you to notify JULIE at least two business days (excludes weekends and holidays) before any digging project, regardless of the project size or depth. Even if you

are digging in the same location as a previous project, notify JULIE. This is a free service.

There are two convenient ways to reach JULIE. Both the call and service is free.

### **Click Before You Dig**

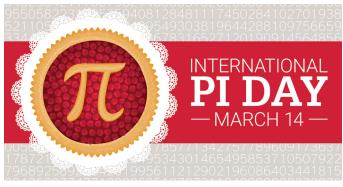
To learn more about submitting your JULIE e-request online, visit Illinois' JULIE site: www.illinois1call.com.

### Call Before You Dig

8-1-1 is the nationwide tollfree number for locate services.

As a reminder, member utility companies are only required to mark the underground lines that they own, not privately installed or owned lines.





Pi Day is celebrated on March 14th (3/14) around the world. Pi is the symbol used in mathematics to represent a constant — the ratio of the circumference of a circle to its diameter — which is approximately 3.14159.

In honor of Pi Day, your Customer Service Representative, Janette Cates, has shared one of her famous pie recipes for you to enjoy!

### Days Celebrated in March

Below are just a few days that are celebrated in March. Some of them may surprise you!

03/01	National Pig Day
03/01	Read Across America Day
03/03	National Anthem Day
03/05	Fat Tuesday
03/06	National Dentist's Day
03/06	National Oreo Cookie Day
03/06	Ash Wednesday
03/10	Return of Daylight Savings
03/11	Johnny Appleseed Day
03/11	National Napping Day
03/12	National Girl Scout Day
03/12	National Plant a Flower Day
03/13	National Good Samaritan Day
03/13	National K9 Veterans Day
03/14	National Potato Chip Day
03/14	National Pi Day
03/14	National Children's Craft Day
03/14	National Ag Day
03/15	National Quilting Day
03/15	National Corn Dog Day
03/17	Corned Beef and Cabbage Day
03/17	St. Patrick's Day
03/18	National Sloppy Joe Day
03/26	Epilepsy Awareness Day

### White Pie by Janette Cates

### **Ingredients:**

Filling Ingredients: 3/4 cup sugar 1/2 cup cake flour 1/8 tsp salt 2 cups milk 1 tsp. vanilla

Meringue Ingredients: 1/4 cup sugar 2 eggs separated

Toppings:
Cool Whip
Pecan pieces

### **Step 1 - Filling Directions:**

Mix 3/4 c. sugar, cake flour, and salt in a double boiler. Slowly stir in 2 c. milk, making a paste at first to avoid lumps, and continuing to pour in rest of milk. Cook in double boiler pan, stirring constantly, over medium heat until it thickens. Remove from heat and add 1 tsp. vanilla. Cover the mixture with plastic wrap touching the surface. Let cool completely.

Note: Janette says, "I cook the filling the night before, refrigerate, and finish step 2 the next day."

### **Step 2 - Meringue Directions:**

Beat 2 egg whites until stiff peaks start to appear. Slowly add 1/4 c. of sugar while continuing to beat. Beat approx. 30 seconds more. Fold the cooled, cooked filling mixture with the meringue. Pour into a baked pie shell. Cover with a thin layer of Cool Whip and sprinkle with the chopped pecans.

Customer Service Representative Janette Cates has been serving your electric cooperative since 1975.







## WHEN LIFE IS ON THE LINE, WE'RE IN THE AIR.

Dear Tri-County Electric Cooperative, Inc. Member,

Good News! Tri-County Electric Cooperative has partnered with Air Evac Lifeteam to offer you as a Member the opportunity to join Air Evac Lifeteam's Membership Program at a special "members-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 Tri-County Electric Cooperative Bill \$5.00 – per household

Annual Membership Fees one time annual payment submitted directly to AEL

\$65 per household

### Protect your family with an AirMedCare Network membership.

If you or a family member experience a life- or limb-threatening emergency, our alliance of air ambulances can provide medical transport—dramatically reducing travel time to an emergency treatment facility.

### When you join, you're covered.

Out-of-pocket expenses for emergency air medical transport average \$18,000. But with AMCN membership, you can have peace of mind knowing you'll have no out-of-pocket expenses if flown by an AMCN provider. As an AMCN member, you're covered by over 320 locations across 38 states, including Alaska & Hawaii.

### Joining is easy!

Don't wait any longer! 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 Tri-County Electric Cooperative 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.

Sincerely.

Membership Sales Manager

417-274-3402 • Becky.Phillips@AirMedCareNetwork.com

www.AMCNRep.com/Becky-Phillips





### America's largest air medical membership network

Over 320 locations across 38 states

### Join today and save!



#### **ONLINE:**

www.AMCNRep.com/Becky-Phillips



#### MAIL:

Fill out & mail back this application



#### **PHONE:**

417-274-3402

"Had I not been flown by an AirMedCare Network provider, I wouldn't be alive today."

Sarah W., Missouri

### MEMBERSHIP REGISTRATION-TRI-COUNTY ELECTRIC











COOPERATIVE	BILLING PLA	By applying for members of this document.	hip, I agree to AMCN Te	rms and Conditions on the botto	om Accou	nt Number (if I	known):
		Initials: X	Date: _	//			
1. Member Conta	ct Information (please print	t)	Mailing	Address		City	
Primary First Name	Primary Last Name	Date of Birth					
		/ /	State	Zip	County		
Home Phone Number	Cell Phone Number						
( )	( )		Home A	ddress (if different than abo	ove)		
	important AirMedCare Network new						
E-mail Address	your c mait address and stay in	the toop.	City		State	Zip	
2. List Addition	al Members in Hous	sehold					
Secondary First Name	Secondary Last Name	Date of Birth	First N	ame	Last Name		Date of Birth
		/ /					/ /
First Name	Last Name	Date of Birth	First N	ame	Last Name		Date of Birth
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J. Choose four Membership and Bitting Opt	IU
☐ Monthly Membership Payment Option - Tri-	

### **County Electric Cooperative Billing Plan**

The price for an AMCN household membership will be \$5.00 per month Please mail monthly enrollments to: Tri-County Electric Cooperative 3906 Broadway St. Mt Vernon, IL 62864.

- A member's membership will be effective 15 calendar days after receipt by Tri-County Electric Cooperative 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 anytime by signing a discontinuation notice (as provided by AMCN).
- Tri-County Electric Cooperative and AMCN 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's acts or omissions. All AMCN membership relationships 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 residential account. I also understand that I will communic Member Se

ate dire ervice.	ctly with AirMedCare Network for Membership
	XMember Signature
code 09	

AMCN Annual & Multi-Year Membership Payment Options					
○ 10-Year Membership*	Household Cost	<del>\$765</del>			
O 5-Year Membership*	Household Cost	<del>\$395</del>			

- \$300 O 3-Year Membership\* More Members Choose Household Cost \$240 \$185
- 1-Year Membership Household Cost \$65 \*Multi-year memberships are not available in Indiana, California or Alaska
- Check or money order made payable to: AirMedCare Network, PO Box 948, West Plains, MO 65775
- One Time transfer from checking account or credit card

#### BANK INFORMATION (For automatic transfers from checking account)

Name on bank account

Routing number Account number (please attach a voided check)

**OVISA** 

3 digit code on back of card

\$575

Expires 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).

CREDIT CARD INFORMATION

Signature required for automatic withdrawls and credit card charge authoriza

TRACK CODE 14344

2710

### Questions? Contact your Local Membership Sales Manager • Join Online at: www.AMCNRep.com/Becky-Phillips Becky Phillips • 417-274-3402 • Becky.Phillips@AirMedCareNetwork.com

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:

PLAN 27

- 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 limbthreatening, 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

#### AMCN Membership Terms and Conditions

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 nonrefundable 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
- 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. / Guardian Flight LLC / Med-Trans Cornoration / RFACH Air Medical These terms and conditions apply to all AirMedCare Network participating provider membership programs, regardless of which participating provider transports you.

‡In Nebraska, waiting periods are not allowed; however, a member cannot purchase a membership at the time of transport.