



# Concho Valley Credit Union

SPRING, 2017

Member Newsletter

## The Credit Union Will Be Closed The Following Dates:

Monday, May 29, 2017- Memorial Day

Tuesday, July 4, 2017- Independence Day

Monday, September 4, 2017-Labor Day

Monday, October 9, 2017- Columbus Day

Please Plan Your Financial Needs Accordingly.

## **ANNUAL MEETING & ELECTION**

The Annual Meeting of the Concho Valley Credit Union was held on Thursday, February 9, 2017. It took place in the Banquet Room at the Pearl on the Concho Hotel at 333 Rio Concho Drive.

The meeting began at 7:00 with an introduction of the Board of Directors and the Credit Union staff. There were 4 positions up for election on the Board of Directors. The membership elected to re-elect the following Board members to the Board: Edward Nalepka, Gregg Bowman, Leah Ripple and Tony Kieffer.

Thank you to all that came out to support your Credit Union and a special Thank You to the Board Members for their service!

## **IMPORTANT NOTICE to Members Who Have Not Performed a Deposit Transaction Recently**

What could this mean to you? An Account is deemed inactive if for more than one year there has not been a debit or credit to the Account because of an act by you or your agent.

An Account is presumed abandoned if (1) the Account has been inactive for at least three years (including Checking, Savings, Clubs, or matured Term Share Certificate accounts) from the date of your last transaction on the Account or your last correspondence with us, and (2) we are unable to locate you. If an Account is presumed abandoned, we are required to report the abandonment and to pay the funds in the Account to the State of Texas.

Inactive accounts are expensive for the Credit Union to maintain. Remember – you are the Credit Union and expenses are passed on to all members in the form of less dividends, higher loan rates, and more or increased fees. We strive to provide you with the best service at the lowest cost. Mailing statements on inactive accounts is very costly, but sending them out is still a legal requirement of the Credit Union.

A transaction can be as simple as a \$1 deposit once every 12 months. Dividend payments do not qualify since they are initiated by the Credit Union.

You are important to us, but the cost of doing business makes it even more important that you use your credit union. Please feel free to give us a call or come by if you have any questions.

## **IMPORTANT DEBIT CARD INFORMATION**

Your new Debit Chip Card is here. Make sure to activate yours today! With the new Debit Chip Card comes added security, more convenience and enhanced protection. All other debit cards will be closed as of May 31, 2017. If you have not received a new Debit Chip Card, contact the credit union right away.





## **Board Members:**

**Anna Thomas, Chairperson**

**Vona Hudson, Vice-Chair**

**Rudolph Olivas, Treasurer**

**Buryl Williams, Secretary**

**Leah Ripple, Membership**

**Gregg Bowman, Director**

**Anthony Kieffer, Director**

**Miriam Trevino, Director**

**Chester Bobo, Director**

## **Credit Union Staff:**

**Kimberly Perrine,  
CEO/President  
NMLS#788814**

**Cindy Baker, Executive V.P.  
NMLS#791082**

**Stephanie Savini,  
Accounting Officer**

**Lindsey Welchon, Member  
Service Representative**

**Robyn Simkins, Teller**

**Ashley Pape, Teller**

## **Contact Us:**

**1002 S. Abe San Angelo, TX  
76903**

**Phone: 325-658-7557**

**Fax: 325-658-4395**

**Website: [conchovalleycu.com](http://conchovalleycu.com)**

## **Lobby Hours:**

**Monday-Friday 9:00 a.m.-  
4:30 p.m.**

**Drive Thru Hours: Monday-  
Friday 7:30 a.m.-5:30 p.m. &  
Saturday 9:00 a.m.-12:00 p.m.**

## **Mobile Banking App Now Available!**

The Credit Union now has a new mobile banking app. It is available at the app store on your mobile device or phone. Look for the Concho Valley Credit Union app and start enjoying yet another way to access your credit union account!

## **E-Statement Sign-up**

If you haven't already signed up for E-Statements and you want to receive your credit union statements by email, then please sign up now! E-Statements mean less paper in your mail, more security and it's convenient! Plus it is free! Contact the credit union at 325-658-7557 to get started receiving E-Statements today.

## **Important Notice-Credit Union Address Change**

The credit union is transitioning away from the PO Box and over to using the street address for receiving mail. Please begin using the following to send your payments and correspondence to:

**1002 South Abe Street, San Angelo, TX 76903**

Please update your bill payment systems or address labels to ensure proper and timely delivery of your payments. Thank you for your assistance in the transition.

## **IMPORTANT NOTICES**

### **Concho Valley Credit Union Inclement Weather Policy**

Concho Valley Credit Union acts to ensure the safety of our members and employees during inclement weather. The Credit Union will follow SAISD in late openings. All other decisions to remain closed or close early will be made by the CEO. Decisions will generally rely on actual observed condition rather than predictions.

### **Emergency Closing**

Emergency closing will be authorized by the CEO. When changes in hours or operations are necessary due to emergency situations such as loss of utilities or inclement weather during office hours, the CEO will notify the Chairman of the Board of Directors.

## **Compliant Notice**

If you have a problem with the services provided by this credit union, please feel free to contact us at:

Concho Valley Credit Union

1002 S. Abe

San Angelo, TX 76903

325-658-7557 or [cvcu@verizon.net](mailto:cvcu@verizon.net)

The credit union is incorporated under the laws of the State of Texas & under state law is subject to regulatory oversight by the Texas Credit Union Department. If any dispute is not resolved to your satisfaction, you may also file a complaint against the credit union by contacting the Texas Credit Union Department at 914 East Anderson Lane, Austin, Texas 78752-1699, Telephone Number: (512)837-9236, Website: [www.cud.texas.gov](http://www.cud.texas.gov).

## **Member Access to Credit Union Documents**

**\*\*Notice of availability of certain documents:**

Pursuant to Texas administrative Code, Title 7, Part 6, Chapter 91, Subchapter C, Rule 91.315, documents relating to Concho Valley Credit Union's finances & management are available by contacting (325) 658-7557.





P.O. Box 948  
West Plains, MO 65775

800-793-0010 • Fax 866-299-3303  
membership@airmedcarenetwork.com

Dear Concho Valley Credit Union Member,

Concho Valley Credit Union has partnered with AirMedCare Network to offer you, as a Concho Valley Credit Union member, the opportunity to join AirMedCare Network's Membership Program at a special "members - only" discounted rate!

**Annual Membership Fees for Concho Valley Credit Union Members**

\$55 - Household - 1 Year Membership

As your local air ambulance, serving area residents from our surrounding bases, Med-Trans understands the critical aspect of time in treating medical emergencies. For those of us living in rural America, our recovery can depend on how much time it takes to be transported to emergency medical treatment. Med-Trans can cut that transportation time *in half*.

In the event you are flown by Med-Trans for a life or limb-threatening emergency, we will work with your benefits provider to secure payment for your flight. Whatever your benefits provider pays will be considered payment in full. Even with medical insurance, an air medical transport can leave you with unexpected out-of-pocket expenses, burdening your finances & family. As an Med-Trans member you will have no out-of-pocket expenses related to your flight if you are flown by Med-Trans or any AirMedCare Network participating provider.

Med-Trans is a member of the AirMedCare Network, the largest Air Ambulance Membership Network in the United States. An AirMedCare Network membership automatically enrolls you in all provider membership programs, (Air Evac Lifeteam, REACH Air Medical Services and Med-Trans Air Medical Transport) giving you membership coverage in over 260 locations across 32 states. All AirMedCare Network service providers work cooperatively to provide the highest levels of care for you, your family, and your community.

Join today and you can receive membership in the AirMedCare Network at the same low price as the individual membership programs, giving you membership across leading air ambulance operators for the price of 1! Completed enrollment forms may be mailed to: AirMedCare Network P.O. Box 948, West Plains, MO 65775. If you have any additional questions please do not hesitate to contact me.

Med-Trans cares about you and your loved ones. Our mission is to make it possible for people living in rural areas to get the life-saving emergency care they need, when they need it. Thanks to the support of over 2.6 million members, AirMedCare Network providers can provide financial peace of mind for you and your family...while providing this vital service to our community.

Sincerely,

*Jade Hambright*

Shannon AirMed 1

Membership Sales Manager

Cell: 325-213-5251

Email: Jade.Hambright@AirMedCareNetwork.com







### Membership Terms and Conditions

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:

1. 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 limb-threatening, 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 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 non-refundable 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.
6. 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. / EagleMed LLC / Med-Trans Corporation / REACH Air Medical Services, LLC — These terms and conditions apply to all AirMedCare Network participating provider membership programs, regardless of which participating provider transports you.



### Membership Application

COUPON CODE

12135-TX-BUS

By applying for membership, I agree to AMCN's terms and conditions.

#### STEP 1 Member Contact Information (please print)

First Name		Last Name		Date of Birth	
				/ /	
Mailing Address		City	State	Zip	
Physical Street Address (if different from above)		City	State	Zip	
Home Phone		Cell Phone		County	
E-Mail Address (In order to sign up with recurring payment options, you must provide a valid email address.)				Do you live within the city limits?	
				Yes <input type="checkbox"/> No <input type="checkbox"/>	

#### STEP 2 List Additional Members in Household

First Name	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
		/ /

#### STEP 3 Choose a Membership Option (select one)

<input type="checkbox"/> Platinum (25 Year) Membership*	Household Cost	\$1125
<input type="checkbox"/> 10-Year Membership*	Household Cost	\$550
<input type="checkbox"/> 5-Year Membership*	Household Cost	\$275
<input type="checkbox"/> 3-Year Membership*	Household Cost	\$165
<input type="checkbox"/> 1-Year Membership	Household Cost	\$55

\*Multi-year memberships are not available in Indiana or California

#### STEP 4 Choose a Payment Option (select one)

<input type="checkbox"/> Check or money order made payable to: AirMedCare Network, PO Box 948, West Plains, MO 65775 #	
Check or Money Order Number	
<input type="checkbox"/> One Time transfer from checking account or credit card.	
<input type="radio"/> VISA <input type="radio"/> MasterCard <input type="radio"/> Discover <input type="radio"/> American Express	
Bank Information (required for monthly membership option and automatic transfers from checking account)	
Credit Card Number	
Name on bank account (please attach a voided check)	
Expires 3 digit code on back of card	
Routing number Account number	
Signature	
Total Payment Amount \$	
Statement of Authorization I authorize AirMedCare Network to initiate the EFT withdrawal as indicated above. If I have elected to pay by 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). This authorization is to remain in full force and effect until written notification is given to the AirMedCare network of its termination.	
<input checked="" type="checkbox"/> (Signature Required for Credit Card/EFT Authorization)	
month day year	

FOR OFFICE USE ONLY

GET CODE	TRACK CODE	PLAN CODE
	13782	12135

Questions? Call Membership Sales Manager or visit [www.amcnrep.com](http://www.amcnrep.com)  
Jade Hambricht • 325-213-5251 • [Jade.Hambricht@AirMedCareNetwork.com](mailto:Jade.Hambricht@AirMedCareNetwork.com)