

EMERGENCY MEDICAL ASSISTANCE FORM



NANA Regional Corporation, Attn: Shareholder Records, PO Box 49, Kotzebue, AK 99752
For assistance, call (907) 442-3301 or (800) 478-3301, fax (907) 343-5758, Email: records@nana.com

NANA Regional Corporation, Inc., (NANA) provides emergency medical assistance to eligible Shareholders applying for assistance. Eligibility is defined as a member that meets the following criteria:

- Original NANA shareholder, Class A, B, C or D

| Patient Information | | | |
|---------------------|---------------------------------------------------------------------------------------------------------------------|-------------------------|------------------|
| Last Name | First Name | Middle Initial | Suffix (Sr./Jr.) |
| Phone Number | | Social Security Number: | |
| Date of Birth | Medical Reason <input type="checkbox"/> Cancer <input type="checkbox"/> Cardiac <input type="checkbox"/> Medivac | | |

| | | | |
|------------------|------|-------|-----|
| Address | City | State | Zip |
| Telephone Number | | | |

| Applicant Bank Information (complete only if you would like direct deposit) |
|-----------------------------------------------------------------------------|
| Name of Bank |
| Checking Account Number |
| Savings Account Number |

| | | |
|-----------|--------------|------|
| Signature | Printed Name | Date |
|-----------|--------------|------|

| Office use | |
|---------------------------------------------------------------------------------------------|------|
| <input type="checkbox"/> Approved in the amount of \$ _____ <input type="checkbox"/> Denied | |
| NANA Approving Officer | Date |