Mail completed forms to:
City of Pasadena
Paramedic Subscription Program
PO Box 269110
Sacramento, CA 95826-9110

Pasadena Fire Department
Paramedic Subscription Program Application
$89.00 annually per household

☐ Check Enclosed

☐ Credit Card Payment
(fill out lower portion)

Head of household			
Last Name	First Name	Sex M ☐ F ☐	
Mailing Address			
City, State, Zip Code			
Home Phone #	Date of Birth		
Social Security #	Medicare #		
Insurance Company Name			
Insurance Company Address			
Insurance Company Phone #			
Policy or I.D. #	Group #		
Insurance Carried through:	Retired?	Yes ☐	No ☐
Name of Insured Policyholder:	Self ☐	Spouse ☐	Other ☐

☐ **spouse** ☐ **other**			
Last Name	First Name	Sex M ☐ F ☐	
Mailing Address			
City, State, Zip Code			
Home Phone #	Date of Birth		
Social Security #	Medicare #		
Insurance Company Name			
Insurance Company Address			
Insurance Company Phone #			
Policy or I.D. #	Group #		
Insurance Carried through:	Retired?	Yes ☐	No ☐
Name of Insured Policyholder:	Self ☐	Spouse ☐	Other ☐

☐ **child** ☐ **dependent** ☐ **other**			
Last Name	First Name	Sex M ☐ F ☐	
Mailing Address			
City, State, Zip Code			
Home Phone #	Date of Birth		
Social Security #	Medicare #		
Insurance Company Name			
Insurance Company Address			
Insurance Company Phone #			
Policy or I.D. #	Group #		
Insurance Carried through:	Retired?	Yes ☐	No ☐
Name of Insured Policyholder:	Self ☐	Spouse ☐	Other ☐

☐ **child** ☐ **dependent** ☐ **other**			
Last Name	First Name	Sex M ☐ F ☐	
Mailing Address			
City, State, Zip Code			
Home Phone #	Date of Birth		
Social Security #	Medicare #		
Insurance Company Name			
Insurance Company Address			
Insurance Company Phone #			
Policy or I.D. #	Group #		
Insurance Carried through:	Retired?	Yes ☐	No ☐
Name of Insured Policyholder:	Self ☐	Spouse ☐	Other ☐

Credit Card Payment Card Type: Visa Name on Card: _____ CC Number: _____

Expiration: _____ CCV: _____ Billing Zip Code: _____ Charge Amount: _____ Signature: _____