

Snowcrest Condominium Owner Association, Inc.

October 25, 2012

Dear Snowcrest Homeowners:

The Snowcrest Executive Board met on October 6, 2012. The Minutes of this meeting is attached. They along with the Financial Report, will be posted on our website <http://snowcrestassoc.org>

Some highlights of that meeting:

Great News! There will be no increase in Association Dues for this year. Dues will continue at \$290 (1BR) and \$360 (2BR)

We have received a more precise estimate from the chimney sweep regarding the cost of fireplace replacement. He indicates that the costs for materials only is; 1st Floor \$5,600, 2nd Floor \$5,000 and 3rd Floor \$4,000. It is difficult to estimate labor costs as it will depend on what has been done with the fireplace, eg. if stonework has been done, then it would have to be replaced and would cost more. Again, the Board encourages you to convert to electric or cap the fireplace. You will receive a credit for firewood and inspection costs. We will continue to have the chimney sweep inspect the operational fireplaces on an annual basis.

The Board considered a request for Homeowner participation to fund EMS services. The proposal states:

“In an effort to generate funding that would permit hiring additional staff to ensure an Advanced Life Support EMS crew is available 24/7, the following two-pronged approach is proposed: First, the current “resort fee” collected by Snowshoe on rental units would be increased by \$1 per night. Based upon 78,000 room-night stays per year, this fee would generate approximately \$78,000 annually. We would also approach the other property rental companies in the resort area (First Tract, Remax, etc...) and ask them to collect \$1 per night for this purpose. Additionally, each property owner would be asked to pay a \$1 per week EMS fee (either through their homeowners association or directly to SFFR). Based upon 2000 units, it is estimated this fee would generate \$104,000. SFFR would communicate with each of the HOAs of “non-Snowshoe” properties (Slaty Ridge, Slaty Farms, Sunset Mountain Village, etc...), as well as individual property owners where no HOA exists, and ask them to contribute \$1 per week. In return for this annual fee, homeowners and their legal dependants would be considered “subscribers” to SFFR EMS. When 911 is called SFFR will respond, treat and transport to the appropriate facility. Insurance will be billed and if you are a subscriber, fees not covered by insurance are covered under this subscription. There would be no limit on the number of times EMS could be called. These fees, when combined with the fees generated through billing of EMS services, would allow SFFR to provide improved, consistent, professional services.”

Rule #24 of our Rules and Regulations does not allow for the Association to contribute to a group or organization. Thus it is up to the individual owner as to whether they wish to participate. The Board recommends participation in this program depending upon your individual circumstances. A brochure and enrollment form are attached. If you have questions, contact:

Chief Deron E. Wilkes
Shavers Fork Fire Rescue
1 Black Run Road
P.O. Box 388
Snowshoe, WV 26209
304.572.3473 / 0555 voice
304.572.2400 fax
dwilkes@shaversforkfire.com
www.shaversforkfire.com

We we continue to have internet problems in terms of slow speeds and drop outs. Marc is in the process of filing a complaint with the FCC, but we are not hopeful that this will resolve the problem. As it appears that this is a problem mountain wide, I will ask Frank DeBerry, CEO of Snowshoe to place this item on the agenda for the next President's Meeting for consideration of all affected Associations and Snowshoe filing a complaint.

The Board is recommending that the Bylaws be amended to change the requirement that proxies be received 15 days prior to any meetings. This has caused numerous problems in obtaining a quorum for the Homeowners Meeting. A 2/3 majority is needed so we will really need your help on this! Ballots will be sent out soon and can be submitted electronically.

Just a reminder that there are two different insurance ratings on the mountain. You may want to check with your agent to see that you are being given the proper rating and thus proper premium.

The next Executive Board Meeting is March 23, 2013 9 AM

Finally, if you have any suggestions or ideas for the complex, feel free to email the chairs of the following committees.

Appearance-Kandy Ramos kramos@snowshoemtn.com

Exterior-Lisa Dandelet ldandelet@comcast.net

Decorating- Lisa Dandelet ldandelet@comcast.net

Landscaping- Lisa Dandelet ldandelet@comcast.net

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The Board and I are looking forward to continuing to serve as your Homeowners Association representatives. If you have any questions or issues that you would like for your Board to address, you can contact me as follows:

Home Phone: 740-593-3849
Email address: ziggydog@frontier.com
Address: 280 Park Lane Dr.
Athens, OH 45701

Sincerely,

David Roach, President

NOTE:

All communications, with rare exceptions, with Homeowners will be done electronically. All information will thus be by email or posted on the website (<http://snowcrestassoc.org>) UNLESS you wish to have hard copies of information. To request this please contact me.

The SFFR EMS Subscription Program is a way for you to help ensure EMS is available and to protect you and your loved ones from the unexpected costs of emergency ambulance transport. The current cost of emergency ambulance transport can exceed \$1000. These costs may be covered by your healthcare insurance, but many times there can be a significant deductible or the transport can be denied payment by your insurance provider. If this occurs or you are uninsured this can leave you with a substantial bill.

The subscription program offers you protection from these costs. **It covers you and any other household members for emergency transport to the hospital for just \$52 per year.**

The program's annual membership fee covers your out-of-pocket expense for SFFR charges for emergency medical transportation, including costs for copayments and deductibles.



Here is how to join

Simply complete the enclosed application and enrollment contact form and return to the address below.

Return the form to us along with a check, money order or authorization to charge your credit card for \$52 for a one-year subscription to SFFR EMS services.

Only those household members listed on the form will be covered under the plan.

Coverage will begin the date your signed enrollment form and payment is received and will continue for 365 days.

SHAVERS FORK FIRE RESCUE

Post Office Box 388
Snowshoe, WV 26209

Phone: 304-572-3473

Fax: 304-572-2400

E-mail: [subscriptions @shaversforkfire.com](mailto:subscriptions@shaversforkfire.com)

SHAVERS FORK FIRE RESCUE

Snowshoe, WV.



EMS SUBSCRIPTION PROGRAM

This program is an annual subscription plan that assists with ensuring EMS services are available.

Tel: 304.572.3473

SHAVERS FORK FIRE RESCUE EMS SUBSCRIPTION PLAN MEMBERSHIP TERMS

The following are the terms of the subscription program:

- **The annual fee for membership is \$52** - payable by check, credit card or money order.
- The program is available to all residents, property owners, or visitors and their eligible dependents and to individuals who work in the SFFR response district.
- The program covers medically necessary ambulance transport to the medically appropriate hospital. SFFR does not provide non-emergency ambulance transportation.
- The program only covers the costs NOT covered by a health plan. SFFR will submit a claim for payment to your health plan for each transport.
- Program members agree to assist SFFR in collecting payments from a health plan, to promptly provide necessary information and signatures for the submission of claims to your health plan, and do to other things which may be reasonably necessary to assist SFFR in collecting payment.



- If a program member receives payment for the ambulance transport from a health plan, the program member will immediately forward such payment to SFFR. The failure to remit this payment to SFFR within five (5) days of receipt will result in the full cost of the ambulance transport being borne by the program member.
- Program membership will be effective for 365 days from the date full payment and a signed enrollment form is received.
- The membership fee is non-refundable and non-transferable.
- The member authorizes any payment of authorized benefits be made on their behalf to: Shavers Fork Fire Rescue. Further, the member authorizes any holder of medical information or documentation to release information or documentation needed to determine these benefits.
- The member agrees that in the event their check is dishonored or returned for any reason, they authorize SFFR to electronically or by paper draft to represent the check for the collection of the check plus any applicable fees as permitted by law.
- Eligible dependents are defined as those dependents (under the age of 26) who live at the subscribers place of residence and are related to the subscriber by blood, adoption or marriage.
- The subscriber will be responsible for any and all costs incurred for any air flight ambulance services provided. No air ambulance services are provided by SFFR and are only available through other ambulance operators. SFFR does not exercise control over these services and they are not included in the program.
- Should it be necessary to use another ambulance operator in a mutual aid situation, the costs incurred by that operator are not covered in the program, and are the responsibility of the member.
- Nothing in the program shall be construed as imposing an additional duty on behalf of SFFR to provide individual or special ambulance services to the member. The member understands and acknowledges that SFFR only owes a duty to provide ambulance services to the general public and that this agreement does not create a special duty or change or alter the general duty or the priority SFFR establishes for a response to a request for service.



Shavers Fork Fire Rescue

www.shaversforkfire.com

Deron E. Wilkes, Chief
#1 Black Run Road
PO Box 388
Snowshoe, WV 26209

Office -304.572.3473
Fax - 304.572-2400
Cell - 304.541.8158
dwilkes@shaversforkfire.com



SHIVERS FORK FIRE RESCUE EMS SUBSCRIPTION PROGRAM AGREEMENT

This agreement is between Shavers Fork Fire Rescue, Inc (hereafter referred to as SFFR) and the subscriber named below. The subscriber understands that the annual \$52 membership fee for the SFFR EMS Subscription Program covers the out-of-pocket expenses for SFFR's charges for emergency medical transport as defined by their health plan, including costs for co-insurance, co-pays, and deductibles not covered by their health plan.

Membership Terms – The following are the agreed-to terms of this subscription program:

- The annual fee for membership is **\$52** - payable by check, credit card or money order.
- The program is available to all residents, property owners, or visitors and their eligible dependents and to individuals who work in the SFFR response district.
- The program covers medically necessary ambulance transport to the medically appropriate hospital. SFFR does not provide non-emergency ambulance transportation.
- The program only covers the costs NOT covered by a health plan. SFFR will submit a claim for payment to your health plan for each transport.
- Program members agree to assist SFFR in collecting payments from a health plan, to promptly provide necessary information and signatures for the submission of claims to your health plan, and do to other things which may be reasonably necessary to assist SFFR in collecting payment.
- If a program member receives payment for the ambulance transport from a health plan, the program member will immediately forward such payment to SFFR. The failure to remit this payment to SFFR within five (5) days of receipt will result in the full cost of the ambulance transport being borne by the program member.
- Program membership will be effective for 365 days from the date of SFFR receiving full payment and a signed enrollment form.
- The membership fee is non-refundable and non-transferable.
- The member authorizes any payment of authorized benefits be made on their behalf to: **Shavers Fork Fire Rescue**. Further, the member authorizes any holder of medical information or documentation to release information or documentation needed to determine these benefits.
- The member agrees that in the event their check is dishonored or returned for any reason, they authorize SFFR to electronically or by paper draft to represent the check for the collection of the check plus any applicable fees as permitted by law.
- Eligible dependents are defined as those dependents (under the age of 26) who live at the subscribers place of residence and are related to the subscriber by blood, adoption or marriage.
- The subscriber will be responsible for any and all costs incurred for any air flight ambulance services provided. No air ambulance services are provided by SFFR and are only available through other ambulance operators. SFFR does not exercise control over these services and they are not included in the program.
- Should it be necessary to use another ambulance operator in a mutual aid situation, the costs incurred by that operator are not covered in the program, and are the responsibility of the member.
- Nothing in the program shall be construed as imposing an additional duty on behalf of SFFR to provide individual or special ambulance services to the member. The member understands and acknowledges that SFFR only owes a duty to provide ambulance services to the general public and that this agreement does not create a special duty or change or alter the general duty or the priority SFFR establishes for a response to a request for service.

By signing this form and paying my membership fee, I agree to the terms listed above and payment as outlined below:

_____, ____/____/____
Signature

Printed Name

METHOD OF PAYMENT: \$52 Annual Fee

Please circle one: **PERSONAL CHECK** **MONEY ORDER** **CREDIT CARD**
(Payable to Shavers Fork Fire Rescue) (Payable to Shavers Fork Fire Rescue) (Complete info below)

Credit Card Information

Circle One: VISA

MASTERCARD

Account Number _____ Expiration date ____/____

PLEASE RETURN THIS AGREEMENT AND SUBSCRIBER INFORMATION FORM TO:

Shavers Fork Fire Rescue PO Box 388 Snowshoe, WV 26209

SHAVERS FORK FIRE RESCUE EMS SUBSCRIPTION INFORMATION

Member Information

Name:

Date of birth:

SSN (*optional*):

Phone:

Current address:

City:

State:

Zip Code:

Email:

Insurance information (Group Number and/or policy number)

Dependent members as defined in the terms (attach separate pages if necessary)

Name:

Date of birth:

SSN (*optional*):

Relationship:

Insurance information (Group Number and/or policy number) – *if different from subscriber*

Name:

Date of birth:

SSN (*optional*):

Relationship:

Insurance information (Group Number and/or policy number) – *if different from subscriber*

Name:

Date of birth:

SSN (*optional*):

Relationship:

Insurance information (Group Number and/or policy number) – *if different from subscriber*

Name:

Date of birth:

SSN (*optional*):

Relationship:

Insurance information (Group Number and/or policy number) – *if different from subscriber*

Signatures

I authorize the verification of the information provided on this form.

Signature of applicant:

Date: