



2009 MEMBERSHIP ENROLLMENT APPLICATION

Certain restrictions apply. Diamond Plans available for members 75 or older. In addition to you, the Family Membership includes your spouse/partner and up to five unmarried dependent children up to the age of 19 (or up to age 23 if a full-time student). To enroll, please complete all information below.

SECTION 1 - Member Information

Mr. Mrs. Ms. Dr. Rev.

Full Name: _____

Passport/ Driver's License #: _____ Exp: _____

Mailing Address: _____

City: _____ ST _____ Zip: _____

Day Phone: _____

Evening Phone: _____

Email: _____

Date of Birth: ____/____/____
 Month Day Year

Referred by: **LAW120- GIC INSURANCE**

SECTION 2 - Spouse Information

Spouse Name: _____ DOB: _____

Passport/ Driver's License #: _____ Exp: _____

Child: _____ DOB: _____

Child: _____ DOB: _____

Child: _____ DOB: _____

Child: _____ DOB: _____

Child: _____ DOB: _____

SECTION 3 - Select Membership

Please select a membership plan below.
Rates below are for those under age 75.
Diamond applications available for those 75 to 85.

New Renewal

| | <u>Individual</u> | <u>Family</u> | <u>Extended Stay</u> (Expatriate) | | |
|-------------|---------------------------------|----------------------------------|-----------------------------------|--------------------------------|--------------------------------|
| One Year | <input type="checkbox"/> \$250 | <input type="checkbox"/> \$385 | Level 1: (91-180 Days) | <input type="checkbox"/> \$420 | <input type="checkbox"/> \$535 |
| Two Year | <input type="checkbox"/> \$475 | <input type="checkbox"/> \$725 | Level 2: (180-270 Days) | <input type="checkbox"/> \$520 | <input type="checkbox"/> \$720 |
| Three Years | <input type="checkbox"/> \$675 | <input type="checkbox"/> \$1025 | Level 3: (271 Days-1year) | <input type="checkbox"/> \$655 | <input type="checkbox"/> \$975 |
| Five Years | <input type="checkbox"/> \$1050 | <input type="checkbox"/> \$1,595 | | | |

Short Term*

| | <u>Individual</u> | <u>Family</u> | |
|---------|--------------------------------|--------------------------------|--------------------------|
| 7 Days | <input type="checkbox"/> \$95 | <input type="checkbox"/> \$170 | |
| 14 Days | <input type="checkbox"/> \$115 | <input type="checkbox"/> \$215 | |
| 21 Days | <input type="checkbox"/> \$150 | <input type="checkbox"/> \$270 | *Departure Date: _____ |
| 30 Days | <input type="checkbox"/> \$180 | <input type="checkbox"/> \$335 | *Return (exp)Date: _____ |

SECTION 4 - Payment

By Check
Make payable to MedjetAssist.
P.O. Box 43099, Birmingham, AL 35243-0099

By Credit Card

Discover Master Card
 Amer. Exp. Visa

Number: _____

Expiration Date: _____

Name on Card: _____

Signature: _____

Total: _____

Membership must be activated **prior** to initial departure from primary residence. 90 day maximum per foreign trip. For extended-stay or expatriate membership information see above or call MedjetAssist at (800) 963-3538. Must be under age 75 during membership period on 2, 3 or 5- year memberships. Diamond applications available for those 75 to 85 years of age.

PLEASE FAX COMPLETED APPLICATION TO (800) 863-3538, OR MAIL TO: MedjetAssist, P.O. Box 43099, Birmingham, AL 35243-0099
Member benefits are available worldwide when traveling more than 150 miles from your primary residence, but may be limited in countries where U.S. Department of State travel restrictions apply. This membership is non-refundable and non-transferable.

THIS IS NOT AN INSURANCE POLICY