



Extended Membership Questionnaire for ages 75 to 85

Instructions

- A) Complete the General and Payment Information
- B) Obtain the Physician Medical Verification from your doctor
- C) Mail to the address below, email to operations@globalrescue.com
or fax the completed forms to 617.507.1050

GLOBAL RESCUE PLAN OPTIONS

Extended Membership Pricing Rules

Extended Global Rescue Membership pricing is for travelers over the age of 75 and under the age of 85. In addition to the fees below, travelers in this age range must also fill in a short questionnaire that can be obtained by calling us at (800) 381-9754.

Membership Plans

Annual Memberships

Individual Membership Type	Medical Only	w/Security
Standard (up to 45 consecutive days abroad)	\$658	\$984
1/4 Year Abroad (up to 90 consecutive days abroad)	\$1,287	\$1,713
1 / 2 Year Abroad (up to 180 consecutive days abroad)	\$2,056	\$2,567

Short Term Memberships

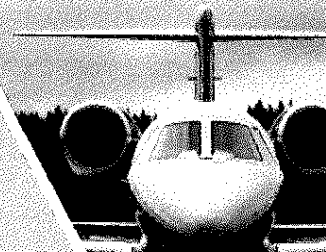
Individual Membership Type	Medical Only	w/Security
7 Day Membership	\$238	\$344
14 Day Membership	\$318	\$474
30 Day Membership	\$458	\$684

Additional Information

Global Rescue memberships become effective after payment is received on the date indicated during signup.

For more information regarding the benefits of Global Rescue membership, visit our website at www.globalrescue.com or call us at (800) 381-9754.

**Travelers over the age of 75 and under the age of 85 interested in Global Rescue membership should call us at (800) 381-9754.*





Form A

General Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Contact Number(s): _____

Date of Birth: _____

Email Address: _____

Emergency Contact: _____

Relationship: _____ Contact Number: _____

Payment Information

Please see the first page of this document for extended membership pricing and plan options.

Price of plan selected: \$ _____ Plan Start Date: ____ / ____ / ____

Credit Card Type: _____ Exp Date: _____ CCV #: _____

Credit Card Number: _____

Billing Address: _____
(if different than above)

Signature: _____

IMPORTANT NOTE: If the Member is hospitalized due to circumstances that were diagnosed or treated within the nine months prior to the term of this Agreement, or for which symptoms existed which would cause an ordinarily prudent person to seek such diagnosis or treatment, transport benefits may be excluded.



Form B

Health Questions

Important Note: For your Global Rescue membership to be approved, you must complete the following health questions truthfully and to the best of your knowledge.

A) During the last ten (10) years, have you been in a hospital, sanitarium, or other institution for observation, rest, diagnosis, surgery, or treatment? Yes No

If Yes, please describe:
(include dates/locations)

B) During the last five (5) years, have you been diagnosed with: infectious disease, heart problem, chest pain, high blood pressure, cancer, tumors, diabetes, lung problems, kidney problems, liver problems? Yes No

If Yes, please describe:
(include dates/locations)

C) Do you currently have any disorder, condition, disease or defect or are you currently taking medication prescribed or provided by a medical or other practitioner for any disorder, condition, disease or defect other than a cold or allergies? Yes No

If Yes, please describe:
(include dates/locations)



Form C (cont'd)

C) Is the patient in good health and medically capable of unrestricted travel via aircraft? Yes No

Details:

(include dates/locations)

Physician Signature _____

Date: _____

Physician Name _____

Physician Address _____

Physician Phone _____