GLOBAL rescue®

FIELD RESCUE | EMERGENCY EVACUATION | CRISIS RESPONSE

EXTENDED PLAN APPLICATION

Since 2004, Global Rescue has been the world's leading provider of medical, security, evacuation and travel risk management services to enterprises, governments and individuals.

All Extended Plan memberships are available to travelers between the ages of 75-84. For individuals older than 84, medical transport services are available on a fee-for-service basis. Please complete this application if you are or will be between the ages of 75-84 when traveling. If more space is needed, please attach additional pages to the form when submitting, i.e. conditions list, medication list, etc.

After payment is received, your membership becomes effective on the date indicated during sign up. You will receive an email when your account has been activated. Applications cannot be submitted more than 90 days prior to the membership start date.

For more information regarding Global Rescue membership services, visit *www.globalrescue.com*, or call +1 (617) 459-4200.

INSTRUCTIONS

IMPORTANT NOTE

Travel services may be excluded or denied if:

- *A member omits relevant medical information*
- *A member Is hospitalized due to circumstances diagnosed or treated within one year prior to this application*
- *Symptoms existed that would cause a prudent person to seek diagnosis and treatment.*

Acceptance of this form does not constitute a guarantee of services.

1. Indicate your desired membership and requested start date in the Extended Travel Services Membership Plans and Pricing section. Please choose only one.
2. Complete the Personal Information section in full and indicate you agree to the Member Services Agreement and Terms of Service.
3. Answer all six questions in the Medical History and Information section completely and in detail to the best of your ability.
   a. Include dates of diagnosis and treatment. This includes any selections made from question 2.
   b. If a question does not apply to you write "N/A" on the line.
   c. Please attach additional pages to this application if the lines provided do not give enough space for all information.
   d. Medications list must include the reason for taking.
4. Complete the General Information section completely.
5. Sign the last page of the application.
6. Submit your application by
   a. **Email:** memberservices@globalrescue.com
   b. **Fax:** 617-507-1050
   c. **Mail to:**
      Plaza Professional Center
      6 Road 696, Suite 3
      Dorado, PR 00646

1. EXTENDED TRAVEL SERVICES MEMBERSHIP PLANS AND PRICING

(Please choose only one)

INDIVIDUAL ANNUAL MEMBERSHIPS	Medical Only	Medical & Security
Standard (up to 45 consecutive days abroad)	○ $774	○ $1,537
1/4 Year (up to 90 consecutive days abroad)	○ $989	○ $1,973
1/2 Year (up to 180 consecutive days abroad)	○ $1,359	○ $2,716

SHORT TERM MEMBERSHIPS	Medical Only	Medical & Security
7 Day Membership	○ $287	○ $558
14 Day Membership	○ $374	○ $748
30 Day Membership	○ $543	○ $1,076

TOTALCARE℠ MEMBERSHIPS	Max Travel Days	Urgent Care Consults	Telehealth & Medical	Telehealth, Medical & Security
Silver Membership (domestic only)	n/a	1	○ $667	n/a
Gold Membership	45	1	○ $1,220	n/a
Platinum Membership	90	4	n/a	○ $2,530
Unlimited Membership	Unlimited	Unlimited	n/a	○ $5,275

REQUESTED START DATE:

2. PERSONAL INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Country: _____

Phone Number(s): _____

Email*: _____

Date of Birth: _____ Gender: _____

*(*Use this email to log onto www.globalrescue.com/login to provide further information and research Destination Reports prior to travel.)*

☐ YES. I have read and agree to the Member Services Agreement on the Global Rescue website. Date: _____

*The Membership Services Agreement can be found at **www.globalrescue.com/msa**.*

You will receive an email when your account has been activated. Global Rescue encourages you to log into your account and fill in critical information, such as emergency contacts, health history, etc.

How did you hear about us? _____

3. MEDICAL HISTORY AND INFORMATION

1. Do you have any allergies, including any medications? If so, please list them here: _____

_____

2. Have you ever been diagnosed and/or treated for any of the following: ☐ None of the below

- ☐ High blood pressure
- ☐ Asthma
- ☐ Emphysema/COPD
- ☐ Sleep apnea
  - ☐ I travel with my breathing machine
- ☐ Stroke
- ☐ Mental health conditions
- ☐ Diabetes
- ☐ High cholesterol
- ☐ Angina or chest discomfort
- ☐ Heart problems
- ☐ Arrhythmia
  - ☐ A-fib
- ☐ Thyroid problems
- ☐ Rheumatoid disorder
- ☐ Stomach problems or ulcers
- ☐ Liver problems including hepatitis
- ☐ Anemia or low blood count
- ☐ Kidney problems
  - ☐ Kidney stones
  - ☐ Other
- ☐ Altitude Sickness
- ☐ Dementia
- ☐ Cancer
  - Type: _____
  - _____
  - Diagnoses Date: _____
  - Status: _____

3. Please explain any above medical conditions to include **diagnosis and treatment dates**: _____

_____

4. Please list any medical conditions not listed above, and include **diagnosis and treatment dates**: _____

_____

5. Please list any hospitalizations, surgeries or procedures you have undergone in the last 5 years **with dates**: _____

_____

6. Please list any medications you currently take and indicate what you take them for: _____

_____

4. GENERAL INFORMATION

Trip dates and location: _____

Expected activity during travel: _____

Primary Care Provider: _____

Address: _____

Phone Number: _____

Do you have a disability? ☐ Yes ☐ No

If yes, please explain: _____

_____

We may need to contact your primary care provider before approving your application. Do you consent to Global Rescue and physicians at Elite Medical Group contacting the above-named provider for this purpose? If so, please sign the statement below:

I authorize Global Rescue, LLC, to contact my provider, _____ , and I further authorize my provider and her/his staff to share my medical history and current health information with Global Rescue, LLC.

5. As of today's date I am confirming that all of this is up to date information.

Signature: _____ Date: _____

6. Please download, complete, and save this form.

Please mail application to: Plaza Professional Center, 6 Road 696, Suite 3 Dorado, PR 00646 or email the completed form to memberservices@globalrescue.com