

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.

Extended Memberships are for travelers 75 to 85 years of age. For individuals over age 85, medical transport benefits are available on a fee-for-service basis. Please complete this application if you are or will be 75 years of age or older when traveling. If insufficient space, attach additional pages to the form when submitting, i.e. problem list, medication list, etc.

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)	<input type="radio"/> \$658	<input type="radio"/> \$1,316	
1/4 Year (up to 90 consecutive days abroad)	<input type="radio"/> \$858	<input type="radio"/> \$1,716	
1/2 Year (up to 180 consecutive days abroad)	<input type="radio"/> \$1,028	<input type="radio"/> \$2,056	
SHORT TERM MEMBERSHIPS	Medical Only	Medical & Security	
7 Day Membership	<input type="radio"/> \$238	<input type="radio"/> \$476	
14 Day Membership	<input type="radio"/> \$318	<input type="radio"/> \$636	
30 Day Membership	<input type="radio"/> \$458	<input type="radio"/> \$916	
TOTALCARE SM MEMBERSHIPS	Max Travel Days	Urgent Care Consults	Price*
Platinum Membership	90	4	<input type="radio"/> \$2,390
Gold Membership	45	1	<input type="radio"/> \$1,260

*Shipping & Processing charges apply

GENERAL INFORMATION

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Country: _____
Phone Number(s): _____
Email*: _____
Date of Birth: _____ Gender: _____
Emergency Contact: _____
Emergency Contact Number: _____
Relationship: _____
How Did You Hear About Us? _____

*Use this information to log onto **your global rescue account** to provide further information and research Destination Reports prior to travel.

PAYMENT INFORMATION

Membership Price: _____
Membership Start Date: _____
Credit Card Number: _____
Exp Date: _____ CVV†: _____
Billing Address: Same as Personal Information

State: _____ Zip: _____ Country: _____
Signature: _____

YES I have read and agree to the Member Services Agreement on the Global Rescue website. The Member Services Agreement can be found at ss.globalrescue.com/resources/assets/pdfs/GCC_MSA.pdf. You will receive an email when your account has been activated.

†the three or four digit security code on the front or back of the card

(NOTE: Membership packets will be sent to the billing address listed above unless otherwise noted.)

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
- | | | | |
|---|---|--|--|
| <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Rheumatoid disorder | <input type="checkbox"/> Altitude sickness |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> High cholesterol | <input type="checkbox"/> Stomach problems or ulcers | <input type="checkbox"/> Dementia |
| <input type="checkbox"/> Emphysema/ COPD | <input type="checkbox"/> Angina or chest discomfort | <input type="checkbox"/> Liver problems including hepatitis | <input type="checkbox"/> Cancer |
| <input type="checkbox"/> Sleep apnea
<input type="checkbox"/> I travel with my breathing machine | <input type="checkbox"/> Heart problems | <input type="checkbox"/> Anemia or low blood count | Type _____ |
| <input type="checkbox"/> Stroke | <input type="checkbox"/> Arrhythmia
<input type="checkbox"/> A-fib | <input type="checkbox"/> Kidney problems
<input type="checkbox"/> Kidney stones
<input type="checkbox"/> Other | Diagnosis Date _____ |
| <input type="checkbox"/> Mental health conditions | <input type="checkbox"/> Thyroid problems | | Status _____ |
3. Please explain any above medical conditions to include **diagnosis and treatment dates**: _____
-
4. Please list any medical conditions not listed above, please 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: _____
-

PERSONAL INFORMATION

Trip dates and location: _____ Do you have a disability? Yes No

Expected activity during travel: _____ If yes, please explain: _____

Primary Care Provider: _____

Address: _____

Phone Number: _____

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.

Signature: _____ Date: _____

Your membership becomes effective on the date indicated during sign-up, after payment is received. 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 (617) 459-4200. You will receive an email when your account has been activated.

Important Note: If the Member omits relevant medical information, is hospitalized due to circumstances diagnosed or treated within one year prior to this application, or for which symptoms existed which would cause a prudent person to seek such diagnosis or treatment, travel benefits may be excluded or denied.

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

Please download, complete, and save this form.

To submit, please email as an attachment to memberservices@globalrescue.com