



Diamond Membership Application

(Ages 75 up to 85)

- STEP1.** Complete the information on pages 1, 1-A, and 1-B.
- STEP2.** Mail or take the Physician's Medical Statement (pages 2A and 2B) to your Physician(s) and have him or her complete it, front and back and return it to you.
A recent physical (within the last 8 months) must have been completed.
- STEP3.** Attach photocopy of current passport or driver's license for each member.
- STEP4.** Mail all completed pages 1, 1-A & B and 2-A & B in the enclosed pre-addressed envelope.
- Note: We must have all pages requested in order to process your enrollment.
Please allow 5 – 7 business days to process the application.**

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. Membership must be activated prior to initial departure from primary residence.

THIS IS NOT AN INSURANCE POLICY. THIS IS A MEMBERSHIP PROGRAM.

MedjetAssist® Diamond Membership

1

Enrollment Application

Primary Member Information

Spouse Information

Mr. Mrs. Ms. Dr. Rev.

Name _____

Address _____

City _____ State _____ Zip _____

Daytime Phone (_____) _____

Evening Phone (_____) _____

Date of Birth _____ / _____ / _____

Passport # _____

Expiration Date _____ / _____ / _____

Or Drivers License # _____

E-mail Address _____

Spouse _____
(For Diamond Family Membership.)

Date of Birth: _____ / _____ / _____

Passport # _____

Exp. Date _____ / _____ / _____

Or Drivers License # _____

Referred by/Agency ID _____

Agent Name _____

Payment Information

Diamond Membership Annual Fee: \$430.00

Add Spouse (must be under age 75): \$215.00

Diamond Membership for both Spouses/Partners*: \$835.00

*Pages 1A, 1B, 2A, and 2B must accompany

Add MedjetAssist Plus to My Membership: \$119.00

Total Amount: _____

I have read the Diamond Plan Rules & Regulations and agree to pay the total amount indicated above.

For international trips over 90 consecutive days please call for pricing information.

I have enclosed a check payable to MedjetAssist

Charge to my credit card: MasterCard Visa American Express Discover

Credit Card No: _____ Exp. Date _____ / _____

Signature: _____

Print Full Name As Shown On Credit Card: _____

**MedjetAssist® Diamond Membership
General Health Questionnaire**

1A

For your Diamond membership to be completed the following health questions must be answered fully and truthfully to the best of your knowledge and belief, and all of the health information (including routine physical exams) must be provided. MedjetAssist must approve this application. No one may change this requirement in any way. **If any of the information is misstated or omitted, membership benefits may not be provided. MedjetAssist reserves the right to terminate and/or deny benefits at any time, in its sole discretion, in the event an applicant or member provides false or misleading information about his or her age, health or past medical history.**

Have you ever been treated for, had symptoms of, or been advised or counseled that you have had or may have the following:	√ YES	√ NO
1. Chest pain, high blood pressure, heart attack, heart murmur, stroke, or other disorder of the heart or circulatory system?		
2. Convulsions, epilepsy, paralysis, mental or nervous system disorders?		
3. Asthma, allergies, emphysema, bronchitis, tuberculosis or any other chronic respiratory disease?		
4. Jaundice, intestinal bleeding, ulcer, chronic colitis, diverticulitis, or other liver or gastro-intestinal disorder?		
5. Complicated hysterectomy, disorder of the breast, or other female organ?		
6. Disease of the kidney, bladder, prostate, or sugar, or protein in the urine?		
7. Loss of vision, amputation, deformity, arthritis, or any disorder of muscles, bones or joints?		
8. Cancer, tumor, diabetes, or glandular disorder?		

Over the past 12 months, have you:

1. Had a medical examination, treatment or consultation with a doctor, or been confined to a hospital for any condition listed above?		
2. Been placed on a prescribed medication or on a special diet for any condition listed above?		
3. Had a change to a prescribed special diet or medication for any condition listed above?		
4. Been advised to have any diagnostic test, hospitalization, or surgery for any condition listed above?		

All "Yes" answers must be explained on page 1B

MedjetAssist® Diamond Membership
Physician's Confidential Medical Statement

2A

(A separate statement should be completed for each specialist named on the previous health questionnaire.)

Patient's Name: _____

Address: _____

I have applied for enrollment in the MedjetAssist Diamond Plan program for persons between 75 and 85 years of age. This membership provides hospital to hospital air medical transportation should I require admission to a hospital while traveling. The following information must be received by MedjetAssist prior to the acceptance of my membership. **Please return the completed medical statement to me.**

You have my consent to release the information requested on this form to MedjetAssist, LLC.

Patient's Signature

Date

Please supply the following information about your patient.

Patient last seen on _____ (must be within the last 8 months)

1. Is the patient under treatment for any condition, which would restrict physical activity or travel? Yes____ No____

If yes, please describe the condition.

2. Has the patient's medication, diet or treatment plan been modified within the past 12 months? Yes____ No____

If yes, please provide how the treatment plan has been changed.

