

Diamond Membership Application **For AARP Members** **(Ages 75 up to 85)**

- STEP1.** Complete the information on pages 1, 1A, and 1B.
- 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.
- STEP3.** Attach photocopy of current passport or driver's license for each member.
- STEP4.** Mail all completed pages 1, 1A & 1B and 2A & 2B 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.

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

MedjetAssist® AARP Diamond Membership

1

Enrollment Application

Primary Member Information

Mr. Mrs. Ms. Dr. Rev.

Name _____

Address _____

City _____ State _____ Zip _____

Daytime Phone* (_____) _____

Evening Phone* (_____) _____

Date of Birth _____ / _____ / _____

Passport # _____

Expiration Date _____ / _____ / _____

Email Address* _____

AARP Member ID # (required) _____

Referred by/Agency ID #DC8038

*A MedjetAssist Representative may contact you.

**Spouse/Partner ages 75 up to 85 must also submit pages 1A, 1B, 2A, and 2B.

Spouse Information

Spouse/Partner** _____

Date of Birth _____ / _____ / _____

Passport # _____

Exp. Date _____ / _____ / _____

Or Drivers License # _____

Grandchildren Information

Name _____ D/O/B _____ / _____ / _____

Name _____ D/O/B _____ / _____ / _____

Name _____ D/O/B _____ / _____ / _____

Agent Name: Trip Insurance Store

Payment Information

Diamond Membership Annual Fee:

\$336.00

Diamond Membership with Spouse/Partner under age 75:

\$497.00

Diamond Membership for both Spouses/Partners:

\$646.00

Plus Add _____ Grandchildren @ \$64.00 each

(Up to Age 19)

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

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.**

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 6 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?		

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 up to 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 _____

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 six months? Yes ___ No ___

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

