



Diamond Membership Application (Ages 75 - 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.
- STEP3.** Attach photocopy of current passport or driver's license.
- 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.

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

MedjetAssist Diamond Membership

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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 ____ / ____ / ____

Or Drivers License # _____

Referred by/Agency ID # 6034 Agent Name InsuranceQuest/Corey K Pulver

Spouse Information

Spouse _____

(For Diamond Family Plan.)

Date of Birth: ____ / ____ / ____

Passport # _____

Exp. Date ____ / ____ / ____

Or Drivers License # _____

Payment Information

Diamond Membership Annual Fee: \$365.00

Add Spouse (must be under age 75): \$185.00

Add MedjetAssist *Plus* to My Membership: \$99.00

Total Amount: _____

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?		

