

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 TotalCareSM Silver memberships are available to travelers 85-99 years old and include global medical advisory and telehealth services, and domestic-only rescue and evacuation services. For individuals 100 and older, 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 85-99 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

1. Indicate your desired TotalCare Silver membership start date.
2. Complete the Personal Information section in full.
3. Complete the General Information section completely and indicate you agree to the Member Services Agreement and Terms of Service.
4. 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.
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:**
85 Mechanic Street, Suite A1-1
Lebanon, NH 03766

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.

EXTENDED TOTALCARESM SILVER MEMBERSHIP (DOMESTIC-ONLY)



PRICE: \$619

When would you like your membership to start?: _____

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.)*

3. **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.

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? _____

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

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: _____

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 Global Rescue, 85 Mechanic Street A1-1, Lebanon, NH 03766 or email the completed form to memberservices@globalrescue.com