

Since 2004, Global Rescue is 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 one

Individual Annual Memberships	Medical Only	Medical & Security	
Standard (up to 45 consecutive days abroad)	\$658	\$1,316	
1/4 Year (up to 90 consecutive days abroad)	\$858	\$1,716	
1/2 Year (up to 180 consecutive days abroad)	\$1,028	\$2,056	
Short Term Memberships	Medical Only	Medical & Security	
7 Day Membership	\$238	\$476	
14 Day Membership	\$318	\$636	
30 Day Membership	\$458	\$916	
TotalCare SM Memberships	Max Travel Days	Urgent Care Consults	Price
Platinum Membership	90	4	\$2,390
Gold Membership	45	1	\$1,260

Please Fill Out Below:

General Information

Name: _____

Address: _____

City: _____ State: _____

Zip: _____ Country: _____

Phone: _____ - _____ - _____

Email: _____

Date of Birth: _____ / _____ / _____
Month Day Year

Gender: Male Female

Emergency Contact: _____

Emergency Contact Phone: _____ - _____ - _____

Relationship: _____

How Did You Hear About Us? _____

Payment Information

Membership Price: _____

Membership Start Date: _____ / _____ / _____
Month Day Year

Credit Card Type: _____

Credit Card Number: _____

CVV: _____ Exp. Date: _____ / _____
Month Year

Billing Address: _____

City: _____ 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 www.globalrescue.com/membership/membership.xhtml You will receive an email when your account has been activated.

Medical History and Information:

Do you have any allergies, including any medications? If so, please list them here:

Have you ever been diagnosed and/or treated for any of the following:

Poor circulation	High blood pressure	Chronic disease	Thyroid problems
Stroke	Heart murmur	Mental health conditions	Diabetes
High cholesterol	Cancer	Stomach problems or ulcers	Infectious disease
Rheumatoid disorder	Breathing problems like asthma, emphysema or sleep apnea	Liver problems including hepatitis	Heart attack
Kidney problems	Anemia or low blood count		Altitude sickness
Angina or chest discomfort			Dementia

Please explain any above selections:

Please list any medical conditions not listed above:

Please list any hospitalizations, surgeries or procedures you have undergone in the last 5 years with dates.

Please list any medications you currently take:

Personal Information:

Trip dates and location:

Primary Care Provider:

Address:

Expected activity during travel:

Phone: - -

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.

Signature:

Date: / /
 Month Day Year

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