



Membership Enrollment Application

Certain restrictions apply. Enrollment available to those under age 75. In addition to you, the Family Membership covers your spouse and up to five unmarried dependent children up to the age of 19 (or up to age 23 if a full-time student.) To enroll please complete all information below or enroll online www.medjet.com/wilkinsurance

Mr. Mrs. Ms. Dr. Rev. Date: _____

Spouse: _____ DOB: _____

Full Name _____

Passport # _____ Exp: _____

Address _____

Child 1: _____ DOB: _____

Address _____

Child 1: _____ DOB: _____

City _____ State _____ Zip _____

Child 2: _____ DOB: _____

Passport # _____ Exp _____

Child 3: _____ DOB: _____

Or Driver's License # _____

Date of Birth ____/____/____ Email: _____

Phone (Day) (____) _____ Phone (Evening) (____) _____

Effective Date (if different from current date) _____

<input type="checkbox"/> New Individual	<input type="checkbox"/> Renewal Family	PLUS Membership	Extended Stay (Expatriate)
One year <input type="checkbox"/> \$225	<input type="checkbox"/> \$ 350	<input type="checkbox"/> \$ 99 (91-180 days)	<input type="checkbox"/> \$380 <input type="checkbox"/> \$485
Three years <input type="checkbox"/> \$615	<input type="checkbox"/> \$ 930	<input type="checkbox"/> \$ 297 (181-270 days)	<input type="checkbox"/> \$475 <input type="checkbox"/> \$655
Five years <input type="checkbox"/> \$950	<input type="checkbox"/> \$1450	<input type="checkbox"/> \$ 495 (271 days-1 year)	<input type="checkbox"/> \$595 <input type="checkbox"/> \$885
Other _____ <input type="checkbox"/> \$ _____			
Short Term			
7-Day <input type="checkbox"/> \$85	<input type="checkbox"/> \$155		
14-Day <input type="checkbox"/> \$105	<input type="checkbox"/> \$195		
21-Day <input type="checkbox"/> \$135	<input type="checkbox"/> \$245		
30-Day <input type="checkbox"/> \$165	<input type="checkbox"/> \$305		

Short Term Memberships begin at 12:01 am the morning of departure and expire at 11:59 pm of the return date.
Short Term program does not cover transports from member's home to specialty hospital nor individuals over age 75.

Departure (Effective) Date: ____/____/____ Return (Expiration) Date: ____/____/____

Payment information Total Amount \$ _____

Check or Money Order Enclosed (Please make checks payable to MedjetAssist)

Visa MasterCard American Express Discover

Account Number _____ Expiration Date _____

(Name exactly as it appears on the credit card (please print) _____ Signature _____

Referred By: Wilk Insurance Group Sales Code: GA7071

Please Fax Completed Application to 800.863.3538
MedjetAssist, P.O. Box 43099, Birmingham, Alabama 35243-3099

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. Diamond Plan available for those age 75-85. THIS IS NOT AN INSURANCE POLICY.

MedjetAssist • P.O. Box 43099 • Birmingham, AL 35243-3099 • (800) 963.3538 • www.medjetassist.com

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AARP Membership ID

Mr. Mrs. Ms. Dr. Rev. Date:

Spouse: DOB:

Full Name

Passport # Exp:

Address

Child 1: DOB:

Address

Child 1: DOB:

City State Zip

Child 2: DOB:

Passport # Exp

Child 3: DOB:

Or Driver's License #

Date of Birth Email:

Phone (Day) Phone (Evening)

Effective Date (if different from current date)

Table with columns for New/Renewal (Individual/Family) and Extended Stay (Expatriate) (Individual/Family) with pricing for various durations.

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