



Diamond Membership Application

(Ages 75 up to 85)

Zenith Insurance Company

- 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 for each member.
- 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 Zenith Insurance Company

Spouse Information

Spouse _____
(For Diamond Family Membership.)

Date of Birth: _____ / _____ / _____

Passport # _____

Exp. Date _____ / _____ / _____

Or Drivers License # _____

Promo Code LBL

Payment Information

Diamond Membership Annual Fee: \$385.00

Add Spouse (must be under age 75): \$190.00

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?		

MedjetAssist® Diamond Membership
Physician's Confidential Medical Statement

2B

3. Has the patient been admitted to the hospital in the past twelve months or had any outpatient procedure(s) over the past twelve months? Yes____ No____

If yes, please provide the reason for the hospital admission, length of stay, follow-up course of treatment if needed, and type of procedure(s) performed.

4. Is the patient under treatment for any condition requiring periodic hospital admission or specialized medical care? Yes____ No____

If yes, please describe the condition and indicate approximate frequency of hospital admissions.

5. In your opinion is the patient in generally good health and physically and mentally able to engage in unrestricted domestic or foreign travel, including travel in pressurized aircraft? Yes____ No____

Comments:

Physician's Signature Date

Print or Type Physician's Full Name and Address Telephone Number

For MedjetAssist Office Use Only

Received____ Approved____ Approved w/Exclusions____ Disapproved____