

# GLOBAL MEDEVAC CLIENT ENROLLMENT APPLICATION

(Enroll on-line: [www.GlobalMedevac.com](http://www.GlobalMedevac.com))

\*NAME: (First M. Last) \_\_\_\_\_

\*SPOUSE: (First M. Last) \_\_\_\_\_

Birthdate Member:     /     /     Birthdate Spouse:     /     /     Age Member:     Age Spouse:

Home/Benefits Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

*\*Preexisting conditions are covered after 90-days*

## GLOBAL MEDEVAC ENROLLMENT OPTIONS - SEMINAR PRICING ONLY

### \*\*Monthly Plan

\_\_\_ \$30.00/mo  
Individual Enrollment  
\_\_\_ \$38.00/mo  
Family Enrollment

### \*\*Annual Plan

\_\_\_ \$350/yr  
Individual Enrollment  
\_\_\_ \$450/yr  
Family Enrollment

### \*\*5-Year Plan

\_\_\_ \$1575  
Individual Enrollment  
\_\_\_ \$ 2025  
Family Enrollment

### \*\*Lifetime Plan

\_\_\_ \$2850  
Individual Enrollment  
\_\_\_ \$ 3850  
Family Enrollment

### (OPTIONAL) Alternative Burial Benefit

#### Monthly Plan

\_\_\_ \$8.50/mo per person

#### Annual Plan

\_\_\_ \$100.00/yr per person

#### 5-Year Plan

\_\_\_ \$500.00 per person

#### Lifetime Plan

\_\_\_ \$600/ Individual  
\_\_\_ \$1000/ Family

DESIGNATED BURIAL LOCATION (City) \_\_\_\_\_ (State) \_\_\_\_\_

## INITIAL PAYMENT CALCULATION

\*\*Onetime Enrollment Fee: \$60.00

Global Medevac Initial Payment: + \$ \_\_\_\_\_

Burial Benefit Initial Payment: + \$ \_\_\_\_\_

**TOTAL PAYMENT: = \$ \_\_\_\_\_**

## PAYMENT INFORMATION

### CHECK/MONEY ORDER PAYMENT

Annual Payment with  
Check/Money Order

Check/Money Order Number: \_\_\_\_\_

▶ Membership Signature \_\_\_\_\_

▶ Agent Name:(Printed) Geraldo L. Guerra Agent ID G | M | A | 1 | 0 | 2 | 7

▶ Agent Signature \_\_\_\_\_ Date \_\_\_\_\_

### Credit/Debit Card Payment

VISA/MasterCard

American Express

Discover

Debit Card

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Card Number: \_\_\_\_\_ Exp Date: \_\_\_\_/\_\_\_\_ SVC Code: \_\_\_\_\_

Payment on the: \_\_\_ 1st \_\_\_ 15th \_\_\_ 25th of the month  Authorized Automatic Renewal

This authorization remains in full force and will renew automatically until the COMPANY has received written notice from me of its termination, in such time and manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

▶ Membership Signature \_\_\_\_\_

### EFT/ACH Payment

I hereby authorize Global Medevac, LLC herein after called the COMPANY, to initiate a debit to my (select one) \_\_\_\_\_CHECKING or \_\_\_\_\_SAVINGS account indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to debit or credit the same to such account. If this item is returned unpaid, I authorize an additional returned check fee in the conformity with the policies of my Financial Institution.

Bank Name: \_\_\_\_\_

Acct #: \_\_\_\_\_ Routing #: \_\_\_\_\_

Amount to be debited: \$ \_\_\_\_\_ Deduct on the: \_\_\_ 1st \_\_\_ 15th \_\_\_ 25th of the month

▶ Membership Signature \_\_\_\_\_

### REFERRAL INFORMATION (help someone else gain the ultimate peace of mind)

REFERRAL'S NAME (First, Last)

Mobile Phone and/or Email Address

_____	_____
_____	_____
_____	_____