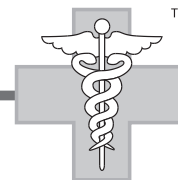




# EMERGENCY ASSISTANCE



## 24-HR. MEDICAL ASSISTANCE

if you get sick or hurt while traveling in the U.S. or abroad:

*Includes ...*

- **Medical Evacuation**
- **Medical Assistance**
- **Assistance for Companions**
- **Travel Assistance**



### REGISTRATION CERTIFICATE



**YES!** If I get sick or hurt while I'm away from home in the U.S. or abroad — even if I'm not traveling by car — I want *Emergency Assistance Plus* to come to my aid. This goes for my family too, if I also enroll them (to the right).

**Questions? Call toll-free 1-855-248-5062**

Return signed Registration Certificate with payment to:

AOPA EA+, P.O. Box 9159  
Phoenix, AZ 85068-9159

#### 100% Money-Back Guarantee:

I will receive a Member Benefit Guide that gives the full terms and conditions of this plan. I can take up to 30 days from my effective date to read it over. If I then feel that *Emergency Assistance Plus* is not what I want, I will let you know and my payment will be promptly refunded as long as I have not used the services.

**Services Provided by:** On Call International  
**Plan Administration by:** Worldwide Rescue & Security, P.O. Box 9159, Phoenix, AZ 85068  
This information is only an outline of the plan's features. The full terms, benefits and conditions of the plan are shown in your EA+® Member Benefit Guide. You must call EA+ so we can make the arrangements for you. Please read your Member Benefit Guide carefully.

Member No.: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_

Check (✓) *Desired Coverage:*

**1 ANNUAL RATE:**  Member Only ..... **\$114**  
 Member and Family ..... **\$144**  
*(only \$30 more to cover your family)*

**2**  Enclosed is my check or money order made payable to the  
 **AOPA EA+ Program.**  
 I'll charge it for my convenience.  
 Visa     MasterCard     Discover     AMEX

Card #:  -  -  -  Expires:  /

**3** Email:

I hereby enroll in the *Emergency Assistance Plus* Program. If I choose to pay by check, I am authorizing *Emergency Assistance Plus (EA+)* to initiate debit entries to the financial institution and account I have provided within the enclosed payment made directly to *Emergency Assistance Plus*. If I choose to pay by credit card, I am authorizing *Emergency Assistance Plus (EA+)* to initiate a credit card payment using the account information provided. For either payment method selected, I understand my payment will be processed on or after the due date and will continue to be charged/debited to/from my account unless I notify *Emergency Assistance Plus (EA+)* to stop recurring payments or my coverage ends.

Your date of birth:  /  /  Today's date:  /  /   
MM DD YYYY MM DD YYYY

Authorized Signature: