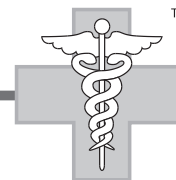




EMERGENCY ASSISTANCE



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**
- **Aircraft Return**



REGISTRATION CERTIFICATE

41411



EMERGENCY ASSISTANCE



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 **\$164**
 Member and Family **\$194**
(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:

100582 A8559

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