



24-HR. MEDICAL ASSISTANCE

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

Includes:

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



EMERGENCY ASSISTANCE PLUS

43989

REGISTRATION CERTIFICATE

YES! If I get sick or hurt while I'm away from home in the U.S. or abroad I want *Emergency Assistance Plus* to come to my aid. This goes for all my family too, if I also enroll them (below).

Questions? Call toll-free 1-866-863-4460

Name _____

Address 1 _____

Address 2 _____

City State ZIP+4 _____

100% MONEY-BACK GUARANTEE:

I will receive a Member Guide that gives the full rules and regulations of this plan. I can take up to 30 days from my effective date to read it over. If I then feel that the EA+ Program is not what I want, I will let you know and you will promptly send me a 100% refund as long as I have not used the services.

ISSUE TO YOU GUARANTEED

Check (✓) Desired Coverage:

- 1 ANNUAL RATE:** Member Only **\$179**
 Member and Family **\$209** (only \$30 more to cover your family)

- 2** Enclosed is my check or money order made payable to **EMERGENCY ASSISTANCE PLUS.**
OR I'll charge it for my convenience.

Visa MasterCard Discover AMEX

Card #: --- Expires: / / /

3 Email: Your date of birth (MM/DD/YYYY): / /

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. If no coverage option is selected, I understand that my coverage will be defaulted to the Family option and I will be charged for that amount. 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.

Authorized Signature

Today's Date (MM/DD/YYYY): / /



Emergency Assistance Plus Plan Services Provided by:
On Call International

Offered by:
Worldwide Rescue & Security, P.O. Box 47150, Phoenix, AZ 85068