



# MEDFLIGHT FREEDOM

## 24-HR. MEDICAL ASSISTANCE

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

*Includes ...*

- **Emergency Medical Evacuation**
- **Transportation to Your Hospital of Choice**
- **Emergency Travel Arrangements**



### REGISTRATION CERTIFICATE



## MEDFLIGHT FREEDOM



**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 *MedFlight Freedom* to come to my aid. This goes for my family too.

**Questions? Call toll-free 1.855.520.3597**

Return signed Registration Certificate with payment to:

AOPA *MedFlight Freedom*

P.O. Box 9159, Phoenix, AZ 85068-9159

### 100% Money-Back Guarantee:

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 *MedFlight Freedom* is not what I want, will let you know and my payment will be promptly refunded as long as I have not used the services.

**MedFlight Freedom Services Provided by:** On Call International

**Plan Administration by:** Worldwide Rescue & Security, P.O. Box 9159, Phoenix, AZ 85068

Member No.: \_\_\_\_\_

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

Address: \_\_\_\_\_

City: \_\_\_\_\_

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

Check (✓) *Desired Coverage:*

**1 ANNUAL RATE:**  Domestic Plan (U.S., Canada & Mexico) ... **\$169**

International Plan.....**\$229**

**2**  Enclosed is my check or money order made payable to

**AOPA MedFlight Freedom.**

I'll charge it for my convenience.

Visa  MasterCard  Discover  AMEX

Card #:  -  -  -  Expires:  /

**3** Email:

I hereby enroll in the MedFlight Freedom Program. If I choose to pay by check, I am authorizing MedFlight Freedom to initiate debit entries to the financial institution and account I have provided within the enclosed payment made directly to MedFlight Freedom. If I choose to pay by credit card, I am authorizing MedFlight Freedom 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 MedFlight Freedom to stop recurring payments or my coverage ends.

Your date of birth:  /  /  Today's date:  /  /

Authorized Signature:

DOM 100050

INT 100051

A6601

©2018 Worldwide Rescue & Security

N41104