



SkyMed TAKES YOU HOME ... what else matters?

Enroll online at **skymed.com** or by calling
1-800-475-9633

SkyMed Traditional

- Step 1:** Select from the Individual* Membership or Family* Membership.
Step 2: Select the options you would like. **Step3:** Total the amounts selected.
Step 4: Multiply by 1 year, 3 year, or 5 years for total enrollment fee.
Step 5: Include check or credit card information with your application and present to your SkyMed representative or send to SkyMed International, 13840 N. Northsight, Suite 109 Scottsdale, AZ 85260 or call 1-800-475-9633.

INDIVIDUAL \$222 <input type="checkbox"/>		FAMILY \$444 <input type="checkbox"/>	
SkyMed PLUS*	\$35 <input type="checkbox"/>	SkyMed PLUS*	\$35 <input type="checkbox"/>
Helicopter Option*	\$75 <input type="checkbox"/>	Helicopter Option*	\$75 <input type="checkbox"/>
PDD Option*	\$75 <input type="checkbox"/>	PDD Option*	\$75 <input type="checkbox"/>
Ground Ambulance*	\$75 <input type="checkbox"/>	Ground Ambulance*	\$75 <input type="checkbox"/>
100 mile waiver*	\$95 <input type="checkbox"/>	100 mile waiver*	\$95 <input type="checkbox"/>
Total \$ <input type="checkbox"/>	_____	Total \$ <input type="checkbox"/>	_____
x <input type="checkbox"/> 1yr <input type="checkbox"/> 3yr <input type="checkbox"/> 5yr	_____	x <input type="checkbox"/> 1yr <input type="checkbox"/> 3yr <input type="checkbox"/> 5yr	_____
Application fee	\$60 _____	Application fee	\$60 _____
Total	_____	Total	_____

*See reverse for complete description of these important options

**SkyMed ULTIMATE
5-Year Travel Plan**

Choose the most comprehensive plan SkyMed offers ... The SkyMed ULTIMATE Travel Plan provides member services at home or while traveling and offers the best in emergency air-transport services and ALL of the SkyMed options for five full years at a discounted rate.

**Worry free travel with the SkyMed
TAKES YOU HOME guarantee.**

INDIVIDUAL \$1,995 <input type="checkbox"/>		FAMILY \$2,995 <input type="checkbox"/>	
Includes options valued at...		Includes options valued at...	
SkyMed PLUS*	\$175 <input checked="" type="checkbox"/>	SkyMed PLUS*	\$175 <input checked="" type="checkbox"/>
Helicopter Option*	\$375 <input checked="" type="checkbox"/>	Helicopter Option*	\$375 <input checked="" type="checkbox"/>
PDD Option*	\$375 <input checked="" type="checkbox"/>	PDD Option*	\$375 <input checked="" type="checkbox"/>
Ground Ambulance*	\$375 <input checked="" type="checkbox"/>	Ground Ambulance*	\$375 <input checked="" type="checkbox"/>
100 mile waiver*	\$475 <input checked="" type="checkbox"/>	100 mile waiver*	\$475 <input checked="" type="checkbox"/>
Application fee	\$60 <input checked="" type="checkbox"/>	Application fee	\$60 <input checked="" type="checkbox"/>

**ULTIMATE
Savings of
\$950**

**ULTIMATE
Savings of
\$1,060**

Last Name		First Name		Birth date (mm/dd/yr)		Today's Date (mm/dd/yy)		<input type="checkbox"/> New <input type="checkbox"/> Renewal	
Spouse				Birth date (mm/dd/yy)		Child		Birth date (mm/dd/yy)	
Child				Birth date (mm/dd/yy)		Child		Birth date (mm/dd/yy)	
Mailing Address						E-mail Address			
City			State/Province			Zip		Home Phone	Fax
Medical Transport Destination City:			State/Province			Zip		Cell Phone	
Rep Name/Number (please print)			Group Name/Rally Number			Park Name		Park Number	Promo Code
Payment Information		Amount Paid		Credit Card #				Expires	
<input type="checkbox"/> Check <input type="checkbox"/> Master Card <input type="checkbox"/> American <input type="checkbox"/> Visa <input type="checkbox"/> Discover Express									
Bank Card Applicant Signature:						Check Number:		Check Amount:	
<p>APPLICATION INFORMATION: SkyMed covers accepted pre-existing conditions after only 90 days. To become eligible for member service, the following question must be answered. Have you or your dependents been treated for, or are now taking prescription drugs for any medical condition, or been hospitalized in the past six months? If you have answered yes to this question, describe the condition below. Any person who knowingly and with intent to injure, defraud, or deceive SkyMed files a statement of claim or an application containing any false, incomplete, or misleading information may be guilty of a felony of the third degree.</p> <p>Applicant: <input type="checkbox"/> Yes <input type="checkbox"/> No Spouse: <input type="checkbox"/> Yes <input type="checkbox"/> No Dependent/Children: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>									
Name:			Medical Condition/Medications:						
Name:			Medical Condition/Medications:						
Rep. Signature:						Applicant Signature:			

For even greater peace of mind...

SkyMed® PLUS

This option is included with all SkyMed ULTIMATE memberships.

24 SEVEN 365, multilingual help line providing members with:

- | | | |
|--|-----------------------------------|-----------------------------|
| ✓ Pet transportation
(North America only, no aggressive pets) | ✓ Help locating legal assistance | ✓ Emergency message service |
| ✓ Insurance verification | ✓ Help locating medical providers | ✓ Emergency payment aid |
| ✓ Translation service | ✓ Help with prescription drugs | ✓ Weather information |
| | ✓ Travel locator service | |

THIS IS A WORLDWIDE ASSISTANCE PROGRAM

HELICOPTER OPTION

from the scene of a vehicle accident, hospital-to-hospital
or all medically necessary helicopter transports.

This option is included with all SkyMed ULTIMATE memberships.

Primary Driver Disability Option

This option is included with all SkyMed ULTIMATE memberships.

- This is an additional service, and adds to our vehicle return service with the Traditional SkyMed membership. There are times when the primary driver is incapacitated but not necessarily critically ill or injured. This service will be of significant value in that circumstance.
- When the primary driver suffers a disabling illness or injury, more than 100 miles from their place of transport preference and is unable to drive their vehicle(s) home, SkyMed will provide up to \$2,000.00 to return the member's vehicle.
- The member has the right to determine how the funds are expended in the vehicle return including fuel/oil, or to use the funds to pay a third party to drive the stranded vehicle. The member pays for all travel repairs in the course of a vehicle transport.
- All that is required is an attending physician's undertaking that the member will be unable, in the next ten days, to drive the vehicle as a result of a recent illness or injury.
- This service is limited to returns over land in Canada, Mexico and the United States with the exception of Hawaii.

ALL VEHICLE RETURNS MUST BE PRE-APPROVED BY SKYMED TO QUALIFY FOR REIMBURSEMENT.

GROUND AMBULANCE OPTION

SkyMed will cover the cost of a medically necessary
ground ambulance due to a
critical illness or injury.

This option is included with all SkyMed ULTIMATE memberships.

100 MILE WAIVER

With this option members can choose to have SkyMed's services **24 SEVEN 365** when they are at home and while traveling.

This option is included with all SkyMed ULTIMATE memberships.

Description of Individual

One individual person.

Description of Family

- 1) Two adults cohabitating with the same transport preference, with or without children;
- 2) One or two adults cohabitating with children under the age of 18 or children under the age of 24 where the child is attending an accredited community college, or university;
- 3) Grandparents traveling with their grandchildren.


SkyMed
TAKES YOU HOME

13840 N. Northsight Blvd, Suite 109
Scottsdale, AZ 85260-3665

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