USVI MEMBERSHIP APPLICATION



833-Get-Mvac (833-438-6822) • 340-776-6822 (office) • 512-277-7561 (fax) • 954-658-1103 (Office Manager cell) 1002 Tenth Street • St. Thomas • US Virgin Islands • 00802

NAME: (First M. Last)

(Plus One-time Enrollment Fee)

MEMBER INFORMATION

SPOUSE: (First M. Last)								
Birthdate Member: /	/	Birthdate Spouse:	/	/	Age Member:	Age Spo	euse:	
MAILING Address (PO Box	or Street	and Number):						
City:	State:					Zip:		
Benefits Address (Street a	ınd Numk	oer):						
City:	State:				Zip:			
Phone:	Email:							
Preexisting conditions are cover	ed after 90-	days						
		DEPEN	DENT	Γ(S) INFO	RMATION			
DEPENDENT'S NAME: (First M. Last)					Date of E	Birth:	Age:	
Preexisting conditions are covered after 90-days								
rreexisting conditions are cover	eu arter 50-			/A 4 E N I T /				
			ά PA	YMENI	OPTIONS			
Puerto Rico & Florida				MEMBER PREFERRED HOSPITAL				
JERTO RICO Plan		FLORIDA Plan		Preferred	Hospital - Region	1 Prefe	rred Hospital - Regi	on 2
Annual Payment Options		Annual Payment Options		Pa	Annual yment Options		Annual Payment Options	
_ \$110/yr Individual		_\$230/yr Individual			\$325/yr Individual \$410/yr Individual		\$410/yr Individual	
_ \$230/yr Family		\$350/yr Family			_ \$495/yr Family	95/yr Family		
Monthly		Monthly			Monthly		Monthly	
Payment Options \$10/mo Individual		Payment Options \$20/mo Individual			Payment Options \$28/mo Individual		Payment Options \$35/mo Individual	
_ \$20/mo Family		\$30/mo Family			\$42/mo Family		\$55/mo Family	

Region 1 – Includes Alabama, Arkansas, Florida, Georgia, Kentucky, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, Virginia, West Virginia, and Washington D.C.

Region 2 - Includes Washington D.C. and all U.S. states except Alaska and Hawaii

(Plus One-time Enrollment Fee)

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(Plus One-time Enrollment Fee)



PAYMENT INFORMATION

► Membership Signature						
Agent Signature	Date	Agent ID				
INITIAL PAYMENT CALCULATI	ON	PAYMENT				
One-time Enrollment Fee: \$ Initial Payment: +\$ TOTAL PAYMENT: = \$	Check M	Check or Money Order (Payable to Global Medevac) Check Money Order Number:				
C	CREDIT/DEBIT CARD PAYME	NT				
VISA/MasterCard I	Discover Amer	ican Express Debit Card				
·	State:	Zip:				
Payment on the:1st15tl This authorization remains in full force and will	h 25th of the month I renew automatically until the CON	Authorized Automatic Renewal MPANY has received written notice from me of its ORY a reasonable opportunity to act on it.				
Membership Signature						
Printed Name Date						
	EFT/ACH PAYMENT					
DEPOSITORY, and to debit or credit the	icated below at the depository financ	cial institution named below, hereafter called returned unpaid, I authorize an additional				
Payment Guarantor:						
Bank Name:						
Acct #:	Routing #:					
Amount to be debited:	Deduct on the:	_1st15th25th of the month				
► Membership Signature						
Printed Name		e GM_USVI_App2_10.07.2				