

MASA ENROLLMENT FORM



PROFESSIONAL INSURANCE SERVICES, INC.

YES! I want the peace-of-mind of MASA membership. I get pre-paid medical emergency assistance 24/7, 365 days of the year, anywhere in the world. When I choose the family option, my spouse is covered by the same benefits and I can add dependent children under age 18 at no additional cost (age 23 if full-time student). I understand that as a PARSE member, I save 40% off the regular price.

Member's Name: _____ Date of Birth: ____/____/____

Spouse's Name: _____ Date of Birth: ____/____/____

Child's Name: _____ Date of Birth: ____/____/____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: (____) _____ Email Address: _____

STEP 1: SELECT PLAN TYPE (See reverse for comparison)

AMBA Platinum

Single Member: \$27.00/month (\$324.00/year)

Family Plan: \$35.00/month (\$420.00 year)

AMBA Elite 5 Year

Single Member: \$1,305.00

Family Plan: \$1,755.00

AMBA Charter Lifetime

Single Member: \$2,900.00

Family Plan: \$3,900.00

STEP 2: SELECT PAYMENT TYPE (Choose One)

Monthly Bank Draft (available for Platinum membership only) Agreement:

I hereby authorize MASA-Medical Air Services Association to initiate a monthly debit to my checking or savings account at the depository financial Institution named below and to debit or credit the same to such account. If this item is returned unpaid, I authorize an additional returned check fee in the conformity with the Policies of my financial institution.

(Include a check for your 1st month's premium, made payable to MASA plus a VOIDED check.)

Bank Name: _____

Checking Account Number: _____ Routing Number: _____

(First 9 digits at the bottom of your check)

Annual Payment by credit card: VISA MasterCard American Express Discover

Card Number: _____ Expiration Date: ____/____ CVV: _____

This membership automatically renews annually. You must notify MASA in writing if you wish to cancel your membership. MASA will contact you prior to your membership Renewal.

Annual payment by check (made payable to MASA)

Signature: _____ Name (print): _____ Date: _____

Questions? Call 1-844-385-4602


PARSE MASA 30-Day No Risk Guarantee

Review your MASA plan for a full 30 days risk-free. Then if you decide this plan is not for you, simply let us know and we'll refund your payment.

Mail completed forms to PISI at 2 Kacey Ct. Suite 102, Mechanicsburg PA 17055

MASA MEMBERSHIP OPTIONS

MASA provides more than just benefits. We provide the ultimate peace of mind from emergency medical transport bills after even the best insurance companies have paid their part. Combined with other divisions of MASA Global, MASA is dedicated to providing our members with the following 20-value added lifesaving emergency transportation services and complete coverage, most of which your insurance does not cover:

 Membership Benefits	MASA Platinum Membership	MASA Elite 5-Year Membership	MASA Charter Lifetime Membership
Emergency Air Transportation / Medical Evacuation	+	+	+
Helicopter Transportation—Unlimited	+	+	+
Ground Ambulance Transportation—Unlimited	+	+	+
Organ Retrieval	+	+	+
Organ Recipient Transportation	+	+	+
Recuperation/Repatriation	+	+	+
Recuperation/Repatriation	+	+	+
Non-Injury Transportation	+	+	+
Minor Children/Grandchildren Return	+	+	+
Vehicle Return	+	+	+
Mortal Remains Transport	+	+	+
Worldwide Coverage	+	+	+
Pet Return	+	+	+
Travel Advisor		+	+
Physician Search		+	+
Emergency Message Center			+
Attorney Advisory Service			+
Translation Services			+
Cash Advance			+

 = included in plan