

EMR Membership Subscription Application Form

(Tick appropriate box)

Individual \$10 p/m
(\$100/year)

Family \$30 p/m
(Up to 6 immediate
family members)

Tourist \$25
(14 day cover)

Business

High Risk Activity Add On (\$10/m)

PERSONAL DETAILS *(one per person)*

Forenames:

Surname:

Date of birth:

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Weight:

Mobile number:

Email address:

Residential address:

MEDICAL HISTORY

Have you been in hospital in the last year?

YES

NO

Do you have any pre-existing medical conditions?

YES

NO

If **Yes**, please list all pre-existing conditions, chronic illnesses and / or allergies.

What is the name of your medical practitioner?

What is your Medical Aid member number?

I.D. number:

Signature:

By submitting this application, I agree to the terms and conditions. (See overleaf)

NOSTRO BANK DETAILS:

Account Name: JR Investments (Pvt) Ltd
Bank Name: STANBIC BANK OF ZIMBABWE
Account Number: 9140001021655
Branch: BORROWDALE
Bank Branch Code: 03104
Swift Code: SBICZWHX

EMR Membership Terms and Conditions

- * **Please note: Air evacuation is not available to anyone weighing greater than 130Kg.**
- * **Additional charges may apply where there is a deemed to be a significant previous medical history. This will be reviewed on a case by case basis by the Medical Director at HAC Medical.**
- * **HAC Medical reserves the right to claim through the member's medical aid.**

- This Membership Package will activate immediately after acceptance of the application and subsequent confirmation of payment.
- The initial sign period for the Membership Package is a minimum of a 6 month's subscription.
- The maximum duration of the Membership Package is one year (12 months).
- The Company shall not be liable for any benefit arising under this Membership Package that occurs prior to receipt of the payment.
- In the event of the Company not accepting membership fees, the membership will be suspended from the date that the premium became due. The Emergency Call Centre will still attend in an emergency, however fees for services provided will be the responsibility of the individual.
- The Company reserves the right to ask for proof of payment at any time. Such proof must be to the Company's satisfaction.
- Evacuation will only be undertaken after confirmation of validity of membership.
- The Company will not reimburse any member for any services that have not been authorized by the Company.
- Upon cancellation of membership, fees are not refundable.
- Pre-existing illnesses will have a mandatory 3 month waiting period before a member can be evacuated for the same illness, during this period, response will be initiated on a fee for service basis for this illness, for which the member accepts liability during this period.
- The final decision as to whether there is an indication for evacuation and the mode of evacuation will rest with the Medical Director.
- The mode of transport will be decided by the Medical Director in conjunction with the Flight Operations Manager.
- Client agrees that Medical Evacuation will be to the nearest, most appropriate medical facility as determined by the Medical Director.
- Air Evacuation is only conducted after the appropriate regulatory approvals have been obtained. As such, this may be subject to lengthy delays as a consequence which may result in delays, which are outside of the Company's control.
- Air Evacuations may be limited by daylight operations, weather conditions, availability of a suitable airstrip and availability of aircraft.
- Medical Evacuations are not available in areas with political disturbances.
- Certain dangerous sports or activities may be excluded or attract an additional premium.
- Where a member has been injured as a result of participation in an excluded sport or activity, the Company will still respond in an emergency, however, fees for services provided will be the responsibility of the member.
- Client is limited to one (1) Air Evacuation per year.
- Intercity transfers are not permitted.
- By entering the Membership Package Subscription, each member consents to the sharing of personal data with their usual medical provider.
- It is accepted that Members shall not hold the Company liable for any loss or damage as a result of inability of the Company to attend to immediately or at all by reason of the fact that its ambulances are occupied at other medical emergencies. In which case, ground transfers may be used.
- The Company reserves the right to engage with and make use of alternative Medical Service Providers if and when there is availability, where the Company is unable to attend with its usual resources. This does not guarantee that alternative providers will attend, and the Member accepts the risks associated.

List of exclusions

- o Abseiling
- o Boxing training
- o Bungee jumping
- o Camel riding/trekking
- o Canoeing
- o Canopy walking
- o Clay pigeon shooting
- o Cycle touring
- o Dingy Sailing
- o ***Elephant riding**
- o Go-karting
- o Horse riding
- o ***Hot air ballooning**
- o Jeep trekking
- o Jet Boating
- o ***Jet skiing**
- o Kayaking
- o Kite buggying
- o Kite surfing over water
- o ***Motor cycling off road**
- o Mud buggying
- o Segway riding
- o Target rifle shooting
- o ***Wadi bashing**
- o Zip lining
- o Canyon swinging
- o Pilot or passenger of microlight or ultra light aircraft)
- o Dangerous game hunting

For the activities in blue, we offer a separate package for "dangerous sports" with a premium that reflects the risks.

*** For the activities in bold, we will guarantee to respond to anyone undertaking these sports, but will charge for the rescue at our normal rates.**

FOR MORE INFORMATION, SEE OUR WEBSITE. [www.flyhac.com / medical](http://www.flyhac.com/medical)