

AMERICAN ISRAEL MEDI-PLAN MEMBERSHIP APPLICATION

2011

YES, I have read the literature describing the new **AIM PLATINUM Plan** and the **AIM GOLD Plan**. Please enroll my son/daughter in the following plan:

- The **AIM PLATINUM Plan** providing Expanded Medical Services
 The **AIM GOLD Plan** Comprehensive Medical Services in Israel.

<i>Last name</i>		<i>First</i>	<i>Mid.</i>	<i>Passport number</i>	<i>Social Security #</i>		
					mo	day	year
<i>Present school or last school attended</i>				<i>Yeshiva attending in Israel or Address in Israel</i>		<i>Date of Birth</i>	
<i>Home address</i>		<i>City</i>	<i>State</i>	<i>Country</i>	<i>Zip</i>		
<i>Home Phone</i>	<i>Office Phone</i>	<i>Fax number</i>	<i>Mobile Phone</i>	<i>E-Mail</i>			
<i>* If applicable, enclose a copy of insurance card</i>							
<i>Insurance Carrier</i>		<i>Insurance Address</i>		<i>Policy number</i>	<i>Name of Policyholder</i>		

CHECK THE PLAN OF YOUR CHOICE

- | | |
|---|---|
| <input type="checkbox"/> AIM PLATINUM PLAN | <input type="checkbox"/> AIM GOLD PLAN |
| <input type="checkbox"/> \$570. Before Aug. 1, 2011 | <input type="checkbox"/> \$470. Before Aug. 1, 2011 |
| <input type="checkbox"/> \$595. After Aug. 1, 2011 | <input type="checkbox"/> \$495. After Aug. 1, 2011 |

* Coverage is effective 14 days after receipt of the signed application and payment.

METHOD OF PAYMENT: VISA/MASTERCARD AMERICAN EXPRESS CHECK ENCLOSED

CARD NO Exp Date

<i>Cardmember Name</i>	<i>Cardmember Billing Address</i>
<i>Signature of Cardmember</i>	<i>Date</i>

I have read and agree to the Terms & Conditions. I agree to pay for all other medical and dental services incurred by the above named registrant, which services are not covered by the terms and conditions of this agreement, as billed by AIM within 14 days after billing date, with a late penalty charge of 1 1/2% per month on past due balances, according to the accepted formula of Heter Iska.

Signature of Applicant, parent or Guardian responsible (Please state) *Date*

Make check payable and mail to: AMERICAN ISRAEL MEDI-PLAN, Inc.
 20533 Biscayne Blvd. Suite N202, Aventura, FL. 33180

For further information call: 1-800-4-AIM-PLAN Fax application to: 305-792-5472

<i>For office use only</i>	<input type="checkbox"/> <i>Application Signed</i>	<input type="checkbox"/> <i>Medical History Enclosed</i>	<input type="checkbox"/> <i>Photo Enclosed</i>
AIM PLATINUM	<input type="checkbox"/> \$570. Before Aug. 1, 2011	<input type="checkbox"/> \$595. After Aug. 1, 2011	
AIM GOLD	<input type="checkbox"/> \$470. Before Aug. 1, 2011	<input type="checkbox"/> \$495. After Aug. 1, 2011	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>AIM representative</i>	<i>Date application received</i>	<i>Credit approval #</i>	

Please fill in the information above and mail with the medical history form, photo and check or credit card payment. This registration is for a full years medical coverage. If for any reason your son/daughter does not come to Israel, you will receive a complete refund.

This coverage is provided in accordance with the Terms & Conditions attached, on www.aim.co.il and the Master Agreement. The Master Agreement is available upon request at any time by contacting the AIM Administrator at info@aim.co.il.

AIM OFFICE COPY