A IMAGEN ISRAEL MEDI-PLAN MEMBERSHIP APPLICATION FORM

1400 Village Square Blvd #3-88294, Tallahassee, FL 32312, USA | Phone: 1-800-4-AIM-PLAN | Tel: 305-433-2974 | Email: info@aim.co.il

YES, I have read the literature describing the new AIM PLATINUM Plan and also 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

Last name First		Mid.	Mid. Passport number		Social Security #	
						month day year
Present school or last school attended		Yes	Yeshiva attending in Israel or Address in Israel			Date of Birth
Home address		City	Sta	łe	Zip	Country
Home phone	Office phor	ne Fax r	number	Mobile phone		Email
Insurance * If applicable, enclose a		Insura	nce Address	Policy	number l	Name of Policyholder
Start Date:		e:	Check a		a Plan:	
AL		N	AIM PLATINUM PLAN			
	UG. 1, 2023					
\$650 AFTER AUG. 1, 2023 \$750 AFTER AUG. 1, 2023						
\$450 ONE SEMESTER COVERAGE \$550 ONE SEMESTER COVERAGE						
METHOD OF PA	YMENT:	VISA/MASTERC		MERICAN EXPI	RESS C	HECK ENCLOSED
Card no				Exp	Date	
				•		
	Cardmember Nam	e		Cardmen	nber Billing Addre	ess
	S	ignature of Cardmem	ber		Date	
I have read and agree to the Terms & Conditions as described in full on the website www.aim.co.il. I agree to pay for all other medical & dental services incurred by the above named registrant, which services are not covered by the terms and conditions as billed by AIM with a late penalty charge of 1 ½% per month on past due balances, according to the accepted formula of Heter Iska. I agree to have AIM share medical information with relevant medical parties for my son/daughter's best interests.						
S	ignature of Applicant	, Parent or Guardian	responsible (Plea	se state)	Date	
Email forms to: <ir< th=""><th>nfo@aim.co.il> Fo</th><th>r further informati</th><th>ion visit www.a</th><th>im.co.il or call: 1-8</th><th>00-4-AIM-PLA</th><th>N (1-800-424-6752)</th></ir<>	nfo@aim.co.il> Fo	r further informati	ion visit www.a	im.co.il or call: 1-8	00-4-AIM-PLA	N (1-800-424-6752)
Please fill in the informati will receive a complete re						

Agreement which is also available upon request at any time, by contacting the AIM Administrator at info@aim.co.il.