

Good News! The Air Force Association’s Veteran Benefits Association is offering a worldwide emergency assistance program exclusively to AFA and AFAVBA members. The program is administered by Medical Air Services Association (MASA). AFA and AFAVBA members can enroll in MASA at rates discounted as much as 30% from the general public prices. In addition the optional MASA Platinum membership is only offered to a limited number of select groups. Also, the pre-existing conditions clause and the \$60 enrollment fee are waived for AFAVBA!

WHAT IS MASA?

MASA is an international association dedicated to providing life-saving emergency assistance from home or while traveling. You now have the opportunity, at a special price, to purchase the MASA plan which is designed to protect members against catastrophic financial loss when emergencies arise.

According to Peter Greenberg, a travel consultant for NBC’s the Today Show, in reference to emergency assistance programs, “It is the one thing you want to buy and hope you never use but you better have it”.

Source: The Today Show, March 27, 2007

| Membership Provided Through MASA Offers the Following Exclusive Services: | |
|---|---|
| <ul style="list-style-type: none"> • Emergency Air Transportation • Helicopter Transportation • Ground Ambulance Transportation- with air ambulance transports • Organ Retrieval • Organ Recipient Transportation • Recuperation/Repatriation • Return Transportation • Escort Transportation | <ul style="list-style-type: none"> • Non-Injury Transportation • Minor Children/Grandchildren Return • Vehicle Return • Mortal Remains Transport <p style="color: #ff0000; font-weight: bold; margin-top: 10px;"> OPTIONAL PLATINUM MEMBERSHIP ADDS THE FOLLOWING BENEFITS: </p> <ul style="list-style-type: none"> • Ground Ambulance to and from a hospital for any medical emergency • Worldwide Coverage |

WHY JOIN MASA?

- Covers all types of emergencies that require transportation.
 - fixed-wing aircraft
 - helicopter
 - ground ambulance
- Pre-existing conditions are covered
- No claim forms, no deductibles
- The world’s oldest and finest prepaid emergency assistance program
- Extremely affordable – less than \$25.00 a month for Basic membership
- Anyone can join regardless of age or medical condition
- MASA works for you whether at home or traveling

How can I obtain more information about MASA benefits?

Contact MASA’s toll free number at **1-800-423-3226** for additional information or visit:

www.masaassist.com/afa



MEDICAL AIR SERVICES ASSOCIATION (MASA)
Endorsed by
AFA VETERAN BENEFITS ASSOCIATION



HERE'S WHAT SOME OF MASA'S MEMBERS HAVE TO SAY:

Victor S. Kalinoski

Thief River Falls, Minnesota

“It was a 400-mile trip, one way. We were very pleased that no time was wasted and everything seemed very well planned. We recommend this service very highly.”

Eleanor Hunt

Mason City, Iowa

“I can only recommend that you have MASA Services. My husband became ill while we were in Yuma, Arizona...and was hospitalized in intensive care. MASA flew our daughter to Yuma to be with the family...and flew me with my husband to Mayo Hospital. We really recommend this association.”

William Reichard

Mission, Texas

“I called...to request the coverage for going to Houston to the cancer center to have an operation. You promptly sent me a check for the full amount of the air fare, which left me very pleased with your service.”

Anne Fancher

Venice, Florida

“I want to thank you and everyone concerned with the air transport of my son to visit his father. I had reached the state of exhaustion and it was heaven to have my son flown here to help me for a while. We joined this service a couple of years ago, and it gave me peace of mind. I am so especially grateful we had the membership...it is a great relief to have this wonderful service available when we need it, and it seems at this age...we need it!”

Tad Keibzak

Dearborn Heights, Michigan

“Four years ago, when we joined (MASA), we did not think we would ever use it...my wife had a stroke in Florida. We met your plane and off we went north to Michigan. The pilot and nurse could not have been better...I would recommend them to anyone. The flight was smooth all the way. Tell the world, in fact, any snow bird who does not join your group is stupid.”



MEDICAL AIR SERVICES ASSOCIATION (MASA)
Endorsed by
AFA VETERAN BENEFITS ASSOCIATION



FREQUENTLY ASKED QUESTIONS

Does MASA work while I am at home?

Absolutely! Whether you are in need of specialized medicine not available locally, or if you become ill or suffer an injury that requires local transportation by ground ambulance or helicopter, MASA will be there for you.

How does MASA work when I am traveling?

If you suffer an illness or injury that requires hospitalization, MASA can return you home for treatment or to recuperate in familiar surroundings. If you require air ambulance transportation, MASA can send a relative or friend with you. And if your vehicle is stranded, MASA will have it returned to your home by a bonded driver.

Who makes the decision if I am going to be transported by an air ambulance?

Your attending physician and MASA's medical director determine where and when you will be flown. Once the decision has been made, MASA takes charge.

How much does an air ambulance flight cost?

Air ambulance transportation is expensive, sometimes \$50,000 or even more! In most instances health insurance (including Medicare) coverage pays little, if any, of this expense. And they don't provide the other benefits that MASA provides to you absolutely free of charge.

Where can I use MASA's services?

The Basic MASA membership service area consists of the United States, Canada, Mexico, the Caribbean, the Bahamas and Bermuda.

MASA's Optional Platinum membership has worldwide coverage.

How do I qualify to become a MASA member?

Simply fill out the attached application form and return it in the enclosed self-addressed envelope with your choice of payment. All AFAVBA members are eligible for membership at the same price, regardless of age or medical condition.

What if I die away from home?

MASA will fly your mortal remains to the commercial airport nearest your home.

How can I obtain more information about MASA benefits?

Contact MASA's toll free number 1-800-423-3226 for additional information.



MEDICAL AIR SERVICES ASSOCIATION (MASA)
Endorsed by
AFA VETERAN BENEFITS ASSOCIATION



COMPLETE AND MAIL FORM TO: MASA - 1250 W. Southlake Blvd. - Southlake, Texas 76092
1-800-423-3226 Fax: 817-416-2326

MASA MEMBERSHIP APPLICATION

| | |
|-----------------------------------|--|
| NAME: (Last, First, Middle) | |
| SPOUSE: (Last, First, Middle) | |
| Birth date Member: ___/___/___ | Age Spouse: ___/___/___ Member: _____ Spouse: _____ |
| Mailing Address: | |
| City: _____ | State: _____ Zip: _____ |
| Phone: _____ | Email: _____ |
| DEPENDENTS* | |
| NAME: _____ | DATE OF BIRTH: _____ |
| NAME: _____ | DATE OF BIRTH: _____ |
| NAME: _____ | DATE OF BIRTH: _____ |

*Preexisting conditions are covered immediately for AFAVBA Members.

| TYPE OF MEMBERSHIP | First year \$60.00 Initiation Fee waived for AFA/VBA | | | | | | | | | | | | | | | | | | | | |
|---|--|---|-------------------------------------|--|--|----------|--|----------|--|----------|--|----------|---|---------|---|---------|---|--|---|--|------------------------------------|
| <table style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">Basic Annual MASA Membership Fee</td> <td colspan="2">Platinum Annual MASA Membership Fee</td> </tr> <tr> <td><input type="checkbox"/> Single Membership</td> <td>\$190.00</td> <td><input type="checkbox"/> Single Membership</td> <td>\$265.00</td> </tr> <tr> <td><input type="checkbox"/> Family Membership</td> <td>\$275.00</td> <td><input type="checkbox"/> Family Membership</td> <td>\$355.00</td> </tr> <tr> <td><input type="checkbox"/> Initiation Fee</td> <td style="color: red;">\$60.00</td> <td><input type="checkbox"/> Initiation Fee</td> <td style="color: red;">\$60.00</td> </tr> <tr> <td><input type="checkbox"/> # MedFlash Benefit \$18.00 per year per person</td> <td></td> <td><input type="checkbox"/> # MedFlash Benefit \$18.00 per year per person</td> <td></td> </tr> </table> | Basic Annual MASA Membership Fee | | Platinum Annual MASA Membership Fee | | <input type="checkbox"/> Single Membership | \$190.00 | <input type="checkbox"/> Single Membership | \$265.00 | <input type="checkbox"/> Family Membership | \$275.00 | <input type="checkbox"/> Family Membership | \$355.00 | <input type="checkbox"/> Initiation Fee | \$60.00 | <input type="checkbox"/> Initiation Fee | \$60.00 | <input type="checkbox"/> # MedFlash Benefit \$18.00 per year per person | | <input type="checkbox"/> # MedFlash Benefit \$18.00 per year per person | | TOTAL AMOUNT PAID: \$ _____ |
| Basic Annual MASA Membership Fee | | Platinum Annual MASA Membership Fee | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Single Membership | \$190.00 | <input type="checkbox"/> Single Membership | \$265.00 | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Family Membership | \$275.00 | <input type="checkbox"/> Family Membership | \$355.00 | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Initiation Fee | \$60.00 | <input type="checkbox"/> Initiation Fee | \$60.00 | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> # MedFlash Benefit \$18.00 per year per person | | <input type="checkbox"/> # MedFlash Benefit \$18.00 per year per person | | | | | | | | | | | | | | | | | | | |

| PAYMENT METHODS (select one) |
|---|
| <p>1. Credit Card: <input type="checkbox"/> VISA/MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover Card Number: _____ Exp Date: ___/___ Initial [<input type="checkbox"/>] I want automatic renewal on my card.</p> |
| <p>2. Payment enclosed: <input type="checkbox"/> Check <input type="checkbox"/> Money Order Total Amount Paid \$ _____</p> |
| <p>3. BANK DRAFT OPTION: I hereby authorize MASA - Medical Air Services Association, herein after called the COMPANY, to initiate a debit to my <input type="checkbox"/> CHECKING or <input type="checkbox"/> SAVINGS account (select one) indicated below at the financial institution named below, hereafter called DEPOSITORY, and to debit or credit the same to such account. If this item is returned unpaid, I authorize an additional returned check fee in conformity with the policies of my Financial Institution. <i>If selecting this option, please include a voided check.</i></p> <p>Bank Name: _____ Acct #: _____ Routing #: _____ City: _____ State: _____ Zip: _____</p> <p>Monthly amount to be debited: \$ _____ Deduct on the: ___ 1st ___ 15th ___ 25th of the month. Basic: Single \$15.83 / Family \$22.91 Platinum: Single \$22.08 / Family \$29.58 With MedFlash add \$1.50 per person per month</p> <p>This authorization remains in full force and effect until the COMPANY has received written notice from me of its termination, in such time and manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.</p> |
| <p>▶ _____ Member Signature _____ Name (Printed) _____ Date _____</p> |