

**MEDEX Application Form**  
Medex Assistance Corporation  
P.O. Box 19056  
Baltimore, MD 21284  
Fax: 410-308-7905

**Annual:** \$300.00  
**Short Term:** 1-10 days - \$32.00  
Monthly - \$75.00

**Group # 555**  
**Company No. 00774-M-**

ATTN: You may now apply for Medex coverage online at the following website:

<http://www.medexassist.com/EnrollOnline/Default.aspx>

**For the first 3 questions please make the following selections when enrolling:**

**What type of traveler(s) are you enrolling?**

Individual Contractor

**Why are you traveling? \***

Business

**Are you filling this out for a single person, or for a group of people?**

Single person

**When you reach this section choose the appropriate type of organization.**

**Which of the following organizations or type(s) of organizations are financially supporting the operations for which you are traveling?**

USAID

Asia Development Bank

Other governmental organization

Own corporate funds

Private Foundation

United Nations

World Bank

World Health Organization

None of the above

You will be asked to continue to the next page, please complete the information required. On the final page you will be asked for payment information, please complete this information. A confirmation will be sent to you via email that you have completed the enrollment process.

If you have any additional questions, please contact Kimberly Christiansen at [kchristiansen2@unl.edu](mailto:kchristiansen2@unl.edu) or 472-6032.