

APPLICATION FOR EACH PERSON TO BE COVERED

Expatriation country :

Date of birth :

First name(s) :

Last name :

Nationality :

Gender :

Height :

Weight :

MEDICAL PREEXISTING CONDITIONS (IF ANY) : past or present sickness, past surgery, medicine taken :

Did you have a previous cover (NOT TRAVEL COVER) if YES, please send us the insurance certificate :

Mobile phone number :

Email address :

PAYMENT (circle your choices, instalments at no extra cost)

- Mode of payment monthly, quarterly, biannually or yearly
- Currency for the payments USD or EUR or THB or GBP
- Mode of payment Credit card or Bank transfer
- Visa / Mastercard / Amex card number :

Postal Address :

Country of residence/expatriation or Area to be covered :

**CHOICE OF COVER (MODULE 1)**

Starting date :

ECONOMY PLANSEconomy plan 10,000 USD ☐Economy plan 20,000 USD ☐Economy plan 40,000 USD ☐Economy plan 80,000 USD ☐**MICRO PLANS**Micro Plan 1 : 1,000 USD ☐Micro Plan 2 : 2,000 USD ☐Micro Plan 3 : 3,000 USD ☐**SERENITY PLANS**Serenity 100,000 USD ☐Serenity 200,000 USD ☐Serenity 400,000 USD ☐Serenity 600,000 USD ☐Serenity 800,000 USD ☐Serenity 1,000,000 USD ☐**ELITE PLAN**Elite 2,000,000 USD ☐**DEDUCTIBLE PER HOSPITALIZATION**Deductible per hospitalization 0 USD ☐Deductible per hospitalization 500 USD ☐Deductible per hospitalization 1,000 USD ☐Deductible per hospitalization 2,000 USD ☐Deductible per hospitalization 5,000 USD ☐

MODULE 2

OUTPATIENT ☐

MODULE 3

DENTAL/OPTICAL ☐

MODULE 4 : CAPITAL IN CASE OF DEATH OR TOTAL DISABILITY BY SICKNESS

Capital required :

10,000 USD ☐

20,000 USD ☐

30,000 USD ☐

40,000 USD ☐

50,000 USD ☐

200,000 USD ☐

100,000 USD ☐

MODULE 4 : CAPITAL IN CASE OF DEATH OR TOTAL DISABILITY BY ACCIDENT

Capital required :

10,000 USD ☐

20,000 USD ☐

30,000 USD ☐

40,000 USD ☐

50,000 USD ☐

200,000 USD ☐

100,000 USD ☐

MODULE 5 : PERSONAL LIABILITY AND LEGAL PROTECTION

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MODULE 6 : EVACUATION INSURANCE (INCLUDING SCHENGEN VISA)

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Destination :

Length of stay (max. 90) :

MODULE 7 : ASSISTANCE EVACUATION REPATRIATION

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Effective date :

Done at :

On :

I have read and accept the general terms and conditions : ☐

SIGNATURE :

WHOLE-LIFE COVERAGE ☐