
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

- 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 :

Expiry date :

3 fig number on rear :

Name on card :

CHOICE OF COVER

Starting date :

ECONOMY PLAN

Economy plan 10'000 USD

Economy plan 20'000 USD

Economy plan 40'000 USD

Economy plan 80'000 USD

MICRO PLAN

Micro Plan 1 : 1000 USD

Micro Plan 2 : 2000 USD

Micro Plan 3 : 3000 USD

OUTPATIENT

Deductible per inpatient claim 0 USD

Deductible per inpatient claim 500 USD

Deductible per inpatient claim 1000 USD

Deductible per inpatient claim 2000 USD

Deductible per inpatient claim 5000 USD

INTERNATIONAL PLANS

Serenity 100'000 USD

OUTPATIENT

DENTAL/OPTICAL

Serenity 200'000 USD

OUTPATIENT

DENTAL/OPTICAL

Serenity 400'000 USD

OUTPATIENT

DENTAL/OPTICAL

Serenity 600'000 USD

OUTPATIENT

DENTAL/OPTICAL

Serenity 800'000 USD

OUTPATIENT

DENTAL/OPTICAL

Serenity 1'000'000 USD

OUTPATIENT

DENTAL/OPTICAL

Elite 2'000'000 USD

OUTPATIENT

DENTAL/OPTICAL

Deductible per inpatient claim 0 USD

Deductible per inpatient claim 500 USD

Deductible per inpatient claim 1000 USD

Deductible per inpatient claim 2000 USD

Deductible per inpatient claim 5000 USD

ASSISTANCE EVACUATION REPATRIATION

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 UDS

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 UDS

PERSONAL LIABILITY