

# NHC GLOBAL CORPORATE APPLICATION FORM 2010

Currency: USD

Fill in the application form stating personal details and the insurance cover requested for the Insured (employee) and any co-insured dependants.

The basis for establishing the insurance is to take out one of the four standard covers Platinum, Gold, Silver or Basic. The standard covers can be combined with any outpatient module as well as the additional covers (dental, funeral etc.).

For insured persons with residential address in USA or Canada an additional premium of 75% will be added on the standard covers and the outpatient modules.

For insured persons with residential address in Hong Kong an additional premium of 30% will be added on the standard covers and the outpatient modules.

Persons under the age of 18 must be covered by the same standard cover as one of the parents.

The premium is calculated on the basis of the age of the person at the time of taking out the policy.

Covers	USD premiums per person per year										Tick off	
	0-17	18-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64		
<b>Platinum</b>	764	1573	1738	1814	2006	2177	2407	2674	3056	3566	<input type="checkbox"/>	
<b>Gold</b>	637	1331	1471	1573	1738	1936	2140	2420	2802	3311	<input type="checkbox"/>	
<b>Silver</b>	471	1005	1111	1228	1357	1564	1728	1998	2351	2821	<input type="checkbox"/>	
<b>Basic</b>	323	717	792	922	1018	1228	1357	1616	1940	2371	<input type="checkbox"/>	
<b>Outpatient module 1</b>	587	1273	1273	1470	1470	1763	1763	2057	2351	2743	<input type="checkbox"/>	
<b>Outpatient module 2</b>	441	955	955	1102	1102	1322	1322	1543	1763	2057	<input type="checkbox"/>	
<b>Outpatient module 3</b>	294	637	637	735	735	882	882	1029	1176	1371	<input type="checkbox"/>	
<b>Outpatient module 4</b>	205	446	446	515	515	617	617	720	823	960	<input type="checkbox"/>	
<b>Extended dental cover</b>	660	824	907	967	1027	1051	1285	1410	1484	1780	<input type="checkbox"/>	
<b>Standard dental cover</b>	249	312	344	371	454	460	564	589	612	735	<input type="checkbox"/>	
<b>Funeral</b>	28	102	117	131	148	174	205	245	297	368	<input type="checkbox"/>	
<b>Personal accident</b>											Requested sums	
Maximum sums insured 400000						Loss of life * per 20000	15					<input type="text"/>
* Cannot be taken out for persons under the age of 18.						Disability per 20000	15					<input type="text"/>
<b>Travel protection</b>												
Premium per policy per year								200				<input type="checkbox"/>

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Policyholder		
Company name		
Company address/country		
Insured's address/country		
Insured and co-insured dependants		
First name(s)	Surname(s)	Date of birth (DD-MM-YY)
First name(s)	Surname(s)	Date of birth (DD-MM-YY)
First name(s)	Surname(s)	Date of birth (DD-MM-YY)
First name(s)	Surname(s)	Date of birth (DD-MM-YY)
First name(s)	Surname(s)	Date of birth (DD-MM-YY)
First name(s)	Surname(s)	Date of birth (DD-MM-YY)
Premium payment	<input type="checkbox"/> Yearly <input type="checkbox"/> Half yearly +3% <input type="checkbox"/> Quarterly +5%	
Commencement date	Reference/agency no. (if relevant)	
	6010654	

\_\_\_\_\_

Date

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Policyholder's signature

