

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.).

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.

Hong Kong premium table

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		
Platinum	993	2044	2260	2358	2608	2831	3130	3477	3973	4637	<input type="checkbox"/>	
Gold	828	1730	1912	2044	2260	2517	2781	3146	3642	4305	<input type="checkbox"/>	
Silver	612	1306	1445	1597	1765	2033	2247	2598	3056	3668	<input type="checkbox"/>	
Basic	420	931	1029	1198	1324	1597	1765	2101	2522	3083	<input type="checkbox"/>	
Outpatient module 1	763	1656	1656	1911	1911	2292	2292	2674	3056	3566	<input type="checkbox"/>	
Outpatient module 2	573	1241	1241	1433	1433	1719	1719	2007	2292	2674	<input type="checkbox"/>	
Outpatient module 3	382	828	828	956	956	1147	1147	1337	1529	1782	<input type="checkbox"/>	
Outpatient module 4	267	580	580	669	669	802	802	937	1070	1248	<input type="checkbox"/>	
Extended dental cover	611	763	840	896	951	973	1190	1305	1374	1649	<input type="checkbox"/>	
Standard dental cover	231	289	318	343	420	426	522	545	567	680	<input type="checkbox"/>	
Funeral	28	102	117	131	148	174	205	245	297	368	<input type="checkbox"/>	
Personal accident											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"/>
Travel protection												
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

_____ Policyholder's signature

