

NHC GLOBAL PRIVATE APPLICATION FORM 2010

Currency: EUR

Fill in the application form stating personal details as well as the insurance covers requested for you 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.

Persons under the age of 18 must choose the same standard cover and deductible as one of the parents and cannot take out the insurance individually.

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

The insurance cannot be taken out for persons domiciled in or relocating to USA or Canada.

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

Covers	Deductible per insurance year	EUR 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	No deductible	1051	2854	3155	3304	3473	3568	3943	4206	4507	5257	<input type="checkbox"/>
	Deductible 400	894	2502	2757	2885	3104	3183	3503	3726	3981	4772	<input type="checkbox"/>
	Deductible 1300	736	1998	2208	2313	2431	2497	2760	2944	3155	3832	<input type="checkbox"/>
Gold	No deductible	902	2141	2366	2554	2684	2854	3155	3455	3756	4507	<input type="checkbox"/>
	Deductible 400	811	1927	2130	2299	2415	2569	2840	3109	3379	4056	<input type="checkbox"/>
	Deductible 1300	676	1606	1775	1915	2013	2141	2366	2591	2817	3379	<input type="checkbox"/>
Silver	No deductible	751	1712	1893	2104	2210	2426	2682	3004	3304	4056	<input type="checkbox"/>
	Deductible 400	713	1627	1799	1998	2100	2304	2547	2854	3140	3853	<input type="checkbox"/>
	Deductible 1300	601	1370	1514	1683	1768	1940	2146	2403	2643	3244	<input type="checkbox"/>
Basic	No deductible	601	1285	1420	1652	1736	1998	2208	2554	2854	3605	<input type="checkbox"/>
Extended dental cover		345	431	474	506	538	550	671	768	853	1024	<input type="checkbox"/>
Standard dental cover		192	239	263	285	348	354	432	451	469	564	<input type="checkbox"/>
Funeral		58	83	108	136	175	234	351	401	501	876	<input type="checkbox"/>
Medical escort and summoning									77			<input type="checkbox"/>
Curtailment									107			<input type="checkbox"/>
Personal accident												Requested sums
Maximum sums insured 300000						Loss of life	per 20000	15				<input type="text"/>
Persons under the age of 18 cannot take out death cover						Disability	per 20000	15				<input type="text"/>
Travel protection												
Premium per policy per year									153			<input type="checkbox"/>

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Policyholder			
First name(s)	Surname(s)	Date of birth (DD-MM-YY)	
Residential address/country			
Forwarding address (if relevant)			
Insured and co-insured dependent			
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

