

NHC GLOBAL PRIVATE APPLICATION FORM 2010

Currency: USD

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	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	No deductible	1371	3723	4114	4310	4530	4654	5144	5486	5878	6857	<input type="checkbox"/>
	Deductible 600	1166	3263	3596	3763	4048	4153	4569	4860	5194	6223	<input type="checkbox"/>
	Deductible 2000	960	2606	2880	3018	3172	3258	3600	3841	4114	4998	<input type="checkbox"/>
Gold	No deductible	1176	2792	3086	3331	3501	3723	4114	4507	4899	5878	<input type="checkbox"/>
	Deductible 600	1058	2513	2777	2998	3150	3351	3704	4056	4409	5290	<input type="checkbox"/>
	Deductible 2000	882	2094	2314	2498	2625	2792	3086	3379	3674	4409	<input type="checkbox"/>
Silver	No deductible	980	2234	2469	2743	2883	3164	3497	3919	4310	5290	<input type="checkbox"/>
	Deductible 600	931	2122	2345	2606	2739	3006	3323	3723	4095	5026	<input type="checkbox"/>
	Deductible 2000	784	1787	1975	2194	2307	2531	2798	3136	3448	4232	<input type="checkbox"/>
Basic	No deductible	784	1675	1852	2156	2266	2606	2880	3331	3723	4703	<input type="checkbox"/>
Extended dental cover		450	562	618	659	701	717	875	1001	1112	1336	<input type="checkbox"/>
Standard dental cover		249	312	344	371	454	460	564	589	612	735	<input type="checkbox"/>
Funeral		76	109	142	178	229	305	457	522	653	1143	<input type="checkbox"/>
Medical escort and summoning									101			<input type="checkbox"/>
Curtailment									140			<input type="checkbox"/>
Personal accident												Requested sums
Maximum sums insured 400000						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									200			<input type="checkbox"/>
Premium per policy per year												

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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

