

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.

Hong Kong premium table

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	1782	4839	5349	5604	5889	6050	6687	7133	7641	8915	<input type="checkbox"/>
	Deductible 600	1515	4241	4675	4891	5263	5398	5940	6319	6752	8090	<input type="checkbox"/>
	Deductible 2000	1248	3387	3744	3923	4123	4236	4681	4993	5349	6496	<input type="checkbox"/>
Gold	No deductible	1529	3630	4011	4330	4551	4839	5349	5858	6368	7641	<input type="checkbox"/>
	Deductible 600	1376	3267	3610	3898	4095	4356	4814	5273	5732	6878	<input type="checkbox"/>
	Deductible 2000	1147	2723	3009	3248	3413	3630	4011	4393	4776	5732	<input type="checkbox"/>
Silver	No deductible	1274	2904	3210	3566	3747	4113	4547	5095	5604	6878	<input type="checkbox"/>
	Deductible 600	1211	2758	3048	3387	3561	3908	4320	4839	5324	6534	<input type="checkbox"/>
	Deductible 2000	1019	2324	2568	2853	2999	3291	3637	4076	4484	5502	<input type="checkbox"/>
Basic	No deductible	1019	2178	2408	2802	2945	3387	3744	4330	4839	6113	<input type="checkbox"/>
Extended dental cover		417	521	572	610	649	664	811	927	1030	1237	<input type="checkbox"/>
Standard dental cover		231	289	318	343	420	426	522	545	567	680	<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	Premium per policy per year								200			<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

