

ACS Health in Asia Plan

I the undersigned _____ Usual / married name _____ First name _____
 DOB | | | | | in _____ Nationality _____
 Sex : F M
 Marital status : single married widow divorced marital life civil union

Address of residence abroad _____

Address in country of origin _____

Phone _____

Passport no. _____

Can I draw your special attention to the items highlighted with blue arrows. And these important points...

CNX
insure

REPATRIATION ASSISTANCE

- Repatriation or medical transportation Actual expenses
- Transportation of the body in the event of death:
- Repatriation of the body Actual expenses
- Funeral expenses required for transportation USD 1500
- Repatriation of other family members Ticket (one way only)
- Return of the insured to the country of expatriation after «consolidation» Ticket (one way only)
- Early return in case of a serious illness or accident of a family member Ticket (round trip)

	ASSISTANCE
1 person	143 USD
2 persons	286 USD
3 persons and more	398 USD

Coverage level _____ Deductible * _____ Co-Insurance * _____
 None 100 USD 10%
 Bronze 500 USD 20%
 Silver 1 000 000 USD
 Gold 1 000 000 USD

CIVIL LIABILITY

- Physical injury, material or consequential loss USD 4 500 000
- Material and consequential loss only USD 450 000
- Excess per claim USD 150

Annual limit _____ Length of cover _____ Lifetime (Policy #011767/007) Non lifetime (Policy #011767/007)

	CIVIL LIABILITY / RC
1 person	55 USD
2 persons	110 USD
3 persons and more	148 USD

Zone 1 : Cambodia, Indonesia, Laos, Malaysia, Myanmar, Philippines, Taiwan, Vietnam, Thailand and the countries that belong to the European Economic Area (EEA) except the United Kingdom,

Zone 2 : Same countries as Zone 1 plus the United Kingdom for stays of less than 120 consecutive days

* Deductible and co-insurance only available for Silver and Gold plans . **The combination of deductible and co-insurance options is not possible under this plan**

** Bronze Basic plan offers a preferential rate with the same level of coverage as Bronze plan. By choosing Bronze Basic plan, the insured accepts to be covered at 100% only in a dedicated hospital network. Bronze Basic plan is exclusively available for expatriates in Thailand. For more information about this plan, please refer to the information leaflet.

*** 1 000 000 USD annual limit is not available for Bronze Basic plan .

- request membership of the Assistance and Civil Liability coverage

Assistance and Civil Liability - Policy n° 78 931 579

Annual contribution **2**

Assistance cover yes no _____ USD
 Civil liability yes no _____ USD



- request membership of the individual Contingency coverage

Contingency (only one choice possible) - Policy n° 080225/112

Annual contribution 3

Gross annual income in USD (if contingency coverage) _____ USD

1 - Death option

Essential (25 000 USD)

Comfort (50 000 USD)

Excellence (100 00 USD)

_____ USD

(complementary to health cover - cannot exceed 2 times the stated gross annual income)

Beneficiary designation in the event of death**1st formula :** I choose the type designation below :

In the event of death, the lump sum shall be paid to : the no separated spouse of married policy holder, or failing, to the children born or to be born of the policy holder, In equal shares between them, the predeceased share being allotted to his own children or brothers and sisters if he or she has no children, failing, the father and mother in equal fractions, the predeceased's share being paid to the survivor, or failing, the heirs.

2nd formula : I do not opt for the 1st formula and designate as my beneficiary _____**2 - Disability option**

Essential (Benefits 25 USD/day)

Comfort (Benefits 50 USD/day)

Excellence (Benefits 100 USD/day)

_____ USD

(complementary to death option - cannot exceed 70 % of the stated gross annual income)

Grace period

90 days

180 days

The amount of my first annual contribution for **Health (1) + Assistance + Civil liability (2) + Contingency (3)** is _____ USDAnnual contribution 4I want my membership to become effective on

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Contributions are payable in advance. **Annual Globe Partner Association membership costs: 30 USD per contract.****Payment method :**

debit of credit card

bank transfer

Frequency :

calendar year

calendar half-year

calendar quarter year

month

Instalment : I settle the amount of _____ USD payable to ACS, corresponding to the premium pro rated to time between the effective date and the first calendar insurance period + **30 USD** membership fees by :

debit of credit card

bank transfer

- Enter "Chiang Mai"

In _____ on

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Read and approved

- Sign here

Signature of member

References of broker

Question # _____	Person: _____	Question # _____	Person: _____
Question # _____	Person: _____	Question # _____	Person: _____
Question # _____	Person: _____	Question # _____	Person: _____
Question # _____	Person: _____	Question # _____	Person: _____

I hereby declare that the above statements are full, complete and true to the best of my knowledge and belief, and that I have not declared or omitted to declare any particular that may mislead the insurer. It is fully agreed that the penalties which apply in the case of false statement, concealment or inaccuracy, are the nullity of the contract or the reduction of the level of coverage.

I agree that in the case of false or incomplete statement, the insurer has the right to reduce the level of, or refuse, coverage.

Signed in (town or city) _____ Date (DD/MM/YYYY) _____

– Enter the Town or City you are in whilst completing the form

Read and approved _____

– Today's date

– Sign here

Signature of the insured members aged 18 years old or more