



# PARTICIPATIVE INTERNATIONAL MEDICAL

INSURANCE Mutualist, affordable, ethical

## APPLICATION FOR EACH PERSON TO BE COVERED

|                       |  |                    |  |
|-----------------------|--|--------------------|--|
| Expatriation Country: |  | Gender:            |  |
| Nationality:          |  | Passport Number:   |  |
| First name:           |  | Middle name (1st): |  |
| Date of birth:        |  | Last name:         |  |
| Height (cm):          |  | Weight (kg):       |  |
| Phone No:             |  |                    |  |
| E-mail:               |  |                    |  |

|  |
|--|
| <b>MEDICAL PRE-EXISTING CONDITIONS (IF ANY):</b> |
|  |
|  |
|  |
|  |

|  |
|--|
| <b>PAST OR PRESENT SICKNESS, PAST SURGERY, MEDICINE TAKEN:</b> |
|  |
|  |
|  |
|  |

|   |
|---|
| <b>DID YOU HAVE A PREVIOUS COVER (NOT TRAVEL COVER) IF YES, PLEASE SEND US THE INSURANCE CERTIFICATE:</b> |
|   |

|                           |  |            |  |              |  |         |  |
|---------------------------|--|------------|--|--------------|--|---------|--|
| <b>PAYMENT FREQUENCY:</b> |  |            |  |              |  |         |  |
| Monthly:                  |  | Quarterly: |  | Bi-annually: |  | Yearly: |  |

|                          |  |     |  |     |  |     |  |
|--------------------------|--|-----|--|-----|--|-----|--|
| <b>PAYMENT CURRENCY:</b> |  |     |  |     |  |     |  |
| USD                      |  | EUR |  | GBP |  | THB |  |

|                         |                |
|-------------------------|----------------|
| <b>MODE OF PAYMENT:</b> |                |
| CREDIT CARD:            | BANK TRANSFER: |
| NAME ON CARD:           |                |
| CARD NUMBER:            |                |

|              |  |             |  |                   |  |  |  |
|--------------|--|-------------|--|-------------------|--|--|--|
| VISA CARD    |  | MASTER CARD |  | AMEX CARD         |  |  |  |
| EXPIRY DATE: |  |             |  | 3 FIG NO. ON REAR |  |  |  |

24 hours Call Centre in Bangkok +66 (0)953697939, +66 (0)27197832-4,

UK: 44 Broadway Stratford, London E15 1XH, FRANCE, INDIA, NEVIS, THAILAND, London +66 (0)20260616

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## HEALTH INSURANCE PLANS

| INTERNATIONAL PLANS:   |  |                   |  |                        |  |
|------------------------|--|-------------------|--|------------------------|--|
| SERENITY 100,000 USD   |  | OUT-PATIENT COVER |  | DENTAL / OPTICAL COVER |  |
| SERENITY 200,000 USD   |  | OUT-PATIENT COVER |  | DENTAL / OPTICAL COVER |  |
| SERENITY 400,000 USD   |  | OUT-PATIENT COVER |  | DENTAL / OPTICAL COVER |  |
| SERENITY 600,000 USD   |  | OUT-PATIENT COVER |  | DENTAL / OPTICAL COVER |  |
| SERENITY 800,000 USD   |  | OUT-PATIENT COVER |  | DENTAL / OPTICAL COVER |  |
| SERENITY 1,000,000 USD |  | OUT-PATIENT COVER |  | DENTAL / OPTICAL COVER |  |
| ELITE 2,000,000 USD    |  | OUT-PATIENT COVER |  | DENTAL / OPTICAL COVER |  |

| ECONOMY PLANS:          |  |                   |  |                        |  |
|-------------------------|--|-------------------|--|------------------------|--|
| ECONOMY PLAN 10,000 USD |  | OUT-PATIENT COVER |  | DENTAL / OPTICAL COVER |  |
| ECONOMY PLAN 20,000 USD |  | OUT-PATIENT COVER |  | DENTAL / OPTICAL COVER |  |
| ECONOMY PLAN 40,000 USD |  | OUT-PATIENT COVER |  | DENTAL / OPTICAL COVER |  |
| ECONOMY PLAN 80,000 USD |  | OUT-PATIENT COVER |  | DENTAL / OPTICAL COVER |  |

| MICRO PLANS:         |  |                   |  |                        |  |
|----------------------|--|-------------------|--|------------------------|--|
| MICRO PLAN 1,000 USD |  | OUT-PATIENT COVER |  | DENTAL / OPTICAL COVER |  |
| MICRO PLAN 2,000 USD |  | OUT-PATIENT COVER |  | DENTAL / OPTICAL COVER |  |
| MICRO PLAN 3,000 USD |  | OUT-PATIENT COVER |  | DENTAL / OPTICAL COVER |  |

| DEDUCTIBLE PER IN-PATIENT CLAIM: |  |         |  |           |  |           |  |           |  |
|----------------------------------|--|---------|--|-----------|--|-----------|--|-----------|--|
| 0 USD                            |  | 500 USD |  | 1,000 USD |  | 2,000 USD |  | 5,000 USD |  |

|                |  |                                     |  |
|----------------|--|-------------------------------------|--|
| STARTING DATE: |  | ASSISTANCE EVACUATION REPATRIATION: |  |
|----------------|--|-------------------------------------|--|

ADDRESS + CONTACT PERSON:

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## LIFE & DISABILITY INSURANCE

### CAPITAL IN CASE OF DEATH OR TOTAL DISABILITY BY SICKNESS

|                          |            |            |            |             |            |             |
|--------------------------|------------|------------|------------|-------------|------------|-------------|
| <b>CAPITAL REQUIRED:</b> | 10,000 USD |            | 20,000 USD |             | 30,000 USD |             |
| 40,000 USD               |            | 50,000 USD |            | 100,000 USD |            | 200,000 USD |

### CAPITAL IN CASE OF DEATH OR TOTAL DISABILITY BY ACCIDENT

|                          |            |            |            |             |            |             |
|--------------------------|------------|------------|------------|-------------|------------|-------------|
| <b>CAPITAL REQUIRED:</b> | 10,000 USD |            | 20,000 USD |             | 30,000 USD |             |
| 40,000 USD               |            | 50,000 USD |            | 100,000 USD |            | 200,000 USD |

**PERSONAL LIABILITY:**

**COMMENTS:**

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