

# Application Form

## Health and Accident Insurance Policy (Maximum Limit per Year)

Aetna Health Insurance (Thailand) Public Company Limited

98, Sathorn Square Office Tower, 14<sup>th</sup>-15<sup>th</sup> Floor, North Sathorn Road, Silom, Bangrak, Bangkok 10500

Tel. 0 2677 0000 Fax. 0 2230 6500 Aetna Call Center 0 2232 8666 (Service 24/7 hours)

### Insured's Information

- Applicant's Name Mr. / Mrs. / Ms. ....  
Applicant's address / Address for correspondence .....  
..... Zip code   
Telephone No. (Home)  (Office)  ext. ....  
(Mobile)  (Fax)  Email.....
- ID Card No.  Date of Birth  Age  Year  
Weight (kg)  Height (cm)  Nationality .....
- Applicant's occupation..... Position..... Place of work.....  
Please describe nature of work.....
- Name of first beneficiary..... Relationship with the insured.....  
Address..... Telephone No.   
Name of second beneficiary..... Relationship with the insured .....  
Address..... Telephone No.
- Required Period of Insurance: starting from  to
- Name of your selected plan.....  
Additional coverage:  Outpatient  Income Compensation Plan  Personal Accident
- You select the insurance payment by:  annually  monthly by  
 Credit card (Bank's name).....  
Credit card No.  Expiry date   
Credit card type:  Visa  Master Card holder's name:..... Telephone No.   
Card holder's signature.....  
 Direct debit (Bank's name) ..... Branch..... Account No.....  
Total premium payable..... Baht per installment (stamp duty and specific business tax are included.)
- Auto Renew  
 I wish to renew the term of the policy upon every expiration date by having the Company charge the insurance premium via credit card or bank deposit as provided in the aforementioned.
- Do you have health, life or accident insurance or other income compensation plan with Aetna and/or other companies?  
 No  Yes (if Yes, please state the company name.....and sum insured.....Baht)
- Health Representation: Please put the mark  in  of each question. These information are important for supporting the consideration on the payment of compensation.  
10.1 Have you ever had an application rejected or a policy cancelled, rated or restricted by Aetna and/or other companies?  
 No  Yes (if Yes, please state the company name..... and sum insured.....Baht)

(English translation for the convenience of foreigner applicant only)



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- 10.2 Do you suffer or have ever received the treatment of following diseases or not? kidney disease, heart disease, cancer, liver disease, HIV(AIDS), hypertension, diabetes, blood disease or other serious chronic diseases?  
 No  Yes (if Yes please describe) .....
- 10.3 Do you suffer or have ever received the treatment of following diseases or not? brain or nervous system disease, tumor, bone or muscle disease or other diseases?  
 No  Yes (if Yes please describe) .....
- 10.4 During the past 5 years, Do you ever have any surgery, diagnosis, receive treatment in the Hospital or Medical Center or have any accident or not?  
 No  Yes (if Yes please describe symptom and cause including diagnosis, period and place of treatment)  
 .....
- 10.5 During the past 5 years, Do you ever consult with physician, diagnosis (for instance, having an examination by using computer X-ray, magnetic resonance imaging (MRI), or having pathology skin biopsy examination, ultrasound scanning, EKG or blood test, urine test), or Do you receive physician's prescription or not?  
 No  Yes (if Yes please describe symptom and cause including diagnosis, period and place of treatment)  
 .....
- 10.6 At present, Do you suffer with any disease or have any abnormality (for instance, any pain, tumor, abnormal bleeding) which does not receive treatment or does not consult with physician or not?  
 No  Yes (if Yes please describe) .....
- 10.7 At present, Do you regularly take any drugs or not?  
 No  Yes (if Yes please describe) .....
11. Please give us the name of physician, the Hospital or Medical Center or Clinic together with its address that you regularly use its service [in case where you are foreigner (Non-Thai Resident), please give us the name of physician, the Hospital or Medical Center where you receive latest treatment in your country?]  
 .....  
 .....

I certify that all the above statements in this Application are true in all respects. If I give false statement or do not disclose any truth, I hereby consent to the Company to terminate the Insurance Contract.

I, do hereby authorize Aetna Health Insurance (Thailand) Public Company Limited, as the Attorney-in-fact request any kinds of information of my health record of health conditions from any physician or healthcare provider or any other organization (who has my health record or health conditions) on my behalf until completion. A photocopy of this statement of authorization shall be as effective and valid as the original.

I hereby consent to the company's keeping, use, and disclose of the facts about my health and information to the OIC for the benefits of supervision of the insurance business.

Would you like to claim for personal income tax deduction with this health insurance premium ?

- Yes. and I permit the insurer to send and reveal the information about this insurance premium to the Revenue Department. If the applicant is a Non-Thai Resident, please enter the taxpayer ID number given by the Revenue Department.....
- No

.....  
 Applicant's Signature

.....  
 Signature of Lawful Representative  
 (a person, on completion of 20 years of age)

.....  
 Apply date (Date/Month/Year)

Agent

Broker

License No.....

In case where the Insured does not wish to apply for the insurance, please contact the Company and provide relevant documents requesting the termination of the Insurance Application Form or the policy (as the case may be) within 15 days upon receiving such documents, If the Insured did not comply with the aforementioned, the Company shall deem that the Insured accepts all the aforementioned details and conditions and that the Insurance Contract shall be in effect until the Company is provided with your written notice of any change.

**Reminder of the Office of Insurance Commission, Ministry of Commerce**

**The Applicant must truthfully answer all questions. Any concealment or misrepresentation of the truth may cause the Insurance Contract to be voidable. Accordingly, the insurance company shall be entitled to avoid the Insurance Contract as per Section 865 of the Civil and Commercial Code and the insurance company may refuse to honor insurance claim.**

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