

Application Form

Health and Accident for General Group and Organizational Group

Please choose the language which you intend to use for issuing the Insurance Policy

- Thai language, Please complete all information in the document in the Thai language
- English language, Please complete all information in the document in the English language
- Both Thai and English, Please complete all information in the Insurance Application Form in both languages

Insured's Information

1. Name of Insurance Policy Holder
Building Floor Room No..... Address: No.....
Alley..... Road..... Sub-district.....
District..... Province..... Zip code.....
Telephone No..... Telefax No..... Email.....
Contact person.....
Business category.....
First Date of Insurance Coverage.....
2. Do you need the insurance to cover the officer and employee of the company in the same group?
 No Yes, Please complete the name of the company in the same group
 - 1). Name..... Zip code
 - Address.....
 - 2). Name..... Zip code
 - Address.....
 - 3). Name..... Zip code
 - Address.....
3. At present, Have you already purchased the health insurance or accident insurance with other insurance company or not?
 No Yes, Please specify the name of the insurance company
 - 1)
 - 2)
4. This group insurance of health and accident shall cover
 All employees of the Company () including the Dependants () excluding the Dependants
 Only the employees passing the probationary period () including the Dependants () excluding the Dependants

5. Premium Payment
 The employer pays the whole premium for the employee. () including the Dependants () excluding the Dependants
 The employer pays partial premium for the employee.
6. The date on which the Insured Person entitled to the coverage
 The first date on which the Insured Person works for the Company
 The date after the Insured Person passed the probationary period
 Other
7. Number of the insured employees
 Single employees Male EmployeesFemale Employees
 Married Employees Male EmployeesFemale Employees
 Number of Dependants (spouse and child).....
 Number of persons who are over 60 years old.....
8. Benefits of Coverage
Please attach the Quotation No.

(English translation for the convenience of foreigner applicant only)



9. Which method do you intend to receive the compensation?

- To pay in cheque, specifying the Company's name as payee
- To remit money to the Company's bank account, Please attach the details for the transfer of money via bank
 - Bank's name
 - Branch office.....
 - Account type Saving account Current account Other.....
 - Account No.....
 - Account name.....
- To pay in cheque directly to each employee
- To transfer money to each employee's bank account, Please attach name of the Bank, its branch office including the bank account number of each employee

10. You intend to receive the documents relating to the invoice or the credit note when you notify the employee starting to work for the Company or quitting the Company

- Every time that you notify the employee starting to work or quitting the Company
- Every month
- Every 3 months
- Every 6 months
- Annually

10.1 Which method do you intend to receive the returned premium?

- To pay in cheque, specifying the Company's name as payee
- To remit money to the Company's bank account, Please attach the details for the transfer of money via bank
 - Bank's name
 - Branch office.....
 - Account type Saving account Current account Other.....
 - Account No.....
 - Account name.....

11. I, as the Applicant, agree and consent that

- 1) If the statement of myself or either employee is false or if I, employee, omits to disclose facts, I hereby consent to the Company who is the insurer to avoid all agreements or only specific agreement;
- 2) The Applicant consents to the Company to check the evidences relating to the employees, salary rate including any other material facts for the consideration on approving the insurance or for other purpose of other action during the period that the Insurance Policy is in effect;

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

Company's Name and Seal Applicant by Title.....	Date..... Month Year Signed..... Agent/Broker License Number.....
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Warning of the Office of the Insurance Commission

The Applicant must reply all above-mentioned questions with the fact. If the Applicant omits to disclose facts or makes false statement, this insurance agreement shall be voidable. Then, the Company shall be entitled to avoid the insurance agreement in accordance with the Civil and Commercial Code, Section 865.

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