



HEALTH INSURANCE APPLICATION FORM

Policy Holder / Main Insured Details

<input type="text" value="Name"/>	<input type="text" value="Title"/>	<input type="text" value="First Name(s)"/>	<input type="text" value="Last Name"/>
<input type="text" value="Telephone (at least one required)"/>	<input type="text" value="Area Code / Business No."/>	<input type="text" value="Area Code / Home No."/>	<input type="text" value="Area Code / Mobile No."/>
<input type="text" value="Address"/>			
<input type="text" value="Country of Residence"/>	<input type="text" value="Email"/>		
<input type="text" value="Nationality"/>	<input type="text" value="Passport/I.D. No."/>		
<input type="text" value="Gender"/>	<input type="text" value="Male"/>	<input type="text" value="Female"/>	<input type="text" value="Date of Birth"/>
			dd / mm / yyyy

Additional Insured Person(s) Details

Insured 2:

<input type="text" value="Name"/>	<input type="text" value="Title"/>	<input type="text" value="First Name(s)"/>	<input type="text" value="Last Name"/>	<input type="text" value="Date of Birth"/>
				dd / mm / yyyy
<input type="text" value="Gender"/>	<input type="text" value="Male"/>	<input type="text" value="Female"/>	<input type="text" value="Nationality"/>	

Insured 3:

<input type="text" value="Name"/>	<input type="text" value="Title"/>	<input type="text" value="First Name(s)"/>	<input type="text" value="Last Name"/>	<input type="text" value="Date of Birth"/>
				dd / mm / yyyy
<input type="text" value="Gender"/>	<input type="text" value="Male"/>	<input type="text" value="Female"/>	<input type="text" value="Nationality"/>	

Insured 4:

<input type="text" value="Name"/>	<input type="text" value="Title"/>	<input type="text" value="First Name(s)"/>	<input type="text" value="Last Name"/>	<input type="text" value="Date of Birth"/>
				dd / mm / yyyy
<input type="text" value="Gender"/>	<input type="text" value="Male"/>	<input type="text" value="Female"/>	<input type="text" value="Nationality"/>	

Coverage Selection

Plan Name (select one only)

Thai Long Stay
 Major Medical
 Standard
 Comprehensive
 Fully Comprehensive

<input type="text" value="Start Date"/>	<input type="text" value="Optional Evacuation Benefits USD 275 per person"/>
dd / mm / yyyy	

Choose Your Payment Options

Please select your payment frequency.

Annual (No surcharge)

Semi-Annual (5% surcharge)

Quarterly (7% surcharge)

Monthly (10% surcharge)

Credit Card Details

Please select how you want to pay.

Visa

MasterCard

Credit Card Number

Expiry

Name on Card

CVC

Use of Personal Data Policy

Regency for Expats only collects personal data that it believes is relevant in connection with your Regency for Expats cover. Failure to supply personal data requested on this form may result in Regency for Expats being unable to provide or continue to provide client management services and/or related services or products which Regency for Expats may from time to time offer or provide, or to comply with applicable laws or guidelines issued by applicable regulatory authorities.

For the purposes of administering your Regency for Expats cover and our business relationship with you, Regency for Expats shares your personal data with its employees, auditors, contractors and consultants and other parties, including its parent and affiliated companies who require such information for those purposes. These include third parties that provide services to us or on our behalf and third parties that collaborate with Regency for Expats for Expats in the provision of services to you.

If you wish to update, access or correct your personal data collected by Regency for Expats, or otherwise have questions about Regency for Expats' data protection policies and procedures, you may make such request at any time, with your name and contact number to our Chief Compliance Officer.

Declaration

I/We declare that all information provided in this application form, including this declaration and any supporting documentation are complete and true to the best of my/our knowledge and belief.

I/We understand that I/We have the right to cancel and obtain a refund of any premium under the terms of the "Cooling-Off" period.

I/We understand that in the event of any doubt about the content of any documents provided by Regency for Expats or the terms of any insurance provided by Regency for Expats I/We should obtain independent professional advice prior to the completion of this application form.

Name

First Name(s)

Last Name

Signature

Date

Your Broker Details

Website

Logo



Email

