



ASIANET ACCIDENT PLAN APPLICATION FORM

(For individuals aged between 17 & 29 years old)

ADMINISTERED BY THIRD MILLENNIA HEALTH

PLEASE COMPLETE AND RETURN TO: admin@thirdmillenniahealth.com

If filling form by hand, please complete using capitals and black ink.

(*Mandatory fields)

THINKING OF JOINING US?

Title:	First Name(s):	Family Name:
Date of birth (dd/mm/yy):	Gender: <input type="checkbox"/> S <input type="checkbox"/> F	
Height (ft/cms):	Weight (kgs/lbs):	
Nationality*:		
Country of usual residence*:	How long have you lived here?:	
Occupation:		
Residential address:		
Telephone No (for correspondence):		
Telephone No (other):		
Email address:		

EXCESS OPTIONS, PAYMENT & COMMENCEMENT DATE

Please select an excess option:	<input type="checkbox"/> No Excess	<input type="checkbox"/> US\$1,500 (20% discount)	<input type="checkbox"/> US\$3,500 (35% discount)
Please select a payment option:	ONE ANNUAL PAYMENT OF US\$500 ONLY		
How do you want to pay?:	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Bank Transfer	
Date on which you want your plan to commence:	<input type="checkbox"/> On Acceptance		
	<input type="checkbox"/> Other Date: (dd/mm/yy):		

DECLARATION AND AUTHORIZATION

I have read and understood the AsiaNet Plan Membership Guide with regard to the Accident Plan and I understand that this insurance provides cover for ACCIDENTS ONLY. I understand that I am only covered for usual benefits when treated at a hospital named in the Vivilate Network B list of healthcare providers. I understand that should I be treated at any other hospital, my claims will be subject to a 30% co-insurance. I hereby declare that all information on this application form complete and correct and I agree that information I have supplied may be shared with the Insurer and any company it employs. I authorize Third Millennium Health and the claims administrator to send any document or communication relating to this insurance policy or to any claim made, to the email address I have stated on this application form.

Signature of applicant:

Date: (dd/mm/yy)

Print name:

PLEASE ENCLOSE A PASSPORT SIZED PHOTOGRAPH WITH YOUR APPLICATION FORM



THIRD MILLENNIA
Evolution of health and wellbeing in Asia

PLEASE COMPLETE AND RETURN TO:

Third Millennium Health
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e: admin@thirdmillenniahealth.com



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