



www.aoc-insurancebroker.com

	NAME PLANHOLDER	Currency	
	<i>ex: below please fill up such as (21/08/1976 / RUSSIA)</i>	1€	1\$
	MENTION AGE (DD/MM/YY) / Nationality	CONDITION TO MENTION <i>Ex: Diabete,Cancer, or any specific treatment</i>	
Your (exact birthday date)			
Partner/Wife/Husband			
Kid 1			
Kid 2			
Kid 3			
Kid 4			
YOUR PHONE (Country extension-number)	EMAIL	SKYPE	
Country of expatriation			
STARTING DATE			
YOUR NEEDS	DESCRIPTION	YES	NO
Hospitalization/Emergency	Hospitalization/Emergency/Accident		
Outpatient Treatment Care	Consultation,treatment outside of the hospital/Clinic		
Medical Assistance Repatriation	Ambulance/Helicopter/Plane cost to carry you & Direct Payment Hospital		
OPTIONAL (package or not depending on plan/insurance)			
Dental Care	Dental care		
Vision Care	Optical care		
Routine Maternity	Pregnancy & complication		
Income protection/Life Insurance	In case of death or disability insurance cover part of your income		
Individual Liabilities	Help to cover cost of denfense in case of suance, cover of potential damages		
Deductible / Excess	Total amount of money the insured is supposed to pay before the insurer starts paying all further medical expenses. Deductibles may apply on a per year or on a per condition basis. Deductibles are a key factor affecting the premium cost.		

Paris: +33 (0) 1 49 97 80 38 / Bangkok: +66 (0) 8 60 12 62 75 / Hong Kong: +852 (0) 81 92 63 63

contact@aoc-insurancebroker.com