ASIANET ACCIDENT PLAN
APPLICATION FORM
(For individuals aged bewteen 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: ❑ M ❑ 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:	❑ No Excess	❑ US$1,500 (20% discount)	❑ US$3,500 (35% discount)
Accident Plan Network:	☐ Network A	☐ Network B	
How do you want to pay?:	❑ Credit Card	❑ Bank Transfer	
Date on which you want your plan to commence:		❑ On Acceptance	
		❑ 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 Safe Meridian 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 Millennia 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 Millennia Health
Represented by: PT API Pacific, Nakula Plaza Building B1,
Jalan Nakula, Legian, Bali 80361, Indonesia
t: + 62 (0) 361 737317 f: + 62 (0) 361 737314
e: admin@thirdmillenniahealth.com

SAFEMERIDIAN

ACCIDENT: A sudden, unexpected, unintentional event that happens at an identifiable time and place, and is outside your control and causes injury or illness.