

Application
For „Health Care Fix” Insurance

I. Company details:

Policy-holder: _____

Tax ID: _____ address: _____

Term of the contract: 12 months, beginning in 0.00 h on: _____

Business activities: _____

Representative: _____

II. Insurance coverage:

Packages	Option	<input type="checkbox"/> Optimum	<input type="checkbox"/> Luxury
	Number	Yearly premium per person	Yearly premium for the group
Outpatient Medical Aid		x BGN =	
Inpatient Medical Aid			
Medicaments, bandage materials, auxiliary facilities and consumables			
Dental Aid – <i>It is an optional coverage. Could be included only if applicable for all employees</i>		x BGN =	
Total Premium			
2% taxation			
Total due sum			

Payment	<input type="checkbox"/> Single	<input type="checkbox"/> semi annually (2 installments)	<input type="checkbox"/> quarterly (4 installments)	<input type="checkbox"/> monthly (12 installments)
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Date: _____

City of: _____

/for the Policy-holder/

/for the Agent/