

## APPLICATION

*For „Health Care“ Insurance*

### I. Clients data:

Policyholder: \_\_\_\_\_

Tax ID: \_\_\_\_\_ address: \_\_\_\_\_

Term: \_\_\_\_\_ months from 00:00 h. on \_\_\_\_\_ to 24:00 h. on \_\_\_\_\_

Business activity: \_\_\_\_\_

Represented by: \_\_\_\_\_

### II. Employees data:

Average age	Number of Males	Number of Females
Up to 30 years		
Up to 45 years		
Up to 60 years		
Over 60 years		
<b>Total:</b>		

### III. Territorial distribution of the employees:

City	Number of employees
<b>Total:</b>	

#### IV. Scope of the coverage:

Insurance packages	Group 1		Group 2		Group 3	
	Опция	Лимит, лв.	Опция	Лимит, лв.	Опция	Лимит, лв.
Prophylaxis	<input type="checkbox"/> Standard		<input type="checkbox"/> Standard		<input type="checkbox"/> Standard	
	<input type="checkbox"/> Optimum		<input type="checkbox"/> Optimum		<input type="checkbox"/> Optimum	
	<input type="checkbox"/> Luxury		<input type="checkbox"/> Luxury		<input type="checkbox"/> Luxury	
Outpatient care	<input type="checkbox"/> Standard		<input type="checkbox"/> Standard		<input type="checkbox"/> Standard	
	<input type="checkbox"/> Optimum		<input type="checkbox"/> Optimum		<input type="checkbox"/> Optimum	
	<input type="checkbox"/> Luxury		<input type="checkbox"/> Luxury		<input type="checkbox"/> Luxury	
* <i>Surveillance of pregnancy</i>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
In-patient care	<input type="checkbox"/> Standard		<input type="checkbox"/> Standard		<input type="checkbox"/> Standard	
	<input type="checkbox"/> Optimum		<input type="checkbox"/> Optimum		<input type="checkbox"/> Optimum	
	<input type="checkbox"/> Luxury		<input type="checkbox"/> Luxury		<input type="checkbox"/> Luxury	
* <i>Giving a birth</i>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Health care	<input type="checkbox"/> Standard		<input type="checkbox"/> Standard		<input type="checkbox"/> Standard	
	<input type="checkbox"/> Optimum		<input type="checkbox"/> Optimum		<input type="checkbox"/> Optimum	
	<input type="checkbox"/> Luxury		<input type="checkbox"/> Luxury		<input type="checkbox"/> Luxury	
Medicines and auxiliary materials	<input type="checkbox"/> Standard		<input type="checkbox"/> Standard		<input type="checkbox"/> Standard	
	<input type="checkbox"/> Optimum		<input type="checkbox"/> Optimum		<input type="checkbox"/> Optimum	
	<input type="checkbox"/> Luxury		<input type="checkbox"/> Luxury		<input type="checkbox"/> Luxury	
Dental care	<input type="checkbox"/> Standard		<input type="checkbox"/> Standard		<input type="checkbox"/> Standard	
	<input type="checkbox"/> Optimum		<input type="checkbox"/> Optimum		<input type="checkbox"/> Optimum	
	<input type="checkbox"/> Luxury		<input type="checkbox"/> Luxury		<input type="checkbox"/> Luxury	

\* *The marked positions are subsections to the main sections.*

#### V. Special conditions:

1. Do you want us to cover pre-existing conditions: Yes / No?
2. Co-payment of the insured in the claim: Yes / No?
3. Have you ever had an health insurance: Yes / No?  
If **YES**, please provide the following information – previous insurance company, for how many years, claims history.

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#### VI. Payment plan:

- single
- 2 installments in 6 months
- 4 installments in 3 months
- 12 installments monthly

#### VII. Other clarifications?

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Date: \_\_\_\_\_

City: \_\_\_\_\_

\_\_\_\_\_  
/Signature of the Policyholder/