Application form

For Comprehensive Health Insurance Plans for Foreigners

PROPOSED INSURED

Health Insurance Plan Selected

Comprehensive ČR+Schengen “Bronze”

Requested Start Date

How many Months Cover is Needed?

First Name

Last Name

Date of Birth

Nationality

Passport Number

Email

Phone Number

Phone Number Abroad

Gender

- ○ Male
- ○ Female

Student

- ○ Yes
- ○ No

Marital Status

- ○ Single
- ○ Married

CURRENT AND BILLING ADRESS – PREFERABLY IN CZECH REPUBLIC

Street and Number

Town and City

Postcode or State and ZIP Code

Country

Phone Number

BILLING ADRESS ADRESS – if different from above

Street and Number

Phone Number

Postcode or State and ZIP Code

Country

Phone Number

If you have any special requests, instructions or comments for us please enter them here

I hereby confirm and agree that all of the requirements contained herein are true and accurate and have been entered in a precise and complete manner and that information was also provided to me in a clear, precise and complete manner, and that the meaning of the insurance terms and conditions was explained to me to a sufficient degree. I also agree to the processing of my personal and sensitive data and consent to the determination of my state of health by authorizing all doctors, hospitals, medical facilities and health insurers to provide requested medical records upon written request. I, nor any of my insured dependents reside in the US for more than 180 days within a 12 month period.
I agree that this application for private health insurance does not conflict with any obligations I may have under the state public health insurance laws nor does mandatory or voluntary enrollment in any public health insurance terminate this contract.

To Submit this application for immediate processing, Please scan and return this
fully completed application form to
Office@HamiltonHudson.cz
along with your Passport or Government ID, Recent Letter of Student Status if applicable. Thank You

AXA ASSISTANCE
více než / služba

HAMILTON | HUDSON