PACIFIC CROSS
VIETNAM

The strength behind your insurance

APPLICATION FOR CHANGING OF PRODUCT

Name of Policyholder: ______________________________

Policy No.: ______________________________

Name of Insured Person: ______________________________

Current Plan: ______________________________

Request to change product as below:

HEALTH FIRST	HF1 -VND 150,000,000	HF2 -VND 250,000,000	HF3 -VND 450,000,000
Core Benefit	☐	☐	☐
Outpatient Medical Benefit	☐	☐	☐
Dental	☐	☐	☐
Personal Accident	Amount: ______________		

FOUNDATION	STANDARD – VND 500,000,000	EXECUTIVE – VND 1,000,000,000	PREMIER – VND 2,000,000,000
In-patient	☐	☐	☐
Out-patient	☐	☐	☐
Additional Benefit	☐ Dental 1	☐ Dental 2	

MASTER	M1+ - VND 5,000,000,000 ☐	M2 – VND 10,000,000,000 ☐	M3 – VND 20,000,000,000 ☐
Additional Benefit	☐ VND 1,000,000,000 Surgeon's Fee Upgrade (for M1+ only)		
	☐ Dental ☐ LifeStyle 1	☐ LifeStyle 2	☐ Personal Accident Amount: ______________
Discount Options	☐ Treatment Area Limit (25%) ☐ 20% Co-payment (25%)	☐ Outpatient Exclusion (30%) ☐ VND 50,000,000 Inpatient Benefits Deductible (20%)	

Please advise if any person covered by this request:

		YES	NO
1.	has undergone any tests, investigations or taken any medications or received any form of treatment recommended or prescribed during the last 12 months?	☐	☐
2.	is currently under treatment or observation for any medical condition?	☐	☐
3.	has been advised to have any diagnostic test or medical procedure which has not been completed?	☐	☐
4.	has incurred any medical expenses which have not yet been fully disclosed to Pacific Cross Vietnam?	☐	☐
5.	has exhibited any symptoms in a repeated/persistent way?	☐	☐

I/ We hereby declare that, to the best of my knowledge and belief, all answers to the foregoing questions are accurate and true. This application and all attachments will be part of the Healthcare Insurance Policy Package.

Signature & name of Insured Person: ______________________ Date (day/month/year): ______________

Signature & name of Policyholder: ______________________ Date (day/month/year): ______________
(if Policyholder is different with Insured Person)

16th Floor | Royal Centre Tower B | 235 Nguyen Van Cu Street | Nguyen Cu Trinh Ward | District 1 | Ho Chi Minh City | Vietnam
Tel: (+84 28) 7306 9669 | Email: inquiry@pacificcross.com.vn

V.S.052019