

E-DECLARATION

We hereby declare that all information above, including all papers and documents, which were submitted according to the requirements of this Healthcare Insurance Application, are true, accurate and complete. We understand that untruthful information, concealment, or misrepresentation of any significant condition will result in the voiding of all applicable insured's benefits under the plan. We further understand that the premium is based on the Insured Person(s) residency in Vietnam. We do hereby authorize any licensed physician, medical practitioner, hospital, clinic, or other medical or medically related facility, insurance company or other organization, institution or person, that has any records or knowledge of me or our health, to give to Pacific Cross Vietnam any such information. A photographic copy of this authorization shall be valid as the original.

We agree to receive any information relating to the policy and insurance benefits from Hung Vuong Insurance Company and its third party administrator - Pacific Cross Vietnam via Email/ SMS/ MMS/ USSD/ Zalo/ Whatsapp/ Viber and other electronic means.

SIGNATURE AND NAME:

Policyholder:

Date (dd/mm/yy):

Insured person 1:

Date (dd/mm/yy):

Insured person 2:

Date (dd/mm/yy):

Insured person 3:

Date (dd/mm/yy):

Insured person 4:

Date (dd/mm/yy):

Broker:

Please note:

- (i) We will not be able to process your application if any sections are left incomplete or any necessary questions left unanswered.
- (ii) Please submit the completed Healthcare insurance application form with your original signature to Pacific Cross Vietnam in order to receive your official policy package. If the Healthcare insurance application form is not bound at the spine, please sign in each page. Color images and color scanned files for this application are accepted when sending by above registered email of each Insured person.