# APPLICATION FOR CHANGE OF BENEFIT

Name of Policyholder: _____

Policy No.: _____

Name of Insured Person: _____

Current Plan: _____

**Request to change benefit as below:**

| | Upgrade | Downgrade | Terminate | Add/Change |
|---|---|---|---|---|
| **Inpatient benefit** | ☐ _____<br>☐ _____ | ☐ _____<br>☐ _____ | ☐ _____<br>☐ _____ | ☐ _____<br>☐ _____ |
| **Outpatient benefit** | ☐ _____<br>☐ _____ | ☐ _____<br>☐ _____ | ☐ _____<br>☐ _____ | ☐ _____<br>☐ _____ |
| **Maternity benefit** | ☐ _____<br>☐ _____ | ☐ _____<br>☐ _____ | ☐ _____<br>☐ _____ | ☐ _____<br>☐ _____ |
| **Dental benefit** | ☐ _____<br>☐ _____ | ☐ _____<br>☐ _____ | ☐ _____<br>☐ _____ | ☐ _____<br>☐ _____ |

**Co-payment Option**

☐ Co-payment 20%

**Coverage Area**

☐ Worldwide*
☐ Asia**
☐ Southeast Asia***

If adding Personal accident benefit, please submit the Personal accident insurance application

## FOR THE UPGRADE OF INPATIENT AND/OR OUTPATIENT BENEFIT; ADDITION OF OUTPATIENT BENEFIT

**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 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: _____
*(if Policyholder is different with Insured Person)* *(day/month/year)*

*(*): Global coverage exclude for the United States, Canada, Hong Kong, Singapore, Japan, and Switzerland;*
*(**): Exclude for Hong Kong, Singapore, and Japan;*
*(***): Exclude for Singapore.*