

TO WHOM IT MAY CONCERN

1. DETAILS OF POLICY HOLDER

Name :

2. DETAILS OF ALIEN EMPLOYEES

Name : DUONG THI LY			
Policy No.	Date of Birth	Male/Female	Passport No. /IRC

3. PERIOD OF INSURANCE COVER From To :

SCHEME A

BENEFITS OFFERED	SCHEME A (Inpatient and Outpatient Cover)
1. MAXIMUM AMOUNT PER ILLNESS OR ACCIDENT For inpatient treatment, per period of insurance, per person	€ 8.544,00 13.669,00
1(a) DAILY ROOM AND BOARD EXPENSES PER DAY	69,00
1(b) DAILY ROOM AND BOARD EXPENSES PER DAY AT INTENSIVE UNIT	171,00
2. MAXIMUM AMOUNT PER ILLNESS OR ACCIDENT For outpatient treatment and Per period of insurance, per person	684,00 1.709,00
2(a) MAXIMUM AMOUNT PER MEDICAL VISIT	18,00
3. MATERNITY BENEFIT (Normal Delivery or Caesarian Cession) The benefits are payable provided that: (a) The benefit is paid only when delivery occurs 10 months after the date of commencement of the Policy or after the employee joins the scheme and , (b) In case of termination of employment of the Insured Person, provided that the pregnancy started within the period that the person was insured, following always condition3 (a). Lump sum	513,00
4. COVER FOR REPATRIATION OF MORTAL REMAINS UP TO	3.418,00
PERCENTAGE OF COVER	90%

This Policy is subject to automatic renewal for the entire period of employment, maintaining the right to review the Policy wording provided that the renewal premium is paid.

ALTIVS INSURANCE LTD




ISSUING OFFICER

ISSUING OFFICER

DATE