

APPLICATION FOR EACH PERSON TO BE COVERED

- Expatriation country:
- First name(s): Last name:
- Date of birth:
- Nationality:
- Gender:
- Height: Weight:
- MEDICAL PREEXISTING CONDITIONS (IF ANY):
past or present sickness, past surgery, medicine taken:
- DID YOU HAVE A PREVIOUS COVER (NOT TRAVEL COVER)
IF YES, PLEASE SEND US THE INSURANCE CERTIFICATE:
- Mobile phone number: Email address:

PAYMENT

- Mode of payment monthly, quarterly, biannually or yearly:
- Currency for the payments USD or EUR or THB or GBP:
- Mode of payment Credit card or Bank transfer:
- Visa / Mastercard / Amex card number:
- Expiry date: 3 fig number on rear:
- Name on card:

CHOICE OF COVER

- Starting date:

MICRO PLAN

- Micro Plan 1: 1000 USD
- Micro Plan 2: 2000 USD
- Micro Plan 3: 3000 USD
- OUTPATIENT

www.wrlife.net contact@wrlife.net

24 hours Call Centers Bangkok +66(0)953697939 +66(0)27197832-4 operations@assistinter.com **London +66(0)20260616**
UK: 44 Broadway Stratford, London E15 1XH, FRANCE, INDIA, NEVIS, THAILAND, Insurer licence 51230, Broker licence 16000457



ECONOMY PLAN

Economy plan 10000 USD

Economy 20000 USD

Economy 40000 USD

Economy 80000 USD

OUTPATIENT

Deductible per inpatient claim 0 USD Deductible

per inpatient claim 500 USD Deductible per

inpatient claim 1000 USD Deductible per

inpatient claim 2000 USD Deductible per

inpatient claim 5000 USD

INTERNATIONAL PLANS

Serenity 100'000 USD OUTPATIENT DENTAL/OPTICAL

Serenity 200'000 USD OUTPATIENT DENTAL/OPTICAL

Serenity 400'000 USD OUTPATIENT DENTAL/OPTICAL

Serenity 600'000 USD OUTPATIENT DENTAL/OPTICAL

Serenity 800'000 USD OUTPATIENT DENTAL/OPTICAL

Serenity 1'000'000 USD OUTPATIENT DENTAL/OPTICAL

Elite 2'000'000 USD OUTPATIENT DENTAL/OPTICAL



Wrlife

PARTICIPATIVE INTERNATIONAL MEDICAL INSURANCE

Mutualist, affordable, ethical

Deductible per inpatient claim 0 USD

Deductible per inpatient claim 500 USD

Deductible per inpatient claim 1000 USD

Deductible per inpatient claim 2000 USD

Deductible per inpatient claim 5000 USD

ASSISTANCE EVACUATION REPATRIATION

CAPITAL IN CASE OF DEATH OR TOTAL DISABILITY BY SICKNESS

Capital required:

10000 USD

20000 USD

30000 USD

40000 USD

50000 USD

100000 USD

200000 USD

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PARTICIPATIVE INTERNATIONAL MEDICAL INSURANCE

Mutualist, affordable, ethical

CAPITAL IN CASE OF DEATH OR TOTAL DISABILITY BY ACCIDENT

Capital required:

10000 USD

20000 USD

30000 USD

40000 USD

50000 USD

100000 USD

200000 USD

PERSONAL LIABILITY

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