

## 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:
- 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:

### THAILAND PLAN

- Thailand Plan 1 400000 THB + OUTPATIENT
- Thailand Plan 2 500000 THB + OUTPATIENT
- Thailand Plan 3 600000 THB + OUTPATIENT



WrLife

# PARTICIPATIVE INTERNATIONAL MEDICAL INSURANCE

Mutualist, affordable, ethical

Thailand Plan 4 800000 THB + OUTPATIENT

## LOCAL USD PLAN

Local USD 1 20000 USD

Local USD 1 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 PLAN

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

[www.wrlife.net](http://www.wrlife.net) [contact@wrlife.net](mailto:contact@wrlife.net)

**24 hours Call Centers Bangkok +66(0)953697939** +66(0)27197832-4 [operations@assistinter.com](mailto:operations@assistinter.com) **London +66(0)20260616**

UK: 44 Broadway Stratford, London E15 1XH, FRANCE, INDIA, NEVIS, THAILAND, Insurer licence 51230, Broker licence 16000457

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

## 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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