

***Department of Health Service Support, Ministry of Public Health of Thailand***

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**Insurance Policy No.** …………………….

**Period of Insurance ...../...../...... to ....../...../..... Time........ hrs.**

**Foreign Insurance Certificate**

for Alien to apply for Non-Immigrant Visa Type O-A (Period 1 Year)

Insurance Policy Title………………….

 This insurance certificate is issued to certify that Name…………….....……Surname……………………………

Nationality……………….Gender………….Age…………Years Passport No. ………………….. ; the insured person is insured by health insurance in accordance with the law and regulations for foreigners who apply for the Non-Immigrant Visa Type O-A (period 1 year). The coverage territory of this health insurance includes Thailand. This health insurance also covers Covid-19 disease with the total sum insured of THB……………...............…….per policy year. (Subject to the benefits detailed in the schedule of the insurance policy)

The period of insurance begins from D/M/Y…………………………… at ………………………hours until D/M/Y………………………….at……………………hours as stipulated on the Insurance Policy No…............…….... of the Company…………………………….

………………………………… …………………………………… …………………………………

( ) ( ) ( )

 Director Director Authorized Signature

**Insurance Company Address ……………………………………………….**

**…………………………………………………………………………………**

**…………………………………………………………………………………**

**Telephone Number ……………………………………………………….….**

**Contact Person……………………………………………………………….**

**E-mail…………………………………………………………………………**

**Website of the Insurance Company …………………………..…………....**

**…………………………………………………………………………………**