

**Welfare Health and Accident Group Insurance Application Form for 2019**

The Faculty of Science Welfare Committee, in its meeting on 4 February 2019, agreed to provide welfare health and accident group insurance for staff of the faculty for the third year, and has selected "Ocean Life Insurance" company to process the insurance. Should the staff of the faculty want to apply for the insurance, the faculty will automatically pay the amount of plan 1 (3,116 baht) for each application. Staff can also apply for plans with higher coverage, which the staff may choose to be prepaid by the faculty, and one-third if the incurred difference (from plan 1) will be later deducted from the staff's salary 3 times later.

Should you wish to apply for the welfare health and accident insurance, please complete the form below and return the form to the Administrative and Clerical Division (Room K131) by **12 February 2019**. Upon signing, it is agreed and understood that you have accepted the conditions of the insurance and agreed to allow the faculty to deduct the cost from your monthly salary.

I, **Name-Surname:** \_\_\_\_\_  
**Department / Division / Center:** \_\_\_\_\_

would like to apply for the welfare health and accident group insurance, and allow the Faculty of Science, Mahidol University to process the application as follows:

**Welfare Health and Accident Insurance Plan (for staff of the faculty)**

- Plan 1     Plan 2     Plan 3     Plan 4

and I willingly pay the incurred difference by  deducting from my salary 3 times  self-paid to the company

Please complete this part if you want to apply for the insurance for your spouse and / or children. The staff are responsible for any amount incurred and must fully pay directly to the company. The information of your spouse and / or children is also required in the application, and only plans with less or equal coverage to your current plan can be chosen for your family.

- Spouse (Age 15-65)    Plan \_\_\_\_\_    Full Name \_\_\_\_\_ ID \_\_\_\_\_  
 Children \_\_\_\_\_ persons    Plan \_\_\_\_\_    Full Name \_\_\_\_\_ ID \_\_\_\_\_  
*(Dependent children must be at least \_\_\_\_\_ Full Name \_\_\_\_\_ ID \_\_\_\_\_  
 14 days to 23 years old in age, single, Full Name \_\_\_\_\_ ID \_\_\_\_\_  
 and still in education)*

I would like to

- apply for the welfare health and accident insurance.

I have thoroughly read and understood the meaning and implications of this document and will abide by it.

or

- abstain from applying for the welfare health and accident insurance.

Signature.....

(.....)

Date ..... / ..... / .....

**Insurance Plans**

	Staff of the Faculty				Spouse and Children			
	1	2	3	4	5	6	7	8
<b>Accidental</b>								
Death	10,000	10,000	10,000	10,000	-	-	-	-
Disability	10,000	10,000	10,000	10,000	-	-	-	-
<b>Hospitalization</b>								
Room Rent (30 Days)	1,200	1,500	2,000	3,000	1,200	1,500	2,000	3,000
ICU (7 Days)	2,400	3,000	4,000	6,000	2,400	3,000	4,000	6,000
Services	12,000	15,000	20,000	20,000	12,000	15,000	20,000	20,000
Surgery (Actual)	12,000	15,000	20,000	30,000	12,000	15,000	20,000	30,000
Physician's Visit (30 Days)	800	800	1,000	1,000	800	800	1,000	1,000
Medical Expert Consultation	1,200	1,500	2,000	3,000	1,200	1,500	2,000	3,000
Emergencies (Within 24 hours)	2,400	3,000	4,000	4,000	2,400	3,000	4,000	4,000
Daily Income Compensation (Max 30 Days)	1,200	1,500	2,000	3,000	1,200	1,500	2,000	3,000
Maximum coverage per 1 hospitalization	-	-	-	100,000	-	-	-	100,000
<b>OPD</b> (once per day, maximum 31 times/year)	700	800	1,200	2,000	700	800	1,200	2,000
Annual Cost	3,116	4,127	5,373	7,354	3,040	4,051	5,297	7,278

**Insurance Plans for Faculty Staff**

Plan	Annual Cost	Difference Incurred	Amounts to be Deducted from Salary (3 months)		
1	3,116	100% Paid by the Faculty of Science			
2	4,127	1,011	337	337	337
3	5,373	2,257	752	752	753
4	7,354	4,238	1413	1413	1412