

MEDICAL INSURANCE NEEDS ASSESSMENT FORM



Please complete this form before insurance application

Please provide your information in this form to enable us to recommend medical insurance products that suit your objectives and needs. You are reminded that completion of this form does not mean APRIL Hong Kong Limited ("APRIL") has accepted an insurance application from you. Please complete this document in Block Capitals in English.

A. Insurance Objectives

Obtaining basic and affordable protection to cover future healthcare and medical costs.

Getting a high level of benefits to protect against the increasing cost of medical and healthcare services.

B. Needs Assessment

1. What is the overall annual medical protection you are looking for?	<input type="radio"/> USD1,500,000 <input type="radio"/> USD2,500,000 <input type="radio"/> USD4,500,000
2. Plan feature preferences	
a. Preferred hospital room type?	<input type="radio"/> Single occupancy <input type="radio"/> Double occupancy
b. Options for reduced premium	
› Specified Inpatient Providers (Inpatient only)	<input type="radio"/> Optional <input type="radio"/> No
› Deductibles (Inpatient only)	<input type="radio"/> Optional <input type="radio"/> No
› Co-payment or cap outpatient	<input type="radio"/> Optional <input type="radio"/> No
c. Optional benefits	
› Outpatient	<input type="radio"/> Optional <input type="radio"/> No
› Maternity	<input type="radio"/> Optional <input type="radio"/> No
› Dental/Optical	<input type="radio"/> Optional <input type="radio"/> No
d. USA coverage?	<input type="radio"/> Optional <input type="radio"/> No
3. Is the proposed insured member currently covered by an existing medical insurance policy?	<input type="radio"/> Yes <input type="radio"/> No

C. Product Recommendation

Based on the information you provided, the product recommended by APRIL or your intermediary is

MyHEALTH Hong Kong

STEP 1	CORE COVER					
If dependants will have the same cover as the Applicant, please tick here <input type="radio"/> and complete cover options for the Applicant only.						
MODULES	APPLICANT	FAMILY MEMBER 1	FAMILY MEMBER 2	FAMILY MEMBER 3	FAMILY MEMBER 4	
Hospital & Surgery	<input type="radio"/> Essential <input type="radio"/> Extensive <input type="radio"/> Elite	<input type="radio"/> Essential <input type="radio"/> Extensive <input type="radio"/> Elite	<input type="radio"/> Essential <input type="radio"/> Extensive <input type="radio"/> Elite	<input type="radio"/> Essential <input type="radio"/> Extensive <input type="radio"/> Elite	<input type="radio"/> Essential <input type="radio"/> Extensive <input type="radio"/> Elite	
	<input type="radio"/> Double Occupancy Room <input type="radio"/> Single Occupancy Room	<input type="radio"/> Double Occupancy Room <input type="radio"/> Single Occupancy Room	<input type="radio"/> Double Occupancy Room <input type="radio"/> Single Occupancy Room	<input type="radio"/> Double Occupancy Room <input type="radio"/> Single Occupancy Room	<input type="radio"/> Double Occupancy Room <input type="radio"/> Single Occupancy Room	
	Double Occupancy Room option is only available to Hong Kong residents					
	<input type="radio"/> Free choice of provider <input type="radio"/> Specified Providers only	<input type="radio"/> Free choice of provider <input type="radio"/> Specified Providers only	<input type="radio"/> Free choice of provider <input type="radio"/> Specified Providers only	<input type="radio"/> Free choice of provider <input type="radio"/> Specified Providers only	<input type="radio"/> Free choice of provider <input type="radio"/> Specified Providers only	<input type="radio"/> Free choice of provider <input type="radio"/> Specified Providers only
Annual Deductible	<input type="radio"/> Nil <input type="radio"/> USD 1,500 <input type="radio"/> USD 3,000 <input type="radio"/> USD 5,000 <input type="radio"/> USD 10,000	<input type="radio"/> Nil <input type="radio"/> USD 1,500 <input type="radio"/> USD 3,000 <input type="radio"/> USD 5,000 <input type="radio"/> USD 10,000	<input type="radio"/> Nil <input type="radio"/> USD 1,500 <input type="radio"/> USD 3,000 <input type="radio"/> USD 5,000 <input type="radio"/> USD 10,000	<input type="radio"/> Nil <input type="radio"/> USD 1,500 <input type="radio"/> USD 3,000 <input type="radio"/> USD 5,000 <input type="radio"/> USD 10,000	<input type="radio"/> Nil <input type="radio"/> USD 1,500 <input type="radio"/> USD 3,000 <input type="radio"/> USD 5,000 <input type="radio"/> USD 10,000	
Area of Cover	<input type="radio"/> Worldwide excluding USA <input type="radio"/> Worldwide	<input type="radio"/> Worldwide excluding USA <input type="radio"/> Worldwide	<input type="radio"/> Worldwide excluding USA <input type="radio"/> Worldwide	<input type="radio"/> Worldwide excluding USA <input type="radio"/> Worldwide	<input type="radio"/> Worldwide excluding USA <input type="radio"/> Worldwide	

STEP 2	OPTIONAL COVER				
If dependants will have the same cover as the Applicant, please tick here <input type="radio"/> and complete cover options for the Applicant only.					
MODULES	APPLICANT	FAMILY MEMBER 1	FAMILY MEMBER 2	FAMILY MEMBER 3	FAMILY MEMBER 4
Outpatient	Essential with <input type="radio"/> 20% coinsurance <input type="radio"/> USD 7,000 cap	Essential with <input type="radio"/> 20% coinsurance <input type="radio"/> USD 7,000 cap	Essential with <input type="radio"/> 20% coinsurance <input type="radio"/> USD 7,000 cap	Essential with <input type="radio"/> 20% coinsurance <input type="radio"/> USD 7,000 cap	Essential with <input type="radio"/> 20% coinsurance <input type="radio"/> USD 7,000 cap
	Extensive with <input type="radio"/> nil coinsurance <input type="radio"/> 20% coinsurance	Extensive with <input type="radio"/> nil coinsurance <input type="radio"/> 20% coinsurance	Extensive with <input type="radio"/> nil coinsurance <input type="radio"/> 20% coinsurance	Extensive with <input type="radio"/> nil coinsurance <input type="radio"/> 20% coinsurance	Extensive with <input type="radio"/> nil coinsurance <input type="radio"/> 20% coinsurance
	Elite with <input type="radio"/> nil coinsurance <input type="radio"/> 20% coinsurance	Elite with <input type="radio"/> nil coinsurance <input type="radio"/> 20% coinsurance	Elite with <input type="radio"/> nil coinsurance <input type="radio"/> 20% coinsurance	Elite with <input type="radio"/> nil coinsurance <input type="radio"/> 20% coinsurance	Elite with <input type="radio"/> nil coinsurance <input type="radio"/> 20% coinsurance
Dental and/or Optical <small>Optical included with Elite plan only</small>	<input type="radio"/> Essential <input type="radio"/> Extensive <input type="radio"/> Elite	<input type="radio"/> Essential <input type="radio"/> Extensive <input type="radio"/> Elite	<input type="radio"/> Essential <input type="radio"/> Extensive <input type="radio"/> Elite	<input type="radio"/> Essential <input type="radio"/> Extensive <input type="radio"/> Elite	<input type="radio"/> Essential <input type="radio"/> Extensive <input type="radio"/> Elite
Maternity	<input type="radio"/> USD 5,000 <input type="radio"/> USD 10,000 <input type="radio"/> USD 15,000	<input type="radio"/> USD 5,000 <input type="radio"/> USD 10,000 <input type="radio"/> USD 15,000	<input type="radio"/> USD 5,000 <input type="radio"/> USD 10,000 <input type="radio"/> USD 15,000	<input type="radio"/> USD 5,000 <input type="radio"/> USD 10,000 <input type="radio"/> USD 15,000	<input type="radio"/> USD 5,000 <input type="radio"/> USD 10,000 <input type="radio"/> USD 15,000

D. Customer choice

Product selected

MyHEALTH Hong Kong

STEP 1	CORE COVER				
If dependants will have the same cover as the Applicant, please tick here <input type="radio"/> and complete cover options for the Applicant only.					
MODULES	APPLICANT	FAMILY MEMBER 1	FAMILY MEMBER 2	FAMILY MEMBER 3	FAMILY MEMBER 4
Hospital & Surgery	<input type="radio"/> Essential <input type="radio"/> Extensive <input type="radio"/> Elite	<input type="radio"/> Essential <input type="radio"/> Extensive <input type="radio"/> Elite	<input type="radio"/> Essential <input type="radio"/> Extensive <input type="radio"/> Elite	<input type="radio"/> Essential <input type="radio"/> Extensive <input type="radio"/> Elite	<input type="radio"/> Essential <input type="radio"/> Extensive <input type="radio"/> Elite
	<input type="radio"/> Double Occupancy Room <input type="radio"/> Single Occupancy Room	<input type="radio"/> Double Occupancy Room <input type="radio"/> Single Occupancy Room	<input type="radio"/> Double Occupancy Room <input type="radio"/> Single Occupancy Room	<input type="radio"/> Double Occupancy Room <input type="radio"/> Single Occupancy Room	<input type="radio"/> Double Occupancy Room <input type="radio"/> Single Occupancy Room
	Double Occupancy Room option is only available to Hong Kong residents				
	<input type="radio"/> Free choice of provider <input type="radio"/> Specified Providers only	<input type="radio"/> Free choice of provider <input type="radio"/> Specified Providers only	<input type="radio"/> Free choice of provider <input type="radio"/> Specified Providers only	<input type="radio"/> Free choice of provider <input type="radio"/> Specified Providers only	<input type="radio"/> Free choice of provider <input type="radio"/> Specified Providers only
Annual Deductible	<input type="radio"/> Nil <input type="radio"/> USD 1,500 <input type="radio"/> USD 3,000 <input type="radio"/> USD 5,000 <input type="radio"/> USD 10,000	<input type="radio"/> Nil <input type="radio"/> USD 1,500 <input type="radio"/> USD 3,000 <input type="radio"/> USD 5,000 <input type="radio"/> USD 10,000	<input type="radio"/> Nil <input type="radio"/> USD 1,500 <input type="radio"/> USD 3,000 <input type="radio"/> USD 5,000 <input type="radio"/> USD 10,000	<input type="radio"/> Nil <input type="radio"/> USD 1,500 <input type="radio"/> USD 3,000 <input type="radio"/> USD 5,000 <input type="radio"/> USD 10,000	<input type="radio"/> Nil <input type="radio"/> USD 1,500 <input type="radio"/> USD 3,000 <input type="radio"/> USD 5,000 <input type="radio"/> USD 10,000
Area of Cover	<input type="radio"/> Worldwide excluding USA <input type="radio"/> Worldwide	<input type="radio"/> Worldwide excluding USA <input type="radio"/> Worldwide	<input type="radio"/> Worldwide excluding USA <input type="radio"/> Worldwide	<input type="radio"/> Worldwide excluding USA <input type="radio"/> Worldwide	<input type="radio"/> Worldwide excluding USA <input type="radio"/> Worldwide

STEP 2	OPTIONAL COVER				
If dependants will have the same cover as the Applicant, please tick here <input type="radio"/> and complete cover options for the Applicant only.					
MODULES	APPLICANT	FAMILY MEMBER 1	FAMILY MEMBER 2	FAMILY MEMBER 3	FAMILY MEMBER 4
Outpatient	Essential with <input type="radio"/> 20% coinsurance <input type="radio"/> USD 7,000 cap	Essential with <input type="radio"/> 20% coinsurance <input type="radio"/> USD 7,000 cap	Essential with <input type="radio"/> 20% coinsurance <input type="radio"/> USD 7,000 cap	Essential with <input type="radio"/> 20% coinsurance <input type="radio"/> USD 7,000 cap	Essential with <input type="radio"/> 20% coinsurance <input type="radio"/> USD 7,000 cap
	Extensive with <input type="radio"/> nil coinsurance <input type="radio"/> 20% coinsurance	Extensive with <input type="radio"/> nil coinsurance <input type="radio"/> 20% coinsurance	Extensive with <input type="radio"/> nil coinsurance <input type="radio"/> 20% coinsurance	Extensive with <input type="radio"/> nil coinsurance <input type="radio"/> 20% coinsurance	Extensive with <input type="radio"/> nil coinsurance <input type="radio"/> 20% coinsurance
	Elite with <input type="radio"/> nil coinsurance <input type="radio"/> 20% coinsurance	Elite with <input type="radio"/> nil coinsurance <input type="radio"/> 20% coinsurance	Elite with <input type="radio"/> nil coinsurance <input type="radio"/> 20% coinsurance	Elite with <input type="radio"/> nil coinsurance <input type="radio"/> 20% coinsurance	Elite with <input type="radio"/> nil coinsurance <input type="radio"/> 20% coinsurance
Dental and/or Optical <small>Optical included with Elite plan only</small>	<input type="radio"/> Essential <input type="radio"/> Extensive <input type="radio"/> Elite	<input type="radio"/> Essential <input type="radio"/> Extensive <input type="radio"/> Elite	<input type="radio"/> Essential <input type="radio"/> Extensive <input type="radio"/> Elite	<input type="radio"/> Essential <input type="radio"/> Extensive <input type="radio"/> Elite	<input type="radio"/> Essential <input type="radio"/> Extensive <input type="radio"/> Elite
Maternity	<input type="radio"/> USD 5,000 <input type="radio"/> USD 10,000 <input type="radio"/> USD 15,000	<input type="radio"/> USD 5,000 <input type="radio"/> USD 10,000 <input type="radio"/> USD 15,000	<input type="radio"/> USD 5,000 <input type="radio"/> USD 10,000 <input type="radio"/> USD 15,000	<input type="radio"/> USD 5,000 <input type="radio"/> USD 10,000 <input type="radio"/> USD 15,000	<input type="radio"/> USD 5,000 <input type="radio"/> USD 10,000 <input type="radio"/> USD 15,000

Medical Insurance Needs Assessment Form



If the product selected is different from the product recommended in Section C, it may mean your selection does not meet your objectives or needs indicated in this form. If you decide to continue to apply for the product selected, please indicate your reason(s) below:

<input type="radio"/> I prefer the level of coverage in the product selected	<input type="radio"/> Others (please specify)
<input type="radio"/> The premiums of the product selected are more affordable	

Customer Declarations

- I confirm that I have read and understood the sales documents of the relevant insurance product.
- I understand the information contained in this form was used to analyse my medical insurance needs and provided as reference only for my choice of insurance plan and premium amount. I understand that the analysis and recommendation made in this form were based upon the information provided and APRIL Hong Kong Limited does not accept any liability for its accuracy.
- I acknowledge that I have made my own independent decision in applying for the product selected with the premium information and key product features informed by APRIL or my intermediary. I confirm that the relevant insurance product features are suitable for my current medical protection needs and the premiums are affordable.
- I confirm that APRIL and/or my intermediary has reminded me that if the product selected is different from the product recommended in this form, this may indicate that my selection does not match with my needs. I can confirm that I have considered this and decided to continue to apply for the selected insurance plan.
- I agree and understand that the information contained in this form will be handled in accordance with the Personal Information Collection Statement of APRIL attached to the insurance application form. I understand that I am required to inform APRIL Hong Kong Limited promptly if there is any substantial change of information provided in this form before the policy is issued.

Applicant signature	Applicant's name	Intermediary's signature
		Intermediary's Name
	Date	License number
	DD/MM/YY	

Underwritten by:

Liberty International Insurance Limited (Hong Kong)
13th Floor, Berkshire House
25 Westlands Road
Quarry Bay
Hong Kong

Arranged by:

APRIL Hong Kong Limited
9th Floor, Chinachem Hollywood Centre
1-13 Hollywood Road, Central
Hong Kong
Tel: (+852) 2526 0918 | Fax: (+852) 2526 0769
Email: contact.hk@april.com

