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

*Tel +6621937000 Ext. 18404, 18421 (Office Hours)*

*E-mail: medicalhub.hss64@gmail.com website: www.hss.moph.go.th*

**Insurance Policy No.** .....

**Period of Insurance**

**...../...../..... to ...../...../..... Time**00:00

# 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 ……..……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 00:00 ……hours until D/M/Y…….at23:59……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 ……..……....**

**……**