



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

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Insurance Policy No.

Period of Insurance

...../...../..... to/...../..... Time...-.....

Foreign Insurance Certificate

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

Insurance for Retirement Visa

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 MUANG THAI LIFE ASSURANCE PUBLIC COMPANY LIMITED

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Director Director Authorized Signature

Insurance Company Address: 250 Rachadaphisek Rd, Huaykwang, Bangkok 10310

Telephone Number: 1766 / Press 9: English, Chinese and Japanese (Monday to Friday 8.30am - 5.00pm excluding holidays)

Contact Person: -

E-mail: -

Website of the Insurance Company: muangthai.co.th