



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.....

**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 .....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 .....  
.....

## Hinweis:

1. Dieses Foreign Insurance Certificate – Formular ist **NUR für Beantragung des O-A Visum** und hat **keinen** Zusammenhang mit der Auslandskrankenversicherungsnachweis zum Zweck der Einreiseregistrierung „THAILAND PASS“ vor der Abreise nach Thailand.
2. **Für O-A Visum** ist die Mindestdeckung von 100.000 USD für allgemeine medizinischen Behandlungen einschließlich COVID-19-Behandlung erforderlich. Falls Sie eine unbegrenzte Abdeckung anbieten, bitte fügen Sie „unlimited“ hinzu.
3. Die Auslandskrankenversicherung ist gültig für die gesamte Aufenthaltsdauer in Thailand.