



10020027

**Letter of Request for Purchasing the As-charged Health Riders  
for 2 Policies per Insured**

Application Number / Policy number .....

I ....., as an applicant/Insured of Allianz Ayudhya Assurance Pcl. (the "Company"), intends to buy the health coverage rider: .....(name of rider)..... and I also acknowledge and have a good understanding that the existing health coverage rider that I have been covered, **and** the new health coverage rider that I am applying for, have the similarity of the benefit payment, which they are the as-charged medical expense benefits. In addition, I acknowledge and accept that I will be able to claim the medical expenses in the same item for the second policy once the medical expenses exceed the benefits as specified in the first health coverage rider and I will be able to claim the medical expenses or other benefits according to the conditions specified in the insurance policy.

However, I intend to have an additional health coverage rider with the following reasons.

- 1. The existing health coverage rider provides health coverage for specified hospitals only.
- 2. I would like to increase the medical expenses coverage benefits.
- 3. I would like to hold the existing health coverage rider to cover the medical expenses for some diseases that used to be treated or is currently treated and may not be covered by the new health coverage rider that I am applying for.
- 4. The existing health coverage rider provides the health coverage rider with deductible.
- 5. I would like to get the tax benefit deduction for health insurance premium.
- 6. Others (Please specify) .....

Moreover, I understand that my purchase of the new health coverage rider having the conditions, benefits and waiting period shall be in accordance with such new health coverage rider, and I also confirm my intention to buy such rider by signing this letter as evidence.

Date ..... Month ..... Year .....

(Name) ..... Agent  
( ..... )

(Name) ..... Applicant/Insured  
( ..... )

(Name) ..... Grantor in the status of  
( ..... )

- Father or Mother
- Legal Guardian of Applicant/ Insured  
(In case of applicant/Insured is juvenile)