

Application Form (Health Insurance for Family Members)

As the applicant you should complete this form in full and answer all the questions and sign the declaration on behalf of all persons included in this application form.

Supplementary Insured's Information

If a Non-Chinese Foreign Employee's family member is in any of the following situation, ShanghaiTech and the employee will co-pay for the fee of him/her.

(60% of the fee will be covered by ShanghaiTech, 40% will be covered by himself/herself.)

If the status of family member changes, please inform us so that we can stop his/her insurance, or change to 100% charge paid by himself/herself on time.

Please reply to the following questions by ticking 'Yes' or 'No'.

Name	Relationship	Date of Birth	Sex	Occupation	Height	Weight	Nationality	ID/Passport No.
	Spouse							
	Dependant Child							
	Dependant Child							
	Dependant Child							

The spouse must be in both of the following situation:

I. The spouse lives in Shanghai and is unemployed.
II. The spouse can not be covered by Chinese Social Insurance.

My spouse is in both of the above situation. Yes No

My children are under 18 years of age. Yes No

All information supplied will be treated in strict confidential. You must disclose all material facts. Failure to do so may invalidate the Policy. A material fact is one which is likely to influence the assessment and acceptance of this application. If you are in any doubt whether a fact is material, it should be disclosed.

Application to insurance company will start if we have verified all the above information.

I assure that the information provided by me on this form is true, complete and correct. I understand that any untrue information will lead to the withdrawal of my application.

Signature:

Date: