

International Insurance Application for Expatriate Health

To: [Insurance Company Name]

[Company Address]

[City, State, Zip Code]

Date: [Insert Date]

Subject: Application for International Health Insurance

Dear [Insurance Provider's Name],

I am writing to formally apply for international health insurance coverage as an expatriate. Below are the necessary details pertinent to my application:

Personal Information

Name: [Your Full Name]

Date of Birth: [Your Date of Birth]

Nationality: [Your Nationality]

Current Address: [Your Current Address]

Email: [Your Email Address]

Phone Number: [Your Phone Number]

Expatriate Information

Country of Residence: [Country You're Moving To]

Duration of Stay: [Estimated Duration]

Occupation: [Your Occupation]

Health History

[Brief description of your health history, if required.]

Insurance Coverage Needs

I am interested in coverage that includes:

- Inpatient and outpatient treatments
- Emergency evacuation
- Prescription medications
- Preventive care

Please let me know if any additional documentation is needed or if there are specific forms to complete. I appreciate your timely response, as I am looking to finalize my insurance before my relocation.

Thank you for your assistance.

Sincerely,

[Your Full Name]

[Your Signature (if sending a hard copy)]