

# INVOICE

**ExpatriCare Global Insurance**  
123 International Plaza  
London, UK EC1A 1BB  
contact@expatcare-example.com

**Invoice #:** \_\_\_\_\_  
**Date:** \_\_\_\_\_  
**Due Date:** \_\_\_\_\_

## Insured Party

Name: \_\_\_\_\_  
Policy #: \_\_\_\_\_  
Address: \_\_\_\_\_  
Country of Residence: \_\_\_\_\_

## Coverage Period

Start Date: \_\_\_\_\_  
End Date: \_\_\_\_\_  
Destination: \_\_\_\_\_  
Plan Type: \_\_\_\_\_

| Description of Coverage            | Units/Months | Rate | Amount |
|------------------------------------|--------------|------|--------|
| Expatriate Health Base Premium     |              |      |        |
| Emergency Medical Evacuation Rider |              |      |        |
| Dental & Vision Add-on             |              |      |        |
| Administrative Fees / IPT          |              |      |        |

Subtotal: \$ \_\_\_\_\_

Tax/Levy: \$ \_\_\_\_\_

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**Total Amount Due: \$** \_\_\_\_\_

**Payment Instructions**

Bank Name: \_\_\_\_\_

SWIFT/BIC: \_\_\_\_\_

IBAN: \_\_\_\_\_

Thank you for choosing ExpatCare Global. This insurance is subject to the terms and conditions outlined in your policy handbook.