

# 中銀醫療綜合保障計劃(系列一)

## BOC Medical Comprehensive Protection Plan(Series 1)



### 香港以外留學學生保障申請(批改申請專用) Student Studying outside Hong Kong Benefit Application (Endorsement Application)

香港中環德輔道中 71 號永安集團大廈 9 樓 9/F., Wing On House, 71 Des Voeux Road Central, Hong Kong. 客戶服務熱線 Customer Service Hotline : 3187 5100 傳真 Fax : 3906 9906

現有「中銀醫療綜合保障計劃(系列一)」的客戶，如需申請延伸「香港以外留學學生保障(基本保障)」及/或「自選門診保障(香港以外留學學生)」，投保人請以英文正楷填寫及在適當方格內加「✓」號。任何答案如有更改，敬請在旁簽署。If the extension of "Student Studying outside Hong Kong Benefit (Basic Benefits)" and/or "Optional Out-patient Benefit (Student Studying outside Hong Kong)" is to be applied by the existing customer of "BOC Medical Comprehensive Protection Plan (Series 1)", please complete the form in English BLOCK LETTERS and put a "✓" in the box as appropriate. Any changes to be made should be signed by the Proposed Insured.

保單號碼 Policy No (此資料必須由客戶提供或確認) Policy No (This information must be provided or confirmed by client)	投保人姓名 Name of Proposer	投保人身份證號碼(只需填寫英文字頭及首 3 位數目字) The Proposer's HKID Card No.( Fill in the first letter and first 3 digits only)	代理及經辦單位編號 Agent & Unit No
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#### I. 申請「香港以外留學學生保障(基本保障)」- 必選保障 Apply to "Student Studying outside Hong Kong Benefit (Basic Benefits)" - Compulsory Benefit

擬保障生效日期 Proposed effective date : \_\_\_\_\_ (日 DD) \_\_\_\_\_ (月 MM) \_\_\_\_\_ (年 YY)

受保人姓名 Name of Insured Person	就讀學府名稱及地址 Name and Address of the Attended Educational Institution	留學住址 Residential Address of Studying Outside Hong Kong

投保「基本保障」後，可額外選擇以下「自選保障」The following "Optional Benefit" can be additionally selected after enrolling in "Basic Benefits".

#### II. 申請「自選門診保障(香港以外留學學生)」- Apply to "Optional Out-patient Benefit (Student Studying outside Hong Kong)"

保障項目及承保範圍 Insured items and Coverage	最高賠償額(以每名受保人計算) Maximum Limit (per Insured Person)
門診保障(受保人於香港以外留學期間) Outpatient Benefit (During the period for the Insured Person is studying outside Hong Kong) (包括普通科、專科、處方藥物、物理及脊椎治療 Including General Practitioner Consultation, Specialist Consultation, Prescribed Medicines and Drugs, Physiotherapy and Chiropractor Treatment)	港幣 HK\$5,000 每保單年度 per Policy Year

#### 申請須知 Notes to Apply:

- 申請「中銀醫療綜合保障計劃(系列一)」(「本計劃」)的「香港以外留學學生保障(基本保障)」及/或「自選門診保障(香港以外留學學生)」，必需作個別核保，並需於保單到期日前申請。若中銀集團保險有限公司(「中銀集團保險」)批核同意該申請，將於下一個保單年度生效，及中銀集團保險將收取本保障的全年保費。Individual underwriting is required for the application of "Student Studying outside Hong Kong Benefit (Basic Benefits)" and/or "Optional Out-patient Benefit (Student Studying outside Hong Kong)" of "BOC Medical Comprehensive Protection Plan (Series 1)" ("the Plan"), and the application should be submitted prior to the policy expiry date. If the application is approved by Bank of China Group Insurance Company Limited ("BOCG Insurance"), it will be effective on the coming renewal policy year and the annual premium of the benefit will be collected by BOCG Insurance.
- 若申請本計劃的「香港以外留學學生保障(基本保障)」及/或「自選門診保障(香港以外留學學生)」並非在每保單年度的保單起保日期生效，必需於擬保障生效日期 60 天前申請，並需作個別核保。若中銀集團保險批核同意該申請，「香港以外留學學生保障」及/或「自選門診保障(香港以外留學學生)」於該保單年度的保費將按本計劃的保單條款「第八部份-轉換保障計劃」方式處理。If the proposed effective date of "Student Studying outside Hong Kong Benefit (Basic Benefits)" and/or "Optional Out-patient Benefit (Student Studying outside Hong Kong)" of the Plan is not to take effect on the effective date of the policy of each policy year, the application should be submitted 60 days prior to the proposed effective date and the individual underwriting is required. If the application is approved by BOCG Insurance, the arrangement of premium of "Student Studying outside Hong Kong Benefit" and/or "Optional Out-patient Benefit (Student Studying outside Hong Kong)" of such policy year should be subject to "Part VIII - Change of Insured Plan" of the policy provision of the Plan.
- 若中銀集團保險批核同意本計劃的「香港以外留學學生(基本保障)」申請，本計劃將按保單的批單內容伸延香港以外留學學生保障，並提供 24 小時緊急支援服務及保障，包括緊急護送、治療後之護送服務、親友探病及出院後療養住宿等。If the application of "Student Studying outside Hong Kong (Basic Benefits)" of the Plan is approved by BOCG Insurance, the Plan will be based on the details of the endorsement of the policy to extend the coverage of studying outside Hong Kong, and provide 24-Hour Emergency Assistance Services and Protection, including Medical Evacuation, Repatriation after Treatment, Compassionate Visit and Hotel Room Accommodation for Convalescence, etc.
- 中銀集團保險保留對有關的申請作核保、拒絕申請、調整保費及/或最高賠償額、及/或修改條款及細則的權利。BOCG Insurance reserves the right to underwrite, reject the application, adjust the premium and/or the maximum limit of benefit, and/or amend the terms and conditions for the relevant application.

#### 聲明 Declaration

- 本人接納根據中銀醫療綜合保障計劃(系列一)規定，凡在保單起保日前因已患之疾病、損傷或其他病況而引致之醫療需要，一律不予賠償，除非本人及/或受保人已在投保書內已詳細列明並獲中銀集團保險接納。I acknowledge that benefits are not payable under the BOC Medical Comprehensive Protection Plan (Series 1) for any costs of treatment arising from any existing illnesses, injuries or other conditions unless complete details are fully disclosed by me and/or the Insured Person(s) in the Proposal Form and accepted by BOCG Insurance.
- 本人謹此聲明本人及/或受保人於申請這份保險時為年齡介乎 15 日至 65 歲居於香港特別行政區的合法居民。I declare that myself and/or the Insured Person(s) are ordinarily residing and legal resident of the Hong Kong Special Administrative Region aged between 15 days and 65 years old when applying for this insurance.
- 本人謹此聲明，本人已向上述家屬(如有)取得授權，於本投保書之陳述乃真確無訛，可作為簽發保單之根據。本人亦明白如資料錯誤或不詳盡，本人及/或受保人之保障有失效之虞。I declare that I have obtained the necessary authorization from the above mentioned family member (if any), the information stated in this Proposal Form is true and complete and will form the basis of this insurance. I also understand that if any information stated is untrue or incomplete, the cover for myself and/or for the Insured Person(s) may be invalidated.
- 本人謹此聲明，本投保書是在香港特別行政區內簽署，如有任何訛騙或資料失實，本人及/或受保人之保障有失效之虞。I declare that this Proposal Form is applied and signed at the Hong Kong Special Administrative Region, in case of fraud or factual misrepresentation, the cover for myself and/or for the Insured Person(s) may be invalidated.
- 本人在此授權任何醫生、醫院、診所、保險公司及其他人士，均可向中銀集團保險提供本人及/或上述家屬(如有)健康情況及病歷詳細資料。此授權書之影印本與正本有同等效力。I hereby authorize any doctor, hospital, clinic, insurance company or any other person to provide either myself and/or the above mentioned family members' (if any) health condition or detail medical history to BOCG Insurance. Copy of this authorization form will have same effect as of the original copy.
- 本人同意中銀集團保險保留一切有關投保書接納與否之權利。I agree BOCG Insurance reserves the right to accept or decline this application.
- 本人明白必須繳付保費與生效後，中銀集團保險對本人及/或受保人之保險責任始行生效。I understand that BOCG Insurance insurance's liability for myself and/or for the Insured Person(s) will only take effect provided that premium has been paid and the policy was put in-force.
- 本人明白此投保申請一經批核，在每個保單年度期滿前，若未有接獲中銀集團保險有關修改任何條款的續保通知，本人只須繳交下個保單年度所須的保費，此保單便會每年自動續保。I agree that once this application for insurance is accepted, if no notice of amendment of renewal terms is sent to me from BOCG Insurance prior to the expiration of each policy year, the policy will be automatically renewed simply by my/our settling the required premium for the upcoming policy year.

## 收集個人資料聲明 Personal Information Collection Statement

本人明白本人提供的資料為中銀集團保險提供保險業務所需，並可能使用於下列目的 I understand that the information provided by me to BOCG Insurance is collected to enable BOCG Insurance to carry on insurance business and may be used for the purpose of:

1. 處理及審批本人的保險申請或本人將來提交的保險申請 processing and evaluating my insurance application and any future insurance application I may make;
2. 執行本人保單的行政工作及提供與本人保單相關的服務 administering my insurance policy and providing services in relation to my insurance policy;
3. 分析或調查、處理及支付本人保單有關的索償 analysis or investigating, processing and paying claims made under my insurance policy;
4. 發出繳交保費通知及向本人收取保費及欠款 invoicing and collecting premiums and outstanding amounts from me;
5. 任何與保險有關的產品或服務的任何更改、變更、取消或續期 any alterations, variations, cancellation or renewal of any insurance related product or service;
6. 就以上用途聯絡本人 contacting me for any of the above purposes;
7. 中銀集團保險行使任何代位權 exercising any right of subrogation by BOCG Insurance;
8. 其它與上述用途有直接關係的附帶用途 other ancillary purposes which are directly related to the above purposes;及 and
9. 遵循適用法律、條例及業內守則及指引 complying with applicable laws, regulations or any industry codes or guidelines.

中銀集團保險亦可因應上述用途將本人及/或受保人的個人資料移轉予下列各方 BOCG Insurance may disclose my and/or the Insured Person(s)'s personal data for the above purposes to the following classes of transferees:

- a. 就上述用途，向中銀集團保險提供行政、通訊、電腦、付款、保安及其它服務的第三方代理、承包商及顧問 (包括：醫療服務供應商、緊急救援服務供應商、電話促銷商、郵寄及印刷服務商、資訊科技服務供應商及數據處理服務商) third party agents, contractors and advisors who provide administrative, communications, computer, payment, security or other services which assist BOCG Insurance to carry out the above purposes (including medical service providers, emergency assistance service providers, telemarketers, mailing houses, IT service providers and data processors);
- b. 處理索賠個案的理賠師、理賠調查員及醫療顧問 in the event of a claim, loss adjudicators, claims investigators and medical advisors;
- c. 追討欠款的收數公司或索償代理 in the event of default, debt collectors and recovery agents;
- d. 保險資料服務公司及信貸資料服務公司 insurance reference bureaus or credit reference bureaus;
- e. 再保公司及再保經紀 reinsurers and reinsurance brokers;
- f. 本人的保險經紀 (若有) my insurance broker (if I have one);
- g. 中銀集團保險的法律及專業業務顧問 BOCG Insurance's legal and professional advisors;
- h. 中銀集團保險的關連公司(以《公司條例》內的定義為準) BOCG Insurance's related companies (as that term is defined in the Companies Ordinance);
- i. 現存或不時成立的任何保險公司協會或聯會或類同組織(「聯會」)及其會員，以達到任何上述或有關目的，或以便「聯會」執行其監管職能，或其他基於保險業或任何「聯會」會員的利益而不時在合理要求下賦予「聯會」的職能 any association, federation or similar organization of insurance companies ("Federation") and its members that exists or is formed from time to time for any of the above or related purposes or to enable the Federation to carry out its regulatory functions or such other functions that may be assigned to the Federation from time to time and are reasonably required in the interest of the insurance industry or any member(s) of the Federation;
- j. 透過「聯會」移轉予任何「聯會」的會員，以達到任何上述或有關目的 any member(s) of the "Federation" by the "Federation" for any of the above or related purposes;
- k. 任何有關的公司，或任何其他從事與保險或再保險業務有關的公司，或與保險業務有關的中介人或索償或調查或其他服務提供者，以達到任何上述或有關目的 any related company or any other company carrying on insurance or reinsurance related business or an intermediary or a claims or investigation or other service provider providing services relevant to insurance business for any of the above or related purposes;
- l. 保險索償投訴局及同類的保險業機構 the Insurance Claims Complaints Bureau and similar industry bodies;及 and
- m. 法例要求或許可的政府機關 government agencies and authorities as required or permitted by law.

本人在此授權中銀集團保險可向「聯會」從保險業內收集的資料中查閱及/或核對本人及/或受保人任何資料 BOCG Insurance is hereby authorized to obtain access to and/or to verify any of my and/or the Insured Person(s)'s data with the information collected by the Federation from the insurance industry.

此外，經本人同意，中銀集團保險可能會以其它方式使用及披露本人及/或受保人的個人資料 Moreover, BOCG Insurance may also use and disclose my and/or the Insured Person(s)'s personal data otherwise with my consent.

本人有權查閱及要求更正由中銀集團保險持有有關本人及/或受保人的個人資料。如有需要，可向中銀集團保險法律與合規部提出 (電話：2867 0888，傳真：3906 9939) I have the right to obtain access to and to request correction of any personal information concerning myself and/or the Insured Person(s) held by BOCG Insurance. Requests for such access can be made to BOCG Insurance's Legal and Compliance Department (Tel: 2867 0888 / Fax: 3906 9939).

### 接收推廣訊息指示 Receive Direct Marketing Materials Instruction

本人不欲中銀集團保險使用本人的個人資料經以下渠道作直銷推廣 (請以“✓”選擇渠道) I do not wish BOCG Insurance to use my personal data in direct marketing via the following channel(s) (please use“✓”to select the channel(s)):

- 電子推廣郵件 Promotion Email     電話短訊 SMS     直銷郵件 Direct Mailing     電話直銷 Telephone Call

如您遞交此投保書而沒有在以上任何方格內以“✓”號顯示您的選擇，即代表您並不拒絕中銀集團保險任何形式的直銷推廣。If you return this Proposal Form without ticking any of the above boxes, it means that you do not wish to opt-out from any form of direct marketing of BOCG Insurance.

以上代表您現在對是否接收直銷推廣資料的選擇，亦取代任何您之前已告知中銀集團保險的選擇。請注意，您以上的選擇適用於根據中銀集團保險的「資料政策通告」上所載的產品、服務及/或標的。請您參考該通告上有關中銀集團保險擬用於直銷推廣的個人資料種類。The above represents your present choice whether or not to receive direct marketing materials and replaces any choice communicated by you to BOCG Insurance prior to this application. Please note that your above choice applies to the direct marketing of the classes of products, services and/or subjects as set out in the [Data Policy Notice](#) of BOCG Insurance. Please also refer to the said Notice on the kinds of personal data which may be used in direct marketing.

### 將個人資料披露給本集團公司作直接促銷指示 Instruction to disclose personal data to the Group companies for direct marketing

為改善及提供更全面的服務予中銀集團保險的客戶，中銀集團保險可能會將您的個人資料提供予「本集團」\*其他成員及其他人作其包括財務、保險、信用卡、證券、商品、投資、銀行及相關服務和產品及授信的直銷推廣 (請您參考中銀集團保險的「資料政策通告」上有關中銀集團保險擬提供之直銷推廣的個人資料種類，該資料擬提供予甚麼類別的人士，以及該資料擬就甚麼類別的產品、服務及/或標的而使用。) 若您不欲中銀集團保險提供您的個人資料予以上人士作以上用途，請您在這方格上以“✓”號表示。To improve and provide more comprehensive services to our customers, BOCG Insurance may provide your personal data to other members of the Group\* and any other persons for their use in direct marketing of financial, insurance, credit card, securities, commodities, investment, banking and related services and products and facilities and so forth. (Please refer to the [Data Policy Notice](#) of BOCG Insurance on the kinds of personal data which may be transferred to in direct marketing, the classes of persons to which your personal data may be provided to, and the classes of products, services and/or subjects in relation to which the data is to be used.) Please tick “✓” this box if you **do not wish** BOCG Insurance to provide your personal data to the above persons for the above purposes.

\*「本集團」指中銀集團保險及其控股公司、分行、附屬公司、代表辦事處及附屬成員，不論其所在地。附屬成員包括中銀集團保險的控股公司之分行、附屬公司、代表辦事處及附屬成員，不論其所在地。The “Group” means BOCG Insurance and its holding companies, branches, subsidiaries, representative offices and affiliates, wherever situated. Affiliates include branches, subsidiaries, representative offices and affiliates of BOCG Insurance holding's companies, wherever situated.

本人確認同意本投保書內之所有部份，包括但不限於上列之聲明及收集個人資料聲明。 I confirm my agreement to all sections in this Proposal Form, including but not limited to the above Declaration and Personal Information Collection Statement.

投保人簽署 Signature of Proposer

簽署地：香港及日期 (日/月/年)

Signed Place : Hong Kong and Date (DD/MM/YY)

本投保書在未被同意受保前，中銀集團保險不負任何責任。

**The BOCG Insurance has no liability whatsoever before the application for insurance in this Proposal Form is accepted.**