

BOC Medical Comprehensive Protection Plan (Series 1) Proposal Form



通訊地址:香港中環德輔道中 71 號永安集團大廈 9 樓

客戶服務熱線 Customer Services Hotline: 3187 5100

Correspondence Address: 9/F., Wing On House, 71 Des Voeux Road Central, Hong Kong.

傳真 Fax : 3906 9906

電郵 Email : medicaladmin_ins@bocgroup.com

客戶注意事項 Important Notes to the Customer :

1. 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，請投保人在旁簽署。Please complete in English BLOCK LETTERS and tick the box where appropriate. Any changes to be made should be signed by the Proposer.
2. *請刪去不適用者。*Please delete whichever is inappropriate or non-applicable. #個人客戶適用。#Applicable for Individual. ##公司客戶適用。##Applicable for Company.
3. 若不清楚此投保書需要透露的資料內容，請致電中銀集團保險有限公司（下稱“中銀集團保險”）客戶服務熱線（852）3187 5100 查詢。讓保險公司了解實況，有助保障投保人及/或受保人的利益，若未能充份透露實情，將會使投保人及/或受保人得不到所需求的保障，甚至使保單失效。If you have any doubt on what should be disclosed in this proposal form, please call Bank of China Group Insurance Company Limited (named below as “BOCG Insurance”) customer service hotline (852) 3187 5100. Making sure the insurance company is informed will be beneficial to the Proposer and/or Insured Person. Failure to disclose may mean that the policy will not provide the Proposer and/or Insured Person with the coverage required, or may invalidate the policy altogether.
4. **此投保書申請一經被接納後，您的保單將會每年自動續保。Once the application for this proposal form is accepted, your policy will be automatically renewed each year.**
5. 若此投保書所含的內容與保單條款有任何歧異，概以保單為準。In the event that the information contained in this proposal form does not conform to the terms in any policy issued, the policy terms shall prevail.
「中銀醫療綜合保障計劃（系列一）」（下稱“本計劃”）由中銀集團保險承保。BOC Medical Comprehensive Protection Plan (Series 1) (named below as “this Plan”) is underwritten by BOCG Insurance.
7. 中國銀行（香港）有限公司（「中銀香港」）以中銀集團保險的委任保險代理身份分銷本計劃，本計劃為中銀集團保險的產品，而非中銀香港的產品。Bank of China (Hong Kong) Limited (“BOCHK”) is the appointed insurance agent of BOCG Insurance for distribution of this Plan. This Plan is a product of BOCG Insurance but not BOCHK.
8. 對於中銀香港與客戶之間因銷售過程或處理有關交易而產生的合資格爭議（定義見金融糾紛調解計劃的金融糾紛調解中心職權範圍），中銀香港須與客戶進行金融糾紛調解計劃程序；而有關本計劃的合約條款的任何爭議，應由中銀集團保險與客戶直接解決。In respect of an eligible dispute (as defined in the Terms of Reference for the Financial Dispute Resolution Centre in relation to the Financial Dispute Resolution Scheme) arising between BOCHK and the customer out of the selling process or processing of the related transaction, BOCHK is required to enter into a Financial Dispute Resolution Scheme process with the customer; however any dispute over the contractual terms of this Plan should be resolved between directly BOCG Insurance and the customer.
9. 中國銀行（香港）有限公司已獲香港特別行政區保險業監管局根據《保險業條例》（香港法例第 41 章）發出保險代理機構牌照。（保險代理機構牌照號碼 FA2855）The Bank of China (Hong Kong) Limited is granted an insurance agency licence under the Insurance Ordinance (Cap. 41 of the Laws of Hong Kong) by Insurance Authority in Hong Kong SAR. (insurance agency licence no. FA2855)

投保資格 Eligibility of Application :

1. 投保人及其配偶的投保年齡須為 18 歲或以上。At the time of application Proposer and spouse must be aged 18 or above.
2. 所有受保人於申請這份保險時須為年齡須介乎 15 日至 65 歲居於香港的合法居民。All Insured Person(s) must be ordinarily residing and legal resident of the Hong Kong aged between 15 days and 65 years old when applying for this insurance.
3. 投保公司必須為受保員工之僱主，受保員工及其配偶的投保年齡須為 18 歲或以上。Proposed Insured Company must be the employer of the Insured Employee, the Insured Employee and the spouse must be aged 18 or above.

投保人資料 Details of the Proposer[illegible]

保險期 Policy Period	
由 From (日 D / 月 M / 年 Y) _____ 至 To (日 D / 月 M / 年 Y) _____ (首尾兩日包括在內及保單每年自動續保的保險期。必須完成所有核保程序，本保險方可生效。Both dates inclusive and upon each subsequent anniversary date thereof. The insurance is effective which is subject to all underwriting procedure are completed.)	

保障類別及總保費 Insured Category & Total Premium (HK\$)								
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受保人 ¹ / 保障計劃 ² Insured Person ¹ / Benefit Plan ²	I. 基本保障 Basic Benefit (各受保人可 3 選 1 任擇下列其中一項綑綁保障及在所選保障下選擇其中一個計劃 Each Insured Person can select 1 out of 3 from any one package benefit listed below and to select one insured Plan under your selected benefit)			II. 自選保障 Optional Benefit (各受保人可任擇下列保障及在所選保障下任擇其中一個計劃 Each Insured Person can select any benefit listed below and to select one insured Plan under your selected benefit)				總保費 ⁴ (HK\$) Total Premium ⁴
	(A + B 保障) 住院及手術及 附加重症住院 Hospital & Surgical and Supplementary Major Medical	(A + C 保障) 住院及手術 及住院現金 ³ Hospital & Surgical and Hospital Cash ³	(A + B + C 保障) 住院及手術、附加重症 住院及住院現金 ³ Hospital & Surgical, Supplementary Major Medical and Hospital Cash ³	D. 門診 Out-patient	E. 牙科 Dental	F. 產科 Maternity	G. 危疾 Critical Illness	
1. <input type="checkbox"/> 投保人 / 受保員工 Insured / Insured Employee 年齡 Age: _____	<input type="checkbox"/> 計劃 Plan 1 <input type="checkbox"/> 計劃 Plan 2 <input type="checkbox"/> 計劃 Plan 3a <input type="checkbox"/> 計劃 Plan 3b	<input type="checkbox"/> 計劃 Plan 1 <input type="checkbox"/> 計劃 Plan 2 <input type="checkbox"/> 計劃 Plan 3 <input type="checkbox"/> 計劃 Plan 4	<input type="checkbox"/> 計劃 Plan 1 <input type="checkbox"/> 計劃 Plan 2 <input type="checkbox"/> 計劃 Plan 3a <input type="checkbox"/> 計劃 Plan 3b	<input type="checkbox"/> 計劃 Plan 1 <input type="checkbox"/> 計劃 Plan 2 <input type="checkbox"/> 計劃 Plan 3	<input type="checkbox"/> 計劃 Plan 1 <input type="checkbox"/> 計劃 Plan 2	<input type="checkbox"/> 計劃 Plan 1 <input type="checkbox"/> 計劃 Plan 2 <input type="checkbox"/> 計劃 Plan 3	<input type="checkbox"/> 計劃 Plan 1 <input type="checkbox"/> 計劃 Plan 2 <input type="checkbox"/> 計劃 Plan 3 <input type="checkbox"/> 吸煙者 smoker (如是者請 if yes please “✓”)	
2. <input type="checkbox"/> 配偶 Spouse 年齡 Age: _____	<input type="checkbox"/> 計劃 Plan 1 <input type="checkbox"/> 計劃 Plan 2 <input type="checkbox"/> 計劃 Plan 3a <input type="checkbox"/> 計劃 Plan 3b	<input type="checkbox"/> 計劃 Plan 1 <input type="checkbox"/> 計劃 Plan 2 <input type="checkbox"/> 計劃 Plan 3 <input type="checkbox"/> 計劃 Plan 4	<input type="checkbox"/> 計劃 Plan 1 <input type="checkbox"/> 計劃 Plan 2 <input type="checkbox"/> 計劃 Plan 3a <input type="checkbox"/> 計劃 Plan 3b	<input type="checkbox"/> 計劃 Plan 1 <input type="checkbox"/> 計劃 Plan 2 <input type="checkbox"/> 計劃 Plan 3	<input type="checkbox"/> 計劃 Plan 1 <input type="checkbox"/> 計劃 Plan 2	<input type="checkbox"/> 計劃 Plan 1 <input type="checkbox"/> 計劃 Plan 2 <input type="checkbox"/> 計劃 Plan 3	<input type="checkbox"/> 計劃 Plan 1 <input type="checkbox"/> 計劃 Plan 2 <input type="checkbox"/> 計劃 Plan 3 <input type="checkbox"/> 吸煙者 smoker (如是者請 if yes please “✓”)	
3. <input type="checkbox"/> 子女 ⁴ Child ⁴ 年齡 Age: _____	<input type="checkbox"/> 計劃 Plan 1 <input type="checkbox"/> 計劃 Plan 2 <input type="checkbox"/> 計劃 Plan 3a <input type="checkbox"/> 計劃 Plan 3b	<input type="checkbox"/> 計劃 Plan 1 <input type="checkbox"/> 計劃 Plan 2 <input type="checkbox"/> 計劃 Plan 3 <input type="checkbox"/> 計劃 Plan 4	<input type="checkbox"/> 計劃 Plan 1 <input type="checkbox"/> 計劃 Plan 2 <input type="checkbox"/> 計劃 Plan 3a <input type="checkbox"/> 計劃 Plan 3b	<input type="checkbox"/> 計劃 Plan 1 <input type="checkbox"/> 計劃 Plan 2 <input type="checkbox"/> 計劃 Plan 3	<input type="checkbox"/> 計劃 Plan 1 <input type="checkbox"/> 計劃 Plan 2	<input type="checkbox"/> 計劃 Plan 1 <input type="checkbox"/> 計劃 Plan 2 <input type="checkbox"/> 計劃 Plan 3	<input type="checkbox"/> 計劃 Plan 1 <input type="checkbox"/> 計劃 Plan 2 <input type="checkbox"/> 計劃 Plan 3 <input type="checkbox"/> 吸煙者 smoker (如是者請 if yes please “✓”)	
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5. <input type="checkbox"/> 子女 ⁴ Child ⁴ 年齡 Age: _____	<input type="checkbox"/> 計劃 Plan 1 <input type="checkbox"/> 計劃 Plan 2 <input type="checkbox"/> 計劃 Plan 3a <input type="checkbox"/> 計劃 Plan 3b	<input type="checkbox"/> 計劃 Plan 1 <input type="checkbox"/> 計劃 Plan 2 <input type="checkbox"/> 計劃 Plan 3 <input type="checkbox"/> 計劃 Plan 4	<input type="checkbox"/> 計劃 Plan 1 <input type="checkbox"/> 計劃 Plan 2 <input type="checkbox"/> 計劃 Plan 3a <input type="checkbox"/> 計劃 Plan 3b	<input type="checkbox"/> 計劃 Plan 1 <input type="checkbox"/> 計劃 Plan 2 <input type="checkbox"/> 計劃 Plan 3	<input type="checkbox"/> 計劃 Plan 1 <input type="checkbox"/> 計劃 Plan 2	<input type="checkbox"/> 計劃 Plan 1 <input type="checkbox"/> 計劃 Plan 2 <input type="checkbox"/> 計劃 Plan 3	<input type="checkbox"/> 計劃 Plan 1 <input type="checkbox"/> 計劃 Plan 2 <input type="checkbox"/> 計劃 Plan 3 <input type="checkbox"/> 吸煙者 smoker (如是者請 if yes please “✓”)	
6. <input type="checkbox"/> 子女 ⁴ Child ⁴ 年齡 Age: _____	<input type="checkbox"/> 計劃 Plan 1 <input type="checkbox"/> 計劃 Plan 2 <input type="checkbox"/> 計劃 Plan 3a <input type="checkbox"/> 計劃 Plan 3b	<input type="checkbox"/> 計劃 Plan 1 <input type="checkbox"/> 計劃 Plan 2 <input type="checkbox"/> 計劃 Plan 3 <input type="checkbox"/> 計劃 Plan 4	<input type="checkbox"/> 計劃 Plan 1 <input type="checkbox"/> 計劃 Plan 2 <input type="checkbox"/> 計劃 Plan 3a <input type="checkbox"/> 計劃 Plan 3b	<input type="checkbox"/> 計劃 Plan 1 <input type="checkbox"/> 計劃 Plan 2 <input type="checkbox"/> 計劃 Plan 3	<input type="checkbox"/> 計劃 Plan 1 <input type="checkbox"/> 計劃 Plan 2	<input type="checkbox"/> 計劃 Plan 1 <input type="checkbox"/> 計劃 Plan 2 <input type="checkbox"/> 計劃 Plan 3	<input type="checkbox"/> 計劃 Plan 1 <input type="checkbox"/> 計劃 Plan 2 <input type="checkbox"/> 計劃 Plan 3 <input type="checkbox"/> 吸煙者 smoker (如是者請 if yes please “✓”)	

此欄只供 2 個或以上受保人填寫 This part is applicable for 2 or more Insured Persons to complete		
所有受保人 (基本 + 自選保障)	總保費 Total Premium :	
All Insured Person(s) (Basic + Optional Benefit)	9 折後總保費 Total Premium less 10% discount :	

註 Remarks :

- 投保年齡：受保人於住院及手術、附加重症住院、門診及牙科保障最高投保年齡為 65 歲，住院現金可至 60 歲，而產科及危疾保障的投保年齡為 18 歲至 50 歲。Insured age: Insured Person’s maximum entry age is 65 for Hospital & Surgical, Supplementary Major Medical, Out-patient and Dental Benefit, 60 for Hospital Cash, also, the insured age for Maternity & Critical Illness Benefits is from 18 to 50.
- 保障計劃：不同受保人於同一保單可選擇不同基本保障、計劃及自選保障項目。Benefit Plan: Insured Person(s) under the same policy can apply for different Basic Benefit, Plan and Optional Benefit.
- 住院現金保障：無論選擇任何一款基本保障及計劃，若受保子女年齡為 18 歲或以下，住院現金保障保額將按「計劃 1」受保。Hospital Cash Benefit: Regardless of any Basic Benefit and Plan selected, the sum insured of Hospital Cash Benefit will be covered under “Plan 1” only for the insured child(ren) aged 18 or below.
- 子女：指投保人/ 受保員工的合法子女，包括繼子女、領養子女或監護兒童。Child: refer(s) to the legal child of the Proposer/ Insured Employee, including step child, adopted child, or guardian child.

受保人資料 Person(s) to be insured (不須重複填寫投保人資料 No need to duplicate filling in Proposer details)

受保人姓名 (英文) (請先填寫姓氏) Name of Insured Person(s)(English) (Surname first) (如有更多受保人，請另紙填上 Use separate sheet if more person to be insured)	香港身份證 / 護照號碼 / 出生證件號碼 (11 歲以下) HKID Card No. / Passport No. / Birth Cert. No. (for aged below 11)	性別 Sex	出生日期 Date of Birth (日/ 月/ 年 D/ M/ Y)	職業及職位 Occupation And Position	身高 ⁵ Height ⁵ (米/m)	體重 ⁵ Weight ⁵ (千克/kg)	身體質量指數 ⁶ Body Mass Index (BMI) ⁶	
							指數 Index	是否符合標準? (請填是或否) Does it fall within standard level? (Please indicate Yes or No)
1. 投保人/ 受保員工 Proposer/ Insured Employee	同上 Same as above							
2. 配偶 Spouse								
3. 子女 Child								
4. 子女 Child								
5. 子女 Child								
6. 子女 Child								

註 Remarks :

5. 1 inch 吋 = 2.54 厘米 cm , 1 米 m = 100 厘米 cm ; 1 千克 kg = 2.2 磅 lbs

6. 身體質量指數(BMI)計算方式 “Body Mass Index” (BMI) assessment method : 請參考以下 BMI 計算程式或使用設於中銀集團保險網頁(<http://www.bocgins.com>) 的 BMI 網上計算機，以便於投保書內申報您及/或受保人的 BMI 指數。Please specify you and/or Insured Person(s)' BMI index in the proposal form by referring the below BMI formula or the online BMI calculator in BOCG Insurance website (<http://www.bocgins.com>).

$$\text{BMI} = \frac{\text{體重 Weight (單位: 千克 kg)}}{\text{身高 Height}^2 \text{ (單位: 米 m)}}$$

身體質量指數分類 BMI Category	標準 standard level	不符合標準 falls outside standard level
成人 Adult (18 歲或以上 aged 18 or above)	18-26	<18 或 or >26
子女 Child (18 歲以下 aged below 18)	10-26	<10 或 or >26

例子 example : 成人 – 年齡 25 歲、身高 173 厘米及體重 68 千克 Adult - 25 years old, 173cm height and 68 kg weight

$$\text{BMI} = \frac{(68 \text{ kg})}{(1.73\text{m})^2} = 22.72 \text{ (其身體質量指數符合標準 BMI falls within standard level)}$$

例子 example : 子女 – 年齡 1 歲、身高 75 厘米及體重 4 千克 Child - 1 year old, 75cm height and 4 kg weight

$$\text{BMI} = \frac{(4 \text{ kg})}{(0.75\text{m})^2} = 7.105 \text{ (其身體質量指數不符合標準 BMI falls outside standard level)}$$

投保書陳述項目 Stated information for this Proposal Form : (只須回答所選擇投保的項目 only complete the item(s) which you have selected to insure) :

銀行代理注意：如只選擇「項目 I」而所有答案於此項為「否」，並即時繳交保費，此投保申請可即時批核。請填寫及列印此申請書尾頁「投保申請確認書」供投保人保留。如同時選擇「項目 II - 危疾保障」，或任何下列答案為「是」者，此投保申請必須遞交中銀集團保險的醫療保險部審批方可接納。中銀集團保險保留重核此投保申請，如有任何訛騙或資料失實，本保障將會有失效。

Important note for bank staff: If only "item I" is chosen and all answer in "NO" and premium is paid immediately, instant approval of this application can be granted. Please complete and print the "Confirmation of Insurance" sheet on the last page of this proposal form for the client's retention. If "Item II - Critical Illness Benefit" is also selected, or any answer below is "YES", approval has to be obtained from BOCG Insurance Medical Insurance Dept. prior to the acceptance of this application. BOCG Insurance reserves the right to review this application, the cover will be invalidated if there is any fraud or factual misrepresentation.

I. 適用於投保任何保障 Applicable for all types of Protection

- | | 是 YES | 否 NO |
|---|--------------------------|--------------------------|
| 1. 您及/或受保人是從事非文職或任何附帶特殊風險之職業，如高空工作，空中或航海工作人員；紀律部隊；體力勞動；拖頭及/或中港貨車司機；職業運動員。如答案為「是」者，請詳加說明。You and/or Insured Person(s) is employed as non clerical worker or any occupation with special risk, such as work at height, air or ship crews; disciplinary services; manual worker; tractor driver and/or lorry driver transporting goods to and from HKSAR and China; professional sportsman? If you have ticked "YES", please give full details. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. 您及/或受保人是香港以外就讀的留學生。如答案為「是」者，請提供受保人姓名、就讀學府的詳細資料(包括就讀學府名稱及地址)及香港以外住址。You and/or Insured Person(s) is a student studying outside Hong Kong. If you have ticked "YES", please provide the name of Insured Person, full details of the attended Educational Institution (including name and address of the attended Educational Institution) and residential address outside Hong Kong. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. 您及/或受保人的「身體質量指數」是不符合標準。You and/or Insured Person(s)'s "Body Mass Index" falls outside standard level. | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. 在過去 5 年您及/或受保人曾否 During the last 5 years, have you and/or Insured Person(s) been: | <input type="checkbox"/> | <input type="checkbox"/> |
| i) 住院或因嚴重疾病/創傷需要向專科醫生尋求醫療諮詢、斷症性之檢查、治療或做手術，或接受或被建議接受 X 光、心電圖、磁力共振顯影、電腦掃描、性病或肝炎或愛滋病之測試、或其他化驗/檢查？hospitalized or have consulted a specialist for medical advice, diagnostic tests, treatment or operation for a serious illness or injury, or ever had or been advised to have any X-ray, ECG, MRI, CT Scan, or tests/counseling in connection with sexually transmitted disease or hepatitis or HIV, or other laboratory tests/ investigations? | <input type="checkbox"/> | <input type="checkbox"/> |
| ii) 因任何病徵、疾病、缺陷或身體狀況例如但不限於肝炎帶菌者、糖尿病、腎病、高血壓、關節炎、心臟血管疾病、各類型癌症或腫瘤導致現在或將來急需做手術或接受長期治療？any symptoms, illness, defects or conditions such as, but not limited to hepatitis carrier status, diabetes, kidney disease, high blood pressure, arthritis, cardio vascular diseases, any type of cancer or tumor, that may require impending operation, continuous treatment now or in the future? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. 在過去 5 年您及/或受保人曾否因住院向保險公司索償或在投保壽險或醫療保險時被拒絕、或有關係單被取消、增加保費或附加限制？In the past 5 years, have you and/or Insured Person(s) ever filed a claim for hospitalization with an insurance company or had any life or medical insurance application rejected or policy cancelled, rated or restricted? | <input type="checkbox"/> | <input type="checkbox"/> |

II. 只適用於危疾保障 Applicable for Critical Illness Benefit only

(此申請必須經審批程序方可接受投保 Approval process is required for this benefit before acceptance of application)

- | | 是 YES | 否 NO |
|--|--------------------------|--------------------------|
| 1. 過去 5 年，您及/或受保人曾否患上中風、膽囊毛病、身體虛脫、貧血/血友病/其他血液毛病、肢體殘缺、精神病、黃疸/肝炎/其他肝臟毛病、聽覺/視力受損(遠視/近視除外)、肌肉及骨骼系統問題如背痛/關節或肌肉痛症、或任何其他類別的疾病(不包括小毛病如傷風、感冒、腸胃炎等)或傷殘？During the last 5 years, have you and/or Insured Person(s) ever suffer from stroke, gall bladder disorder, debility or other disorder, anaemia/hemophilia/other disorder of blood, loss of use limb, mental illness, jaundice/hepatitis/other liver disorder, impaired hearing/vision (except hyperopia or myopia), musculo-skeletal problem such as backache/joint or muscle pains, or any other illness (other than minor sickness such as upper respiratory tract infection, flu, gastroenteritis, etc.) / disability? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. 您及/或受保人的雙親、兄弟或姊妹當中是否曾於 60 歲前患上或死於中風、心臟病、糖尿病、腎病、多發性硬化、癌病或遺傳病？Have you and/or Insured Person(s) parents, brothers or sisters had or died from Stroke, Heart Disease, Diabetes, Kidney Disease, Multiple Sclerosis, Cancer or Inherited Disease before the ages of 60? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. 您及/或受保人是否有吸食煙草或毒品或飲酒之習慣或被醫生建議減少或停止吸食煙草產品/飲酒？如答案為「是」者，請列明每週之數量？Have you and/or Insured Person(s) use tobacco products or narcotics or drink alcohol regularly or ever been advised by doctor to reduce or discontinue consumption of tobacco or alcohol? If you have ticked "YES", please state amount typically consumed per week. | <input type="checkbox"/> | <input type="checkbox"/> |

備註 Notes :

如在以上陳述項目 I (4 至 5 題)及/或項目 II (1 至 2 題)任何一題答「是」，請詳述於以下空格內及附上有關醫療報告。如需另頁詳加說明，請 另有附頁在右格內加"✓"並連同附頁一併遞交，而附頁需由有關受保人簽署確認。If any answer to the above stated information of section I (question 4-5) with attachment and/or section II (question 1-2) is "YES", please provide full details in the following table and enclose related medical reports. If you need to provide details on separate sheet, please tick the box at the right hand side and attach the sheet(s). The sheet(s) should be duly signed by the related Insured Person(s). ☐

受保人姓名 Name of Insured Person(s)	問題號碼 Question No.	健康狀況如疾病性質、症狀 Health Condition such as Nature or Symptoms of Disease, Diagnosis	所接受之護理及治療 Care and Treatment Received	發病日期 Onset Date	上一次求診日期 Last Consultation Date	結果 Result

受保員工聲明 (只適用於公司投保) Declaration of Insured Employee (Applicable to Company Enrollment only)

- 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「中銀集團保險有限公司」提供本人及/或上述家屬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' health condition or detail medical history to "Bank of China Group Insurance Company Limited". Copy of this authorization form will have same effect as of the original copy.
- 本人已向所有家屬取得授權，本人謹此聲明以上陳述乃真確無訛，可作為簽發保單之根據，亦明白如資料錯誤或不詳盡，本人及/或家屬之保障有失效之虞。I have obtained the necessary authorization from my dependent(s). I declare that the information stated in the above 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 me and my dependent(s) may be invalidated.
- 本人授權投保公司向中銀集團保險提供本人及/或受保人的個人資料。I hereby authorize Proposed Insured Company to provide myself and/or Insured Person's personal information to BOCG Insurance.
- 賠款收取方式 Receive claim payment method

☐ 銀行戶口自動轉賬 Bank Account Autopay
 銀行名稱 Bank Name: _____ 受保員工銀行戶口號碼 Insured Employee's Bank Account No : _____

☐ 支票 Cheque
☐ 賠付予受保員工 Pay to Insured Employee ☐ 賠付予投保公司 Pay to Proposed Insured Company

 受保員工簽署
Signature of Insured Employee

 電子郵箱 (處理賠償之用)
E-mail (For the purpose of claim payment)

 簽署地：香港及日期(日/月/年)
Signed Place: Hong Kong and Date(DD/MM/YY)

繳付保費方法 Payment Method		
<input type="checkbox"/> 銀行戶口付自動轉賬 Bank Account Autopay* <p>請填妥第 10 的「直接付款授權書」，連同首年的保費以銀行戶口過賬或現金或劃線支票(祈付「中銀集團保險有限公司」)一併交回。 Please complete and submit the Direct Debit Authorization Form as in page 10 together with bank account payment transfer or cash or a crossed cheque made payable to “Bank of China Group Insurance Company Limited” for the first year premium.</p> <p>繳付首年保費方式 Payment method for the first year :</p> <p><input type="checkbox"/> i.) 專用戶口賬號 Designated Account No. : 012-349-00009828 銀行參考編號 Bank Reference No. F _____ 轉賬日期 Transfer date (日/月/年 D/M/Y) : _____</p> <p><input type="checkbox"/> ii.) 支票付款 Payment made by cheque 銀行名稱 Bank Name: _____ 支票號碼 Cheque No.: _____</p> <p><small>*請注意個別銀行可能會向客戶收取設立自動轉賬之服務費用。 Please note that some banks may charge their customers service fees for setting up the autopay facility.</small></p>	<input type="checkbox"/> 信用卡付款 Payment made by Credit Card <p><input type="checkbox"/> 適用於個人投保 Applicable for Individual Enrollment 請填妥第 8 頁的「信用卡付款授權書」支付首年及續保之保費。 Please complete Credit Card Authorization Form in page 8 for the first year premium and renewal premium.</p> <p><input type="checkbox"/> 適用於公司投保 Applicable for Company Enrollment 請填妥第 9 頁的「商務信用卡付款授權書」交回。 Please attach a completed Business Credit Card Authorisation Form in page 9.</p>	<input type="checkbox"/> 其他付款方式 Other Payment Methods <p><input type="checkbox"/> i.)以銀行戶口過賬或現金方式入賬予中銀集團保險專用戶口。 Payment to BOCG Insurance's Designated Account by bank account payment transfer or cash. 專用戶口賬號 Designated Account No. : 012-349-00009828 銀行參考編號 Bank Reference No. F _____ 轉賬日期 Transfer date (日/月/年 D/M/Y) : _____</p> <p><input type="checkbox"/> ii.)請以劃線支票(祈付「中銀集團保險有限公司」)。 Please make a crossed cheque payable to “Bank of China Group Insurance Company Limited”. 銀行名稱 Bank Name: _____ 支票號碼 Cheque No.: _____</p>
<p>本人現授權中銀集團保險從本人/吾等之銀行/信用卡戶口轉賬繳交「中銀醫療綜合保障計劃(系列一)」應繳付的保費，包括其後背書所更改的保費以及每個新保單年度續保保費。 I hereby authorize BOCG Insurance to effect payment transfer from my/our bank/credit card account for payment of premium under the “BOC Medical Comprehensive Protection Plan (Series 1)”, including subsequent revised premium by endorsement(s) and all renewal premiums for each new policy year.</p>		
<p>本人明白此投保書一經批核，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 understand that once this application is accepted, if no notice of amendment of renewal terms is sent to me/us from BOCG Insurance prior to the expiration of each policy year, the policy will be <u>automatically renewed</u> simply by my/our settling the required premium for the upcoming policy year.</p>		

聲明 Declaration

1. 本人/本公司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/本公司及/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/ Our company 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/ our company and/or the Insured Person(s) in the Proposal Form and accepted by BOCG Insurance.
2. 本人/本公司謹此聲明本人及/或受保人於申請這份保險時為年齡介乎 15 日至 65 歲居於香港的合法居民。I/ Our company declare that myself and/or the Insured Person(s) are ordinarily residing and legal resident of Hong Kong aged between 15 days and 65 years old when applying for this insurance.
3. 本人/本公司謹此聲明，本人/本公司已向上述家屬/員工家屬取得授權，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/本公司亦明白如資料錯誤或不詳盡，本人/本公司及/或受保人之保障有失效之虞。I/ Our company declare that I have obtained the necessary authorization from the above mentioned my independent(s) /employee independent(s), the information stated in this Proposal Form is true and complete and will form the basis of this insurance. I/ Our company also understand that if any information stated is untrue or incomplete, the cover for myself/ our company and/or for the Insured Person(s) may be invalidated.
4. 本人/本公司謹此聲明，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/本公司及/或受保人之保障有失效之虞。I/ Our company declare that **this Proposal Form is applied and signed at HKSAR**, in case of fraud or factual misrepresentation, the cover for myself /our company and/or for the Insured Person(s) may be invalidated.
5. 本人/本公司在此授權任何醫生、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/ Our company 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.
6. 本人/本公司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/ Our company agree BOCG Insurance reserves the right to accept or decline this application.
7. 本人/本公司明白必須繳付全額保費及保單生效後，中銀集團保險對本人/本公司及/或受保人之保險責任始行生效。I/ Our company understand that BOCG Insurance's insurance liability for myself / our company and /or for the Insured Person(s) will only take effect provided that premium has been fully paid and the policy was put in force.
8. 本人/本公司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/本公司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/ Our company 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/本公司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/ Our company 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/本公司的保險申請或本人/本公司將來提交的保險申請 processing and evaluating my/ our company's insurance application and any future insurance application I/ our company may make ;
2. 執行本人/本公司保單的行政工作及提供與本人/本公司保單相關的服務 administering my/ our company's insurance policy and providing services in relation to my/ our company's insurance policy;
3. 分析或調查、處理及支付本人/本公司保單有關的索償 analysis or investigating, processing and paying claims made under my/ our company's insurance policy;
4. 發出繳交保費通知及向本人/本公司收取保費及欠款 invoicing and collecting premiums and outstanding amounts from me/ our company;
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/本公司 contacting me/ our company 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/本公司及/或受保人的個人資料移轉予下列各方 BOCG Insurance may disclose my/ our company and/or the Insured Person(s)'s personal data for the above purposes to the following classes of transferees:

- a. 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 bureaux or credit reference bureaux;
- e. 再保公司及再保經紀 reinsurers and reinsurance brokers;
- f. 本人/本公司的保險經紀 (若有) my/ our company's 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/本公司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/ our company and/or the Insured Person(s)'s data with the information collected by the Federation from the insurance industry.

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

本人/本公司有權查閱及要求更正由中銀集團保險持有有關本人/本公司及/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/ Our company have the right to obtain access to and to request correction of any personal information concerning myself/ our company 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/本公司明白此產品為自動續保產品，本人/本公司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 (續保保費將根據續保時保單週年日之保費表釐定)。I/Our company understand that this is an auto renew product. The policy will be **automatically renewed** simply by my/our company settling the required premium for the upcoming policy year (renewal premiums will be based on the prevailing premium rates at the time of policy anniversary).

本人/本公司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/Our company confirm my agreement to all sections in this Proposal Form, including but not limited to the above Declaration and Personal Information Collection Statement.

受保人簽署 (若與投保人不同及年齡在 18 歲或以上)
Signature of Insured Person(s) (if other than the Proposer and of age 18 or above)

受保人姓名
Name of Insured Person(s)

投保人簽署或授權簽署及公司蓋章(適用於公司投保)
Signature of Proposer or Authorized signature & company stamp (applicable for company enrollment)

投保人姓名或簽署人姓名(適用於公司投保)
Name of Proposer or Name of the signatory (applicable for company enrollment)

簽署人職位(適用於公司投保)
Title of Signatory (applicable for company enrollment)

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.**

信用卡付款授權書 Credit Card Authorization Form (適用於個人投保 Applicable for Individual Enrollment)

☐ Visa ☐ Master ☐ 中銀銀聯雙幣信用卡(必需由香港發出) BOC CUP Dual Currency Credit Card (Must be issued in Hong Kong)

持卡人姓名 Cardholder's Name	香港身份證號碼 HKID Card No.	信用卡戶口號碼 Credit Card Account No.	信用卡到期日 (月/年) Credit Card Expiry Date (M/Y)
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本人茲授權「中銀集團保險有限公司」從本人的信用卡戶口每年支付「中銀醫療綜合保障計劃(系列一)」應繳保費金額，直至另行通知。I hereby authorize and direct “Bank of China Group Insurance Company Limited” to debit the premium due from my credit card account for “BOC Medical Comprehensive Protection Plan (Series 1)” on a yearly basis until further notice.

若持卡人並非投保人，請填寫以下資料。 If Cardholder is not the Proposer, please fill in the following information.

- 與投保人關係 Relationship with the Proposer: _____
- 代投保人支付保費原因 Reason for paying premium on Proposer's behalf: _____
☐ 本人同意及承擔上述投保人之全數應繳之「中銀醫療綜合保障計劃(系列一)」保費金額，本人亦明白如因終止保單而產生的任何退費會以支票方式給予投保人。I hereby confirm to pay the premium due of “BOC Medical Comprehensive Protection Plan (Series 1)” for the Proposer. I also understand that any refund premium due to policy cancellation will be given to the Proposer by cheque.

持卡人簽署 Cardholder's Signature (須與信用卡簽署式樣相同 should be the same as the specimen signature on Credit Card)	X	S.V.	聯絡電話號碼 Contact Phone No.	日期 Date (日 D/月 M/年 Y)
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[illegible]

銀行代理專用 For Bank use only		
經辦編號 Staff No.	保險中介人編號 Agent No.	轉介單位編號 Transfer Unit No.
經辦姓名 Staff Name	經辦單位編號 Unit No.	轉介人編號 Transfer Staff No.
經辦聯絡電話 Staff Contact No.	CIN 號碼 CIN No.	申請編號 TX No.
客戶填妥及簽署此投保書後，請銀行代理向中銀集團保險遞交以下文件 The Bank staff should submit the following documents to BOCG Insurance:		
銀行戶口自動轉賬 Bank Account Autopay (1) 專用保險費收款單正本或影印本 The original copy or photo copy of Dedicated Premium Deposit Form ; (2) 於第 10 頁已簽署的「直接付款授權書」正本 The original copy of the duly signed "Direct Debit Authorization Form" in page 10 ; (3) 此投保書 This proposal form.	信用卡付款 Payment made by Credit Card <u>適用於個人投保 Applicable for Individual Enrollment</u> (1) 於第8 頁已簽署的「信用卡付款授權書」正本 The original copy of the duly signed "Credit Card Authorization Form" in page 8 ; (2) 此投保書 This proposal form. <u>適用於公司投保 Applicable for Company Enrollment</u> (1) 於第 9 頁已簽署的「商務信用卡付款授權書」正本 The original copy of the duly signed "Business Credit Card Authorization Form" in page 9 ; (2) 此投保書 This proposal form.	其他付款方式 Other Payment Methods (1) 保險費收款單正本或影印本 The original copy or photocopy of Premium Deposit Form: (2) 此投保書 This proposal form.

保單編號 Policy No.	經辦人 Handled By	覆核人 Checked By
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直接付款授權書 Direct Debit Authorization Form

請依次填寫並將此授權書交給 貴戶之往來銀行 Please complete and return this form to your banker

收款之一方 (受益人) Name of Party to be Credited ("The Beneficiary")	銀行編號 Bank No.	分行編號 Branch No.	收款賬戶號碼 Account No. to be Credited
Bank of China Group Insurance Company Limited	0 3 0	5 5 0	1 0 2 8 2 1 0 8

- 本人/吾等現授權本人/吾等之下述銀行，(根據受益人及/或代理行不時給予本人/吾等銀行之指示)自本人/吾等之賬戶內轉賬至上述賬戶。惟每次轉賬金額不得超過以下指定之限額。 I/We hereby authorize my/our below named Bank to effect transfers from my/our account to the above account in accordance with such instructions as my/our Bank may receive from the beneficiary and/or its banker and/or its banker's correspondent from time to time provided always that the amount of any one such transfer shall not exceed the limit indicated below.
- 本人/吾等同意本人/吾等之銀行毋須證實該等轉賬通知是否已交予本人/吾等。 I/We agree that my/our Bank shall not be obliged to ascertain whether or not notice of any such transfer has been given to me/us.
- 如因該等轉賬而令本人/吾等之賬戶出現透支(或令現時之透支增加)，本人/吾等願共同及各別承擔全部責任。 I/We jointly and severally accept full responsibility for any overdraft (or increase in existing overdraft) on my/our account which may arise as result of any such transfer(s).
- 本人/吾等同意如本人/吾等之賬戶並無足夠款項支付該等授權轉賬，本人/吾等之銀行有權不予轉賬，且銀行可收取慣常之收費，並可隨時以一星期書面通知取消本授權書。 I/We agree that should there be insufficient funds in my/our Bank account to meet any transfer hereby authorized, my/our Bank shall be entitled, in its discretion, not to effect such transfer in which event the Bank may make the usual service charge and that it may cancel this authorization at any time on one week's written notice.
- 本授權書將繼續生效直至另行通知為止或直至下列到期日為止 (以兩者中最早之日期為準)。 This authorization shall have effect until further notice or until the expiry date written below (whichever shall first occur).
- 本人/吾等同意，本人/吾等取消或更改本授權書之任何通知，須於取消/更改生效日最少兩個工作天(但不包括星期六)之前交予本人/吾等之銀行。 I/We agree that any notice of cancellation or variation of this authorization which I/we may give to my/our Bank shall be given at least two working days (except Saturdays) prior to the date on which such cancellation/variation is to take effect.

本人/吾等之銀行及分行之名稱 My/Our Bank Name and Branch	銀行編號 Bank No.	分行編號 Branch No.	本人/吾等之賬戶號碼 My/Our Account No.
本人/吾等在結單/存摺上所紀錄之名稱 My/Our Name(s) as record on Statement/Passbook	*每次/月付款之限額 *Limit for Each Payment/Month		到期日 (參閱下列附註各點) Expiry Date (See Notes Below) Day 日 Month 月 Year 年
債務人之姓名 (若非賬戶持有人) Name of Debtor (if other than Account Holder)	債務人參考 (必填之欄 – 請參閱下列附註各點) Debtors' Reference (Compulsory Field-See Notes Below)		
本人/吾等在結單/存摺上所紀錄之地址 My/Our Address as record on Statement / Passbook	聯絡電話 Telephone No.	本人/吾等之簽名 My/Our Signature(s) 日期 Date	
以下由銀行填寫 For Bank Use Only	核對印鑑 Signature(s) Verified		

* 請刪去不適用者。 Please delete whichever is not appropriate.

請以英文正楷填寫。 Please write in block letters.

附註 NOTES :

- 如 台端付款之數額每次可能不相同，則請將最高者定為每次付款之最高限額。 If the amount of your payments are likely to vary each time, set the Limit for Each Payment at the maximum amount you would expect to pay at any one time.
- 本直接付款授權書將於「到期日」一欄中所填寫之日期自動撤銷。如 貴戶意欲直接付款授權書無限期有效 (或直至 貴戶予以撤銷為止)，則請將該欄留空。 The Direct Debit Authorization will be cancelled automatically on the date included in the box marked "Expiry Date". If you wish the Direct Debit Authorization to have effect indefinitely (or until cancelled by you) please leave box blank.
- 請保證 貴戶在此授權書內之簽名，與銀行賬戶所簽者完全相同。 Please ensure that you sign the form in the usual way that you would sign on your Bank Account.
- 在債務人之參考欄內，請將 貴戶與收款人一方之關係，略予說明，例如學生編號、抵押合約號碼等。 In the box marked "Debtor's Reference" enter the identifying reference between yourself and the party to be credited i.e. Student No., Mortgage Agreement No., Rental Agreement No., etc.
- 當 "每次/月付款之限額" 一欄未有填上時，債務銀行可酌權就轉賬金額設下一個限額。 The debtors' bank may set an internal limit when the "Limit for Each Payment/Month" is not specified.
- 如果轉賬金額超過債務銀行所定限額，除預先安排外，債務銀行會保留權利不予以轉賬。 The debtor's bank reserves the right to reject the payment exceeding the maximum limit specified by the debtor's bank unless prior arrangements have been made.

先生/小姐啟：

多謝投保中銀集團保險的「中銀醫療綜合保障計劃(系列一)」，為您及/或您的家人/投保公司員工及/或其家人提供一站式、保費相宜及保障全面的醫療保障。

即時批核

現正式確認您的上述保障計劃投保申請已獲即時批核。中銀集團保險保留重核此投保申請，如有任何訛騙或資料失實，本保障將會有失效。您的臨時保單編號及保障生效日期如下：

臨時保單編號：_____

保障生效日期：_____

全套保單文件包括保單條款、承保表及醫療卡等，將於中銀集團保險收到您的投保申請書後約 10 日內寄上。

15 日保單審閱期

在保障生效的首 15 日為保單審閱期，敬請於中銀集團保險網頁(<http://www.bocgins.com>)下載及細閱保單條款細則、保障項目及不受保項目。在審閱期內您/投保公司可隨時以書面通知中銀集團保險終止投保（若已收到保單文件，必須一併送回中銀集團保險）。如受保人在審閱期內未有提出任何索償要求，已繳付的保費均可獲全數奉還。

如有任何查詢，歡迎致電您/投保公司的代理銀行分行或中銀集團保險客戶服務熱線 (852) 3187 5100。祝安好！

中銀集團保險有限公司

Dear Mr. / Ms. _____，

Thank you for enrolment in the “BOC Medical Comprehensive Protection Plan (Series 1)” to protect you and/or your family /the Proposed Insured Company’s employee and/or their family members against all-in-one medical cover at a competitive cost.

Instant Approval

We are pleased to confirm that your/ the Proposed Insured Company’s application for the above mentioned insurance has been accepted. BOCG Insurance reserves the right to review this application, the cover will be invalidated if there is any fraud or factual misrepresentation.

Your temporary policy number and the effective date are as follows:

Temporary Policy No.：_____

Policy Effective Date：_____

The full set of policy include the policy wordings, schedule and medical card etc. will be sent to you/the Proposed Insured Company’s within approximately 10 days from the receipt of your proposal form by BOCG Insurance.

15 Days Policy Review Period

There is a 15 days policy review period from the policy effective date. We highly recommend you/ the Proposed Insured Company to download the policy wordings from BOCG Insurance’s website (<http://www.bocgins.com>) and read all benefits, terms and limitations therein. During the review period you may terminate this policy by giving written notice to BOCG Insurance (If you have already received the policy, please return the full set to BOCG Insurance). If no claim has been made by the Insured Person during the review period, all premium paid will be refunded.

For enquiries, please contact any branches of the agent banks or BOCG Insurance Customer Service Hotline (852) 3187 5100.

Yours sincerely,

Bank of China Group Insurance Company Limited