

商務團體醫療保險計劃投保書

Corporate Group Medical Insurance Plan Proposal Form



通訊地址:香港中環德輔道中 71 號永安集團大廈 9 樓

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

客戶服務熱線 Customer Services Hotline:3187 5100

傳真 Fax : 3906 9906

電郵 Email : medicaladmin_ins@bocgroup.com

備註 NOTES:

- 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.
- 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，若未能充分透露實情，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.
- 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.
- 「商務團體醫療保險計劃」(下稱“本計劃”)由中銀集團保險承保。Corporate Group Medical Insurance Plan (named below as “this Plan”) is underwritten by BOCG Insurance.
- 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.
- 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.
- 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)

投保人(公司)資料 Details of Proposer (Company)

1. 公司名稱(英文) Name of Company (English)		2. 公司名稱(中文) Name of Company (Chinese)	
3. 商業登記號碼 Business Registration No. _____		4. 業務性質 Nature of Business	
5. 通訊地址 Correspondence Address 室 Room/ Flat _____ 樓 Floor _____ 座 Block/ Tower _____ 大廈/屋苑 Building/ Estate _____ 街道號數及名稱 Number and Name of Street/Road _____ 地區 District _____ <input type="checkbox"/> 香港 HK <input type="checkbox"/> 九龍 KLN <input type="checkbox"/> 新界 NT			
6. 聯絡資料 Contact Information			
聯絡人姓名 Name of Contact Person	電話號碼 Tel No.	傳真號碼 Fax No.	電郵地址 Email Address

註 Remarks :

- 所有合資格僱員及直系家屬(配偶及子女)必須同時參加，家屬之保障計劃(如有)必須低於僱員或與僱員相同。All eligible employees and their dependents (spouse and child) should be enrolled together. Dependent (if any) should be enrolled the same plan level or lower plan level than the employees.
- 如保單的受保僱員人數是 3-15 人，最多只可設立 3 個計劃；若受保僱員是 16-50 人，最多可設立 5 個計劃(計劃數目包括家屬保障)。Up to 3 plans can be set up under policy with 3-15 insured employees, up to 5 plans if the number of insured employees is 16-50. (Number of plans includes those for insured dependents).
- 保障 A「住院醫療保險」是基本保障並必須投保。Benefit A “Hospitalization Benefit” is the Basic Benefits that must be selected.
- 如投保保障 B「重病住院醫療保險」，保障 B 所選擇之計劃必須與保障 A「住院醫療保險」的計劃級別相同。If Benefit B “Supplementary Major Medical Benefit” is selected, the plan level for Benefit B must be same as the Benefit A “Hospitalization Benefit”.
- 投保保障 C「門診醫療保險」後，方可選擇保障 D「牙科醫療保險」。保障 D 所選擇之計劃必須與保障 C「門診醫療保險」的計劃級別相同。Benefit D “Dental Benefit” can be selected after the application of Benefit C “Out-patient Benefit”. The plan level for Benefit D must be same as Benefit C “Out-patient Benefit”.

投保詳情 Details of Application

計劃選擇 Plan Option :

保障類別 Plan	僱員類別 Employee Classification	I. 基本保障 Basic Benefits		II. 自選保障 Optional Benefits				如提供家屬 保障請填✓ If Dependant Coverage ✓is provided
		(A) 住院 Hospitalization		(B) 重病住院 SMM	(C) 門診 Out-patient		(D) 牙科 Dental	
		計劃 Plan		賠償百分比 Reimbursement %	計劃及賠償百分比 Plan & Reimbursement %		計劃及賠償百分比 Plan & Reimbursement %	
1		<input type="checkbox"/> HS 1 <input type="checkbox"/> HS 2 <input type="checkbox"/> HS 3 <input type="checkbox"/> HS 4 <input type="checkbox"/> HS 5	<input type="checkbox"/> 80% <input type="checkbox"/> 100%	<input type="checkbox"/> OP 1 <input type="checkbox"/> OP 2 <input type="checkbox"/> OP 3 <input type="checkbox"/> OP 4 <input type="checkbox"/> OP 5 <input type="checkbox"/> 80% <input type="checkbox"/> 100%	<input type="checkbox"/> 80% <input type="checkbox"/> 100%	<input type="checkbox"/>		
2		<input type="checkbox"/> HS 1 <input type="checkbox"/> HS 2 <input type="checkbox"/> HS 3 <input type="checkbox"/> HS 4 <input type="checkbox"/> HS 5	<input type="checkbox"/> 80% <input type="checkbox"/> 100%	<input type="checkbox"/> OP 1 <input type="checkbox"/> OP 2 <input type="checkbox"/> OP 3 <input type="checkbox"/> OP 4 <input type="checkbox"/> OP 5 <input type="checkbox"/> 80% <input type="checkbox"/> 100%	<input type="checkbox"/> 80% <input type="checkbox"/> 100%	<input type="checkbox"/>		
3		<input type="checkbox"/> HS 1 <input type="checkbox"/> HS 2 <input type="checkbox"/> HS 3 <input type="checkbox"/> HS 4 <input type="checkbox"/> HS 5	<input type="checkbox"/> 80% <input type="checkbox"/> 100%	<input type="checkbox"/> OP 1 <input type="checkbox"/> OP 2 <input type="checkbox"/> OP 3 <input type="checkbox"/> OP 4 <input type="checkbox"/> OP 5 <input type="checkbox"/> 80% <input type="checkbox"/> 100%	<input type="checkbox"/> 80% <input type="checkbox"/> 100%	<input type="checkbox"/>		
4		<input type="checkbox"/> HS 1 <input type="checkbox"/> HS 2 <input type="checkbox"/> HS 3 <input type="checkbox"/> HS 4 <input type="checkbox"/> HS 5	<input type="checkbox"/> 80% <input type="checkbox"/> 100%	<input type="checkbox"/> OP 1 <input type="checkbox"/> OP 2 <input type="checkbox"/> OP 3 <input type="checkbox"/> OP 4 <input type="checkbox"/> OP 5 <input type="checkbox"/> 80% <input type="checkbox"/> 100%	<input type="checkbox"/> 80% <input type="checkbox"/> 100%	<input type="checkbox"/>		

賠款發放辦法 Claim Settlement Method :

公司支票 Company Cheque 個人支票 Personal Cheque 自動轉帳 Autopay

批單保費繳付方法 Endorsement Premium Settlement :

保單年度未繳付 The end of Policy year 即時繳付 Immediately

是否需要使用門診醫療卡 Need out-patient medical card : 是 Yes (請簽署門診醫療卡協議書 Please sign the Agreement for Out-patient Medical Card) 否 No

保險生效日期 Effective Date of Insurance Cover

由 From _____ 至 to _____ (日 D/月 M/年 Y)

(首尾兩日包括在內。必須完成所有核保程序。本保險方可生效。 Both dates inclusive. The insurance is effective which is subject to all underwriting procedure are completed.)

聲明 Declaration

- 本公司謹此聲明，本公司已向所有員工及員工家屬取得授權，於本投保書之陳述乃真確無訛，可作為簽發保單之根據。本公司亦明白如資料錯誤或不詳盡，本公司及/或受保人之保障有失效之虞。Our Company declares that our Company has obtained the necessary authorization from employee and employee dependent(s), the information stated in this Proposal Form is true and complete and will form the basis of this insurance. Our Company also understands that if any information stated is untrue or incomplete, the cover for our Company and/or for the Insured Person(s) may be invalidated.
- 本公司謹此聲明，本公司已向所有員工/員工家屬取得授權，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員工/員工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。Our company declares that our company has obtained the necessary authorisation from employee/ employee dependent(s), it is hereby authorized any doctor, hospital, clinic, insurance company or any other person to provide either employee and/or employee independent's health condition or detail medical history to BOCG Insurance. Copy of this authorization form will have same effect as of the original copy.
- 本公司同意如有需要，受保人須提供其醫療資料給予中銀集團保險有限公司作為參考之用。Our Company agrees the Insured person shall provide medical information to "BOCG Insurance". For reference, if necessary.
- 本公司同意接納「中銀集團保險」的「商務團體醫療保險」所載內容。本公司謹此聲明，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。Our Company agrees that we accept the Terms & Conditions of the "Corporate Group Medical Insurance" prepared by "BOCG Insurance". Our company declares that 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.
- 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，受保人之保障有失效之虞。Our Company declares 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 the Insured Person(s) may be invalidated.
- 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。中銀集團保險保留根據投保人及/或受保人於投保時所提供的資料，而決定是否接受任何有關本計劃投保申請的絕對權利。Our company agrees "BOCG Insurance" reserves the right to accept or decline this application. BOCG Insurance reserves the right to determine in its sole and absolute discretion whether to accept any application for the Plan on the basis of the information submitted at the time of application by the Proposer and/or Insured Person.
- 中銀集團保險保留隨時修訂、暫停或終止計劃，更改有關條款及細則的權利而毋須事先通知。如有任何爭議，中銀集團保險保留最終決定權。BOCG Insurance reserves the right to amend, suspend and terminate the above product, services, and to amend the relevant terms at any time at its sole discretion without prior notice. In case of any dispute, the decision of BOCG Insurance shall be final.
- 本公司同意投保申請經「中銀集團保險」接納後，本保單按起保日期開始即時生效。但須付保費後，有關賠款才能發放。Our Company agrees that the policy will be effective from the Commencement date after the application is approved by "BOCG Insurance". However, the claim will only be settled after the premium is paid.

收集個人資料聲明 Personal Information Collection Statement

本公司明白本公司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：Our company understands that the information provided by our company to BOCG Insurance is collected to enable BOCG Insurance to carry on insurance business and may be used for the purpose of:

- (1) 處理及審批本公司的保險申請或本公司將來提交的保險申請 processing and evaluating our insurance application and any future insurance application our company may make;
- (2) 執行本公司保單的行政工作及提供與本公司保單相關的服務 administering our insurance policy and providing services in relation to our insurance policy;
- (3) 分析或調查、處理及支付本公司保單有關的索償 analysis or investigating, processing and paying claims made under our insurance policy;
- (4) 發出繳交保費通知及向本公司收取保費、保費徵費及欠款 invoicing and collecting premiums, premium levy and outstanding amounts from 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) 就以上用途聯絡本公司 contacting 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
- (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公司及/或受保人的個人資料移轉予下列各方 BOCG Insurance may disclose our company 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. 本公司的保險經紀 (若有) our company's insurance broker (if our company has 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，或以使「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
- m. 法例要求或許可的政府機關 government agencies and authorities as required or permitted by law.

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/或核對本公司及/或受保人任何資料 BOCG Insurance is hereby authorized to obtain access to and/or to verify any of our company and/or the Insured Person(s)'s data with the information collected by the Federation from the insurance industry.

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

本公司有權查閱及要求更正由中銀集團保險持有有關本公司及/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) Our company has the right to obtain access to and to request correction of any personal information concerning 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).

合約(第三者權利)條例 Contracts (Rights of Third Parties) Ordinance

任何不是本保單某一方的人士或實體，不能根據《合約(第三者權利)條例》(香港法例第 623 章)強制執行本保單的任何條款。

Any person or entity who is not a party to this Policy shall have no rights under the Contracts (Rights of Third Parties) Ordinance (Cap 623 of the Laws of Hong Kong) to enforce any terms of this Policy.

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投保注意事項、聲明及收集個人資料聲明。 Our company confirms our agreement to all sections in this Proposal Form, including but not limited to the above Important Notes of Application, Declaration and Personal Information Collection Statement.

香港 Hong Kong

投保人(公司)負責人簽署 Signature of Responsible Person of Proposer (Company)
(連簽署及蓋印 with Chop & Signature)

簽署地及日期(日/月/年)

Signed Place and Date (DD/MM/YY)

負責人姓名 Name of Responsible Person: _____

負責人職位 Title of Responsible Person: _____

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.

銀行代理專用 For Bank use only			保險公司專用 For Office 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.	保單編號 Policy No.
經辦姓名 Staff Name	經辦單位編號 Unit No.	轉介人員編號 Transfer Staff No.	經辦人 Handled By
經辦聯絡電話 Staff Contact No.	CIN 號碼 CIN No.	申請編號 TX No.	覆核人 Checked By

香港的醫療開支近年日益上漲，而醫療保險在僱員福利中更是不可或缺的。有見及此，中銀集團保險有限公司(「中銀集團保險」)特別為您及您的僱員呈獻「商務團體醫療保險計劃」(「本計劃」)，本計劃為團體綜合醫療保險產品，提供全面及優惠的醫療保障，申請手續既快捷又簡易。

Medical Insurance is an indispensable employee benefit to withstand the high inflation rate of medical expenses in Hong Kong. Bank of China Group Insurance Company Limited ("BOCG Insurance") is delighted to present Corporate Group Medical Insurance Plan ("the Plan"), the Plan is a group comprehensive medical insurance plan which is simple to apply and can provide comprehensive medical insurance cover to you and your employees.

計劃特色 Product Features

靈活彈性的保障組合

Flexible combination of benefits

基本保障 Basic Benefits	自選保障 Optional Benefits
住院醫療保險 Hospitalization Benefit	✓ 重病住院醫療保險 Supplementary Major Medical Benefit
	✓ 門診醫療保險 Out-patient Benefit
	✓ 牙科醫療保險 Dental Benefit

本計劃保障涵蓋全面及具彈性，提供多達 5 個級別的基本保障及自選保障選擇。自選保障可選擇 80%或 100%賠償，僱主可按預算及不同的職級，靈活設計不同的僱員醫療福利。

The plan provides comprehensive and flexible cover, it offers up to 5 plan levels of basic benefits and optional benefits for selection. 80% or 100% reimbursement can be chosen in optional benefits. Employer can offer various medical insurance coverage based on the budget and employee's grade.

醫院服務費包括於門診進行之先進類型檢驗

Advanced Scanning done in out-patient setting is covered under Hospital Services Charges

於門診作先進類型之檢驗,包括但不限於電腦素描、磁力共震、正離子核磁素描、涉及放射性物質的化驗等費用,中銀集團保險按醫院收取之雜項服務費用賠償。

Advanced scanning including CT Scan, MRI, PET Scan and investigations involving radioactive substance, done in out-patient setting will be covered under Hospital Services Charges of Hospitalization Benefit.

雙重保險住院現金或三重保險現金保障

Hospital Income for Double Benefit or Cash Benefit for Triple Insurance

倘受保人是次住院先向其他保險公司索償其個人或團體醫療保險(住院現金保障計劃除外)，可獲以下其中一項每日住院現金賠償：

If the claim of the Insured Person is firstly reimbursed by another individual or group medical insurance (excluding Hospital Cash Benefit Plan), **one of** the following daily cash benefits will be provided：

以中銀集團保險作為第二賠償者
BOCG Insurance is the second payer
of the medical claims



雙重保險住院現金
Hospital Income for Double Benefit

以中銀集團保險作為第三賠償者
BOCG Insurance is the third payer
of the medical claims



三重保險現金保障
Cash Benefit for Triple Insurance

醫療網絡服務 Network Out-patient Service

受保人可使用中銀集團保險發出的醫療卡到超過2,000間網絡診所求診，方便快捷。

By using our BOCG Insurance medical card, Insured Person can enjoy convenient access to over 2,000 network clinics for medical care.

不設最低入院時限

No Minimum Hour of Confinement Requirement for Hospitalization

所有住院索償不受最低入院時間的限制。

There is no minimum hour of confinement requirement for hospitalization claims.

豁免所有專科門診轉介信

Waive Referral Letter for Specialist

直接向專科醫生求診，無需轉介，令您能夠減少診症的時間及次數。

You can consult a Specialist directly with no referral letter required. It can surely save your time and reduce the number of visit.

指定門診手術現金津貼

Designated Clinical Surgery Cash Allowance

倘受保人在註冊西醫書面證明下，因醫療需要在其醫務所或醫院門診部(沒有收取病房收費)內接受胃部內窺鏡或大腸內窺鏡檢查，中銀集團保險將根據承保表內訂明之金額之規定作出賠償。If the Insured Person undergoes gastroscopy or colonoscopy, either at doctor's clinic or outpatient department of a hospital without hospital confinement, and the surgery is medically necessary with written referral from a registered medical practitioner, BOCG Insurance will provide extra cash benefit as incentive.

附送多項增值服務 Free Value Added Services

免費香港以外提升保障 (因意外住院)

Free Upgrade Benefit for Hospitalization outside Hong Kong due to Accident

在香港以外(內地及澳門除外)因意外受傷入住醫院，基本住院保障獲自動提升100%。

For hospitalization outside Hong Kong (except the Mainland and Macau) due to accidental cause, basic hospitalization benefit would be increased by 100% automatically.

24 小時全球緊急支援服務

24 Hours Worldwide Emergency Assistance Service

提供24小時全球緊急支援服務，以及免費醫療運送。另外，若您身處香港以外並需緊急入院，可獲享高達HK\$ 40,000的住院代墊保證金。

Provide 24 hours worldwide emergency assistance, evacuation and repatriation services, maximum HK\$40,000 deposit guarantee for hospitalization outside Hong Kong.

任中橫服務

Medpass Services

在內地遇突發事故需入住醫院，可在全國超過200間網絡醫院接受治療，不用繳付任何入院保證金。

Enjoy deposit free admission service in over 200 network hospitals in the Mainland due to acute medical condition.

 提供多項電子化服務，簡便快捷又環保

Provide several electronic services, easy, fast and environmental protection

電子索賠功能E-Claim service

於網上遞交索償文件，令索賠程序更快速方便。

You can submit the claims document online, which is fast and convenient

電子賠付通知書Claims Payment Advice by Email

僱主需提供受保僱員的電郵地址，或僱員在保單起保後自行在網上系統輸入電郵，中銀集團保險完成索賠後將以電郵通知，快捷可靠，減省僱主的行政工作。

Employer can be free from administrative workload by providing employee's email address for electronic delivery of claim payment advice. Employees can also provide their e-mail address via our online system.

團體醫療保單查詢系統Group Medical Policy Enquiry System

隨時網上查閱賠付紀錄及狀況、下載索償表格及網絡醫生名單等。

You can enjoy our online services at anytime, including the claims record and status checking, claim form and network doctor list download, etc.

賠償限額表 Limit of Indemnity Table

I. 基本保障 Basic Benefits (必選保障 Compulsory Benefit)

保障項目及承保範圍 Insured Items and Coverage		最高賠償額 Maximum Limit (HK\$) (以每個受保人計算 per Insured Person)				
A	住院醫療保險 (以每年每一傷病計算) Hospitalization Benefit (Per Disability Per Year)	HS 1	HS 2	HS 3	HS 4	HS 5
1	每日住院膳宿費 (以 182 天為限) Daily Room and Board Fees (a maximum of 182 days)	\$450	\$600	\$1,000	\$1,500	\$2,500
2	每日醫生巡房費 (以 182 天為限) Daily Doctor Visit Fees (a maximum of 182 days) (延伸保障一次入院前診症費及出院後八星期內所有與住院治療有關之門診費用 extend to cover one time consultation before hospitalization and the post-hospital follow up within eight weeks after discharge from hospital)	\$450	\$600	\$1,000	\$1,500	\$2,500
3	醫院服務費 Hospital Services Charges	\$6,000	\$10,000	\$14,000	\$20,000	\$30,000
4	外科手術費 Surgeon's Fees (按手術分類表賠付 Subject to Surgical Schedule of Fees)					
	- 複雜手術 Complex	\$45,000	\$57,000	\$69,000	\$87,000	\$108,000
	- 大手術 Major	\$15,750	\$20,050	\$25,000	\$30,450	\$37,800
	- 中手術 Intermediate	\$8,000	\$10,020	\$12,070	\$15,220	\$18,900
	- 小手術 Minor	\$3,200	\$3,990	\$4,830	\$6,090	\$7,560
5	麻醉師費 Anaesthetist Fees (按手術分類表賠付 Subject to Surgical Schedule of Fees)					
	- 複雜手術 Complex	\$13,500	\$17,100	\$20,700	\$26,100	\$32,400
	- 大手術 Major	\$5,000	\$6,200	\$7,500	\$10,000	\$13,000
	- 中手術 Intermediate	\$2,500	\$3,200	\$3,800	\$4,800	\$6,000
	- 小手術 Minor	\$1,200	\$1,500	\$1,800	\$2,200	\$2,500
6	手術室費 Operation Theatre Fees (按手術分類表賠付 Subject to Surgical Schedule of Fees)					
	- 複雜手術 Complex	\$13,500	\$17,100	\$20,700	\$26,100	\$32,400
	- 大手術 Major	\$5,000	\$6,200	\$7,500	\$10,000	\$13,000
	- 中手術 Intermediate	\$2,500	\$3,200	\$3,800	\$4,800	\$6,000
	- 小手術 Minor	\$1,200	\$1,500	\$1,800	\$2,200	\$2,500
7	專科醫生費 Specialist Fees (須有主診註冊西醫發出的轉介信 Referral letter issued by the qualified attending physician is required)	\$2,500	\$3,500	\$5,500	\$7,500	\$11,000
8	每日住院私家護士護理費(以 60 天為限) In-Hospital Private Nursing (a maximum of 60 days, limit per day)	\$200	\$300	\$500	\$600	\$700
9	每日深切治療費 (以 20 天為限) Daily Intensive Care (a maximum of 20 days)	\$900	\$1,200	\$2,000	\$3,000	\$5,000
10	陪床費 (以 182 天為限) 每天最高限額 Hospital Companion Bed Fee (a maximum of 182 days, limit per day)	\$450	\$600	\$1,000	\$1,500	\$2,500
11	每日香港政府醫院現金津貼(大房) (以 60 天為限) Daily Cash Benefit for confinement in general ward of Hong Kong government hospital (a maximum of 60 days)	\$200	\$300	\$500	\$750	\$1,000
12	雙重保險每日住院現金 (以30天為限) Hospital Income for Double Benefit (a maximum of 30 days, limit per day)	\$225	\$300	\$500	\$750	\$1,250
13	三重保險每日現金保障 (以30天為限) Cash Benefit for Triple Insurance (a maximum of 30 days, limit per day)	\$315	\$420	\$700	\$1,050	\$1,750
14	指定門診手術現金津貼 Designated Clinical Surgery Cash Allowance	\$225	\$300	\$500	\$750	\$1,250
24 小時全球緊急支援服務 24-hour Worldwide Emergency Assistance		不設上限 Unlimited				
內地「任中橫」服務 (免按金入院) Medpass Services (Deposit Free Admission)		由指定醫療服務供應商提供 Provided by the designated medical services provider				
如受保人在香港以外(內地及澳門除外)因意外受傷入住醫院,則基本住院保障獲自動提升 100% For hospitalization outside Hong Kong (except the Mainland and Macau) due to accidental cause, basic hospitalization benefit would be increased by 100% automatically.						

II. 自選保障 Optional Benefits

如投保保障 B 「重病住院醫療保險」, 保障 B 所選擇之計劃必須與保障 A 「住院醫療保險」的計劃級別相同。

If Benefit B "Supplementary Major Medical Benefit" is selected, the plan level for Benefit B must be the same as Benefit A "Hospitalization Benefit".

保障項目及承保範圍 Insured Items and Coverage		最高賠償額 Maximum Limit (HK\$) (以每個受保人計算 per Insured Person)				
B	重病住院醫療保險 Supplementary Major Medical Benefit (以每年每一傷病計算 Per Disability Per Year) 可選擇 80% 或 100% 賠償率 80% or 100% Reimbursement	SMM 1	SMM 2	SMM 3	SMM 4	SMM 5
	只適用於基本保障「住院醫療保險」的第 A1 至 A9 項金額耗盡後 Only applicable after the exhaustion of "Hospitalization Benefit" payable under Basic Benefits Items A1-A9	\$50,000	\$60,000	\$70,000	\$85,000	\$100,000
	自付額 Deductible	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000
	限制房間級別 Accommodation Level Limit	大房 Ward	大房 Ward	半私家房 Semi-Private	半私家房 Semi-Private	私家房 Private
	● 如入住高於所限級別一級之病房, 賠付率將下調至 50%; 如入住高於所限級別兩級或以上之病房, 則賠付率將下調至 25%。 If accommodated at ward one level higher than designated one, the reimbursement will be 50%. If two level higher or above, the reimbursement will be 25%.					

II. 自選保障(續) Optional Benefits(Con't)

保障項目及承保範圍 Insured Items and Coverage		最高賠償額 Maximum Limit (HK\$) (以每個受保人計算 per Insured Person)				
C	門診醫療保險 Out-patient Benefit (可選擇 80%或 100% 賠償率及是否使用醫療卡) (80% or 100% Reimbursement and BOCG Insurance medical card is optional)	OP 1	OP 2	OP 3	OP 4	OP 5
	1 普通科門診 (每日每次限額) Out-Patient Doctor's Consultation/visit/day (每年最高次數 Maximum no. of visits per year)	\$120	\$150	\$180	\$250	\$350
	如使用醫療卡 · 每次診症自付費 Co-payment for BOCG Insurance medical card (if any)	\$40	\$20	\$20	\$0	\$0
2	專科門診 (每日每次限額) Out-Patient Specialist Consultation/visit/day (每年最高次數 Maximum no. of visits per year)	\$240	\$300	\$360	\$500	\$700
	如使用醫療卡 · 每日每次診症自付費 Co-payment for BOCG Insurance medical card (if any)	\$160	\$100	\$40	\$0	\$0
3	中醫 / 跌打 / 針灸 (每日每次限額) Chinese Medicine Practitioner/ Bonesetter / Acupuncture Consultation /visit/day (每年最高次數 Maximum no. of visits per year)	\$120	\$150	\$180	\$250	\$350
	如使用醫療卡 · 每次診症自付費 Co-payment for BOCG Insurance medical card (if any)	\$100	\$70	\$40	\$0	\$0
4	物理治療/脊骨神經科 (每日每次限額) Physiotherapy or Chiropractic Treatment/visit/day (須有主診註冊西醫發出的轉介信 written referral letter provided by physician is required) (每年最高次數 Maximum no. of visits per year)	\$240	\$300	\$360	\$500	\$700
	如使用醫療卡 · 每次診症自付費 Co-payment for BOCG Insurance medical card (if any)	\$60	\$0	\$0	\$0	\$0
以上第 C1 至 C4 項每年合共最高次數 Maximum no. of visits for item C1-C4 per year		30				
5	X光及化驗費 (每年限額) Out-Patient Diagnostic Lab Test & X-Ray (Per Year) (須有主診註冊西醫發出的轉介信 written referral letter provided by physician is required)	\$1,200	\$1,500	\$1,800	\$2,500	\$3,500

投保保障 C「門診醫療保險」後，方可選擇保障 D「牙科醫療保險」。保障 D 所選擇之計劃必須與保障 C「門診醫療保險」的計劃級別相同。Benefit D "Dental Benefit" can be selected after application of Benefit C "Out-patient Benefit". The plan level for Benefit D must be the same as Benefit C "Out-patient Benefit".

保障項目及承保範圍 Insured Items and Coverage		最高賠償額 Maximum Limit (HK\$) (以每個受保人計算 per Insured Person)				
D	牙科醫療保險 Dental Benefit (可選擇 80%或 100% 賠償率 80% or 100% Reimbursement)	D 1	D 2	D 3	D 4	D 5
	註冊牙科診費 (每年限額) Dental Treatment Benefit/year	\$1,000	\$2,000	\$3,000	\$4,000	\$5,000
項目包括：牙科X光檢查、藥物治療、脫牙、補牙、膿瘡排放、補留牙峰的牙冠釘、齒根管治療、每年一次洗牙/口腔檢查及牙冠及假牙 (只適用於因意外導致)。Item includes X-Ray, Medication, Extraction, Fillings, Drainage of abscess, Pins for Cusp Restoration, Root Canal Treatment and Scaling & Oral Examination (Max. 1 visit per year) but excluding Crown & Denture except caused by accident.						

每人每年保費 ^Annual Premium ^Per Person(HK\$)

I 基本保障 Basic Benefits (必選保障 Compulsory Benefit)

A	住院醫療保險 Hospitalization Benefit	HS 1	HS 2	HS 3	HS 4	HS 5
	保費 Premium	\$1,277	\$1,742	\$2,438	\$3,556	\$5,203

II 自選保障 Optional Benefits

如投保保障 B「重病住院醫療保險」，保障 B 所選擇之計劃必須與保障 A「住院醫療保險」的計劃類別相同。If Benefit B "Supplementary Major Medical Benefit" is selected, the plan level for Benefit B must be the same as Benefit A "Hospitalization Benefit".

B	重病住院醫療保險 Supplementary Major Medical Benefit	SMM 1	SMM 2	SMM 3	SMM 4	SMM 5
	保費 Premium (賠償百分比 Reimbursement 80%)	\$904	\$1,125	\$1,396	\$1,490	\$1,617
	保費 Premium (賠償百分比 Reimbursement 100%)	\$1,004	\$1,250	\$1,551	\$1,656	\$1,797

C	門診醫療保險 Out-patient Benefit	OP 1	OP 2	OP 3	OP 4	OP 5
	保費 Premium (賠償百分比 Reimbursement 80%)	\$1,421	\$1,673	\$1,963	\$2,705	\$3,766
	保費 Premium (賠償百分比 Reimbursement 100%)	\$1,698	\$2,118	\$2,513	\$3,456	\$4,748

投保保障 C「門診醫療保險」後，方可選擇保障 D「牙科醫療保險」。保障 D 所選擇之計劃必須與保障 C「門診醫療保險」的計劃級別相同。Benefit D "Dental Benefit" can be selected after application of Benefit C "Out-patient Benefit". The plan level for Benefit D must be the same as Benefit C "Out-patient Benefit".

D	牙科醫療保險 Dental Benefit	D 1	D 2	D 3	D 4	D 5
	保費 Premium (賠償百分比 80% 80%Reimbursement)	\$490	\$850	\$1,185	\$1,800	\$2,000
	保費 Premium (賠償百分比 100% 100%Reimbursement)	\$630	\$1,080	\$1,510	\$2,300	\$2,600

保險業監管局（「保監局」）將按適用徵費率向保單持有人收取保費徵費。為避免任何法律後果，保單持有人需於繳交保費時向保險公司繳付該筆保費的訂明徵費，並由保險公司將該已繳付的徵費轉付予保監局。徵費金額會因應徵費率調整而有所變更。有關詳情，請瀏覽保監局的網頁 www.ia.org.hk。The Insurance Authority (“IA”) will collect premium levy from the policyholder at the applicable rate. In order to avoid any legal consequences, the policyholder must pay to the insurance company a prescribed levy for the premium for direct remittance to the IA. The levy amount may be subject to change depending on the applicable rate. For details, please visit IA's website www.ia.org.hk.

投保資格 Eligibility

本計劃特別為 3-50 名僱員的香港註冊公司而設，為其僱員及家屬提供全面的實報實銷性質之團體醫療保障。

The Plan is specially designed for Hong Kong registered company with 3-50 employees, to provide comprehensive indemnity group medical insurance cover for their staff and dependents.

僱員 70 歲或以下於香港/內地/澳門工作的全職僱員。

Employee : Full time employee aged 70 years old or below and work in Hong Kong/ the Mainland / Macau.

配偶：受保僱員的合法配偶，年齡在 70 歲或以下。

Spouse : Legal spouse of Insured Employee aged 70 years old or below.

子女：受保僱員的子女，年齡由出生日起至 25 歲止，包括在職子女。(無需提交全日制教育證明)

Child : Child of Insured Employee aged from date of birth to 25 years old, including working child. (No need to submit full time student proof).

主要不保事項 (查詢詳情，請參閱保單) Major Exclusions (For details, please refer to the policy)

先天性疾病；例行身體檢查、視力/聽力測試；美容或整形手術、懷孕、生育、不育治療；愛滋病、與人體免疫力缺乏病毒有關的疾病或受傷；酗酒、神經錯亂、吸毒、性病、刑事罪行、戰爭、罷工、暴亂、恐怖主義活動、職業性運動或高風險活動等。

Congenital conditions, routine physical examination, eye / hearing tests, cosmetic or plastic surgery, pregnancy or childbirth, fertility or infertility treatment, AIDS, HIV related sickness or injury, alcoholism, mental disorders, drug addiction, venereal diseases, illegal acts, war, strike, riot, act of terrorism, professional sports or high risks activities, etc.

注意事項 Notes

- 所有合資格僱員及直系家屬(配偶及子女)必須同時參加，家屬之保障計劃級別(如有)必須低於僱員或與僱員相同。
All eligible employees and their dependents (spouse and child) should be enrolled together. Dependent (if any) should be enrolled the same plan level or lower plan level than the employees.
- 如受保僱員人數是 3-15 名，最多只可設立 3 個計劃；若受保僱員是 16-50 名，最多可設立 5 個計劃(計劃數目包括家屬保障)。
Up to 3 plans can be set up under policy with 3-15 insured employees, up to 5 plans if the number of insured employees is 16-50. (Number of plans includes those for insured dependents).
- 保障 A「住院醫療保險」是基本保障並必須投保。如投保保障 B「重病住院醫療保險」，保障 B 所選擇之計劃必須與保障 A「住院醫療保險」的計劃級別相同。另外，投保保障 C「門診醫療保險」後，方可選擇保障 D「牙科醫療保險」，而保障 D 所選擇之計劃必須與保障 C「門診醫療保險」的計劃級別相同。
Benefit A “Hospitalization Benefit” is the Basic Benefits that must be selected. If Benefit B “Supplementary Major Medical Benefit” is selected, the plan level for Benefit B must be the same as Benefit A “Hospitalization Benefit”. Benefit D “Dental Benefit” can be selected after the application of Benefit C “Out-patient Benefit”. The plan level for Benefit D must be the same as Benefit C “Out-patient Benefit”.
- 如選擇醫療網絡服務，每次診症包括 3 天基本藥物，如需額外藥物或服務，需自行支付費用，不能索償。
If network out-patient service is selected, 3 days of basic medication will be provided for each consultation. For extra medication, the related expenses should be paid upfront and cannot be reimbursed under the Plan.
- 物理治療/脊骨神經科醫生轉介信由發出日起一年內有效，或自最後一次診治起 3 個月內有效，以較後者為準。X 光及化驗測試的醫生轉介信由發出日起 3 個月內有效。
Referral letter for physiotherapy / chiropractor treatment is valid for 1 year from date of issue, or within 3 months from last consultation regarding same diagnosis, whichever is later. Referral letter for x-ray/laboratory test is valid for 3 months from date of issue.
- 每張保單受保期為一年，投保公司可根據保單條款每年續保。
The period of cover under the policy is one year. The proposed company can renew the policy annually in accordance with the terms and conditions.
- 不設等候期，投保一經批核，保障即時生效。
Once the application for insurance is approved, the protection will take effect immediately without waiting period.
- 任何於保單年度中途加入之受保人，其門診(次數)、X 光及化驗(金額)與牙科(金額)保障將按該保單年度中受保日數比例四捨五入計算至最近的次數或港元。
For any Insured Person enrolled during the course of the policy year, the annual limit of Out-patient Benefit (number of visit), x-ray/ laboratory test (amount) and Dental Benefit (amount) he/she entitles will be adjusted on pro-rata basis according to the number of days insured under that policy year and rounded up to the nearest number of visit or Hong Kong Dollar.
- 如屬新成立的團體醫療保險，所有投保前已潛伏或已存在的病狀在保單首年將不受保障。
For any newly set-up scheme with no previous coverage under other group medical insurance, there is no cover of pre-existing conditions during the first policy year.
- 如屬由其他保險公司團體醫保(定價產品)轉保至本計劃，只需提供由保險公司發出之續保通知書及受保人名單，其成員在受保前已潛伏或已存在的病狀亦可受保障。如屬由其他保險公司團體醫保(非定價產品)轉保至本計劃，必須提交該年度最少 8 個月的完整賠付記錄供中銀集團保險審核，中銀集團保險保留是否接受投保、加費及/或附加受保條款的權利。
If the policy is switched from group medical insurance (packaged product) of other insurance company, pre-existing conditions will be covered with the provision of renewal notice and the list of Insured Persons issued by the insurance company. If the policy is switched from group medical insurance (non packaged product) of other insurance company, at least 8 months' completed claim record of that policy year is required to submit to BOCG Insurance for underwriting. BOCG Insurance reserves the right to accept or reject the application, increase premium and/ or impose additional insurance clause.
- 投保公司可選擇自動轉賬、公司支票或個人支票作賠付方式，但所有已簽發的賠付支票，如因遺失/逾期、或需更改受款人、合併或分拆支票等情況而要求更改及重新印發賠付支票，將會每張支票收取 HK\$50 之服務費。
The proposed company can choose autopay, company cheque or personal cheque for claim reimbursement mode. Service charge of HK\$50 per cheque will be levied for each replacement cheque issued due to reasons such as loss, expiry, change of payee, merge or split of cheque(s).

12. 投保公司需於遞交投保申請書時提供商業登記副本。
The proposed company should provide copy of Business Registration with the proposal form at time of application.
13. 投保保單生效或續保後，投保公司不能在保單年度中途終止或取消保單。
Termination and cancellation of the policy by the proposed company during the course of policy year are not allowed after the policy is issued or renewed.
14. 此單張上之保費適用於首年投保，續保保費不會因個別保單的賠付率作出調整，因此中銀集團保險不會提供賠付報表。中銀集團保險保留因應本計劃的整體賠付表現、條款或保障改變、醫療成本上升或市場情況等作出整體保費調整的權利。
The premium on this leaflet is applicable for the first policy year only. BOCG Insurance would not adjust premium of any individual policy at time of renewal base on its claim experience, hence no claim experience report will be provided. However, BOCG Insurance reserves the right to revise the general premium upon the review of overall claim performance, terms and benefits, medical inflation or market condition etc.
15. 本計劃續保時必須最少有 3 名受保僱員。任何保單改動必須在保單續保時方可進行(需得中銀集團保險審批)，保單年度中途不能更改及/或增減保障計劃內容，中銀集團保險保留對本計劃不予續保及終止保單的權利。
There must be at least 3 insured employees enrolled in the Plan at time of renewal. Any request of policy revision should only be made at time of renewal (subject to approval of BOCG Insurance). The coverage of plan cannot be changed and / or upgraded or downgraded during the course of policy year. **BOCG Insurance reserves the right not to renew and terminate the policy.**
16. 受保人在本計劃連續受保至少 12 個月後離職或退休，轉保至中銀集團保險的指定個人醫保產品可享有條款優惠，但已潛伏或存在的病狀(無論受保人預先知悉與否)起保後 24 個月後受保。
Insured Person who has been covered under this Plan for 12 consecutive months, they will be offered for conversion to individual medical plans designated by BOCG Insurance at time of resignation or retirement. Pre-existing conditions (known or unknown to the Insured Person) will be covered 24 months after the effective date of the converted policy.
17. 網絡門診服務由中銀集團保險指定之醫療網絡供應商提供，中銀集團保險保留增加、更改或刪減服務供應商之權利，並無需就此另行通知。由於有關醫療網絡之醫生/診所名單時有更改，受保人就診前應先致電所選擇之診所查詢，確認接納以中銀集團保險之醫療卡掛賬。首次發卡費用全免，保單期內有任何原因需補領醫療卡，每張卡收取 HK\$50 補領費用。
The network out-patient service is provided by designated medical providers appointed by BOCG Insurance. BOCG Insurance reserves the right to add, amend and terminate the service provider without prior notice. The network doctor/clinic list will be revised from time to time, Insured Person is advised to call the clinic before consultation to confirm the acceptance of BOCG Insurance medical card. Medical card is provided for free but HK\$50 will be charged for each replacement card, for whatever reason, during the period of cover.
18. 中銀集團保險保留對所有「商務團體醫療保險計劃」保單作核保、修改條款及/或調整保費及最高賠償額的權利。
BOCG Insurance reserves the right to underwrite, amend the terms and/or adjust the premium and maximum limit for all policies covered under Corporate Group Medical Insurance.
19. 本計劃只會根據以下原則，為受保人所需支付的費用作出賠償：
The Plan only covers the expenses of the insured person on the following basis:
合理及慣常費用: 意指其醫療服務費不能超過具有同等經驗及專業資格之人士在同一地區所提供之服務；或在同一地區所提供之物料、器材或服務而其質量在相若之經濟考慮情況下所收取之合理平均數。
Reasonable and customary charges: means medical charges not more expensive than the services provided by persons of similar experience and professional qualifications in the same area or as a matter of economics, the reasonable average sums receivable for the supply of materials, equipments or services of similar quality and quantity in the same area.
必要的醫療: 意指有關的治療：(1) 須符合病情的診斷及慣常治療；(2) 須符合良好和謹慎的行醫標準；(3) 並非為方便投保人、受保人、或安排治療的醫生；(4) 須在治療受傷病所需最低收費的環境下進行。
Medically Necessary: means treatment incurred which is: (1) consistent with the diagnosis and customary medical treatment for the condition; (2) in accordance with standards of good and prudent medical practice; (3) not for the convenience of the Insured, the Insured Person, or the doctor who arrange the treatment; (4) performed in the least costly form required for treatment of a covered Disability.
自付額: 意指保單持有人/受保人於索償時，需自行負擔的部分醫療費用。本公司會在合資格索償的醫療費用中，扣減所需自付額，然後才作出賠償。
Deductible: means the portion of the medical expenses to be borne by the policyholder/ insured person at time of claim. The Company would deduct the deductible amount from the eligible medical expenses before any claim reimbursement is made.
自付費: 意指受保人接受醫療網絡服務時，必須自行承擔及直接支付予醫生/醫療機構的費用。
Co-payment: means the fee insured person should bear and pay directly to doctor/medical institute at time of receiving medical network services.
20. 終止保單：
保單將在以下情況時自動終止，以最先者為準：
(1) 受保人於本保單起保日之前已為投保單位的正式員工，並於本保單起保日開始已參加本計劃，其年齡在保單年度內超過 70 歲，該受保人的保險在保單年度末正式終止；或
(2) 受保人於本保單起保日後參加本保險計劃，其年齡在保單年度內超過 70 歲，該受保人及其家屬之保險在保單年度末正式終止；或
(3) 正式員工的受配偶及子女，其年齡在保單年度內已達到本保單所規定的歲數限制，其保險在保單年度末正式終止；或
(4) 保單到達保單滿期日或保單已被終止；或
(5) 投保單位書面通知取消受保人的保險效力；或
(6) 投保單位與受保人(意指正式員工)終止僱傭合約或受保員工終止替投保單位服務；或
(7) 受保人加入任何國家或地區之陸、海、空軍服役。

Termination:

This policy shall be automatically terminated on the earliest of the followings:

- (1) In case of the Insured Person's age over 70 during the period of insurance, who was the confirmed employee of the policyholder before the commencement date of the policy and participate in the Scheme at the commencement date of the policy, the cover for the Insured Person and his family member will formally cease at the end of the policy year; or
(2) In case of the Insured Person's age over 70 during the period of insurance who participate in the scheme after the commencement date of the policy under the item 2 of Section 1 of policy conditions, the cover for the Insured Person and his family members will formally cease at the end of the policy year; or
(3) In case of the insured spouse and children of the confirmed employee reaching the maximum cover age as mentioned herein the policy during the

period of insurance, their cover will formally cease at the end of the policy year; or

(4) The policy has reached expiry date or has been terminated; or

(5) The effectiveness of insurance is cancelled by written notice from the policyholder; or

(6) The employment contract between the policyholder and the Insured Person (meaning confirmed employee) is terminated or the insured employee has stopped serving for the policyholder; or

(7) The Insured Person serves in the military, naval or air force of any country or area.

21. 本宣傳品的資料並不包含保單的完整條款，而有關完整條款載於保單文件中。

The information of this promotional material does not contain the full terms of the policy and the full terms can be found in the policy document.

條款及細則 Terms and Conditions:

- 本計劃由中銀集團保險有限公司(「中銀集團保險」)承保。The Plan is underwritten by Bank of China Group Insurance Company Limited (“BOCG Insurance”).
- 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 the Plan. The Plan is a product of BOCG Insurance but not BOCHK.
- 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 the Plan should be resolved directly between BOCG Insurance and the customer.
- 中銀香港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) BOCHK 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)
- 中銀集團保險已獲保險業監管局授權在中華人民共和國香港特別行政區經營一般保險業務，並受其監管。BOCG Insurance is authorised and regulated by the Insurance Authority to carry on general insurance business in Hong Kong Special Administrative Region of the People's Republic of China.
- 中銀集團保險保留根據投保人及/或受保人於投保時所提供的資料，而決定是否接受任何有關本計劃投保申請的絕對權利。BOCG Insurance reserves the sole right to determine whether any application for the Plan is acceptable or not in accordance with the information submitted at the time of application by the Proposer and/or Insured Person.
- 中銀集團保險及/或中銀香港保留隨時修訂、暫停或取消上述產品、服務與優惠以及修訂有關條款的酌情權而毋須事先通知。如有任何爭議，中銀集團保險及/或中銀香港保留最終決定權。BOCG Insurance and/or BOCHK reserve the right to amend, suspend or terminate the above products, services and offer and to amend the relevant terms at any time at its discretion without prior notice. In case of dispute, the decision of BOCG Insurance and/or BOCHK shall be final.
- 本宣傳品僅供參考，並只在香港派發，不能詮釋為在香港以外提供或出售或遊說購買中銀集團保險的任何產品的要約、招攬或建議，本計劃受相關保單的條款所限制，各項條款以中銀集團保險繕發的正式保單為準。各項保障項目及承保範圍、條款及不保事項，請參閱保單。This promotional material is for reference only and is intended to be distributed in Hong Kong only. It shall not be construed as an offer to sell or solicitation of an offer or recommendation to purchase or sale or provision of any products of BOCG Insurance outside Hong Kong. Details of the coverage of the Plan are subject to the terms stipulated in the policy by BOCG Insurance. Please refer to the policy document for the details of the insured items and coverage, provisions and exclusions.
- 如本宣傳品中、英文版本有任何歧異，概以英文版本為準。
Should there be any discrepancy between the English and Chinese versions of this promotional material, the English version shall prevail.

中國銀行(香港)有限公司

Bank of China (Hong Kong) Limited

個人客戶服務熱線

Personal Customer Service Hotline : (852) 3988 2388

www.bochk.com



Agreement for Out-patient Credit Facility

This agreement is made between:

- A) BANK OF CHINA GROUP INSURANCE CO. LTD. (hereinafter referred to as BOCGI) and
- B) _____ (hereinafter referred to as the Policyholder) and takes effect as from the Effective Date stipulated hereunder

Effective Date: _____

Whereas the Policyholder has purchased from BOCGI a Group Medical Insurance Policy ["Policy"] for providing medical benefits under the Policy to its employees and/or their dependants under which a medical credit facility is provided by BOCGI.

IT IS AGREED AS FOLLOWS:

1. BOCGI will provide Medical Cards (hereinafter referred to as cards), to the Policyholder for use by its stipulated employees and/or their dependants (hereinafter collectively referred to as Cardholders) to enable them to receive medical treatment and take medical credit as provided for under the Policy.
2. Such Medical Cards, whether issued on the Effective date of this agreement or on a later date, shall be valid for a period not exceeding 12 months and expiring on the anniversary day of the Effective date of this agreement. BOCGI reserves the right to renew and/or replace the Medical Cards upon the expiry of such Medical Cards.
3. Such Medical Cards are to be used solely by the Cardholders to identify themselves for receiving medical treatment and entitlement of medical credit facility in accordance with provisions under the Policy.
4. In the event of the costs incurred by any Cardholders using the Medical Credit Facility exceeding the benefit to which that Cardholder is entitled under the Benefits Schedule as stipulated in the Policy, the Policyholder agrees to fully reimburse BOCGI and/or related panel network for the difference or shortfall.
5. In the event that any Cardholder's coverage under this Policy is terminated for any reason, the Policyholder agrees to obtain and return to BOCGI any cards issued to the Cardholder not later than the date of such cessation of employment or termination.
6. If the Policyholder should cease trading or go into liquidation or receivership, he undertakes to obtain and return to BOCGI all cards issued to the Cardholders not later than the effective date of such cessation of trading, liquidation or receivership.
7. In the event of loss or theft of a Medical Card, the Policyholder will advise BOCGI of the loss and a charge of HK\$ 50 will be levied for each replacement card issued.
8. If any Medical Credit Facility is used by the Cardholder for treatment that is not eligible for benefit under the terms of the Policy, the Policyholder agrees to reimburse BOCGI in full for the costs of such ineligible treatment.



9. If, for any reason, the Policyholder delays the renewal of the group contract beyond the renewal date, the Policyholder agrees to withdraw all Medical Card Facility (and collect all relevant cards) from the Cardholders with effect from the renewal date or if he does not do so, to fully reimburse BOCGI and/or related panel network, if necessary, for all costs arising from such use of Medical Credit Facility.
10. In all matters concerning the use of Medical Credit Facility, BOCGI shall deal solely with the Policyholder and not with individual Cardholders. For his part, the Policyholder accepts full responsibility for controlling the use of Medical Card Facility by his Cardholders and, if relevant, for collecting any shortfall amounts from individual Cardholders.
11. The Policyholder will remit to BOCGI and/or related panel network any outstanding balance shown on the Medical Insurance Shortfall Notice within 30 days of receipt of that Shortfall Notice from BOCGI and/or related panel network.
12. BOCGI and/or related panel network may charge the Policyholder interest at the prevailing prime interest rate per month on any amounts which remain not reimbursed to BOCGI and/or related panel network from the 30 days following the receipt of the Medical Insurance Shortfall Notice advising any amounts due.
13. BOCGI reserves the right to withhold claims reimbursement and any credit facility service to Policyholder at any time by giving an advance notice in writing to the Policyholder and / or to take any legal action if the outstanding shortfall amount remains not remitted to BOCGI and/or related panel network over 30 days of receipt of that Shortfall Notice.
14. This Agreement shall terminate when the Policy is discontinued with the Policyholder. The Policyholder is responsible to settle all outstanding charges and amounts due as at the date of termination.
15. BOCGI reserves the right to terminate this medical credit facility at any time by giving not less than one month notice in writing to the Policyholder.
16. BOCGI reserves the right to appoint different panel service providers to provide medical credit facility to the cardholders. The information of cardholders provided by the Policyholder will be transferred to the panel service providers and related clinics for the purpose of identification and verification of the membership. Policyholder has the obligation to inform the cardholders regarding the arrangement.
17. This Agreement constitutes the entire obligations of the parties and supersedes any previous expressions of intent or understandings in respect of the medical credit facility. Further, the parties' rights and obligations herein shall be governed by or construed in accordance with the laws of Hong Kong. Any person or entity who is not a party to this Policy shall have no rights under the Contracts (Rights of Third Parties) Ordinance (Cap 623 of the Laws of Hong Kong) to enforce any terms of this Policy.

For and on behalf of
Bank of China Group Insurance Co. Ltd.

For and on behalf of
The policyholder

Authorized Signature

Date: _____

Authorized Signature with Company Chop

(The signature should be same as the Application)

Name : _____

Title : _____

Department : _____

Date: _____

地址：香港中環德輔道中71號永安集團大廈9樓

電話：2867 0888

傳真：3906 9906

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

Tel：2867 0888

Fax：3906 9906

保單編號：
Policy No.：

投保單位名稱：
Name of Policyholder：

員工編號 Staff No.@	部門編號@ Dept. Code@	受保人 Insured Person				出生日期 年/月/日 Date of Birth YY/MM/DD	性別 Sex (M/F)	投保計劃 Insurance Plan	更改代號 Change Code (A/D/O)	生效日期 年/月/日 Effective Date YY/MM/DD	員工銀行帳號 Bank A/C No. of Employee			員工電郵地址 E-mail Address of Employee
		中文姓名 Name in Chinese	英文姓名* Name in English*	與員工關係# Relationship #	身份證號碼 I.D.No.						銀行名稱 編號 Bank Name Code	分行編號 Branch Code	戶口號碼 A/C No.	

註：@ 如有需要請填寫 * 英文姓名須與銀行帳號姓名相符
Note：Fill in if necessary The name in English should be the same as the name on Bank Account
如屬投保單位員工，不用填寫此欄
Policyholder's employee does not need to complete this column

更改代號：A-新加 Addition of Member
Change Code：D-退出 Delection of Member
O-其他更改（請註明） Others (Please State)

銀行名稱代號 003 渣打銀行 Standard Chartered Bank	024 恒生銀行 Hang Seng Bank
Bank Name Code 004 滙豐銀行 HSBC Bank	025 上海商業銀行 Shanghai Commercial Bank
006 花旗銀行 Citibank N.A.	027 交通銀行 Bank of Communications
012 中國銀行 Bank of China	039 集友銀行 Chiyu Banking
015 東亞銀行 Bank of East Asia	043 南洋商業銀行 Nanyang Commercial Bank

如遇以下情況，請另外提供銀行名稱代號：- Please provide the bank name code if:-
1) 如上述沒有閣下所屬銀行； 1) Your bank does not include on the above;
2) 中國銀行持有多個銀行名稱代號，如閣下中國銀行代號不是"012"，請註明。 2) Bank of China holds more than one bank name code, please specify if the bank name code is not "012".

Personal Information Collection Statement 收集個人資料聲明

本人明白本人提供的資料，為『中銀集團保險有限公司』提供保險業務所需，並可能使用於下列目的：

- 任何與保險或財務有關的產品或服務，或該等產品或服務的任何更改、變更、取消或 續期；
- 任何索償，或該等索償的調查或分析；
- 行使任何代位權；及
- 可能移轉予：

- 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；

- 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』），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；及
- 或透過『聯會』移轉予任何『聯會』的會員，以達到任何上述或有關目的。
此外，本人在此授權中銀集團保險有限公司可向『聯會』從保險業內收集的資料中查閱及/或核對本人任何資料。
本人明白本人有權查閱及要求更正由『中銀集團保險有限公司』持有有關本人及/或受保人的個人資料。如有需要，可向『中銀集團保險有限公司』法律與合規部提出（電話：28670888，傳真：3906 9939）。

The information provided by me to "Bank of China Group Insurance Company Limited" is collected to enable "Bank of China Group Insurance Company Limited" to carry on insurance business and may be used for the purpose of:
- any insurance or financial related product or service or any alterations, variations, cancellation or renewal of such product or services;
- any claim or investigation or analysis of such claim
- we may exercising any right of subrogation; and
may be transferred to:
- 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;
- any association, federation or similar organization of insurance companies ("Federation") 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 and
- any members of the "Federation" by the "Federation" for any of the above or related purposes.

Moreover, Bank of China Group Insurance Co. Ltd. is hereby authorized to obtain access to any/or to verify any of your data with the information collected by the Federation from the insurance industry.
I understand that 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 Bank of China Group Insurance Co. Ltd. Requests for such access can be made to our Legal and Compliance Department (Tel:2867 0888 / Fax:3906 9939)

投保單位簽署及蓋印：
Authorized Signature & Stamp of
Policyholder：

日期：
Date：