

客戶注意事項 Important Notes to the Customer：

1. 投保人請以英文正楷填寫及在適當方格內加「✓」號。任何答案如有更改，敬請在旁簽署。The Proposer has to complete the form in English BLOCK LETTERS and please put a "✓" in the box as 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.
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. It is advantageous to the Proposer and/or Insured Person(s) to fully disclose all material facts to the insurance company. Failure to disclose may mean that the policy will not provide the Proposer and/or Insured Person(s) with the coverage required, or may invalidate the policy.
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.
6. 「中銀環球醫療保障計劃」(下稱“本計劃”)由中銀集團保險承保。BOC Worldwide Medical Insurance Plan (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)

投保限制 Limitation：

1. 投保人可與家人一同投保。家人是指投保人及/或其父母、合法配偶、合法配偶父母、子女。The Proposer can enroll the plan together with family. "Family" refers to the Proposer and/or parents and/or legal spouse and/or parents-in-law and/or child(ren) of the Proposer.
2. 投保人投保時年齡必須為 18 歲或以上。The Proposer must be aged 18 years or above at the time of application.
3. 所有受保人於申請這份保險時須為年齡介乎 15 天至 70 歲。子女年齡介乎 15 日至 5 歲必須連同成人一同投保。Upon application, all Insured Person(s) must be aged between 15 days and 70 years. Child(ren) aged from 15 days to 5 years old must enroll together with adult.
4. 除獲中銀集團保險批准外，在保單年度內受保人必須居住於香港或澳門 6 個月或以上。Except the approval of BOCG Insurance, the Place of Residence of the Insured Person(s) must be in Hong Kong or Macau whereby the Insured Person(s) will live for 6 months or above within the policy year.

#必須填寫項目 Mandatory Fields (如果提供的附夾文件中已有投保書所需資料，或之前曾提供予中銀集團保險且無須更新的資料，可不必填寫。You are not required to fill in the mandatory fields if the supporting documents attached to your application already contain the required information, or if the information had previously been provided to BOCG Insurance and it does not need to be updated.)

投保人資料 Details of the Proposer

若以信託投保，請於中銀集團保險網頁 www.bocgins.com 下載「客戶信息收集表」，填妥後連同投保書一同遞交。如有任何查詢，請聯絡客戶服務熱線(852) 3187 5100。
If insured is Trust, please download "Customer Information Collection Form" in BOCG Insurance website www.bocgins.com, complete and submit together with proposal form. For any enquiries, please contact Customer Services Hotline (852) 3187 5100.
(信託指根據信託法規法律，財產授予人委託受託人成立信託，使得受益人獲得利益。Trust is a legal relationship in which settler gives its right to trustee who must keep and use it solely for beneficiary's benefit.)

1. 英文姓名 Name in English [#] (請先填寫姓氏 Surname first)	2. 中文姓名 Name in Chinese [#]
*3. 香港身份證號碼 HKID Card No. / 護照號碼 Passport No. [#]	4. 國籍 Nationality [#] (國家/地區 Country / Region)
5. 性別 Sex [#] <input type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female	6. 出生日期 Date of Birth [#]
7. 手提電話 Mobile No. [#]	8. 電郵地址 Email Address [#]
9. 通訊地址 Correspondence Address [#] 室 Room / 號 Flat _____ 樓 Floor _____ 座 Block _____ 大廈名稱/期 Building / Phase _____ 屋苑/鄉村號數及名稱 Estate/Village no. & name _____ 街道號數及名稱 Number and Name of Street/Road _____ 地區 Area <input type="checkbox"/> 香港 Hong Kong <input type="checkbox"/> 九龍 Kowloon <input type="checkbox"/> 新界 New Territories <input type="checkbox"/> 離島 Outlying Island	
10. 住址 Residential Address <input type="checkbox"/> 與通訊地址相同 Same as the Correspondence address _____ _____	

11. 投保人職業 [#] Occupation of Proposer	
<input type="checkbox"/> 01- 政要人士 Political VIP	<input type="checkbox"/> 06- 技術工人 Skilled workers
<input type="checkbox"/> 02- 官員和管理人員 Officers and Managers	<input type="checkbox"/> 07- 體力勞動者 Manual workers
<input type="checkbox"/> 03- 專家和技術人員 Experts and Technicians	<input type="checkbox"/> 08- 武裝部隊、警察、海關等執法人員 Armed forces and Customs Personnel and Police etc
<input type="checkbox"/> 04- 文員和事務工作者 Clerks and Administrators	<input type="checkbox"/> 09- 無業人員 Unemployed
<input type="checkbox"/> 05- 服務和銷售人員 Services and Sales Staff	<input type="checkbox"/> 10- 其他 Others (請說明 Please indicate)

12. 賠償入賬必須是香港銀行戶口 Bank Account must be in Hong Kong for Claim Reimbursement⁺)

本人之銀行及分行名稱 My Bank Name and Branch _____ 自動轉賬戶口號碼 Autopay A/C No. _____

+ 所有受保人必須以同一銀行轉賬戶口作為賠償過數之用。如未能提供銀行戶口，賠償將以支票支付予投保人。For the purpose of claim payment. The Autopay A/C No. for claim payment shall apply to all Insured Person(s). If no bank account is provided, the claim payment will be settled to the Proposer by cheque.

#必須填寫項目 Mandatory Fields (如果提供的附夾文件中已有投保書所需資料，或之前曾提供予中銀集團保險且無須更新的資料，可不必填寫。You are not required to fill in the mandatory fields if the supporting documents attached to your application already contain the required information, or if the information had previously been provided to BOCG Insurance and it does not need to be updated.)

保單生效日期 Effective Date of Insurance Cover

日 D / 月 M / 年 Y _____ (必須完成所有核保程序，本保險方可生效。The insurance is effective which is subject to all underwriting procedures are completed.)

受保人資料 Details of Insured Person(s) (如有更多受保人，請另紙填上 Use separate sheet if more Insured Persons to be insured)

另有附頁 with attachment <input type="checkbox"/>	受保人 1 Insured Person 1 年齡 Age: _____	受保人 2 Insured Person 2 年齡 Age: _____	受保人 3 Insured Person 3 年齡 Age: _____	受保人 4 Insured Person 4 年齡 Age: _____	受保人 5 Insured Person 5 年齡 Age: _____	受保人 6 Insured Person 6 年齡 Age: _____
1. 英文姓名 Name in English [#] (請先填寫姓氏 Surname first)						
2. 中文姓名 Name in Chinese [#]						
3. 香港身份證號碼 / 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)						
4. 性別 Sex [#]						
5. 出生日期 Date of Birth [#] (日/月/年) (DD/MM/YY)	/ /	/ /	/ /	/ /	/ /	/ /
6. 國籍 Nationality [#] (國家/地區 Country /Region)						
7. 居住地 ^{1#} Place of Residence ¹	<input type="checkbox"/> 香港 Hong Kong <input type="checkbox"/> 澳門 Macau <input type="checkbox"/> 內地 The Mainland 城市名稱: Name of City: _____ <input type="checkbox"/> 其他 Others 國家/地區名稱: Name of Country/ Region: _____ 城市名稱: Name of City: _____	<input type="checkbox"/> 香港 Hong Kong <input type="checkbox"/> 澳門 Macau <input type="checkbox"/> 內地 The Mainland 城市名稱: Name of City: _____ <input type="checkbox"/> 其他 Others 國家/地區名稱: Name of Country/ Region: _____ 城市名稱: Name of City: _____	<input type="checkbox"/> 香港 Hong Kong <input type="checkbox"/> 澳門 Macau <input type="checkbox"/> 內地 The Mainland 城市名稱: Name of City: _____ <input type="checkbox"/> 其他 Others 國家/地區名稱: Name of Country/ Region: _____ 城市名稱: Name of City: _____	<input type="checkbox"/> 香港 Hong Kong <input type="checkbox"/> 澳門 Macau <input type="checkbox"/> 內地 The Mainland 城市名稱: Name of City: _____ <input type="checkbox"/> 其他 Others 國家/地區名稱: Name of Country/ Region: _____ 城市名稱: Name of City: _____	<input type="checkbox"/> 香港 Hong Kong <input type="checkbox"/> 澳門 Macau <input type="checkbox"/> 內地 The Mainland 城市名稱: Name of City: _____ <input type="checkbox"/> 其他 Others 國家/地區名稱: Name of Country/ Region: _____ 城市名稱: Name of City: _____	<input type="checkbox"/> 香港 Hong Kong <input type="checkbox"/> 澳門 Macau <input type="checkbox"/> 內地 The Mainland 城市名稱: Name of City: _____ <input type="checkbox"/> 其他 Others 國家/地區名稱: Name of Country/ Region: _____ 城市名稱: Name of City: _____
8. 與投保人關係 [#] Relationship with Proposer	<input type="checkbox"/> 本人 Self	<input type="checkbox"/> 配偶 Spouse	<input type="checkbox"/> 父 Father <input type="checkbox"/> 配偶父 Father- in- Law	<input type="checkbox"/> 母 Mother <input type="checkbox"/> 配偶母 Mother- in-Law	<input type="checkbox"/> 子女 ² Child ²	<input type="checkbox"/> 子女 ² Child ²
9. 職業 [#] Occupation						
10. 身高 ^{3#} Height ³ (米/m)						
11. 體重 ^{3#} Weight ³ (千克/kg)						
12. 身體質量指數 ^{4#} Body Mass Index (BMI) ⁴						
13. 身體質量指數 ⁴ 是否符合 標準? Does BMI ⁴ fall within standard level?	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No

必須填寫項目 Mandatory Fields (如果提供的附夾文件中已有投保書所需資料，或之前曾提供予中銀集團保險且無須更新的資料，可不必填寫。You are not required to fill in the mandatory fields if the supporting documents attached to your application already contain the required information, or if the information had previously been provided to BOCG Insurance and it does not need to be updated.)

註 Remarks :

1. 居住地是指受保人在保單年度內居住於同一地區6個月或以上，並於投保書或書面更改通知內作出相關聲明。Place of Residence means the place whereby the Insured Person(s) will live for 6 months or above in the same place within the policy year and as declared in the proposal form or written notice of change.
2. 子女指投保人的合法子女，包括繼子女、領養子女、或監護兒童。Child(ren) mean(s) the legal child(ren) of the Proposer, including step child(ren), adopted child(ren), or guardian child(ren).
3. 1 吋 inch = 2.54 厘米 cm，1 米 m = 100 厘米 cm；1 千 kg = 2.2 磅 lbs
4. 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>).

BMI = 體重 Weight (單位：千克 kg)
身高 Height² (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 >26
子女 Child (18 歲以下 aged below 18)	10-26	<10 或 >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

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

保障計劃⁵類別及總保費 Category of Benefits Plan⁵ & Total Premium (HK\$)

基本保障 Basic Benefits						
	受保人 1 Insured Person 1	受保人 2 Insured Person 2	受保人 3 Insured Person 3	受保人 4 Insured Person 4	受保人 5 Insured Person 5	受保人 6 Insured Person 6
14. 計劃級別及保障地區 Plan Level and Coverage Area	<input type="checkbox"/> 尊貴計劃(環球) Noble Plan (Worldwide) <input type="checkbox"/> 卓越計劃(環球-美國除外) Elite Plan (Worldwide Excl. USA) <input type="checkbox"/> 精選計劃(亞洲 ⁶) Essential Plan (Asia ⁶)	<input type="checkbox"/> 尊貴計劃(環球) Noble Plan (Worldwide) <input type="checkbox"/> 卓越計劃(環球-美國除外) Elite Plan (Worldwide Excl. USA) <input type="checkbox"/> 精選計劃(亞洲 ⁶) Essential Plan (Asia ⁶)	<input type="checkbox"/> 尊貴計劃(環球) Noble Plan (Worldwide) <input type="checkbox"/> 卓越計劃(環球-美國除外) Elite Plan (Worldwide Excl. USA) <input type="checkbox"/> 精選計劃(亞洲 ⁶) Essential Plan (Asia ⁶)	<input type="checkbox"/> 尊貴計劃(環球) Noble Plan (Worldwide) <input type="checkbox"/> 卓越計劃(環球-美國除外) Elite Plan (Worldwide Excl. USA) <input type="checkbox"/> 精選計劃(亞洲 ⁶) Essential Plan (Asia ⁶)	<input type="checkbox"/> 尊貴計劃(環球) Noble Plan (Worldwide) <input type="checkbox"/> 卓越計劃(環球-美國除外) Elite Plan (Worldwide Excl. USA) <input type="checkbox"/> 精選計劃(亞洲 ⁶) Essential Plan (Asia ⁶)	<input type="checkbox"/> 尊貴計劃(環球) Noble Plan (Worldwide) <input type="checkbox"/> 卓越計劃(環球-美國除外) Elite Plan (Worldwide Excl. USA) <input type="checkbox"/> 精選計劃(亞洲 ⁶) Essential Plan (Asia ⁶)
15. 自選每年度自負額 Annual Deductible Option	<input type="checkbox"/> HK\$0 <input type="checkbox"/> HK\$25,000 <input type="checkbox"/> HK\$80,000	<input type="checkbox"/> HK\$0 <input type="checkbox"/> HK\$25,000 <input type="checkbox"/> HK\$80,000	<input type="checkbox"/> HK\$0 <input type="checkbox"/> HK\$25,000 <input type="checkbox"/> HK\$80,000	<input type="checkbox"/> HK\$0 <input type="checkbox"/> HK\$25,000 <input type="checkbox"/> HK\$80,000	<input type="checkbox"/> HK\$0 <input type="checkbox"/> HK\$25,000 <input type="checkbox"/> HK\$80,000	<input type="checkbox"/> HK\$0 <input type="checkbox"/> HK\$25,000 <input type="checkbox"/> HK\$80,000
自選保障 Optional Benefit(s) (只適用於尊貴計劃或卓越計劃 Applicable to Noble Plan or Elite Plan only)						
16. 牙科 Dental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. 門診 Out-patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
全年保費 Annual Premium(HK\$)						
總保費及保費徵費 [^] Total Premium and Premium Levy [^]						
所有受保人 (基本 + 自選保障) All Insured Person(s) (Basic + Optional Benefits)			全年總保費 Total Annual Premium (HK\$) :			
折扣後保費 Discounted Premium (如適用 if Applicable) :			(%折扣 Discount)			
保監局保費徵費 Insurance Authority Premium Levy:						
應付總額 Total Payable:						
[^] 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 .						

註 Remarks :

5. 受保人須投保基本保障，方可申請附加自選保障及其自選保障必須與其基本保障的級別相同。不同受保人於同一保單可申請不同基本保障及自選保障，而基本保障與自選保障的計劃級別必須相同。The Insured Person(s) should enroll in the Basic Benefits coverage prior to the application for Optional Benefit(s) and such Optional Benefit(s) should be same as the level of the Basic Benefits. The Insured Person(s) under the same policy can apply for different Basic Benefits and Optional Benefit(s). The plan level of Basic Benefits and Optional Benefit(s) must be the same.
6. 亞洲(國家/地區)是指阿富汗、澳洲、孟加拉、不丹、汶萊、柬埔寨、中國、中國香港、中國澳門、中國台灣、印度、印尼、日本、哈薩克、吉爾吉斯、老撾、馬來西亞、馬爾代夫、蒙古、緬甸、尼泊爾、新西蘭、北韓、巴基斯坦、菲律賓、新加坡、南韓、斯里蘭卡、塔吉克、泰國、東帝汶、土庫曼、烏茲別克及越南。Asia(Country/Region) means Afghanistan; Australia; Bangladesh; Bhutan; Brunei; Cambodia; China; Hong Kong, China; Macau, China; Taiwan, China; India; Indonesia; Japan; Kazakhstan; Kyrgyzstan; Laos; Malaysia; Maldives; Mongolia; Myanmar; Nepal; New Zealand; North Korea; Pakistan; The Philippines; Singapore; South Korea; Sri Lanka; Tajikistan; Thailand; Timor-Leste; Turkmenistan; Uzbekistan and Vietnam.

投保書陳述項目 Stated Information for this Proposal Form

請就受保人的健康狀況回答下列問題。若答案為「是」，請詳述於第 6 頁「陳述項目說明」。Please answer each of the following questions on the health of the Insured Person(s). For each "Yes" answer, please explain and provide details in "Illustration of Stated Information" in page 6.

I. 一般資料 General Information

	是 YES	否 NO
1. 是否吸煙或曾吸煙，若「是」，請註明每天數量(支)及吸煙年期。若現已停止吸煙，請說明日期及原因。Do you smoke or have you ever smoked? If yes, please specify daily consumption (piece) and year of smoking. If you have ceased smoking, please state the date and reason.	<input type="checkbox"/>	<input type="checkbox"/>
2. 是否有飲酒的習慣，若「是」，請註明飲品種類(例如啤酒、葡萄酒、烈酒等)及每週飲用量(毫升)。Do you drink alcohol regularly? If yes, please specify type of drink (e.g. beer, wine, spirit etc.) and weekly consumption (ml).	<input type="checkbox"/>	<input type="checkbox"/>
3. 在過去 12 個月內體重曾否增加或減少 10 磅(4.5 公斤)或以上，若「是」，請說明確實增加或減少之重量及原因。Have you gained/lost weight of 10lb (4.5kg) or more in the last 12 months? If yes, please give exact figure and reason.	<input type="checkbox"/>	<input type="checkbox"/>
4. 是否參與或計劃參與任何危險運動或活動(例如：駕駛私人航空工具、賽車、任何類型的潛水或攀山等)？若「是」，請說明詳情。Do you participate or are you planning to participate in any hazardous sport or activity (e.g. private aviation, motor car or motor-cycle racing, diving of any kinds or mountaineering, etc.)? If yes, please state details.	<input type="checkbox"/>	<input type="checkbox"/>
5. 是否或將於香港或澳門以外地區居住或工作？若「是」，請註明城市及國家名稱、居留目的及停留次數。Do you or do you intend to live or work outside Hong Kong or Macau? If yes, please specify name of country and city, purpose of stay and duration of stay.	<input type="checkbox"/>	<input type="checkbox"/>

II. 投保記錄 Insurance History

	是 YES	否 NO
6. i. 目前是否已購買或正在申請其他個人意外、個人醫療、住院現金或危疾保險？若「是」，請提供保險公司名稱、計劃名稱、保險金額、保單生效日期。Have you purchased/been applying other personal accident insurance, individual medical insurance, hospital cash insurance or critical illness insurances? If yes, please state the name of insurer, name of plan, amount of coverage, and effective date of policy.	<input type="checkbox"/>	<input type="checkbox"/>
ii. 是否曾被保險公司取消保單或申請個人意外、個人醫療、住院現金、危疾或人壽保險而被拒絕、延期或附加保費或條件承保？若「是」，請提供有關原因及詳情。Have your personal accident insurance, individual medical insurance, hospital cash insurance, critical illness insurance or life insurance policies ever been cancelled or applications ever been declined, postponed, accepted with extra premium or modified term by the insurer? If yes, please provide reason and details.	<input type="checkbox"/>	<input type="checkbox"/>
iii. 過去有否就上述保險計劃向保險公司申請索賠？若「是」，請提供詳情。Have you submitted claims applications of the above mentioned insurance plan to the insurers? If yes, please provide details.	<input type="checkbox"/>	<input type="checkbox"/>

III. 病歷 Medical History

	是 YES	否 NO
7. 曾否 / 正在服用任何藥物超過 14 天(一般傷風、感冒除外)？Have you ever been or are you currently taking/prescribed any medication or drugs for more than 14 days (apart from common flu and colds)?	<input type="checkbox"/>	<input type="checkbox"/>
8. 親生父母或兄弟姐妹曾否患上任何心臟病、中風、高血壓、糖尿病、腎病、精神失常、肝炎(或肝炎帶菌者)、癌症或任何遺傳病？Have any of your natural parents, brothers or sisters suffered from heart disease, stroke, hypertension, diabetes, kidney disease, mental disorder, hepatitis (or is a hepatitis carrier), cancer or any hereditary disease?	<input type="checkbox"/>	<input type="checkbox"/>
9. 除了僱主或保險公司指定之醫療檢查外，曾否進行或被醫生建議進行任何醫療檢查，包括血液測試、X光、心電圖、超聲波、電腦斷層掃描、活組織檢驗或其他檢驗？Other than medical test(s) required by an employer or insurer, have you ever undergone or been recommended any medical/diagnostic test, such as blood test(s), x-ray, electrocardiogram, ultrasonogram, CT scan, biopsy or other investigations?	<input type="checkbox"/>	<input type="checkbox"/>
10. 過去 5 年曾否患上任何疾病(一般傷風、感冒除外)或因意外受傷超過 14 天？Have you suffered from any illness (apart from common flu or colds) or effects of any accident which lasted for more than 14 days in the last 5 years?	<input type="checkbox"/>	<input type="checkbox"/>
11. 曾否就性病、愛滋病或人類免疫力缺乏症而接受或將接受任何醫療意見、諮詢、診治或測試？Have you ever received or do you expect to receive any medical advice, counseling, treatment or any test(s) in connection with venereal disease, AIDS, HIV infection?	<input type="checkbox"/>	<input type="checkbox"/>
12. 曾否患上下列疾病或就有關疾病曾接受治療？Have you ever suffered from or been treated for any of the following disorders/disease? i. 呼吸系統疾病包括哮喘、支氣管炎、結核病、肺氣腫、鼻中隔 / 鼻甲骨偏側或其他呼吸系統疾病？The Respiratory Diseases including asthma, bronchitis, tuberculosis, emphysema, deviated nasal septum/turbinate or others respiratory diseases?	<input type="checkbox"/>	<input type="checkbox"/>
ii. 心臟血管或循環系統或血液疾病包括胸痛 / 心絞痛、心悸、高血壓、風濕熱、心雜音、心臟病、貧血、靜脈曲張或其他有關之疾病？The Cardiovascular or Circulatory Diseases or Blood Disorders including chest pain/angina pectoris, palpitation, hypertension, rheumatic fever, heart murmur, heart attack, anaemia, varicose veins or other related diseases/disorders?	<input type="checkbox"/>	<input type="checkbox"/>

	是 YES	否 NO
iii. 消化系統疾病包括各類型的肝炎、肝病、各類型的潰瘍症、痔瘡、疝氣、肛瘻或其他食道 / 腸胃及膽囊疾病？ The Digestive Diseases including hepatitis of any kind, liver disease, ulcer of any kind, haemorrhoid, hernia, anal fistula or other diseases/disorders of esophagus/gastrointestinal and gallbladder?	<input type="checkbox"/>	<input type="checkbox"/>
iv. 泌尿系統疾病包括腎、膀胱、尿道疾病或結石或 生殖器官疾病 包括子宮塗片檢查異常、月經失調、前列腺疾病、性病或其他有關之疾病？ Genitor Urinary Diseases including kidney, bladder, urinary disorders and stones or any Disorder of Reproductive Organs including abnormal smear test(s), menstrual disorder, prostate disorder, venereal disease or other related diseases/disorders?	<input type="checkbox"/>	<input type="checkbox"/>
v. 內分泌系統疾病包括糖尿病、甲狀腺病或其他有關的疾病？ Endocrine Diseases including diabetes, thyroid disorder or other related diseases/disorders?	<input type="checkbox"/>	<input type="checkbox"/>
vi. 神經系統疾病、精神失常、精神病及腦部疾病包括腦癇症、癱瘓、暈眩、中風、頭痛、焦慮、抑鬱或任何有關神經系統疾病及眼或耳的損傷包括失明、視力 / 聽力 / 說話能力受損或其他有關之疾病？ The Nervous Diseases, Mental Disorders or Psychiatric Problem/Diseases and Brain Diseases/Disorders including epilepsy, paralysis, dizziness, stroke, headache, anxiety, depression or any other neurological disorders and impairment of the eyes or ears including blindness, conditions affecting sight/hearing/speech or other related diseases/disorders?	<input type="checkbox"/>	<input type="checkbox"/>
vii. 脊椎或肌肉及骨骼疾病包括類風濕關節炎、關節炎、痛風、坐骨神經痛、姆指外翻或其他有關之疾病？ Spinal or Musculoskeletal Conditions/Diseases including rheumatoid arthritis, arthritis, gout, sciatica, hallux valgus or other related diseases/disorders?	<input type="checkbox"/>	<input type="checkbox"/>
viii. 乳房疾病包括乳腺炎、乳房脹痛、乳房腫塊、腺瘤、囊狀纖維症、乳腺纖維腺瘤、膿腫及其他有關之乳房疾病？ Breast Disorder including mastitis, breast pain, breast lump or mass, adenoma, fibrocystic, fibroadenoma, abscess and other related breast disorders?	<input type="checkbox"/>	<input type="checkbox"/>
ix. 皮膚問題包括痤瘡、濕疹、皮膚炎、風疹、皮膚角化、牛皮癬、灰甲、疣或其他有關之皮膚情況？ Skin Problem including acne, eczema, dermatitis, urticaria, keratosis, psoriasis, onychomycosis, wart or other related skin conditions?	<input type="checkbox"/>	<input type="checkbox"/>
x. 癌症、腫瘤、囊腫、息肉或任何類型異常增生？ Cancer, Tumour, Cyst, Polyp or Abnormal growth of any kind?	<input type="checkbox"/>	<input type="checkbox"/>
13. 過去 5 年曾否有任何以上未提及而影響你的健康或身體狀況？ Are there any health or physical conditions in the last 5 years not mentioned above which may affect your well being?	<input type="checkbox"/>	<input type="checkbox"/>

IV. 女性適用 For Female Only:

	是 YES	否 NO
14. i. 現在是否懷孕？若「是」，請註明預產期。 Are you now pregnant? If yes, please state the expected delivery date. 預產期為 The expected delivery date _____	<input type="checkbox"/>	<input type="checkbox"/>
ii. 曾否因懷孕或生產而患上任何併發症（如宮外孕、妊娠糖尿、高血壓、蛋白尿等）？ Have you ever had any complications during pregnancy or delivery (e.g. ectopic pregnancy, gestational diabetes, hypertension, protein in urine etc.)?	<input type="checkbox"/>	<input type="checkbox"/>

陳述項目說明 Illustration of Stated Information

就上述「投保書陳述項目」1-14 項問題，若任何一題答「是」，請於下列空格內提供全部詳情。如需另頁詳加說明，請在右格內加“✓”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 above “Stated information for this Proposal Form” question 1-14 is “YES”, please provide full details in the following table. 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).

另有附頁
with attachment

I. 一般資料 General Information / II. 投保記錄 Insurance History**問題 Questions 1 - 6**

受保人姓名 Name of Insured Person(s)	問題號碼 Question No.	詳情 Details

III. 病歷 Medical History**問題 Question 7**

受保人姓名 Name of Insured Person(s)	疾病性質/ 病症名稱 Nature of Disorder/ Diagnosis	藥物名稱 Name of Medication or Drug	每日劑量 Daily Dosage	持續日期 Duration and Date (From - To)	現在的情況 Current Condition	主診醫生名稱及地址 Name and Address of the Medical Attendant(s)

問題 Question 8

受保人姓名 Name of Insured Person(s)	與受保人關係 Relationship with the Insured Person(s)	疾病性質/ 病症名稱 Nature of Disorder/ Diagnosis	發病日期及年齡 Date & Age of Onset	現在的情況，如已歿請提供死因 Current Condition, or if Died, Please State Cause of Death

問題 Question 9 (請附上有關醫療報告 PLEASE ENCLOSE RELATED MEDICAL REPORT(S))

受保人姓名 Name of Insured Person(s)	疾病性質/病症名稱 Nature of Disorder/ Diagnosis	測試日期 Date of Test(s)	測試項目詳情 Details of Tested Item(s)	檢驗結果 Test Result	現在的情況 Current Condition	主診醫生名稱及地址 Name and Address of the Medical Attendant(s)

問題 Questions 10-14 (請附上有關醫療報告 PLEASE ENCLOSE RELATED MEDICAL REPORT(S))

受保人姓名 Name of Insured Person(s)	問題號碼 Question No.	病症名稱/疾病性質及影響位置 Diagnosis /Details of Disorder, please specify the location of affected where are applicable	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	結果及現時情況 Result and Current Condition	有沒有醫療報告提供? 有/否 Any Medical Report(s) Provided? Yes/ No	主診醫生名稱及地址 Name and Address of the Medical Attendant(s)

繳付保費及保費徵費方法 Premium and Premium Levy Payment Method

<input type="checkbox"/> 銀行戶口付自動轉賬 Bank Account Autopay* 請填妥第 11 的「直接付款授權書」，連同首年的保費及保費徵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 11 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 and premium levy. 繳付首年保費及保費徵費方式 Premium and Premium Levy payment method for the first year : <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) : _____ <input type="checkbox"/> ii) 支票付款 Payment made by cheque 銀行名稱 Bank Name: _____ 支票號碼 Cheque No.: _____ *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.	<input type="checkbox"/> 信用卡付款 Payment made by Credit Card 請填妥第 9 頁的「信用卡付款授權書」支付首年及續保之保費(包括保費徵費)。 Please complete Credit Card Authorization Form in page 9 for the first year premium and renewal premium (included premium levy).	<input type="checkbox"/> 其他付款方式 Other Payment Methods <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) : _____ <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.: _____
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「中銀環球醫療保障計劃」應繳付的保費及保費徵費，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及保費徵費。 I hereby authorize BOCG Insurance to effect payment transfer from my/our bank/credit card account for payment of premium and premium levy under the “BOC Worldwide Medical Insurance Plan”, including subsequent revised premium by endorsement(s) and all renewal premiums and premium levy for each new policy year.		
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及保費徵費，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 automatically renewed simply by my settling the required premium and premium levy for the upcoming policy year.		

聲明 Declaration

1. 本人接納根據「中銀環球醫療保障計劃」規定，凡在保單起保日前因已患之疾病、損傷或其他病況而引致之醫療需要，一律不予賠償，除非本人及/或受保人已在投保書內已詳細列明並獲中銀集團保險接納。I acknowledge that benefits are not payable under the "BOC Worldwide Medical Insurance Plan" for any costs of treatment arising from any existing illnesses, injuries or other conditions unless complete details are fully disclosed by me and/or the Insured Person(s) in the Proposal Form and accepted by BOCG Insurance.
2. 本人謹此聲明受保人於申請這份保險時為年齡介乎 15 日至 70 歲的人士，除獲中銀集團保險批准外，在保單年度內受保人必須居住於香港或澳門 6 個月或以上，並於投保書或書面更改通知內作出相關聲明。I declare that upon application, the Insured Person(s) is/are aged between 15 days and 70 years old and except the approval of BOCG Insurance, the Place of Residence of the Insured Person must be in Hong Kong or Macau whereby the Insured Person(s) will live for 6 months or above within the policy year and as declared in the proposal form or written notice of change.
3. 本人謹此聲明，本人已向所有家屬取得授權，於本投保書之陳述乃真確無訛，可作為簽發保單之根據。本人亦明白如資料錯誤或不詳盡，本人及/或受保人之保障有失效之虞。I declare that I have obtained the necessary authorisation from my dependent(s), the information stated in this Proposal Form is true and complete and will form the basis of this insurance. I also understand that if any information stated is untrue or incomplete, the cover for me and/or for the Insured Person(s) may be invalidated.
4. 本人謹此聲明，本投保書是在香港特別行政區內簽署，如有任何訛騙或資料失實，本人及/或受保人之保障有失效之虞。I declare that **this Proposal Form is applied and signed at the HKSAR**, in case of fraud or factual misrepresentation, the cover for me and/or for the Insured Person(s) may be invalidated.
5. 本人在此授權任何醫生、醫院、診所、保險公司及其他人士，均可向中銀集團保險提供本人及/或上述家屬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 authorise 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 BOCG Insurance. Copy of this authorisation form will have same effect as of the original copy.
6. 本人同意中銀集團保險保留一切有關投保書接納與否之權利。I agree BOCG Insurance reserves the right to accept or decline this application.
7. 本人明白必須繳付全額保費、保費徵費及保單生效後，中銀集團保險對本人及/或受保人之保險責任始行生效。I understand that BOCG Insurance's insurance liability for myself and /or for the Insured Person(s) will only take effect provided that premium and premium levy have been fully paid and the policy was put in force.
8. 本人明白此投保申請一經批核，在每個保單年度期滿前，若未有接獲中銀集團保險有關修改任何條款的續保通知，本人只須繳交下個保單年度所須的保費及保費徵費，此保單便會每年自動續保。I agree that once this application for insurance is accepted, if no notice of amendment of renewal terms is sent to me/ from BOCG Insurance prior to the expiration of each policy year, the policy will be **automatically renewable** by my settling of the required premium and premium levy for the upcoming policy year.

收集個人資料聲明 Personal Information Collection Statement

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

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

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

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

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

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

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

BOCG Insurance. Requests for such access can be made to BOCG Insurance's Legal and Compliance Department (Tel: 2867 0888 / Fax: 3906 9939).

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

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

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

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

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

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

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

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

本人明白此產品為自動續保產品，本人只須繳交下個保單年度所須的保費及保費徵費，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 understand that this is an auto renew product. The policy will be automatically renewed simply by my settling the required premium and premium levy for the upcoming policy year (renewal premiums will be based on the prevailing premium rates at the time of policy anniversary).

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

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)

投保人姓名及簽署
Name and Signature of Proposer

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

**本投保書在未被同意受保前，中銀集團保險不負任何責任。
The BOCG Insurance has no liability whatsoever before the application for insurance in this Proposal Form is accepted.**

信用卡付款授權書 Credit Card Authorisation Form

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「中銀環球醫療保障計劃」應繳保費及保費徵費金額，直至另行通知。I hereby authorise and direct “Bank of China Group Insurance Company Limited” to debit the premium and premium levy due from my credit card account for “BOC Worldwide Medical Insurance Plan” on a yearly basis until further notice..

若信用卡持有人並非投保人，請填寫以下資料。If Cardholder is not the Proposer, please fill in the following information.

- 1. 與投保人關係 Relationship with the Proposer: _____
- 2. 代投保人支付保費及保費徵費原因 Reason for paying premium and premium levy on Proposer's behalf: _____

本人同意及承擔以下人士之全數應繳之「中銀環球醫療保障計劃」保費及保費徵費金額。I hereby confirm to pay the premium and premium levy due of “BOC Worldwide Medical Insurance Plan” for the Proposer.

(先生/太太/女士 Mr/Mrs/Ms) _____ 香港身份證號碼 HKID Card No. _____

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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銀行代理必須填寫以下欄位 (Bank must complete the below box)

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 11 頁已簽署的「直接付款授權書」正本 The original copy of the duly signed "Direct Debit Authorisation Form" in page 11 ; (3) 此投保書 This proposal form.	信用卡付款 Payment Made by Credit Card (1) 於第 9 頁已簽署的「信用卡付款授權書」正本 The original copy of the duly signed "Credit Card Authorisation 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.
保險公司專用 For Office use only		
保單編號 Policy No.	經辦人 Handled By	覆核人 Checked By

直接付款授權書 Direct Debit Authorisation 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/或代理人不時給予本人/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 authorise 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 authorised, my/our Bank shall be entitled, in its discretion, not to affect such transfer in which event the Bank may make the usual service charge and that it may cancel this authorisation 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 authorisation 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 authorisation 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 is 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 Authorisation will be cancelled automatically on the date included in the box marked "Expiry Date". If you wish the Direct Debit Authorisation 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 貴戶與受款人一方之關係·略予說明·例如學生編號·抵押合約號碼等。In the box marked "Debtor's Reference" enters the identifying reference between you 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「中銀環球醫療保障計劃」，為您及/或您的家人提供一站式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。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，已繳付的保費及保費徵費均可獲全數奉還。

如有任何查詢，歡迎致電您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 enrollment in the “BOC Worldwide Medical Insurance Plan” to protect you and/or your family against all-in-one medical cover.

Instant Approval

We are pleased to confirm that your application for the above mentioned insurance has been accepted. 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 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 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(s) during the review period, all premium and premium levy 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