

怡康醫療綜合保投保書

Healthy Medical Comprehensive Protection Proposal Form

香港中環德輔道中 71 號永安集團大廈 9 樓 9/F., Wing On House, 71 Des Voeux Road Central, Hong Kong.



BANK OF CHINA GROUP INSURANCE COMPANY LIMITED

電話 Tel : 3187 5100

公司戶專用 Exclusively for Company Customer

備註 NOTE :

1. 投保公司負責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 responsible person of proposed Insured Company 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 proposed Insured.
2. 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」)熱線 (852) 3187 5100 或您的經紀代理查詢。讓保險公司了解實況，有助保障投保公司及/或受保人的利益。若未能充份透露實情，將會使投保公司及/或受保人得不到所需的保障，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”) Hotline (852) 3187 5100 or contact your agent/broker. Making sure the insurance company is informed will be beneficial to the proposed Insured Company and/or Insured Person. Failure to disclose may mean that the policy will not provide the proposed Insured Company and/or Insured Person with the required coverage, or may invalidate the policy altogether.
3. 此投保書申請一經被接納後，投保公司的保單將會每年自動續保。Once the application for this proposal form is accepted, the policy of the proposed Insured Company will be **automatically renewed** each year.
4. 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.
5. 「怡康醫療綜合保」(下稱「本計劃」)由中銀集團保險承保。“Healthy Medical Comprehensive Protection” (named below as “this Plan”) is underwritten by BOCG Insurance.

投保公司資料 Details of the proposed Insured Company

1. 投保公司名稱 Name of proposed Insured Company	2. 商業登記證編號 Business Registration No.
3. 聯絡人姓名 Name of contact person / 職位 Position	4. 行業 Industry / 業務性質 Business Nature
5. 聯絡電話 Contact No. / 傳真號碼 Fax No.	6. 電子郵箱 E-mail
7. 通訊地址 Correspondence Address 室 Room / Flat _____ 層數 Floor _____ 座數 Block / Tower _____ 大廈名稱 Name of Building _____ 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	
8. 客戶從以下那個途徑得知本產品? How does the customer know about this product? <input type="checkbox"/> 我行銷售人員推介 (BR01) <input type="checkbox"/> 擺放分行或網站之宣傳品或客戶通訊或宣傳語句 (BR02) <input type="checkbox"/> 直銷途徑，例如直銷郵件、電話營銷 (DM01) <input type="checkbox"/> 傳媒 (ME01) <input type="checkbox"/> 月結單插張 (SI01) <input type="checkbox"/> 親友介紹 (RE01) <input type="checkbox"/> 其他 (OT01)	

保險期 Policy Period

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

投保限制 Limitation :

1. 投保時，投保公司必須為受保員工之僱主，受保員工及其配偶的投保年齡須為 18 歲或以上。Proposed Insured Company must be the employer of the Insured Employee, the Insured Employee and the spouse must be aged 18 or above upon application.
2. 所有受保人於申請這份保險時須為年齡介乎 15 日至 65 歲居於香港特別行政區的合法居民。All Insured Person(s) must be ordinarily residing and legal resident of the Hong Kong Special Administrative Region of the People's Republic of China (“HKSAR”) aged between 15 days and 65 years old when applying for this insurance.

保障類別及總保費 Insured Category & Total Premium (HK\$)

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

此欄只供 2 個或以上受保人填寫 This part is applicable for 2 or more Insured Persons to complete

所有受保人 (基本 + 自選保障) All Insured Person(s) (Basic + Optional Benefit)	全年總保費 Total Annual Premium :	
	9 折後全年總保費 Total Annual Premium less 10% discount :	

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

受保人資料 Person(s) to be insured

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

註 Remarks :

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

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

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

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

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

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

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

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

受保人陳述項目 Stated information for Insured Person : (只須回答所選擇投保的項目 only complete the item(s) which you have selected to insure) :

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

- | | 是 YES | 否 NO |
|--|--------------------------|--------------------------|
| 1. 受保人是從事非文職或任何附帶特殊風險之職業，如高空工作，空中或航海工作人員；紀律部隊；體力勞動；拖頭及/或中港貨車司機；職業運動員。如答案為「是」者，請詳加說明。 Insured Person(s) is employed as non clerical worker or any occupation with special risk, such as work at height, air or ship crews; disciplinary services; manual worker; tractor driver and/or lorry driver transporting goods to and from HKSAR and China; professional sportsman? If you have ticked “YES”, please give full details. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. 您及/或受保人是香港境外就讀的留學生。如答案為「是」者，請提供受保人姓名、就讀學府的詳細資料(包括就讀學府名稱及地址)及海外住址。 You and/or Insured Person(s) is a student studying outside HKSAR. If you have ticked “YES”, please provide the name of Insured Person, full details of the attended Educational Institution (including name and address of the attended Educational Institution)and overseas residential address. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. 受保人的「身體質量指數」是不符合標準。 Insured Person's “Body Mass Index” falls outside standard level. | <input type="checkbox"/> | <input type="checkbox"/> |

4. 在過去 5 年受保人曾否 During the last 5 years, have Insured Person(s) been:
- i) 住院或因嚴重疾病/創傷需要向專科醫生尋求醫療諮詢、斷症性的檢查、治療或做手術、或接受或被建議接受 X 光、心電圖、磁力共振顯影、電腦掃瞄、性病或肝炎或愛滋病之測試、或其他化驗/檢查? hospitalized or have consulted a specialist for medical advice, diagnostic tests, treatment or operation for a serious illness or injury, or ever had or been advised to have any X-ray, ECG, MRI, CT Scan, or tests/counseling in connection with sexually transmitted disease or hepatitis or HIV, or other laboratory tests/investigations?
- ii) 因任何病徵、疾病、缺陷或身體狀況例如但不限於肝炎帶菌者、糖尿病、腎病、高血壓、關節炎、心臟血管疾病、各類型癌症或腫瘤導致現在或將來急需做手術或接受長期治療? any symptoms, illness, defects or conditions such as, but not limited to hepatitis carrier status, diabetes, kidney disease, high blood pressure, arthritis, cardio vascular diseases, any type of cancer or tumor, that may require impending operation, continuous treatment now or in the future?
5. 在過去 5 年受保人曾否因住院向保險公司索償或在投保壽險或醫療保險時被拒絕、或有關保單被取消、增加保費或附加限制? In the past 5 years, have Insured Person(s) ever filed a claim for hospitalization with an insurance company or had any life or medical insurance application rejected or policy cancelled, rated or restricted?

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

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

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

備註 Notes:

如在以上陳述項目 I (4 至 5 題) 及/或項目 II (1 至 2 題) 任何一題答「是」，請詳述於以下空格內及附上有關醫療報告。如需另頁詳加說明，請在右格內加"✓"並連同附頁一併遞交，而附頁需由有關受保人簽署確認。If any answer to the above stated information of section I (question 3-4) and/or section II (question 1-2) is "YES", please provide full details in the following table and enclose related medical reports. If you need to provide details on separate sheet, please tick the box at the right hand side and attach the sheet(s). The sheet(s) should be duly signed by the related Insured Person(s).

另有附頁
with attachment

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

受保員工聲明 Declaration of Insured Employee

- (1) 本人在此授權任何醫生、醫院、診所、保險公司及其他人士，均可向「中銀集團保險有限公司」提供本人及/或上述家屬健康情況及病歷詳細資料。此授權書之影印本與正本有同等效力。I hereby authorize any doctor, hospital, clinic, insurance company or any other person to provide either myself and/or the above mentioned family members' health condition or detail medical history to "Bank of China Group Insurance Company Limited". Copy of this authorization form will have same effect as of the original copy.
- (2) 本人已向所有家屬取得授權，本人謹此聲明以上陳述乃真實無訛，可作為簽發保單之根據，亦明白如資料錯誤或不詳盡，本人及/或家屬之保障有失效之虞。I have obtained the necessary authorization from my dependent(s). I declare that the information stated in the above is true and complete and will form the basis of this insurance. I also understand that if any information stated is untrue or incomplete, the cover for me and my dependent(s) may be invalidated.
- (3) 本人授權投保公司向中銀集團保險提供本人及/或受保人的個人資料。I hereby authorize proposed Insured Company to provide myself and/or Insured Person's personal information to BOCG Insurance.
- (4) 賠款收取方式 Receive claim payment method

銀行戶口自動轉賬 Bank Account Autopay

銀行名稱 Bank Name: _____ 受保員工銀行戶口號碼 Insured Employee's Bank Account No : _____

支票 Cheque

賠付予受保員工 Pay to Insured Employee

賠付予投保公司 Pay to proposed Insured Company

受保員工簽署
Signature of Insured Employee

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

香港 H.K./

簽署地及日期(日/月/年)
Signed Place and Date (DD/MM/YY)

繳付保費方法 Payment Method

1. 以商務信用卡付款 Payment made by Business Credit Card

請填妥第 6 頁的「信用卡付款授權書」交回。Please attach a completed Credit Card Authorization Form in page 6.

2. 以支票付款 Payment made by cheque

請以劃線支票抬頭寫「中銀集團保險有限公司」並交回。Please attach a crossed cheque payable to "Bank of China Group Insurance Company Limited".

銀行名稱 Bank Name: _____ 支票號碼 Cheque No.: _____

投保公司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，投保公司只須繳交下個保單年度所須的保費，此保單便會每年自動續保。現授權「中銀集團保險有限公司」從投保公司之銀行/商務信用卡戶口轉賬繳交「怡康醫療綜合保」應繳付的保費，包括其後背書所更改的保費以及每個新保單年度續保保費。The proposed Insured Company understands that once this application is accepted, if no notice of amendment of renewal terms is sent to the proposed Insured Company from BOCG Insurance prior to the expiration of each policy year, the policy will be automatically renewed simply by settling the required premium for the upcoming policy year by the proposed Insured Company. The proposed Insured Company hereby authorizes "Bank of China Group Insurance Company Limited" to effect payment transfer from the proposed Insured Company's bank/commercial credit card account for payment of premium under the "Healthy Medical Comprehensive Protection", including subsequent revised premium by endorsement(s) and all renewal premiums for each new Policy Year.

投保公司聲明 Declaration of the proposed Insured Company

1. 本公司接納根據「怡康醫療綜合保」規定，凡在保單起保日前受保人因已患之疾病、損傷或其他病況而引致之醫療需要，一律不予賠償，除非受保人已在投保書內已詳細列明並獲「中銀集團保險有限公司」接納。Our company acknowledges that benefits are not payable under the "Healthy Medical Comprehensive Protection" for any costs of treatment arising from Insured Person's existing illnesses, injuries or other conditions unless complete details are fully disclosed by the Insured Person(s) in the Proposal Form and accepted by "Bank of China Group Insurance Company Limited".
2. 本公司謹此聲明受保人於申請這份保險時為年齡介乎 15 日至 65 歲居於香港特別行政區的合法居民。Our company declares that the Insured Person(s) are ordinarily residing and legal resident of HKSAR aged between 15 days and 65 years old when applying for this insurance.
3. 本公司謹此聲明，本公司已向所有家屬/員工家屬取得授權，於本投保書之陳述乃真確無訛，可作為簽發保單之根據。本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 my dependent(s)/ 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 the Insured Person(s) may be invalidated.
4. 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 HKSAR**, in case of fraud or factual misrepresentation, the cover for the Insured Person(s) may be invalidated.
5. 本公司同意「中銀集團保險有限公司」保留一切有關投保書接納與否之權利。Our company agrees "Bank of China Group Insurance Company Limited" reserves the right to accept or decline our company's application.
6. 本公司明白必須繳付保費後，「中銀集團保險有限公司」對受保人之保險責任始行生效。Our company understands that "Bank of China Group Insurance Company Limited" insurance liability for the Insured Person(s) will only take effect provided that premium has been paid and the policy was put in-force.
7. 本公司明白此投保申請一經批核，在每個保單年度期滿前，若未有接獲中銀集團保險有關修改任何條款的續保通知，本公司只須繳交下個保單年度所須的保費，此保單便會每年自動續保。Our company agrees that once this application for insurance is accepted, if no notice of amendment of renewal terms is sent to us from BOCG Insurance prior to the expiration of each policy year, the policy will be automatically renewed simply by settling the required premium for the upcoming policy year by our company.

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 us 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 the insurance application and any future insurance application that 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 company's insurance policy and providing services in relation to our company's 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 company's insurance policy;
- (4) 發出繳交保費通知及向本公司收取保費及欠款 invoicing and collecting premiums 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受保人的個人資料移轉予下列各方 BOCG Insurance may disclose the Insured Person'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 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 and
- m. 法例要求或許可的政府機關 government agencies and authorities as required or permitted by law.

本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/或核對受保人任何資料 BOCG Insurance is hereby authorized to obtain access to and/or to verify any of the Insured Person'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受保人的個人資料 Moreover, BOCG Insurance may also use and disclose the Insured Person's personal data otherwise with our company's consent.

本公司有權查閱及要求更正由中銀集團保險持有有關受保人的個人資料。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 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)

支付經紀佣金 Payment of Broker Commission

本公司明白、確知及同意，中銀集團保險會就本公司購買及接受其簽發的保單，於保單有效期內 (包括續保期) 向負責安排有關保單的獲授權保險經紀支付佣金。假如投保公司為法人團體，代表投保公司簽署的獲授權人員須向中銀集團保險確認他/她已獲該法人團體授權。Our company understands, acknowledges and agrees that, as a result of our company purchasing and taking up the policy to be issued by BOCG Insurance, BOCG Insurance will pay the authorized insurance broker commission during the continuance of the policy including renewals, for arranging the said policy. Where the proposed Insured Company is a body corporate, the authorized person who signs on behalf of the proposed Insured Company further confirms to BOCG Insurance that he or she is authorized to do so.

本公司亦明白中銀集團保險必須取得本公司以上的同意，才可以處理本公司之保險申請。Our company further understands that the above agreement is necessary for BOCG Insurance to proceed with the application.

本公司確認同意本投保書內之所有部份，包括但不限於上列之聲明、收集個人資料聲明及支付經紀佣金。Our Company confirms my agreement to all sections in this Proposal Form, including but not limited to the above Declaration, Personal Information Collection Statement and Payment of Broker Commission.

投保公司負責人簽署 (連公司的印鑑)
Signature of responsible person of the proposed Insured Company
(including Company chop)

香港 H.K./

簽署地及日期(日/月/年) Signed Place and Date (DD/MM/YY)

本投保書在未被同意受保前，「中銀集團保險有限公司」不負任何責任。

The "Bank of China Group Insurance Company Limited" has no liability whatsoever before the application for insurance in this Proposal Form is accepted.

經紀/代理必須填寫以下欄位 (Broker/Agent must complete the below box)

保險公司專用 For Office use only

經紀/代理編號 Broker/Agent No.	保單編號 Policy No.	經辦人 Handled By	覆核人 Checked By

經紀/代理資料 Broker/Agent Information

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商務信用卡付款授權書 Business Credit Card Authorization Form

Visa Master

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)

投保公司茲授權「中銀集團保險有限公司」從投保公司的商務信用卡戶口每年支付「怡康醫療綜合保」應繳保費金額，直至另行通知。The proposed Insured Company hereby authorize and direct "Bank of China Group Insurance Company Limited" to debit the premium due from the proposed Insured Company's business credit card account for "Healthy Medical Comprehensive Protection" on yearly basis until further notice.

商務信用卡持卡人簽署 Business Credit Card Cardholder's Signature (須與商務信用卡簽署式樣相同 should be the same as the specimen signature on Business Credit Card)	X	持卡人聯絡電話號碼 Contact Phone No. of Cardholder	日期 Date (日 D/月 M/年 Y)