

# 管理人員綜合保障計劃投保書

## Executive Comprehensive Protection Plan Proposal Form



通訊地址: 香港中環德輔道中 71 號永安集團大廈 8 樓  
客戶服務熱線 Customer Service Hotline: 3187 5100

Correspondence Address: 8/F., Wing On House, 71 Des Voeux Road Central, Hong Kong.  
傳真 Fax : 3906 9948 電郵 Email: osc\_policy@bcgroup.com

### 備註 NOTE :

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 proposed Insured 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. 為保障投保人/投保公司的利益，若不清楚此投保書需要透露的資料內容，請致電中銀集團有限公司（下稱“中銀集團保險”）客戶服務熱線（852）3187 5100 查詢。若未能充份透露實情，將會使投保人/投保公司得不到所需的保障，甚至使保單失效。If you have any doubt on what should be disclosed in this Proposal Form, please contact Bank of China Group Insurance Company Limited (named below as “BOCG Insurance”) customer service hotline (852) 3187 5100 for the interests of the proposed Insured/proposed Insured Company. Failure to disclose may mean that the policy will not provide the proposal Insured/proposal Insured Company with the coverage required, or may invalidate the policy altogether.
3. **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.**
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. 此保險計劃乃由中銀集團保險承保。This insurance plan is underwritten by BOCG Insurance.

### 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](http://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](http://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 <sup>#</sup> (請先填寫姓氏 Surname first)	2. 中文姓名 Name in Chinese <sup>#</sup>
*3. 香港身份證號碼 HKID Card No. / 護照號碼 Passport No. <sup>#</sup>	4. 國籍 Nationality <sup>#</sup> (國家/地區 Country / Region)
5. 性別 Sex <sup>#</sup> <input type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female	6. 出生日期 Date of Birth <sup>#</sup>
7. 手提電話 Mobile No. <sup>#</sup>	8. 電郵地址 Email Address <sup>#</sup>
9. 通訊地址 Correspondence Address <sup>#</sup> 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 <sup>#</sup> 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) _____

**#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已繳付以後每個可調整保費的續保週年 Both dates inclusive and, subject to the payment of further premiums to be adjusted, to be renewal on each anniversary thereof)

保費^Premium^ (請填寫人身意外投保金額*於方格內 Please complete the PA Sum Insured* in the box provided)			全年保費 / Annual Premium (HK\$)
A.	人身意外保障 (PA) Personal Accident Protection	人身意外投保金額* PA Sum Insured*: 意外醫療保額 Accident Medical cover limits:	HK\$ HK\$ 40,000
			400
* 投保金額不可低於 HK\$2,000,000 或超過 HK\$10,000,000。Sum Insured shall not be less than HK\$2,000,000 or exceeding HK\$10,000,000.			
必須選擇其中一項保障或可全選 Must select either one benefit or choose both			
B.	<input type="checkbox"/>	全年旅遊保障 Annual Travel Protection	
C.	<input type="checkbox"/>	高爾夫球保障 Golfers Protection	
總保費及保費徵費^Total Premium and Premium Levy^ (HK\$)			
保費 Premium :			
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](http://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](http://www.ia.org.hk).

受保人資料 Details of the Person to be insured								
若受保人是投保人，只須填寫受益人一欄。若受保人不是投保人，請填寫下述各欄。If Insured Person is the proposed Insured, please fill in the “Beneficiary” item only. If Insured Person is not the proposed Insured, please fill in all items below.								
受保人姓名(英文) (請先填寫姓氏) <sup>#</sup> Name of Insured Person(s) (English) (Surname first)	中文姓名 <sup>#</sup> Name in Chinese	香港身份證/ 護照號碼 <sup>#</sup> HKID Card No. / Passport No.	性別 Sex	國籍 Nationality <sup>#</sup> (國家/地區 Country/Region)	居住地 Place of Residence <sup>#</sup>	出生日期 <sup>#</sup> Date of Birth (日 D / 月 M / 年 Y)	與投保人關係 Relationship to the proposed Insured	人身意外保障的受益人姓名/與受保人關係 Name of Beneficiary for Personal Accident Protection/ Relationship with Insured Person
								法定受益人 Lawful Beneficiary

**投保限制:**

- 投保人於申請這份保險時須為年齡 18 歲或以上。
- 受保人須為非體力勞動的管理級人員。同時於申請這份保險時受保人須為年齡介乎 18 至 75 歲並居於香港的合法居民。

**Limitation:**

- At the time of applying for this insurance, the proposed Insured must be aged 18 or above.
- Insured Person(s) must be a managerial level person with no manual work involved. Moreover, the Insured Person must be ordinarily residing and legal resident of Hong Kong aged between 18 and 75 years old when applying for this insurance.

**投保書陳述項目 Stated information for this Proposal Form**

- |   | 是 YES                    | 否 NO                     |
|---|--------------------------|--------------------------|
| 1. 受保人在最近 5 年內是否曾因嚴重疾病或遭受意外傷害而接受治療或接受外科手術？如答案為「是」者，請詳加說明。<br>In the last 5 years, have the Insured Person(s) suffered any serious illness or accidental injury requiring treatment or surgical operation? If you have ticked “YES”, please give full details.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. 受保人是否從事非文職或任何附帶特殊風險之職業，如空中或航海工作人員；紀律部隊？如答案為「是」者，請詳加說明。<br>Does the Insured Person(s) employed as a non clerical worker or his/her occupation has carried any special risk, such as air or ship crews; disciplinary services? If you have ticked “YES”, please give full details.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. 受保人在過去三年內，是否曾就任何投保項目申請索償或遭受任何保險公司拒絕受理投保、續保或取消受保人的保單或要求提高保費及附加特別條件始允承保？如答案為「是」者，請詳加說明。<br>Have the Insured Person ever made any claims under any covered item in the past 3 years or has any insurer ever cancelled, declined, refused to renew or imposed special terms or conditions on any policy held by the Insured Person(s)? If you have ticked “YES”, please give full details. | <input type="checkbox"/> | <input type="checkbox"/> |

4. 受保人的身體是否有任何殘缺？如答案為「是」者，請詳加說明。

Does the Insured Person(s) have any physical defect? If you have ticked "YES", please give full details.

## 繳付保費方法 Payment Method

1. 以信用卡付款 Payment made by credit card

信用卡存根 Credit card retain slip: 單據編號 Trace No. \_\_\_\_\_ 授權號碼 App. Code. \_\_\_\_\_  
請填妥第 5 頁的「信用卡付款授權書」。Please complete the "Credit Card Authorization Form" in page 5.

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」。Please made 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。現授權中銀集團保險從本人之信用卡戶口轉賬繳交「管理人員綜合保障計劃」應繳付的保費及保費徵費，包括每月保費（適用於月繳）、其後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 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. I hereby authorize BOCG Insurance to effect payment transfer from my/our credit card account for payment of premium and premium levy under the "Executive Comprehensive Protection Plan", including monthly premium (applicable only to monthly payment); subsequent revised premium by endorsement(s) and all renewal premiums and premium levy for each new Policy Year.

## 聲明 Declaration

- 本人謹此聲明受保人為非體力勞動的管理級人員。同時於申請這份保險時受保人年齡介乎 18 至 75 歲並居於香港的合法居民 I declare that Insured Person(s) are the managerial level person with no manual work involved. Moreover, the Insured Person(s) who is/are ordinarily residing and as the legal resident(s) of Hong Kong aged between 18 and 75 years old when applying for this insurance.
- 本人保證受保人之旅程均非違背醫生勸告或欲往香港以外地方求醫而行；就本人及/或受保人所知目前無任何情況會導致既定之旅程被取消或提早結束。（只適用於投保「全年旅遊保障」）I warrant that to the best of my knowledge and belief Insured Person(s) are not traveling on contrary to the advice of medical practitioner or for the purpose of receiving medical treatment outside Hong Kong; myself and/or Insured Person(s) are not aware of any the condition, cause or circumstance that may necessitate the cancellation or curtailment of the planned journey. (applicable to insure with "Annual Travel Protection" only)
- 本人謹此聲明，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，受保人之保障有失效之虞 I declare that 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 the Insured Person(s) may be invalidated.
- 本人謹此聲明，本投保書是在香港特別行政區內簽署，如有任何訛騙或資料失實，受保人之保障有失效之虞 I declare that this Proposal Form is applied and signed in HKSAR, in case of fraud or factual misrepresentation, the cover for the Insured Person(s) may be invalidated.
- 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 my application.
- 本人明白必須繳付全額保費、保費徵費及保單生效後，中銀集團保險對受保人之保險責任始行生效 I understand that BOCG Insurance liability 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.
- 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 renewed simply by my's settling 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:

- 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;
- 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;
- 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;
- 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;
- 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;
- 就以上用途聯絡本人 contacting me for any of the above purposes;
- 中銀集團保險行使任何代位權 exercising any right of subrogation by BOCG Insurance;
- 其它與上述用途有直接關係的附帶用途 other ancillary purposes which are directly related to the above purposes;及 and
- 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:

- 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);
- 處理索賠個案的理賠師、理賠調查員及醫療顧問 in the event of a claim, loss adjudicators, claims investigators and medical advisors;

- c. 追討欠款的收數公司或索償代理 in the event of default, debt collectors and recovery agents;
- d. 保險資料服務公司及信貸資料服務公司 insurance reference bureaus or credit reference bureaus;
- e. 再保公司及再保經紀 reinsurers and reinsurance brokers;
- f. 本人的保險經紀 (若有) my insurance broker (if I have one);
- g. 中銀集團保險的法律及專業業務顧問 BOCG Insurance's legal and professional advisors;
- h. 中銀集團保險的關連公司(以《公司條例》內的定義為準)BOCG Insurance's related companies (as that term is defined in the Companies Ordinance);
- i. 現存或不時成立的任何保險公司協會或聯會或類同組織(「聯會」)及其會員,以達到任何上述或有關目的,或以便「聯會」執行其監管職能,或其他基於保險業或任何「聯會」會員的利益而不時在合理要求下賦予「聯會」的職能 any association, federation or similar organization of insurance companies ("Federation") and its members that exists or is formed from time to time for any of the above or related purposes or to enable the Federation to carry out its regulatory functions or such other functions that may be assigned to the Federation from time to time and are reasonably required in the interest of the insurance industry or any member(s) of the Federation;
- j. 透過「聯會」移轉予任何「聯會」的會員,以達到任何上述或有關目的 any member(s) of the "Federation" by the "Federation" for any of the above or related purposes;
- k. 任何有關的公司,或任何其他從事與保險或再保險業務有關的公司,或與保險業務有關的中介人或索償或調查或其他服務提供者,以達到任何上述或有關目的 any related company or any other company carrying on insurance or reinsurance related business or an intermediary or a claims or investigation or other service provider providing services relevant to insurance business for any of the above or related purposes;
- l. 保險索償投訴局及同類的保險業機構 the Insurance Claims Complaints Bureau and similar industry bodies;及 and
- m. 法例要求或許可的政府機關 government agencies and authorities as required or permitted by law.

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

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

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

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

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

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

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

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

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

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

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

**支付經紀佣金 Payment of Broker Commission**

本人明白、確知及同意,中銀集團保險會就本人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。假如投保人為法人團體,代表投保人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。I understand, acknowledge and agree that, as a result of me 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 is a body corporate, the authorized person who signs on behalf of the Proposed Insured further confirms to BOCG Insurance that he or she is authorized to do so.

本人/投保人亦明白中銀集團保險必須取得本人/投保人以上的同意,才可以處理本人/投保人之保險申請。I/ Proposed Insured further understand that the above agreement is necessary for BOCG Insurance to proceed with the application.

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、收集個人資料聲明及支付經紀佣金。I confirm 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.

投保人姓名及簽署  
Name and Signature of proposed Insured

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

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

## 信用卡付款授權書 Credit Card Authorization Form

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)
		_____	____/____/____

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「管理人員綜合保障計劃」應繳保費及保費徵費金額，直至另行通知。I hereby authorize and direct "Bank of China Group Insurance Company Limited" to debit the premium and premium levy due from my credit card account for "Executive Comprehensive Protection Plan" on annual basis until further notice.

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

- 與投保人關係 Relationship with the proposed Insured: \_\_\_\_\_
- 代投保人支付保費及保費徵費原因 Reason for paying premium and premium levy on proposed Insured's behalf: \_\_\_\_\_

本人同意及承擔上述投保人之全數應繳之「管理人員綜合保障計劃」保費及保費徵費金額，本人亦明白如因終止保單而產生的任何退費會以支票方式給予投保人。I hereby confirm to pay the premium due of "Executive Comprehensive Protection Plan" for the above proposed Insured. I also understand that any refund premium and premium levy due to policy cancellation will be given to the proposed Insured by cheque.

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

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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