

商務團體醫療保險計劃投保書

Corporate Group Medical Insurance Plan Proposal Form



通訊地址:香港中環德輔道中 71 號永安集團大廈 9 樓

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

客戶服務熱線 Customer Services Hotline:3187 5100

傳真 Fax : 3906 9906

電郵 Email : medicaladmin_ins@bocgroup.com

客戶注意事項 Important Notes to the Customer :

- 請以英文正楷填寫及在適當方格內加「✓」號。任何答案如有更改，請投保人在旁簽署。Please complete in English BLOCK LETTERS and tick the box where appropriate. Any changes to be made should be signed by the Proposer.
- 若不清楚此投保書需要透露的資料內容，請致電中銀集團保險有限公司(下稱「中銀集團保險」)客戶服務熱線(852) 3187 5100 查詢。讓保險公司了解重要事實，有助保障投保人及/或受保人的利益，若未能充份透露該等事實，或會使投保人及/或受保人得不到所需保障，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 (hereafter "BOCG Insurance") customer service hotline (852) 3187 5100. For the benefit of the Proposer and/or Insured Person(s), full disclosure of all material facts to the insurance company is required. Non-disclosure of material facts may jeopardize the coverage provided to the Proposer and/or Insured Person(s) under the policy, or invalidate the policy.
- 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 is not consistent the terms in any policy issued, the policy terms shall prevail.
- 「商務團體醫療保險」(「本計劃」)由中銀集團保險承保。"Corporate Group Medical Insurance" ("this Plan") is underwritten by BOCG Insurance.

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

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

註 Remarks :

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

投保詳情 Details of Application

計劃選擇 Plan Option :						
保障類別 Plan	僱員類別 Employee Classification	I. 基本保障 Basic Benefits		II. 自選保障 Optional Benefits		如提供家屬保障請填✓ Please ✓if Dependent Coverage is provided
		(A) 住院 Hospitalization 計劃 Plan	(B) 重病住院 SMM 賠償百分比 Reimbursement %	(C) 門診 Out-patient 計劃及賠償百分比 Plan & Reimbursement %	(D) 牙科 Dental 計劃及賠償百分比 Plan & Reimbursement %	
1		<input type="checkbox"/> HS 1 <input type="checkbox"/> HS 2 <input type="checkbox"/> HS 3 <input type="checkbox"/> HS 4 <input type="checkbox"/> HS 5	<input type="checkbox"/> 80% <input type="checkbox"/> 100%	<input type="checkbox"/> OP 1 <input type="checkbox"/> OP 2 <input type="checkbox"/> OP 3 <input type="checkbox"/> OP 4 <input type="checkbox"/> OP 5 <input type="checkbox"/> 80% <input type="checkbox"/> 100%	<input type="checkbox"/> 80% <input type="checkbox"/> 100%	<input type="checkbox"/>
2		<input type="checkbox"/> HS 1 <input type="checkbox"/> HS 2 <input type="checkbox"/> HS 3 <input type="checkbox"/> HS 4 <input type="checkbox"/> HS 5	<input type="checkbox"/> 80% <input type="checkbox"/> 100%	<input type="checkbox"/> OP 1 <input type="checkbox"/> OP 2 <input type="checkbox"/> OP 3 <input type="checkbox"/> OP 4 <input type="checkbox"/> OP 5 <input type="checkbox"/> 80% <input type="checkbox"/> 100%	<input type="checkbox"/> 80% <input type="checkbox"/> 100%	<input type="checkbox"/>
3		<input type="checkbox"/> HS 1 <input type="checkbox"/> HS 2 <input type="checkbox"/> HS 3 <input type="checkbox"/> HS 4 <input type="checkbox"/> HS 5	<input type="checkbox"/> 80% <input type="checkbox"/> 100%	<input type="checkbox"/> OP 1 <input type="checkbox"/> OP 2 <input type="checkbox"/> OP 3 <input type="checkbox"/> OP 4 <input type="checkbox"/> OP 5 <input type="checkbox"/> 80% <input type="checkbox"/> 100%	<input type="checkbox"/> 80% <input type="checkbox"/> 100%	<input type="checkbox"/>
4		<input type="checkbox"/> HS 1 <input type="checkbox"/> HS 2 <input type="checkbox"/> HS 3 <input type="checkbox"/> HS 4 <input type="checkbox"/> HS 5	<input type="checkbox"/> 80% <input type="checkbox"/> 100%	<input type="checkbox"/> OP 1 <input type="checkbox"/> OP 2 <input type="checkbox"/> OP 3 <input type="checkbox"/> OP 4 <input type="checkbox"/> OP 5 <input type="checkbox"/> 80% <input type="checkbox"/> 100%	<input type="checkbox"/> 80% <input type="checkbox"/> 100%	<input type="checkbox"/>
5		<input type="checkbox"/> HS 1 <input type="checkbox"/> HS 2 <input type="checkbox"/> HS 3 <input type="checkbox"/> HS 4 <input type="checkbox"/> HS 5	<input type="checkbox"/> 80% <input type="checkbox"/> 100%	<input type="checkbox"/> OP 1 <input type="checkbox"/> OP 2 <input type="checkbox"/> OP 3 <input type="checkbox"/> OP 4 <input type="checkbox"/> OP 5 <input type="checkbox"/> 80% <input type="checkbox"/> 100%	<input type="checkbox"/> 80% <input type="checkbox"/> 100%	<input type="checkbox"/>
賠款發放辦法 Claim Settlement Method :				批單保費繳付方法 Endorsement Premium Settlement :		
<input type="checkbox"/> 公司支票 Company Cheque		<input type="checkbox"/> 個人支票 Personal Cheque		<input type="checkbox"/> 自動轉帳 Autopay		<input type="checkbox"/> 保單年度未繳付 The end of Policy year
						<input type="checkbox"/> 即時繳付 Immediately
是否需要使用門診醫療卡 Need out-patient medical card? : <input type="checkbox"/> 是 Yes (請簽署門診醫療卡協議書 Please sign the Agreement for Out-patient Medical Card) <input type="checkbox"/> 否 No						

保險生效日期 Effective Date of Insurance Cover

由 From _____ 至 to _____ (日 D/月 M/年 Y) (首尾兩日包括在內。必須完成所有核保程序。本保險方可生效。Both dates inclusive. The insurance will be effective after the completion all underwriting procedures.)

聲明 Declaration

1. 本公司謹此聲明，本公司已向所有僱員及僱員家屬取得授權，於本投保書之陳述乃真確無訛，可作為簽發保單之根據。本公司亦明白如資料錯誤或不詳盡，本公司及/或受保人之保障有失效之虞。Our Company declares that our Company has obtained the necessary authorization from employee and employee dependent(s), the information stated in this Proposal Form is true and complete and will form the basis of this insurance. Our Company also understands that if any information stated is untrue or incomplete, the cover for our Company and/or for the Insured Person(s) may be invalidated.
2. 本公司謹此聲明，本公司已向所有僱員/僱員家屬取得授權，任何醫生、醫院、診所、保險公司及其他人士，均可向中銀集團保險提供僱員/僱員家屬健康情況及病歷詳細資料。此授權書之影印本與正本有同等效力。Our company declares that our company has obtained the necessary authorisation from employee/ employee dependent(s), it is hereby authorized any doctor, hospital, clinic, insurance company or any other person to provide either employee and/or employee independent's health condition or detail medical history to BOCG Insurance. Copy of this authorization form will have same effect as of the original copy.
3. 本公司同意如有需要，受保人須提供其醫療資料給予中銀集團保險有限公司作為參考之用。Our Company agrees the Insured person shall provide medical information to "BOCG Insurance". For reference, if necessary.
4. 本公司同意接納「中銀集團保險」的「商務團體醫療保險」所載內容。本公司謹此聲明，若此投保書所含的內容與保單條款有任何歧異，概以保單為準。Our Company agrees that we accept the Terms & Conditions of the "Corporate Group Medical Insurance" prepared by "BOCG Insurance". Our company declares that in the event that the information contained in this proposal form does not conform to the terms in any policy issued, the policy terms shall prevail.
5. 本公司謹此聲明，本投保書是在香港特別行政區內簽署，如有任何訛騙或資料失實，受保人之保障有失效之虞。Our Company declares that **this Proposal Form is applied and signed at the Hong Kong Special Administrative Region**, in case of fraud or factual misrepresentation, the cover for the Insured Person(s) may be invalidated.
6. 本公司同意「中銀集團保險」保留一切有關投保書接納與否之權利。中銀集團保險保留根據投保人及/或受保人於投保時所提供的資料，而決定是否接受任何有關本計劃投保申請的絕對權利。Our company agrees "BOCG Insurance" reserves the right to accept or decline this application. BOCG Insurance reserves the right to determine in its sole and absolute discretion whether to accept any application for the Plan on the basis of the information submitted at the time of application by the Proposer and/or Insured Person.
7. 中銀集團保險保留隨時修訂、暫停或終止計劃，更改有關條款及細則的權利而毋須事先通知。如有任何爭議，中銀集團保險保留最終決定權。BOCG Insurance reserves the right to amend, suspend and terminate the above product, services, and to amend the relevant terms at any time at its sole discretion without prior notice. In case of any dispute, the decision of BOCG Insurance shall be final.
8. 本公司同意投保申請經「中銀集團保險」接納後，本保單按起保日期開始即時生效。但須付保費後，有關賠款才能發放。Our Company agrees that the policy will be effective from the Commencement date after the application is approved by "BOCG Insurance". However, the claim will only be settled after the premium is paid.

收集個人資料聲明 Personal Information Collection Statement

本公司明白本公司提供的資料為中銀集團保險提供保險業務所需，並可能使用於下列目的：Our company understands that the information provided by our company to BOCG Insurance is collected to enable BOCG Insurance to carry on insurance business and may be used for the purpose of:

- (1) 處理及審批本公司的保險申請或本公司將來提交的保險申請 processing and evaluating our insurance application and any future insurance application our company may make;
- (2) 執行本公司保單的行政工作及提供與本公司保單相關的服務 administering our insurance policy and providing services in relation to our insurance policy;
- (3) 分析或調查、處理及支付本公司保單有關的索償 analysis or investigating, processing and paying claims made under our insurance policy;
- (4) 發出繳交保費通知及向本公司收取保費及欠款 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本公司及/或受保人的個人資料移轉予下列各方 BOCG Insurance may disclose our company and/or the Insured Person(s)'s personal data for the above purposes to the following classes of transferees:

- a. 就上述用途，向中銀集團保險提供行政、通訊、電腦、付款、保安及其它服務的第三方代理、承包商及顧問 (包括：醫療服務供應商、緊急救援服務供應商、電話促銷商、郵寄及印刷服務商、資訊科技服務供應商及數據處理服務商) third party agents, contractors and advisors who provide administrative, communications, computer, payment, security or other services which assist BOCG Insurance to carry out the above purposes (including medical service providers, emergency assistance service providers, telemarketers, mailing houses, IT service providers and data processors);
- b. 處理索賠個案的理賠師、理賠調查員及醫療顧問 in the event of a claim, loss adjudicators, claims investigators and medical advisors;
- c. 追討欠款的收數公司或索償代理 in the event of default, debt collectors and recovery agents;
- d. 保險資料服務公司及信貸資料服務公司 insurance reference bureaus or credit reference bureaus;
- e. 再保公司及再保經紀 reinsurers and reinsurance brokers;
- f. 本公司的保險經紀 (若有) our company's insurance broker (if our company has one);
- g. 中銀集團保險的法律及專業業務顧問 BOCG Insurance's legal and professional advisors;
- h. 中銀集團保險的關連公司(以《公司條例》內的定義為準) BOCG Insurance's related companies (as that term is defined in the Companies Ordinance);

- i. 現存或不時成立的任何保險公司協會或聯會或類同組織(「聯會」)及其會員，以達到任何上述或有關目的，或以便「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.

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

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

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

合約(第三者權利)條例

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

Contracts (Rights of Third Parties) Ordinance

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

本公司確認同意本投保書內之所有部份，包括但不限於上列之投保注意事項、聲明及收集個人資料聲明。 Our company confirms our agreement to all sections in this Proposal Form, including but not limited to the above Important Notes of Application, Declaration and Personal Information Collection Statement.

香港 Hong Kong

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

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

負責人姓名 Name of Responsible Person: _____

負責人職位 Title of Responsible Person: _____

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

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

地址：香港中環德輔道中71號永安集團大廈9樓

電話：2867 0888

傳真：3906 9906

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

Tel：2867 0888

Fax：3906 9906

保單編號：
Policy No.：

投保單位名稱：
Name of Policyholder：

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

註：@ 如有需要請填寫 * 英文姓名須與銀行帳號姓名相符

Note： Fill in if necessary The name in English should be the same as the name on Bank Account

如屬投保單位員工，不用填寫此欄

Policyholder's employee does not need to complete this column

更改代號：A-新加

Addition of Member

Change Code：D-退出

Delection of Member

O-其他更改（請註明）

Others (Please State)

銀行名稱代號 003 渣打銀行 Standard Chartered Bank
Bank Name Code 004 滙豐銀行 HSBC Bank
006 花旗銀行 Citibank N.A.
012 中國銀行 Bank of China
015 東亞銀行 Bank of East Asia

024 恒生銀行 Hang Seng Bank
025 上海商業銀行 Shanghai Commercial Bank
027 交通銀行 Bank of Communications
039 集友銀行 Chiyu Banking
043 南洋商業銀行 Nanyang Commercial Bank

如遇以下情況，請另外提供銀行名稱代號：-

1) 如上述沒有閣下所屬銀行；

2) 中國銀行持有多個銀行名稱代號，如閣下中國銀行代號不是"012"，請註明。

Please provide the bank name code if: -

1) Your bank does not include on the above；

2) Bank of China holds more than one bank name code, please specify if the bank name code is not "012".

Personal Information Collection Statement 收集個人資料聲明

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

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

- 任何有關的公司，或任何其他從事與保險或再保險業務有關的公司，或與保險業務有關的中介人或索償或 調查或其他服務提供者，以達到任何上述或有關目的；

- 現存或不時成立的任何保險公司協會或聯會或類同組織（『聯會』），以達到任何上述或有關目的，或以便『聯會』執行其監管職能，或其他基於保險業或任何『聯會』會員的利益而不時在合理要求下賦予『聯會』的職能；及

- 或透過『聯會』移轉予任何『聯會』的會員，以達到任何上述或有關目的。

此外，本人在此授權中銀集團保險有限公司可向『聯會』從保險業內收集的資料中查閱及/或核對本人任何資料。

本人明白本人有權查閱及要求更正由『中銀集團保險有限公司』持有有關本人及/或受保人的個人資料。如有需要，可向『中銀集團保險有限公司』法律與合規部提出（電話：28670888，傳真：3906 9939）。

The information provided by me to "Bank of China Group Insurance Company Limited" is collected to enable "Bank of China Group Insurance Company Limited" to carry on insurance business and may be used for the purpose of:

- any insurance or financial related product or service or any alterations, variations, cancellation or renewal of such product or services;

- any claim or investigation or analysis of such claim
- we may exercising any right of subrogation; and

may be transferred to:

- any related company or any other company carrying on insurance or reinsurance related business or an intermediary or a claims or investigation or other service provider providing services relevant to insurance business for any of the above or related purposes;

- any association, federation or similar organization of insurance companies ("Federation") that exists or is formed from time to time for any of the above or related purposes or to enable the Federation to carry out its regulatory functions or such other functions that may be assigned to the Federation from time to time and are reasonably required in the interest of the insurance industry or any member(s) of the Federation and
- any members of the "Federation" by the "Federation" for any of the above or related purposes.

Moreover, Bank of China Group Insurance Co. Ltd. is hereby authorized to obtain access to any/or to verify any of your data with the information collected by the Federation from the insurance industry.

I understand that I have the right to obtain access to and to request correction of any personal information concerning myself and/or the Insured Person(s) held by Bank of China Group Insurance Co. Ltd. Requests for such access can be made to our Legal and Compliance Department (Tel:2867 0888 / Fax:3906 9939)

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

日期：
Date：



Agreement for Out-patient Credit Facility

This agreement is made between:

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

Effective Date: _____

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

IT IS AGREED AS FOLLOWS:

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



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

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

For and on behalf of
The policyholder

Authorized Signature

Date: _____

Authorized Signature with Company Chop

(The signature should be same as the Application)

Name : _____

Title : _____

Department : _____

Date: _____