

團體醫療保險受保人更改申請表

Insured Person Amendment Application Form for Group Medical Insurance

地址：香港中環德輔道中71號永安集團大廈9樓

客戶服務熱線：3187 5100

傳真：3906 9906

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

Customer Service Hotline：3187 5100

Fax：3906 9906

保單編號：投保單位名稱：

Policy No.：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：