

中銀醫療綜合保障計劃 (系列一) 投保書

BOC Medical Comprehensive Protection Plan (Series 1) 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.

電話 Tel : 3187 5100

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 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. 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 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”) Hotline (852) 3187 5100. Making sure the insurance company is informed will be beneficial to the Proposed Insured and/or Insured Person. Failure to disclose may mean that the policy will not provide the Proposed Insured and/or Insured Person 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. 「中銀醫療綜合保障計劃 (系列一)」(下稱“本計劃”)由中銀集團保險承保。BOC Medical Comprehensive Protection Plan (Series 1) (named below as “this Plan”) is underwritten by BOCG Insurance.
6. 中國銀行(香港)有限公司、南洋商業銀行有限公司、集友銀行有限公司及其他代理銀行(各稱為“代理銀行/代理”)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，而非代理銀行/代理的產品。Bank of China (Hong Kong) Limited, Nanyang Commercial Bank, Limited, Chiyu Banking Corporation Limited and other agent banks (each an “agent Bank/agent”) are the appointed insurance agents of BOCG Insurance for distribution of this Plan. This Plan is a product of BOCG Insurance but not the agent Bank/agent.
7. 對於代理銀行/代理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)，代理銀行/代理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有任何爭議，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 the agent Bank/agent and the customer out of the selling process or processing of the related transaction, the agent Bank/agent 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.

投保人資料 Details of the Proposed Insured

1. 英文姓名 Name in English (請先填寫姓氏 Surname first)	2. 中文姓名 Chinese Name
3. 性別 Sex <input type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female	4. 香港身份證 / 護照號碼 HKID Card No. / Passport No.
5. 出生日期 Date of Birth (日 D / 月 M / 年 Y)	6. 出生地點 Place of Birth
7. 行業 / 業務性質 Industry / Business Nature	8. 職位 Position
9. 通訊地址 Correspondence Address 室 Room / Flat _____ 層數 Floor _____ 座數 Block / Tower _____ 大廈/屋苑名稱 Name of Building / Name of 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	
10. 聯絡電話 (住宅) Contact No. (Home)	11. 聯絡電話(手提) Contact No. (Mobile)
12. 電子郵箱 Email	
13. 賠償入賬戶 Bank Account 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 Proposed Insured by cheque.	

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. 投保人及其配偶的投保年齡須為 18 歲或以上。At the time of application Proposed Insured and spouse must be aged 18 or above.
2. 所有受保人於申請這份保險時須為年齡須介乎 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)				總保費 ⁴ (HK\$) Total Premium ⁴ (請選擇此保單適用於所有受保人的保費繳付模式。Please select the payment mode applicable to all Insured Person under this policy)	
	(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	<input type="checkbox"/> 月繳 Monthly	<input type="checkbox"/> 年繳 Annual
1. <input type="checkbox"/> 投保人 Insured 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"/> 配偶 Spouse 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"/> 子女 ⁵ Child ⁵ 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 “✓”)		
4. <input type="checkbox"/> 子女 ⁵ Child ⁵ 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 “✓”)		
5. <input type="checkbox"/> 子女 ⁵ Child ⁵ 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"/> 子女 ⁵ Child ⁵ 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)	總保費 Total Premium :	
	9 折後總保費 Total 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.
 - 保費付款模式：如選擇月繳，整份保單付款模式須同時以月繳支付。選擇年繳者亦須按此執行。Premium payment mode: If premium is paid by month, the payment mode for the whole policy should follow the same. Same applies for selection of annual payment.
 - 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 (不須重複填寫投保人資料 No need to duplicate filling in Proposed Insured details)

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 ⁶ Height ⁶ (米/m)	體重 ⁶ Weight ⁶ (千克/kg)	身體質量指數 ⁷ Body Mass Index (BMI) ⁷		
							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. 投保人 Proposed Insured	同上 Same as above								
2. 配偶 Spouse									
3. 子女 Child									
4. 子女 Child									
5. 子女 Child									
6. 子女 Child									

註 Remarks :

6. 1 inch 吋 = 2.54 厘米 cm , 1 米 m = 100 厘米 cm ; 1 千克 kg = 2.2 磅 lbs

7. 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>).

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

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 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

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

投保書陳述項目 Stated information for this Proposal Form : (只須回答所選擇投保的項目 only complete the item(s) which you have selected to insure) :

銀行代理注意：如只選擇「項目 I」而所有答案於此項為「否」，並即時繳交保費，此投保申請可即時批核。請填寫及列印此申請書尾頁「投保申請確認書」供投保人保留。如同時選擇「項目 II - 危疾保障」，或任何下列答案為「是」者，此投保申請必須遞交中銀集團保險的醫療保險部審批方可接納。

Important note for bank staff: If only "item I" is chosen and all answer in "NO" and premium is paid immediately, instant approval of this application can be granted. Please complete and print the "Confirmation of Insurance" sheet on the last page of this proposal form for the client's retention. If "Item II - Critical Illness Benefit" is also selected, or any answer below is "YES", approval has to be obtained from BOCG Insurance Medical Insurance Dept. prior to the acceptance of this application.

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

- | | 是 YES | 否 NO |
|--|--------------------------|--------------------------|
| 1. 您及/或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。You and/or 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. 您及/或受保人的「身體質量指數」是不符合標準。You and/or Insured Person(s)'s "Body Mass Index" falls outside standard level. | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. 在過去 5 年您及/或受保人曾否 During the last 5 years, have you and/or 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、斷症性之檢查、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、電腦掃描、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? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. 在過去 5 年您及/或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 you and/or 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? | <input type="checkbox"/> | <input type="checkbox"/> |

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 application)

- | | 是 YES | 否 NO |
|---|--------------------------|--------------------------|
| 1. 過去 5 年，您及/或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 you and/or 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? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. 您及/或受保人的雙親、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 you and/or 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 ages of 60? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. 您及/或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 you and/or 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 you have ticked "YES", please state amount typically consumed per week. | <input type="checkbox"/> | <input type="checkbox"/> |

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 4-5) 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

繳付保費方法 Payment Method

1. 以銀行戶口自動轉賬***Bank Account Autopay***

年繳 Annual Payment

(請填妥第 9 頁的「直接付款授權書」，連同首年保費之現金或劃線支票抬頭寫「中銀集團保險有限公司」一併交回。Please pay cash or attach a crossed cheque for the 1st year premium made payable to “Bank of China Group Insurance Company Limited” with a completed Direct Debit Authorization Form as in page 9).
銀行名稱 Bank Name: _____ 支票號碼 Cheque No.: _____

月繳 Monthly Payment

(請填妥第 9 頁的「直接付款授權書」，連同首三個月保費之現金或劃線支票抬頭寫「中銀集團保險有限公司」交回。Please pay cash or attach a crossed cheque for the first 3 month's premium made payable to “Bank of China Group Insurance Company Limited” with a completed Direct Debit Authorization Form as in page 9). 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.

5,000 中銀信用卡獎賞積分
5,000 BOC Credit Card Reward Gift Points

由即日起至 2018 年 12 月 31 日期間(「推廣期」)，投保人於推廣期內以中銀信用卡成功登記直接付款授權服務以支付「中銀醫療綜合保障計劃(系列一)」首個保單年度及續保保費，可額外獲享一次過 5,000 中銀信用卡獎賞積分。From now to 31 December 2018 (“Promotion Period”), Proposed Insured may enjoy a one-off extra 5,000 BOC Credit Card Reward Gift Points upon successful registration for BOC Credit Card Direct Debit Authorization Service for premium payment of first policy year and renewal of “BOC Medical Comprehensive Protection Plan (Series 1)”.

提示：借定唔借？還得到先好借！Reminder: To borrow or not to borrow? Borrow only if you can repay!

2. 以信用卡付款 **Payment made by credit card**

年繳 Annual Payment

- i. 請填妥第 8 頁的「信用卡付款授權書」交回。Please attach a completed Credit Card Authorization Form in page 8.
ii. 若以「中銀信用卡 12 個月免息分期月繳」支付保費，請填妥第 10 頁的「免息分期計劃直接付款授權書」。If payment is made by using “BOC Credit Card 12-Month Interest-free Monthly Instalment”, please attached with a completed Interest-free Instalment Direct Debit Authorization Form as in page 10).

月繳 Monthly Payment

請填妥第 8 頁的「信用卡付款授權書」交回。首月「中銀集團保險有限公司」將向客戶的信用卡戶口收取三個月預繳保費。Please attach a completed Credit Card Authorization Form in page 8. In the first month “Bank of China Group Insurance Company Limited” will collect 3 months advance premium from the client's credit card account.

3. 以支票付款(只限年繳)**Payment made by cheque (For Annual Payment Only)** (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.: _____

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，此保單便會每年自動續保。現授權中銀集團保險從本人之銀行/信用卡戶口轉賬繳交「中銀醫療綜合保障計劃(系列一)」應繳付的保費，包括每月保費(適用於月繳)、其後背書所更改的保費以及每個新保單年度續保保費。I understand that once this application 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 settling of the required premium for the upcoming policy year. I hereby authorize BOCG Insurance to effect payment transfer from my bank/credit card account for payment of premium under the “BOC Medical Comprehensive Protection Plan (Series 1)”, including monthly premium (applicable only to monthly payment); subsequent revised premium by endorsement(s) and all renewal premiums for each new Policy Year.

聲明 Declaration

1. 本人接納根據中銀醫療綜合保障計劃(系列一)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 Medical Comprehensive Protection Plan (Series 1) 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. 本人謹此聲明本人及/或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。I declare that myself and/or 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. 本人謹此聲明，本人已向上述家屬(如有)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 authorization from the above mentioned family member (if any), 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 myself 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 HKSAR**, in case of fraud or factual misrepresentation, the cover for myself 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(如有)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' (if any) health condition or detail medical history to BOCG Insurance. Copy of this authorization 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. 本人明白必須繳付保費與生效後，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 insurance's liability for myself and/or for the Insured Person(s) will only take effect provided that premium has been 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，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/our settling the required premium 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及欠款 invoicing and collecting premiums 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 and
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 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 holding's companies, wherever situated.

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.

投保人簽署 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.**

銀行代理必須填寫以下欄位 (Bank staff 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:		
信用卡付款 Payment made by Credit Card (1) 於第 8 頁已簽署的「信用卡付款授權書」正本 The original copy of the duly signed "Credit Card Authorization Form" in page 8 ; (2) 銀行/商戶存根正本或影印本 The original copy or photo copy of the Bank/Merchant Copy ; (3) 此投保書 This proposal form.	中銀信用卡 12 個月免息分期月繳 BOC Credit Card 12-Month Interest-free Monthly Instalment (1) 於第 10 頁已簽署的「免息分期直接付款授權書」正本 The original copy of the duly signed "Interest-Free Instalment Direct Debit Authorization Form" in page 10 ; (2) 銀行/商戶存根正本或影印本 The original copy or photo copy of the Bank/Merchant Copy ; (3) 此投保書 This proposal form.	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 9 頁已簽署的「直接付款授權書」正本 The original copy of the duly signed "Direct Debit Authorization Form" in page 9 ; (3) 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.		
<input type="checkbox"/> 如客戶未有於分行刷卡確認，請於左格內加“√”。If the customer has not completed the credit card payment confirmation at the branch, please add a "√" in the left hand side box.		

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

5,000 中銀信用卡獎賞積分
5,000 BOC Credit Card Reward Gift Points

由即日起至 2018 年 12 月 31 日期間(「推廣期」)，投保人於推廣期內以中銀信用卡成功登記直接付款授權服務以支付「中銀醫療綜合保障計劃(系列一)」首個保單年度及續保保費，可額外獲享一次過 5,000 中銀信用卡獎賞積分。From now to 31 December 2018 ("Promotion Period"), Proposed Insured may enjoy a one-off extra 5,000 BOC Credit Card Reward Gift Points upon successful registration for BOC Credit Card Direct Debit Authorization Service for premium payment of first policy year and renewal of "BOC Medical Comprehensive Protection Plan (Series 1)".

提示：借定唔借？還得到先好借！Reminder: To borrow or not to borrow? Borrow only if you can repay!

信用卡付款授權書 Credit Card Authorization Form

<input type="checkbox"/> Visa <input type="checkbox"/> Master <input type="checkbox"/> 中銀銀聯雙幣信用卡(必需由香港發出) BOC CUP Dual Currency Credit Card (<u>Must be issued in Hong Kong</u>)			
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月/年支付「中銀醫療綜合保障計劃(系列一)」應繳保費金額，直至另行通知。I hereby authorize and direct "Bank of China Group Insurance Company Limited" to debit the premium due from my credit card account for "BOC Medical Comprehensive Protection Plan (Series 1)" on a monthly/yearly basis until further notice.			
聲明(只適用於投保人首次成功登記中銀信用卡直接付款授權服務以支付此保險計劃之費用) Declaration (only applicable to the Proposed Insured who have successfully registered for BOC Credit Card Direct Debit Authorization Service to settle premium payment for this insurance plan for the first time)			
1. 本人明白/同意中銀集團保險有限公司可向中銀信用卡(國際)有限公司傳送本人所遞交的相關個人資料以作誌賬額外 5,000 中銀信用卡獎賞積分之用；I understand/agree that Bank of China Group Insurance Company Limited will transfer my submitted relevant personal information to BOC Credit Card (International) Ltd. for crediting the extra 5,000 BOC Credit Card Reward Gift Points;			
2. 本人明白/同意有關「額外 5,000 中銀信用卡獎賞積分優惠」(「本優惠」)的條款及細則。I understand/ agree with the terms and conditions of "Extra 5,000 BOC Credit Card Reward Gift Points Promotion ("Promotion Offer)".			
3. 本人明白/同意中銀集團保險有限公司及中銀信用卡(國際)有限公司保留隨時修改、暫停或取消優惠推廣及修訂其條款與細則的酌情權而毋須事先通知。如有任何爭議，中銀集團保險有限公司及中銀信用卡(國際)有限公司保留最終決定權。I understand/agree that Bank of China Group Insurance Company Limited and BOC Credit Card (International) Ltd. reserve the rights to change, suspend or terminate the Promotion and to amend the relevant terms and conditions at any time at its sole discretion without prior notice. In case of any dispute(s), the decision of Bank of China Group Insurance Company Limited and BOC Credit Card (International) Ltd. shall be final.			
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.			
1. 與投保人關係 Relationship with the Proposed Insured : _____			
2. 代投保人支付保費原因 Reason for paying premium on Proposed Insured's behalf: _____			
<input type="checkbox"/> 本人同意及承擔上述投保人之全數應繳之「中銀醫療綜合保障計劃(系列一)」保費金額，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 "BOC Medical Comprehensive Protection Plan (Series 1)" for the Proposed Insured. I also understand that any refund premium 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 S.V.	聯絡電話號碼 Contact Phone No.	日期 Date (日 D/月 M/年 Y)

直接付款授權書 Direct Debit Authorization 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/或代理行不時給予本人/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 authorize 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 authorized, my/our Bank shall be entitled, in its discretion, not to effect such transfer in which event the Bank may make the usual service charge and that it may cancel this authorization 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 authorization 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 authorization 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 :

1. 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 are likely to vary each time, set the Limit for Each Payment at the maximum amount you would expect to pay at any one time.
2. 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 Authorization will be cancelled automatically on the date included in the box marked "Expiry Date". If you wish the Direct Debit Authorization to have effect indefinitely (or until cancelled by you) please leave box blank.
3. 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.
4. 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" enter the identifying reference between yourself and the party to be credited i.e. Student No., Mortgage Agreement No., Rental Agreement No., etc.
5. 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.
6. 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.

中銀集團保險有限公司與中銀信用卡(國際)有限公司 - 免息分期計劃直接付款授權書

由現在起，您只須填妥以下授權書便可透過中銀信用卡繳交保費，除可享 12 個月免息分期及長達 56 天免息還款期外，更可享 HK\$1=1 分的積分獎賞。查詢詳情請致電中銀信用卡 24 小時推廣熱線：2108 3288。

致：中銀信用卡(國際)有限公司

- 本人為以下所指的信用卡持卡人，現向貴公司申請以免息分期支付中銀集團保險有限公司(「中銀集團保險」)以下所指之保險產品(「保單」)之年保費的免息分期計劃(「分期計劃」)。有關保險產品、年保費金額、還款期數及每次還款金額的資料將於以下詳列。
- 本人現授權貴公司可向中銀集團保險透露、使用或交換任何有關本人就分期計劃、獎賞積分或保單的資料。
- 本人已審閱及明白以下的分期計劃及獎賞積分的條款及細則，並同意遵守有關條款及細則。

由以下人士確認及同意：

填寫免息分期資料請按此 取消

保險產品： 中銀醫療綜合保障計劃(系列一)		
年保費：(港幣)	12 期 還款期數	每期還款金額*：(港幣)
持卡人簽署：(須與中銀信用卡上簽名一致)	日期：	
中銀信用卡號碼：	有效日期： 月/ 年	
持卡人姓名：	香港身份證號碼：	

* 每期供款將計算至小數點後兩個位並於供款期內平均分配，餘數則連同第一個月的分期款項一起扣除。

致：中銀集團保險有限公司

本人授權貴公司從本人上述中銀信用卡戶口號碼扣取上述保險產品應繳付的保費，包括每個新保單年度自動續保保費，除非本人有進一步的書面通知。本人明白/同意貴公司可向中銀信用卡(國際)有限公司傳送本人所遞交的相關資料以作誌賬額外 5,000 中銀信用卡獎賞積分之用。

(只適用於以中銀信用卡免息分期月繳保費)

持卡人姓名	持卡人簽署(須與中銀信用卡上簽名一致)	日期
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免息分期及積分獎賞推廣條款及細則：

1. 卡戶須以中銀信用卡在代理銀行分行辦理新保單投保付款或續保付款手續，方可享有以上優惠。此優惠不適用於長城國際卡、美金卡、澳門地區發行的信用卡、採購卡、Intown 網上卡、中銀「易達錢」及參與「現金回贈」的卡戶。2. 積分獎賞只適用於已誌賬的保費簽賬，並以獨立卡號計算。簽賬積分獎賞以簽賬交易日計算，附屬卡的簽賬積分將合併於主卡賬戶內。3. 有關賬戶必須正常，方可獲取積分獎賞。任何虛假、未經許可、未誌賬、已取消或已退款的交易，均不可獲簽賬積分。另，簽賬積分獎賞亦不適用於違反持卡人合約條款、已取消賬戶或尚有逾期欠款的卡戶。4. 卡戶的全年保費須達 HK\$500 或以上，並填妥免息分期計劃直接授權書，方可享免息分期優惠。如需查詢有關條款及細則，請參閱免息分期計劃直接授權書。5. 保費的交易上限為卡戶可用的分期信用額，中銀信用卡(國際)有限公司保留接納或拒絕有關交易的最終決定權。6. 中銀信用卡(國際)有限公司對中銀集團保險有限公司所提供的產品及服務質素概不承擔任何責任。7. 中銀信用卡(國際)有限公司及中銀集團保險有限公司保留隨時修訂或取消上述優惠內容及條款細則的酌情權，毋須事先通知。8. 如有任何爭議，中銀信用卡(國際)有限公司及中銀集團保險有限公司保留最終決定權。

由中銀集團保險有限公司所提供就合資格的保險產品之信用卡分期付款條款及細則：

1. 除任何中銀易達錢、商務卡、採購卡及任何卡公司不是指定的信用卡外，持有有效信用卡(「信用卡」)的持卡人(「申請人」)可根據本條款及細則向卡公司申請以免息分期支付中銀集團保險有限公司(「中銀集團保險」)之保險產品(「保單」)之年保費(「年保費」)的分期計劃(「分期計劃」)。本條款及細則將納入規限閣下信用卡賬戶的持卡人合約(「持卡人合約」)，並成為持卡人合約的一部份。兩者如有任何不相符之處，在該不相符之處，則以本條款及細則所載為準。除非文意另有所指，本條款及細則所用的詞語應與持卡人合約所用的有關詞語具有相同涵義。2. 卡公司可絕對酌情決定接受或拒絕任何有關申請而毋須提供任何理由。卡公司不會就申請人因其申請被拒絕而產生的任何損失或責任負責。卡公司可通知中銀集團保險有關申請是否獲得批准。申請一經批准，將不能取消或更改，但並不表示中銀集團保險接受申請人就保單之申請。若於任何原因的情況下中銀集團保險不接受保單申請，所有年保費的退款將根據本條款及細則的第 9 條退回給申請人。3. 年保費將以卡公司在絕對酌情的情况下批准的還款期及每次還款金額每月償還(「每月還款」)。有關的還款期及每次還款金額將以書面通知申請人。4. 於申請獲批准後，卡公司將於賬戶內記入第一個每月還款。其餘的每月還款將於隨後的下一結單日的第 1 個工作日內記入，或如該日並不是卡公司之工作日或該有關每月還款因卡公司不能控制之情況下而不能記賬戶內，卡公司將按慣例處理有關記賬。5. 於申請獲批准後，賬戶內可動用的信用限額將按尚未支付的每月還款金額相應減低，並在每次支付每月還款後相應提升。6. 所有每月還款將視作為零售消費交易處理。所有持卡人合約中有關零售消費的利息、財務費用及其它收費(如有)的條款均適用。7. 申請人現不可撤銷並授權卡公司將所有每月還款及收費(如有)記入賬戶內。為此，申請人需在賬戶內預留足夠的信用限額。卡公司有權於賬戶內記入任何款項，儘管有關信用額度可能因此被超越。申請人需對所有結欠負責，並需按收費表支付超越信用限額的費用。8. 申請人可向卡公司以書面申請提前償還全部而非部分尚未償還之每月還款。申請獲得批准後，卡公司會即時將所有尚未償還之每月還款記入賬戶內。卡公司或會就提前償還每月還款收取手續費，並記入賬戶內。9. 申請人確認，如因任何理由下保單被取消，所有退還的年保費將根據有關保單的條款及細則內計算，並直接由中銀集團保險退回至卡公司。在卡公司收妥由中銀集團保險退回的有關款項後，該款項將記入賬戶內，而所有尚未記入賬戶內的每月還款將同時記入賬戶內。有關記入賬戶內的退款將依據持卡人合約內有關償還賬戶結欠的先後次序的條款處理。申請人確認卡公司毋須與中銀集團保險核對有關還款金額。10. 儘管本文另有規定，如賬戶有任何欠繳紀錄或賬戶因任何原因遭終止或暫停，或卡公司合理地認為需保障其利益時，卡公司可隨時記入所有尚未償還之每月還款於賬戶內而毋須事先通知申請人。11. 申請人現確認若中銀集團保險通知卡公司任何有關保單之續保事宜，卡公司有權就中銀集團保險的通知視為申請人向卡公司透過分期計劃申請以過往分期計劃中的還款期數分期支付有關年保費。在作出所有適用的修改後，本條款及細則將適用於該申請。12. 所有有關保單之爭議，包括但不限於有關年保費的退款金額，申請人將直接與中銀集團保險處理。卡公司在任何情況下均不會就保單處理任何爭議。13. 申請人向卡公司保證所有就申請分期計劃而向卡公司提供之資料及文件均為真實及正確，並承諾在上述資料及/或文件有任何更改時通知卡公司。14. 卡公司可絕對酌情決定任何與分期計劃有關的事項，而所有有關決定為最終的並對申請人有約束力的(除有明顯的錯誤外)。15. 申請人現授權卡公司就分期計劃或與分期計劃有關的情況下向中銀集團保險收取及保留任何有關的佣金、回扣、利益及/或其他好處。16. 申請人現授權卡公司可向中銀集團保險透露、使用或交換任何有關申請人就分期計劃及/或保單的資料。17. 卡公司有權向申請人發出不少於 30 天的書面通知更改本條款及細則。18. 本條款及細則如中英文本有任何分歧，則以英文版為準。

Should you need an English version of this sheet, please call BOC Credit Card 24-hour Customer Service Hotline at 2853 8828.

額外 5,000 中銀信用卡獎賞積分優惠(「本優惠」)的條款及細則

Terms and Conditions of “Extra 5,000 BOC Credit Card Reward Gift Points Promotion (“Promotion Offer”)

1. 推廣期由即日起至 2018 年 12 月 31 日。
The Promotion Period starts from now to 31 December 2018.
2. 推廣期內，投保人須成功登記中銀信用卡直接付款授權服務以支付「中銀醫療綜合保障計劃(系列一)」首個保單年度及續保保費，及其保單之生效日期必須為推廣期內，方可獲享一次過額外 5,000 中銀信用卡獎賞積分(「合資格客戶」)。
The Proposed Insured may enjoy a one-off Extra 5,000 BOC Credit Card Reward Gift Points upon successful registration for the BOC Credit Card Direct Debit Authorisation Service for premium payment of first policy year and renewal of “BOC Medical Comprehensive Protection Plan (Series 1)” during the Promotion Period. Also, the effective date of the Proposed Insured’s policy must be within the Promotion Period (“Eligible Customers”).
3. 本優惠只適用於印有  標誌及在香港發行的中銀信用卡，惟不適用於中銀長城國際卡、美金卡、中銀採購卡、中銀預付卡、私人客戶卡、Intown 網上卡、中銀「易達錢」以及已參與現金回贈計劃的客戶。
The Promotion Offer is only applicable to BOC Credit Cards bearing  logo issued in Hong Kong, while Great Wall International Credit Card, USD Card, BOC Purchasing Card, BOC Prepaid Card, Private Label Card, Intown Card, BOC Express Cash Card are excluded. Cardholders who have participated in the cash rebate plan will not be entitled to the Promotion Offer.
4. 成功申請直接付款授權服務後，額外 5,000 中銀信用卡獎賞積分將於 10 個星期內記入合資格客戶的信用卡賬戶。
Upon successful registration for the Direct Debit Authorisation Service, the extra 5,000 BOC Credit Card Reward Gift Points will be credited to the Eligible Customers’ credit card accounts within 10 weeks.
5. 合資格客戶的信用卡賬戶必須正常、有效及信用狀況良好。如合資格客戶已取消其信用卡賬戶、違反持卡人合約條款、有欠款逾期未還或有不良記錄，將不會獲享額外 5,000 中銀信用卡獎賞積分。任何涉及欺詐成份、已取消或已退款的交易款項均不會被視作有效交易，亦沒有資格獲享額外 5,000 中銀信用卡獎賞積分。
The status of the Eligible Customers’ credit card accounts should be normal, valid and in good standing. Should the Eligible Customers have cancelled their credit card accounts, breached the Card User Agreement or have overdue/bad records in their credit card accounts, the extra 5,000 BOC Credit Card Reward Gift Points will not be awarded. Any fraudulent, unauthorised, cancelled, or unposted transactions will not be considered as valid transactions and will not be eligible for the extra 5,000 BOC Credit Card Reward Gift Points.
6. 如客戶有任何舞弊或欺詐行為，中銀信用卡(國際)有限公司(「卡公司」)會即時撤銷其參與本優惠的資格並取消其信用卡。卡公司有權在毋須事先通知的情況下從該信用卡賬戶直接扣除相等於已記入獎賞積分的金額及/或採取法律行動。
Acts of fraud and deception will result in the forfeiture of Cardholder s’ eligibility to enjoy the Promotion Offer as well as the cancellation of BOC Credit Cards. BOC Credit Card (International) Limited (the “Company”) reserves the right to debit directly from the credit card accounts an amount equivalent to the value of credited Reward Gift Points without prior notice and / or take legal actions.
7. 卡公司保留隨時修改、暫停或取消本優惠及修訂其條款與細則的酌情權而毋須事先通知。
The Company reserves the right to change, suspend or terminate the Promotion Offer and to amend the relevant terms and conditions at any time at its sole discretion without prior notice.
8. 如有任何爭議，卡公司保留最終決定權。
In case of any dispute(s), the decision of the Company shall be final.
9. 此條款及細則的中、英文版本有任何歧異，一概以英文版本為準。
In case of any discrepancy(ies) between the Chinese and English versions of these terms and conditions, the English version shall prevail.

_____ 先生/小姐啟：

多謝投保中銀集團保險的「中銀醫療綜合保障計劃 (系列一)」，為您及/或您的家人提供一站式、保費相宜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為

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>)下載及細閱保單內裡條款及不受保項目。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熱線 (852) 3187 5100。祝安好！

中銀集團保險有限公司

Dear Mr. / Ms. _____，

Thank you for enrolment in the “BOC Medical Comprehensive Protection Plan (Series 1)” to protect you and/or your family against all-in-one medical cover at a competitive cost.

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

Temporary Policy No. ： _____

Policy Effective Date ： _____

The full set of policy include terms of the policy, 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 during the review period, all premium paid will be refunded.

For enquiries, please contact any branches of the agent banks or BOCG Insurance Hotline (852) 3187 5100.

Yours sincerely,

Bank of China Group Insurance Company Limited