

# Bupa Health Insurance Scheme Application Form

## 保柏醫療保障計劃申請表



Please select your scheme of application 請選擇您所申請的計劃:

- Bupa All Together Health Insurance Scheme 保柏家互通醫療保障計劃
- Bupa CarePro Health Insurance Scheme 保柏卓康健醫療保障計劃
- Bupa Care Kid Health Insurance Scheme 保柏童康健醫療保障計劃

Please note one application form can only enrol for one plan. If you wish to enrol more than one plan, please submit another application form.  
請注意每份計劃申請表只可用作申請一個醫療計劃，如需要申請多於一個醫療計劃，請另填一份計劃申請表。

To ensure your cover can take effect on the first day of the following month, please send us the completed application form at least 5 working days prior to the end of the month. Applications are subject to underwriting. 如欲合約在下月一號生效，請將填妥的申請表於月底前最少5個工作天寄回保柏。所有申請必須通過核保始能生效。

If there is insufficient space provided for your answer or information given in this Application form, please continue on a separate sheet of paper, specifying the section to which your answer relates, and add your signature with date. 如本申請表未能提供足夠空間填寫，請另加紙張提供說明所涉部份並附加簽署與日期。

Please complete this form in **ENGLISH and BLOCK LETTERS**. Please tick as appropriate.  
請以**英文正楷**填妥本申請表，並於適用地方加「✓」號。

For Bupa  
use only  
保柏專用

Reference No. :  
參考編號

Policy Effective  
Date 生效日期:

DD 日 MM 月 YYYY 年

### Medical Protection Needs Assessment 醫療保障需要評估

(Please note: The following questions are to evaluate the suitability of the insurance product(s) under this application based on your needs and circumstances. Application can be suspended or rejected in case of suitability mismatch. 請注意：以下問題旨在評估此投保申請下的保險產品的適合性，以滿足閣下的需要及情況。如出現保險產品與閣下保障需要錯誤的情況，投保申請可被暫緩或拒絕。)

**Question 問題 1** What is/are your objective(s) for purchasing the medical insurance policy? (tick one or more) 請問你投保此醫療保單的目的是? (可選一項或多項)

- Option 選擇1: For the expenses of hospitalisation 為應付住院開支
- Option 選擇2: For the financial need when suffer from critical illness 為應付患上危疾時的經濟需要
- Option 選擇3: For the long term care and financial needs in case of permanent total disability 為永久完全傷殘時的長期醫療保健及經濟需要
- Option 選擇4: For the expenses of outpatient visits and other medical needs (such as dental, vision benefit, etc) 為應付門診或其他醫療所需 (例如牙醫、眼科等)

**Question 問題 2** Which type(s) of medical insurance you are looking for? (tick one or more) 請問你會考慮投保哪一類型的醫療保單呢? (可選一項或多項)

- Option 選擇1: Indemnity (cover the eligible expenses by the policy) 彌償式賠償 (即按保單規定之合資格開支提供實報實銷式的賠償)
- Option 選擇2: Non-indemnity (a payment based on a sum insured amount by the policy) 非彌償式賠償 (即按保單訂明的保額作出賠償)

### Personal Details of Policy Holder / Applicant 保單持有人 / 申請人資料 (Age must be 18 years or above 年齡必須為18歲或以上)

Title 稱謂 Name of Policy Holder / Applicant (same as HKID Card) 保單持有人 / 申請人姓名 (與香港身份證相同)

Mr 先生 Surname 姓  
 Mrs 太太  
 Ms 女士 Given Name 名  
 Miss 小姐

HKID Card No. / Passport No. 香港身份證號碼 / 護照號碼 Sex 性別  M 男  F 女 Date of Birth 出生日期 DD 日 MM 月 YYYY 年

### Contact Details of Policy Holder / Applicant 保單持有人 / 申請人聯絡資料

Correspondence Address\* 通訊地址\* (Please complete in ENGLISH and BLOCK LETTERS 請以英文正楷填寫)

Flat 單位 / Room 室 / Floor 層數

Block 座 / Building 大廈 / Mansion 閣 / House 樓 / Estate 屋苑

Street 街 / Road 道

District 地區

HK 香港  Kln 九龍  NT 新界

Email Address# 電郵地址#

Contact No. 聯絡電話

Fax No. 傳真號碼

Mobile No. 流動電話號碼

Place of Residence<sup>1^^</sup>  
居住地<sup>1^^</sup>

\* P. O. Box, hotel address and overseas address are not acceptable. 郵政信箱、酒店地址及海外地址恕不接納。

# You can access our e-Services through myBupa, our online and mobile platform, to view and download your policy-related documents. To access these e-documents, you are required to register for a myBupa account and provide an email address where you will receive email notifications when a document is ready for you to access from your myBupa account. You will no longer receive hard copy of these documents by post. To help save our planet, Bupa encourages communications through electronic means. This will be the default option for our future communications with you after your insurance policy has been set up. However, if you wish to receive a hard copy of all documents by post, please contact your insurance consultant to let us know your preference.

# 你可透過 myBupa 網上及手機的電子服務查閱及下載與你保單相關文件。要查閱這些電子文件，你須登記 myBupa 帳戶，並提供電郵地址。當文件已上載於你的 myBupa 帳戶後，你便會收到電郵通知。你將不會以郵寄方式收到這些保單文件的印刷本。為了拯救我們的地球，保柏鼓勵通過電子方式進行溝通。這將會是我們未來在設立你的保單時與你溝通的默許選擇。但是，如果你希望通過郵寄方式收到所有文件的列印本，請聯絡你的保險顧問讓我們了解你的選擇。



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**Successive Policy Holder / Subscriber (Optional for applying "Bupa All Together Health Insurance Scheme")**  
**繼任的保單持有人 / 投保人 (申請"保柏家互通醫療保障計劃"人士可選擇填寫)**

Please state the successive Policy Holder in case you pass away 請列明在你身故的情況下繼任的保單持有人

Surname 姓 \_\_\_\_\_

Given Name 名 \_\_\_\_\_

HKID Card No. / Passport No. 香港身份證號碼 / 護照號碼 \_\_\_\_\_ Relationship with Proposed Insured Person / Member<sup>^</sup> 與準受保人 / 會員關係<sup>^</sup> \_\_\_\_\_

<sup>^</sup> Applicable to spouse/child/parents/parents-in-law/siblings/spouse's siblings/grandparents/grandparents-in-law/grandchild/domestic partner/domestic partner's child/domestic partner's parents

<sup>^</sup> 適用於配偶/子女/父母/配偶的父母/兄弟姊妹/配偶的兄弟姊妹/祖父母/配偶的祖父母/孫子女/同居伴侶/同居伴侶的子女/同居伴侶的父母

<sup>1</sup> The above Place of Residence will be used to determine the validity and coverage of the Policy. Please inform Bupa immediately in writing if any changes in the Place of Residence.

<sup>1</sup> 上述居住地將用於確定保單的有效性和保障範圍。如已更改居住地，請立即以書面通知保柏。

<sup>^^</sup> Unless otherwise specified by Policy Holder/Member in writing, the Service Provider(s) will consider Hong Kong as the Place of Residence of all Insured Persons/Members and repatriate relevant Insured Persons/Members to Hong Kong when Medically Necessary.

<sup>^^</sup> 除非保單持有人/會員特別以書面通知，服務供應商將設定香港為所有投保人/會員之居住地，於有醫療需要時送返有關投保人/會員回香港。

**Payment Method 繳付保費方法**

Payment Frequency 繳付保費形式	Payment Method 繳付保費方法	Remarks 備註
<input type="checkbox"/> Yearly 年繳	<input type="checkbox"/> Credit Card 信用卡	Please attach a completed <b>Credit Card Authorisation Form</b> 請連同填妥之 <b>信用卡付款授權書</b> 寄回
	<input type="checkbox"/> Autopay from Bank 銀行自動轉賬 (From renewal payment only 續保繳費起適用)	Please attach a cheque made payable to "Bupa (Asia) Limited" for the 1st year's premium and levy with a completed <b>Direct Debit Authorisation Form</b> 請填妥 <b>直接付款授權書</b> ，連同首年保費及保費徵費之支票交回本公司，支票抬頭人為「保柏(亞洲)有限公司」
<input type="checkbox"/> Monthly 月繳	<input type="checkbox"/> Credit Card 信用卡	Please attach a completed <b>Credit Card Authorisation Form</b> 請連同填妥之 <b>信用卡付款授權書</b> 寄回
	<input type="checkbox"/> Autopay from Bank 銀行自動轉賬	Please attach a cheque made payable to "Bupa (Asia) Limited" for the first 2 months' premium and levy with a completed <b>Direct Debit Authorisation Form</b> 請填妥 <b>直接付款授權書</b> ，連同首兩個月保費及保費徵費之支票交回本公司，支票抬頭人為「保柏(亞洲)有限公司」

**Applicable to application of Bupa All Together Health Insurance Scheme 適用於申請保柏家互通醫療保障計劃**

**Details of Proposed Insured Person / Member and Choice of Cover 準受保人/會員資料及投保項目**

(Age must be between 15 days - 80 years inclusive 年齡必須為15日至80歲(包括首尾歲數))

Please refer to the Cover at a glance and Eligibility of plan on the last two pages of Application form

請參閱申請表最後兩頁之保障一覽表及投保資格

Myself 本人 (Proposed Insured Person/Member 1 準受保人/會員 1) (Details as page 1 資料如同第一頁)

Basic Benefit 主要保障  Hospital and Surgical Benefit 住院及手術保障 Benefit Level 保障級別  Ward (Plan A) 大房(計劃A)  Ward (Plan B) 大房(計劃B) Optional Benefit 自選額外保障  Clinical 門診  Maternity 產科  Dental\*\* (Plan A) 牙科(計劃A)  Dental\*\* (Plan B) 牙科(計劃B)

Proposed Insured Person / Member 2

準受保人/會員 2

Name (same as HKID Card) 姓名(與香港身份證相同)

Surname 姓 \_\_\_\_\_

Given Name 名 \_\_\_\_\_

HKID Card No. 香港身份證號碼 \_\_\_\_\_ Sex 性別  M 男  F 女 Date of Birth 出生日期 \_\_\_\_\_  
DD 日 MM 月 YYYY 年

Place of Residence<sup>1^^</sup> 居住地<sup>1^^</sup> \_\_\_\_\_

Relationship with the Policy Holder / Applicant<sup>^</sup>

與保單持有人 / 申請人關係<sup>^</sup> \_\_\_\_\_

Basic Benefit 主要保障  Hospital and Surgical Benefit 住院及手術保障 Benefit Level 保障級別  Ward (Plan A) 大房(計劃A)  Ward (Plan B) 大房(計劃B) Optional Benefit 自選額外保障  Clinical 門診  Maternity 產科  Dental\*\* (Plan A) 牙科(計劃A)  Dental\*\* (Plan B) 牙科(計劃B)

## Proposed Insured Person / Member 3

準受保人/會員 3

Name (same as HKID Card) 姓名 (與香港身份證相同)

Surname 姓 \_\_\_\_\_

Given Name 名 \_\_\_\_\_

HKID Card No. 香港身份證號碼 \_\_\_\_\_ Sex 性別  M 男  F 女 Date of Birth 出生日期 \_\_\_\_\_ DD 日 \_\_\_\_\_ MM 月 \_\_\_\_\_ YYYY 年Place of Residence<sup>1^^</sup> 居住地<sup>1^^</sup> \_\_\_\_\_

Relationship with the Policy Holder / Applicant\* 與保單持有人 / 申請人關係^ \_\_\_\_\_

Basic Benefit 主要保障  Hospital and Surgical Benefit 住院及手術保障 Benefit Level 保障級別  Ward (Plan A) 大房 (計劃A)  Ward (Plan B) 大房 (計劃B) Optional Benefit 自選額外保障  Clinical 門診  Maternity 產科  Dental\*\* (Plan A) 牙科 (計劃A)  Dental\*\* (Plan B) 牙科 (計劃B)

## Proposed Insured Person / Member 4

準受保人/會員 4

Name (same as HKID Card) 姓名 (與香港身份證相同)

Surname 姓 \_\_\_\_\_

Given Name 名 \_\_\_\_\_

HKID Card No. 香港身份證號碼 \_\_\_\_\_ Sex 性別  M 男  F 女 Date of Birth 出生日期 \_\_\_\_\_ DD 日 \_\_\_\_\_ MM 月 \_\_\_\_\_ YYYY 年Place of Residence<sup>1^^</sup> 居住地<sup>1^^</sup> \_\_\_\_\_

Relationship with the Policy Holder / Applicant\* 與保單持有人 / 申請人關係^ \_\_\_\_\_

Basic Benefit 主要保障  Hospital and Surgical Benefit 住院及手術保障 Benefit Level 保障級別  Ward (Plan A) 大房 (計劃A)  Ward (Plan B) 大房 (計劃B) Optional Benefit 自選額外保障  Clinical 門診  Maternity 產科  Dental\*\* (Plan A) 牙科 (計劃A)  Dental\*\* (Plan B) 牙科 (計劃B)<sup>^^</sup> Unless otherwise specified by Policy Holder / Member in writing, the Service Provider(s) will consider Hong Kong as the Place of Residence of all Insured Persons / Members and repatriate relevant Insured Persons / Members to Hong Kong when Medically Necessary.<sup>^^</sup> 除非保單持有人 / 會員特別以書面通知，服務供應商將設定香港為所有投保人 / 會員之居住地，於有醫療需要時送返有關投保人 / 會員回香港。<sup>\*\*</sup> The optional benefit for all members must be same<sup>\*\*</sup> 所有會員的自選額外保障必須相同

## Applicable to Bupa Care Pro / Bupa Care Kid Health Insurance Scheme 適用於申請保柏卓康健/ 保柏童康健保障計劃

Please refer to the Cover at a glance and Eligibility of plan on the last two pages of Application form

請參閱申請表最後兩頁之保障一覽表及投保資格

## Details of Proposed Member 準會員資料

 Myself 本人 (Details as page 1 資料如同第一頁)**Or 或** (Please tick one only 請選擇一位準會員) Child 子女

Child's Name (same as HKID Card/Birth Certificate) 子女姓名 (與香港身份證/出生證明書相同)

Surname 姓 \_\_\_\_\_

Given Name 名 \_\_\_\_\_

HKID Card No. / Birth Certificate No. 香港身份證號碼 / 出生證明書號碼 \_\_\_\_\_ Sex 性別  M 男  F 女 Date of Birth 出生日期 \_\_\_\_\_ DD 日 \_\_\_\_\_ MM 月 \_\_\_\_\_ YYYY 年Place of Residence<sup>^</sup> 居住地 \_\_\_\_\_<sup>^</sup> Unless otherwise specified by Member in writing, the Service Provider(s) will consider Hong Kong as the Place of Residence of the Member and repatriate the Member to Hong Kong when Medically Necessary.

除非會員特別以書面通知，服務供應商將設定香港為會員之居住地，於有醫療需要時送返會員回香港。

## Choice of Cover 投保項目

Core Benefit 主要保障

 Hospital and Surgical Benefit 住院及手術保障

Benefit Level 保障等級 (Choose one 任選其一)

Plan 計劃  1 / 4 Private 私家房Plan 計劃  2 / 5 Semi-private 半私家房Plan 計劃  3 / 6 Ward 大房

Optional Benefit 自選額外保障

 Full Cover Benefit 全數賠償保障 (applicable to Plan 4, 5 and 6 適用於計劃4, 5及6) Supplementary Major Medical Benefit 附加醫療保障 (age must be below 60 years 年齡必須為60歲以下) Hospital Cash Benefit 住院現金保障 Clinical Benefit 門診保障 Maternity Benefit 產科保障 (age must be between 18-49 years inclusive 年齡必須為18-49歲(首尾歲數包括在內)) Dental Benefit (Plan A) 牙科保障 (計劃A) /  Dental Benefit (Plan B) 牙科保障 (計劃B) (applicable to Bupa CarePro 適用於保柏卓康健計劃)



## Health Declaration and Questionnaire 健康聲明及問卷

### Important Note 重要事項

During the insurance application process, it's important that you act with utmost good faith and disclose all material facts related to the proposed Member to Bupa. If you are uncertain as to whether a fact is material, then it should be disclosed. If you fail to disclose or misrepresent a material fact and this causes Bupa to accept the risk, this will raise questions about your entitlement to insurance benefits. Consequences may include termination of your policy or reduction of entitlement to claims payments in all or part.

在保險申請過程中，務必以至高誠信向保柏披露有關準會員所有重要事實。如果你不確定某個事實是否重要，則應將其披露。如你未能披露或錯誤陳述重要事實，而導致保柏承擔有關風險，這將影響你所享有的保障。其結果可能包括終止你的保單；或減少全部或部分你所獲得的賠償。

- (i) This questionnaire collects health-related information solely for the purpose of underwriting which is a process for Bupa to evaluate the health risk of the applicants and decide the application results. The underwriting process that Bupa adopts should be fair and reasonable, and Bupa should explain the application results if requested by the customers. 此問卷收集與健康相關的資料僅作為核保之用途，而核保是保柏評估申請人之健康風險及決定申請結果的程序。保柏採用的核保程序應為公平合理，並會因應客戶要求解釋申請結果。
- (ii) As the applicant, you are required to provide Bupa with complete and accurate information requested in this questionnaire to the best of your knowledge and belief. Based on the information provided, Bupa may have follow-up questions or enquiries that require you to provide further information for underwriting purpose. 作為申請人，你需要盡其所知所信，按本問卷中要求向保柏提供完整及準確的資料。保柏根據你提供的資料，可能會提出跟進問題或查詢而需要你進一步提供資料以作核保之用。
- (iii) If there are any changes to or updates of the information provided in this questionnaire after the time of submission of this application and before you receive the Policy, you are required to notify Bupa in a timely manner. 若你在提交本申請表後至你收到保單前的期間就本問卷中提供的資料有任何改變或更新，你需要及早通知保柏。
- (iv) Even after an insurance policy has been issued upon successful application, the insurance coverage for the proposed Member may be affected or the policy may be terminated, voided or rescinded, or claims may be repudiated by Bupa, if you have not provided Bupa with complete and accurate information to the best of your knowledge and belief according to (ii), or if you have not notified Bupa on any changes to or updates of the information in time according to (iii). 即使已成功投保並獲簽發保單，若你未按(ii)所述盡其所知所信向保柏提供完整及準確的資料，或未按(iii)所述就資料的任何改變或更新而及早通知保柏，準會員的保險保障可能會受到影響，保柏亦可能因此終止、作廢或撤銷有關保單，或拒絕賠償。

### Guidance Note in completing the questionnaire 填寫問卷指引

If your answer to any of the questions in Section A below is "Yes", please proceed to answer the relevant follow-up questions in Health Questionnaire - Section B. 若以下甲部任何一項問題之答案為「是」者，請於健康問卷 - 乙部回答相關的跟進問題。

You do not need to disclose information regarding the medical conditions or treatments below -

Cold / flu / sore throat, gastroenteritis / food poisoning (fully recovered), indigestions (no investigations required), acne, muscle sprained (fully recovered), thrush, routine scan / blood test for pregnancy (normal result), routine cervical smear (normal result), routine health check (normal result), preventive vaccination, Hormonal Replacement Therapy (menopause), infertility treatment or uncomplicated pregnancy, myopia / hyperopia / astigmatism / presbyopia.

你無需披露以下健康狀況或治療 -

傷風/感冒/喉嚨痛、腸胃炎/食物中毒(已痊癒)、消化不良(無需檢查)、瘡瘡、肌肉扭傷(已痊癒)、鵝口瘡、常規產前掃描/血液檢驗(檢驗結果正常)、常規子宮頸細胞塗片檢驗(檢驗結果正常)、常規健康檢查(檢查結果正常)、預防疫苗、荷爾蒙補充治療(更年期)、不育治療或胎兒生長情況正常的懷孕、近視/遠視/散光/老花。

You are required to provide Bupa with complete and accurate information requested in this questionnaire to the best of your knowledge and belief, including any and all medical information which are known or ought to be known by Bupa in any previous insurance application and medical claims.

你需要盡其所知所信，按本問卷中要求向保柏提供完整及準確的資料，包括在之前的任何保險申請和醫療索償中保柏已知或應該知道的任何及所有醫療資料。

### Health Questionnaire - Section A 健康問卷 - 甲部

	Proposed Insured Person / Member 1 準受保人 / 會員 1	Proposed Insured Person / Member 2 準受保人 / 會員 2	Proposed Insured Person / Member 3 準受保人 / 會員 3	Proposed Insured Person / Member 4 準受保人 / 會員 4
Height 身高 <sup>3</sup>	cm 厘米 /	cm 厘米 /	cm 厘米 /	cm 厘米 /
	feet 呎 inches 吋	feet 呎 inches 吋	feet 呎 inches 吋	feet 呎 inches 吋
Weight 體重 <sup>3</sup>	kg 公斤 /	kg 公斤 /	kg 公斤 /	kg 公斤 /
	pounds(lbs) 磅	pounds(lbs) 磅	pounds(lbs) 磅	pounds(lbs) 磅
Do you (or proposed Member) smoke <sup>3</sup> or have you (or proposed Member) smoked <sup>3</sup> in the last year? 你(或準會員)有沒有吸煙 <sup>3</sup> 或在過去一年內曾否吸煙 <sup>3</sup> ?	<input type="checkbox"/> Yes是 <input type="checkbox"/> No否	<input type="checkbox"/> Yes是 <input type="checkbox"/> No否	<input type="checkbox"/> Yes是 <input type="checkbox"/> No否	<input type="checkbox"/> Yes是 <input type="checkbox"/> No否
1. In the last 3 years, have you (or proposed Member) ever had or been advised to have any regular or ongoing (such as monthly, every 2 months, half-yearly, annually) follow-up consultations or medical care with a healthcare professional (such as specialist doctor, physiotherapist, psychiatrist) for any disease or other medical condition? 在過去三年內，你(或準會員)是否曾經或被建議定期或持續(例如每月、每兩個月、每半年、每年)為任何疾病或健康狀況接受專業醫護人員(例如專科醫生、物理治療師、精神科醫生)的跟進診治或醫療護理?	<input type="checkbox"/> Yes是 <input type="checkbox"/> No否	<input type="checkbox"/> Yes是 <input type="checkbox"/> No否	<input type="checkbox"/> Yes是 <input type="checkbox"/> No否	<input type="checkbox"/> Yes是 <input type="checkbox"/> No否

<sup>3</sup> For the purpose of this question, the meaning of "smoking" includes but is not limited to cigarettes, cigars, tobacco pipes, chewing tobacco and the use of nicotine replacement products (such as e-cigarettes).

<sup>3</sup> 「吸煙」在此問題的含義包括但不限於香煙、雪茄、煙斗、嚼煙及使用尼古丁補充劑產品(例如電子煙)。

# Not required for proposed Insured Person below 18 years old. 18歲以下之準受保人無需填寫。

(P.T.O. 請轉下一頁)

**Health Declaration and Questionnaire (Cont.) 健康聲明及問卷 (續)**

	Proposed Insured Person / Member 1 準受保人 / 會員 1	Proposed Insured Person / Member 2 準受保人 / 會員 2	Proposed Insured Person / Member 3 準受保人 / 會員 3	Proposed Insured Person / Member 4 準受保人 / 會員 4
<p>2. In the last 3 years, have you (or proposed Member) ever had or been advised to undergo investigations (such as blood or urine test, ECG, X-ray, ultrasound, CT scan, MRI, PET scan, HIV test, Hepatitis B test, Hepatitis C test)? 在過去三年內，你(或準會員)是否曾接受或曾被建議接受檢查(例如驗血、驗尿、心電圖、X光、超聲波、電腦掃描、磁力共振、正電子掃描、愛滋病測試、乙型肝炎測試、丙型肝炎測試)?</p> <p>If the answer is "Yes", do your (or proposed Member) investigation result(s) include the followings? 如果答案屬「是」，你(或準會員)的檢查結果是否包括下列情況?</p> <p>(a) Abnormal test result is advised 檢驗結果異常</p> <p>(b) You (or proposed Member) are still awaiting test / test result 你(或準會員)正等候檢驗或檢驗結果</p> <p>(c) Medical advice has been sought or treatment is required for the test result (such as liver cyst / brain cyst / joint degeneration or calcification / lung or breast or thyroid calcification discovered on imaging test, that may not require immediate treatment) 就檢驗結果已尋求醫療意見或需要接受治療(例如一些未必需要即時治療的情況如肝囊腫 / 腦囊腫 / 關節退化或鈣化 / 於成像檢測中發現肺部或乳房或甲狀腺出現鈣化)</p>	<input type="checkbox"/> Yes是 <input type="checkbox"/> No否	<input type="checkbox"/> Yes是 <input type="checkbox"/> No否	<input type="checkbox"/> Yes是 <input type="checkbox"/> No否	<input type="checkbox"/> Yes是 <input type="checkbox"/> No否
<p>3. In the last 5 years, have you (or proposed Member) been advised by your doctor to take any medications (such as to be taken daily / once per week / as needed as directed by doctor) for a continuous period of more than 1 month? 在過去五年內，你(或準會員)是否曾被醫生建議定期(例如按醫生指示每日 / 每週一次 / 有需要時)服用為期超過一個月的處方藥物?</p>	<input type="checkbox"/> Yes是 <input type="checkbox"/> No否	<input type="checkbox"/> Yes是 <input type="checkbox"/> No否	<input type="checkbox"/> Yes是 <input type="checkbox"/> No否	<input type="checkbox"/> Yes是 <input type="checkbox"/> No否
<p>4. In the last 5 years, have you (or proposed Member) been admitted into a hospital? 在過去五年內，你(或準會員)是否曾入住醫院?</p>	<input type="checkbox"/> Yes是 <input type="checkbox"/> No否	<input type="checkbox"/> Yes是 <input type="checkbox"/> No否	<input type="checkbox"/> Yes是 <input type="checkbox"/> No否	<input type="checkbox"/> Yes是 <input type="checkbox"/> No否
<p>5. In the last 5 years, have you (or proposed Member) undergone a surgical procedure (including endoscopy or biopsy) without being admitted into a hospital? 在過去五年內，你(或準會員)是否曾在非住院情況下接受外科程序(包括內窺鏡檢查或活組織化驗)?</p>	<input type="checkbox"/> Yes是 <input type="checkbox"/> No否	<input type="checkbox"/> Yes是 <input type="checkbox"/> No否	<input type="checkbox"/> Yes是 <input type="checkbox"/> No否	<input type="checkbox"/> Yes是 <input type="checkbox"/> No否
<p>6. Apart from anything you (or proposed Member) have already disclosed in Questions 1-5, do you (or proposed Member) have any of the following conditions? 除了你(或準會員)在第1至5項問題中已披露的資料外，你(或準會員)是否有下列情況?</p> <p>(a) Unintentional weight loss by more than 5 kg (11 lbs) over past 1 year 在過去一年內，體重無故地減少了5公斤(11磅)以上</p> <p>(b) Abnormal bleeding (such as vaginal bleeding, rectal bleeding, nose bleeding or coughing up of blood) for at least one month 不正常出血(例如陰道出血、便血、流鼻血或咳血)至少一個月</p> <p>(c) Other medical conditions or other sign and symptom (such as lump, headache, persistent coughing, chest pain or epigastric pain) that you (or proposed Member) are seeking or intend to seek medical advice 其他健康狀況或病徵及症狀(例如腫塊、頭痛、持續咳嗽、胸痛或上腹痛)而正在或打算尋求醫療意見</p> <p>(d) In the last 1 year, you (or proposed Member) had or have been required to have follow-up consultation with a healthcare professional (such as specialist doctor, physiotherapist, psychiatrist) for any medical condition or sign and symptom 在過去一年內，你(或準會員)有任何健康狀況或病徵及症狀曾經接受或需要接受專業醫護人員(例如專科醫生、物理治療師、精神科醫生)的跟進診治</p>	<input type="checkbox"/> Yes是 <input type="checkbox"/> No否	<input type="checkbox"/> Yes是 <input type="checkbox"/> No否	<input type="checkbox"/> Yes是 <input type="checkbox"/> No否	<input type="checkbox"/> Yes是 <input type="checkbox"/> No否

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**Health Declaration and Questionnaire (Cont.) 健康聲明及問卷 (續)**

	Proposed Insured Person / Member 1 準受保人 / 會員 1	Proposed Insured Person / Member 2 準受保人 / 會員 2	Proposed Insured Person / Member 3 準受保人 / 會員 3	Proposed Insured Person / Member 4 準受保人 / 會員 4
<p>7. Have you (or proposed Member) ever been diagnosed with any of the following diseases or medical conditions? 你(或準會員) 是否曾被確診下列疾病或健康狀況?</p> <p>(a) Cancer or carcinoma in situ 癌症或原位癌 <input type="checkbox"/> Yes是 <input type="checkbox"/> No否</p> <p>(b) Brain tumor 腦部腫瘤 <input type="checkbox"/> Yes是 <input type="checkbox"/> No否</p> <p>(c) Heart disease 心臟疾病 <input type="checkbox"/> Yes是 <input type="checkbox"/> No否</p> <p>(d) Stroke (including transient ischemic attack (TIA)) 中風 (包括短暫性腦缺血, 俗稱「小中風」) <input type="checkbox"/> Yes是 <input type="checkbox"/> No否</p> <p>(e) Hypertension 高血壓 <input type="checkbox"/> Yes是 <input type="checkbox"/> No否</p> <p>(f) Diabetes mellitus or impaired glucose tolerance 糖尿病或葡萄糖耐量異常 <input type="checkbox"/> Yes是 <input type="checkbox"/> No否</p> <p>(g) Prolapsed intervertebral disc or degenerative spine conditions 椎間盤突出或脊椎退化性疾病 <input type="checkbox"/> Yes是 <input type="checkbox"/> No否</p> <p>(h) Diseases or medical conditions requiring a medical device or prosthesis to be implanted within the body 需要植入醫療儀器或義肢的疾病或健康狀況 <input type="checkbox"/> Yes是 <input type="checkbox"/> No否</p> <p>(i) Mental health conditions (such as depression, anxiety, schizophrenia, eating disorders, or bipolar disorders) 精神健康狀況(例如抑鬱、焦慮、精神分裂、飲食失調或躁狂抑鬱症) <input type="checkbox"/> Yes是 <input type="checkbox"/> No否</p> <p>(j) Multiple sclerosis 多發性硬化症 <input type="checkbox"/> Yes是 <input type="checkbox"/> No否</p> <p>(k) Congenital conditions (medical, physical or mental abnormalities that existed at the time of or before birth) 先天性疾病 (指於出生時或之前已存在的醫學、生理或精神上的異常) <input type="checkbox"/> Yes是 <input type="checkbox"/> No否</p>				
For proposed insured children aged 6 or below only 適用於六歲或以下之準受保兒童				
<p>8. Was the insured child born before 37th week of pregnancy? 受保兒童是否於懷孕第37週前出生?</p>	<input type="checkbox"/> Yes是 <input type="checkbox"/> No否	<input type="checkbox"/> Yes是 <input type="checkbox"/> No否	<input type="checkbox"/> Yes是 <input type="checkbox"/> No否	<input type="checkbox"/> Yes是 <input type="checkbox"/> No否

**Health Questionnaire - Section B 健康問卷 - 乙部**

If you answer Yes to any of the questions in Section A above, please provide additional information as applicable below.

如果你就以上甲部任何一項問題之答案為「是」者，請在以下適用的問題提供更多資料。

Proposed Insured Person / Member 1 準受保人 / 會員 1	Question No. 題號 _____ Medical condition 病症	Question No. 題號 _____ Medical condition 病症	Question No. 題號 _____ Medical condition 病症
1. Disease / medical condition / sign and symptom 疾病 / 健康狀況 / 病徵及症狀			
2. Date of first occurrence of sign and symptom 首次出現病徵及症狀的日期			
3a. Treatment / investigations / tests / scans that have been performed 已進行的治療 / 檢查 / 測試 / 掃描			
3b. Date of such treatment / investigation / tests / scan 有關治療 / 檢查 / 測試 / 掃描日期			
4. Present condition (such as whether fully recovered, follow up action / medication / next follow up date) 現況 (例如是否已完全康復、有否跟進 / 服用跟進藥物 / 下次覆診日期)			
5. Date of last follow-up medical consultation / treatment 最後覆診 / 治療日期			

(P.T.O. 請轉下一頁)

**Health Declaration and Questionnaire (Cont.) 健康聲明及問卷 (續)**

Proposed Insured Person / Member 2 準受保人 / 會員 2	Question No. 題號 _____ Medical condition 病症	Question No. 題號 _____ Medical condition 病症	Question No. 題號 _____ Medical condition 病症
1. Disease / medical condition / sign and symptom 疾病 / 健康狀況 / 病徵及症狀			
2. Date of first occurrence of sign and symptom 首次出現病徵及症狀的日期			
3a. Treatment / investigations / tests / scans that have been performed 已進行的治療 / 檢查 / 測試 / 掃描			
3b. Date of such treatment / investigation / tests / scan 有關治療 / 檢查 / 測試 / 掃描日期			
4. Present condition (such as whether fully recovered, follow up action / medication / next follow up date) 現況 (例如是否已完全康復、有否跟進 / 服用跟進藥物 / 下次覆診日期)			
5. Date of last follow-up medical consultation / treatment 最後覆診 / 治療日期			

Proposed Insured Person / Member 3 準受保人 / 會員 3	Question No. 題號 _____ Medical condition 病症	Question No. 題號 _____ Medical condition 病症	Question No. 題號 _____ Medical condition 病症
1. Disease / medical condition / sign and symptom 疾病 / 健康狀況 / 病徵及症狀			
2. Date of first occurrence of sign and symptom 首次出現病徵及症狀的日期			
3a. Treatment / investigations / tests / scans that have been performed 已進行的治療 / 檢查 / 測試 / 掃描			
3b. Date of such treatment / investigation / tests / scan 有關治療 / 檢查 / 測試 / 掃描日期			
4. Present condition (such as whether fully recovered, follow up action / medication / next follow up date) 現況 (例如是否已完全康復、有否跟進 / 服用跟進藥物 / 下次覆診日期)			
5. Date of last follow-up medical consultation / treatment 最後覆診 / 治療日期			



**Health Declaration and Questionnaire (Cont.) 健康聲明及問卷 (續)**

Proposed Insured Person / Member 4 準受保人 / 會員 4	Question No. 題號 _____ Medical condition 病症	Question No. 題號 _____ Medical condition 病症	Question No. 題號 _____ Medical condition 病症
1. Disease / medical condition / sign and symptom 疾病 / 健康狀況 / 病徵及症狀			
2. Date of first occurrence of sign and symptom 首次出現病徵及症狀的日期			
3a. Treatment / investigations / tests / scans that have been performed 已進行的治療 / 檢查 / 測試 / 掃描  3b. Date of such treatment / investigation / tests / scan 有關治療 / 檢查 / 測試 / 掃描日期			
4. Present condition (such as whether fully recovered, follow up action / medication / next follow up date) 現況 (例如是否已完全康復、有否跟進 / 服用跟進藥物 / 下次覆診日期)			
5. Date of last follow-up medical consultation / treatment 最後覆診 / 治療日期			

If you have any medical reports or reports of investigations, please enclose them and put a tick in the box.  
如你有任何醫療報告或醫療檢查報告，請隨此表格同時附上，並請於空格加「✓」號。

With attachment  
另有附頁

## Declaration and Authorisation 聲明及授權

The Policy Holder and the proposed Insured Person hereby declare that:

I apply for the health insurance plan (the "Plan") stated in this application form (the "Application"). If I am making an Application for a proposed Insured Person / Member under the Age of 18, I have been duly authorised by the guardian of the proposed Insured Person / Member to make this Application.

I confirm that I have selected this insurance plan of my own free will. I further confirm that the product features of the Plan were able to fulfil my/ proposed Insured Person / Member's current medical protection needs, financial situation and premium affordability.

保單持有人和準受保人謹此聲明：

本人提出此申請表（「此申請」）中列明之醫療保障計劃（「計劃」）之申請。如準受保人/會員年齡未滿18歲，本人已獲準受保人的監護人正式授權為準受保人/會員提出此申請。

本人確認本人所選之保險計劃乃按照本人之獨立意願而決定。本人並確認計劃的產品內容符合本人/準受保人/會員現時的醫療保障需求、財務狀況及保費承擔能力。

I agree to be bound by the terms and conditions of the Policy / Contract of this Plan, which will be provided to me if this Application is approved.

I acknowledge that the Policy / Contract shall be renewed automatically on a yearly basis unless it is not renewed by giving notice to Bupa or according to the terms of the Policy / Contract.

I further authorise Bupa to deduct the premium payments from my designated bank account/ credit card (where applicable) upon renewal. If I want to cancel the Policy in future, I will need to inform Bupa in writing at least 30 days before the renewal date.

本人同意遵守計劃保單/合約之各條款及細則，該保單/合約將會於此申請獲批准後提供予本人。

本人明白除非收到本人給予保柏的通知不再續保或因根據保單/合約條款規定，否則保單/合約將會每年自動續保。本人並授權保柏在續保時於本人指定銀行賬戶/信用卡(如適用)扣取保費。如本人將來想取消保單，須於續保日30天前以書面通知保柏。

### Coverage and Pre-existing Conditions 保障及已有病症

I declare that, to the best of my knowledge and belief the information provided in this Application or in support of this Application (including to any Bupa appointed Medical Examiner) ("Information") is true, accurate and complete. I understand that (1) all Information forms the basis and becomes a part of the Policy; (2) failure to provide Bupa with full, complete and accurate Information may result in Bupa having the right to treat the Policy as if it had not existed, or refusing to pay all or part of a claim; and (3) failure to provide full, complete and accurate Information in respect of the proposed Insured Person may affect the cover for that proposed Insured Person.

If I am making this Application on behalf of the proposed Insured Person under the Age of 18, all Information disclosed on behalf of the proposed Insured Person has been verified by me as true and correct. I acknowledge that the knowledge of proposed Insured Person is imputed to my knowledge.

I acknowledge that benefit is not payable under the Plan for any costs of treatment arising from any existing illnesses, injuries or other conditions which has been treated or diagnosed or manifested with signs and symptoms that should be reasonably aware before the Coverage Commencement Date of the Plan (or, if applicable, the date as referred in the notification letter if switching from an existing Bupa Health Insurance Scheme) unless complete details are fully disclosed in this Application and accepted by Bupa. I understand that I am required to notify Bupa immediately if the health condition of the proposed Insured Person has changed at any time after the submission of this Application and before the issuance of the policy (as according to the Policy Issuance Date)

In the event the pre-existing medical conditions have been disclosed in the Application and accepted by Bupa, Bupa may apply a Premium Loading to cover that specific condition(s) and the percentage of Premium Loading shall be notified to me in writing. Bupa may apply Case-based Exclusion(s) due to a pre-existing condition or any other factor that may affect the insurability of the proposed Insured Person.

I acknowledge that Bupa may terminate the cover for the proposed Insured Person with immediate effect if the law of the country in which the proposed Insured Person is located, or the proposed Insured Person's Place of Residence or nationality, including but not limited to USA and Japan, or any other law which applies to Bupa or the Policy, prohibits the provision of healthcare cover by Bupa to local nationals, residents or citizens. I further declare that the proposed Insured Person is not US permanent residents. I understand that I am obliged to immediately notify Bupa in writing if the proposed Insured Person becomes a permanent resident of USA during the Policy Year. For the above purpose, 'permanent resident' shall mean a person residing in a country who is a citizen of or who is permitted under applicable laws to live and work, on a permanent basis, in that country.

本人聲明，就本人所知所信，本申請表上（包括向任何保柏委託的醫護人士）提供或予以支持有關申請的一切資料（「資料」），均屬真實、準確及完整。本人明白(1)所有資料將成為簽發保單的基礎並成為保單一部分；(2)如未有向保柏提供真實、準確及完整的資料，保柏有權將本人的保單視為不存在或拒絕支付全部或部分的索償；及(3)如未有為準受保人提供真實、準確及完整的資料，將會影響該準受保人之保障。

如本人代表年齡未滿18歲的準受保人提出此申請，所有代表準受保人透露的所有資料已經本人核實為真實及正確。本人確認準受保人所知之事被視為本人所知之事。

本人確認凡在保障開始日（或從現有保柏醫療保障計劃轉換至本計劃的通知信件中列明之日期，如適用）前因已接受治療或被確診或已察覺或理應察覺病徵或症狀的已有病症、損傷或其他病況而引起之醫療費用，除非本人在本申請表內已詳細列出並獲得保柏接納，有關費用一律不予賠償。本人明白如在提交本申請後和本計劃保單簽發前(以保單簽發日為準)的任何時間，準受保人的健康狀況有任何改變，本人需要立即通知保柏。

如已有病症已於申請表內披露並獲保柏接納承保，保柏會徵收附加保費以保障有關個別病況，將徵收的附加保費率將會以書面通知本人。保柏亦可按已有病症或任何其他影響準受保人可保性的因素而加設的個別不保項目。

本人確認如準受保人的所在國家或其居住地或國籍所屬國家的法律(包括但不限於美國和日本)或任何其他對保柏或本保單適用的法律禁止保柏向當地國民、居民或公民提供醫療保障，保柏可終止相關準受保人的保障並立即生效。本人此外聲明準受保人並非美國永久居民。本人明白如準受保人於保單年度期間成為美國永久居民，本人有責任立即以書面通知保柏。「永久居民」指居於某國家並且身為該國公民或根據適用法律獲許在該國永久居留及工作的人士。

### Applicable to Application through authorised insurance broker 適用於透過獲授權保險經紀進行之申請

I understand, acknowledge and agree that, as a result of me purchasing and taking up the policy to be issued by Bupa, Bupa will pay the authorised insurance broker commission during the continuance of the policy including renewals, for arranging the said policy.

I further understand that the above agreement is necessary for Bupa to proceed with the Application.

本人明白、確知及同意，保柏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。

本人亦明白保柏必須取得本人以上的同意，才可以處理其保險申請。

### Personal Information Collection Statement 個人資料收集聲明

By signing this application form, I confirm that I have read and understood the Personal Information Collection Statement ("Statement") in this application form. I have also brought the Statement to the attention of all proposed Insured Person(s)/ Member(s) (or their guardians if applicable) and confirmed the understanding and agreement to it. I/We consent to the transfer of my/our personal data within or outside of Hong Kong for the purposes and to the types of transferees as set out in the Statement. I/We have understood the Statement's effect in respect of my/our personal information collected or held by Bupa (Asia) Limited, including the use, storage, processing, transfer, disclosure and/ or sharing of part of or all of my/our personal information within the Group Companies in accordance with the Statement. The updated version of Statement is available for download from [www.bupa.com.hk](http://www.bupa.com.hk) or Bupa's mobile applications.

通過簽署本申請表，本人確認已細閱並明白本申請表所述的「個人資料收集聲明」。本人亦已促使準受保人/會員（或其監護人，如適用）留意「個人資料收集聲明」並確認明白及同意有關內容。本人/我們同意就「個人資料收集聲明」所述用途視乎情況提供本人/我們的個人資料至香港境內外予「個人資料收集聲明」所載的資料承讓人。本人/我們明白個人資料收集聲明對保柏（亞洲）有限公司收集或持有的本人/我們的個人資料的效力及影響，包括按照個人資料收集聲明使用、儲存、處理、轉移、公開或分享本人的部分或全部個人資料致任何集團公司之成員。該個人資料收集聲明最新的版本可於 [www.bupa.com.hk](http://www.bupa.com.hk) 或保柏應用程式下載。

## Declaration and Authorisation 聲明及授權

### Use of Personal Information in Direct Marketing 在直接促銷中使用個人資料

With my/our consent, Bupa may use my/our personal data in direct marketing and provide my/our personal data to any member within the Group Companies and selected third parties, which may contact me/us with promotional material (including by email, SMS, mobile application, social media, instant messenger or other means that become available from time to time) as referred to in the section entitled "Use of Personal Information in Direct Marketing" in the Statement, including in relation to insurance (such as premium discounts), wellness, rewards, loyalty or privileges programmes and related products and services. I/we understand that I/we have the right to request Bupa to cease using my/our personal data for direct marketing purposes by emailing customercare@bupa.com.hk or calling the Bupa Customer Care helpline on 2517 5333. Tick the box below if I/we wish to receive such direct marketing communications.

只有在本人/我們的同意下，保柏可使用不時向本人/我們收集的個人資料，包括本人/我們的姓名、聯絡方法、性別、健康及家庭狀況，並根據個人資料收集聲明第5段「在直接促銷中使用個人資料」所述，提供本人/我們的個人資料予任何集團公司成員、旗下品牌及/或所述的第三方，為本人/我們提供服務或產品有關的促銷信息包括保險（例如保費折扣）、健康、獎賞、會員忠誠或優惠計劃及其相關的產品及服務的市場推廣資訊（包括通過電郵、短訊、流動應用程式通知、社交媒體、即時通訊工具、或其他隨時可用的聯絡方法）。本人/我們明白有權透過聯絡保柏的客戶服務專線（電郵至 customercare@bupa.com.hk 或致電 2517 5333），要求停止將本人/我們的個人資料用作直接市場推廣用途。如果本人/我們希望收到此類直接業務推廣通訊，請在以下空格填上(✓)號。

By checking this box, I/we wish my/our personal information to be used and disclosed by Bupa related to direct marketing purposes as set out above and in accordance with the Statement. 本人/我們在此空格填上(✓)號，以表示願意保柏使用及披露本人/我們個人資料用作根據個人資料收集聲明和以上所述之直銷業務推廣用途。

### Cancellation Rights and Refund of Premium(s) within Cooling-off Period 冷靜期內取消保單的權利及退還保費

I understand that I have the right to cancel the policy and obtain a refund of any premium(s) and levy paid by giving a written notice to Bupa (Asia) Limited. I understand that to exercise this right, the notice of cancellation must be signed by me and received directly by Bupa (Asia) Limited at 6/F, Tower 2, The Quayside, 77 Hoi Bun Road, Kwun Tong, Kowloon, Hong Kong within the cooling-off period. I understand that the cooling-off period is the period of 21 days immediately following either the day of delivery of the policy or the cooling-off notice to me or my nominated representative (whichever is the earlier). I understand that the cooling-off notice is a notice that will be sent to me or my nominated representative by Bupa (Asia) Limited to notify me of the cooling-off period around the time the policy is delivered.

本人明白本人有權以書面通知要求保柏（亞洲）有限公司取消保單並獲退還所有已繳保費及保費徵費。本人明白為行使這項權利，該取消保單的通知必須由本人簽署並由保柏（亞洲）有限公司在香港九龍觀塘海濱道77號海濱匯第2座6樓於冷靜期內直接收到。本人明白冷靜期為緊接保單或冷靜期通知書交付予本人或本人的指定代表之日起計的21天的期間（以較早者為準）。本人明白冷靜期通知書是由保柏（亞洲）有限公司在交付保單時致予本人或本人的指定代表的一份通知書，以就冷靜期一事通知本人。

I, as the Policy Holder / Subscriber, understand that I declare and sign on behalf of the dependant(s) listed in this Application under this Scheme who is / are under the age of 18.

本人茲申請為保單持有人 / 投保人，明白本人代表此計劃申請表內列出之18歲以下受供養人作出聲明及簽署。

I understand that no cover will be payable under the Contract / Policy unless and until all required documents are submitted and processed, this application is approved and the Premium is received by Bupa.

本人明白除非及直至此申請所需的文件已經交妥及處理，並且此申請已獲保柏接納及保柏已經收到所有保費後，此合約/保單下的保障方能生效。

Policy Holder's / Applicant's / Proposed Insured Person's / Member 1's Signature 保單持有人 / 申請人 / 準受保人 / 會員 1 簽署  X _____ (Full Name 姓名)	Signed in Hong Kong on 於香港簽署之日期  _____ DD 日 MM 月 YYYY 年	Proposed Insured Person's / Member 2's Signature (Aged 18 or above) 年滿18歲或以上之準受保人 / 會員 2 簽署  X _____ (Full Name 姓名)	Signed in Hong Kong on 於香港簽署之日期  _____ DD 日 MM 月 YYYY 年
Proposed Insured Person's / Member 3's Signature (Aged 18 or above) 年滿18歲或以上之準受保人 / 會員 3 簽署  _____ (Full Name 姓名)	Signed in Hong Kong on 於香港簽署之日期  _____ DD 日 MM 月 YYYY 年	Proposed Insured Person's / Member 4's Signature (Aged 18 or above) 年滿18歲或以上之準受保人 / 會員 4 簽署  X _____ (Full Name 姓名)	Signed in Hong Kong on 於香港簽署之日期 (P.T.O.)  _____ DD 日 MM 月 YYYY 年
Agent's / Broker's / Telesales' Name (If applicable and must be completed by the applicant) 代理人 / 經紀 / 營業代表姓名 (如適用及必須由申請人填寫)		Agent's / Broker's / Telesales' Contact Tel. No. 代理人 / 經紀 / 營業代表聯絡電話號碼	
Agent's / Broker's / Telesales' Code 代理人 / 經紀 / 營業代表編號		Agent's / Broker's / Telesales' Email Address 代理人 / 經紀 / 營業代表電郵地址	

### Reminder 提醒你

To help us process your Application quickly, please ensure that you have:

- enclosed payment of the correct premium and levy and a copy of your HKID Card or Passport
- enclosed a copy of the HKID Card or Passport for each family member aged 18 or above enrolling in the same Contract
- enclosed a copy of the HKID Card or the birth certificate for each child aged below 18 whom you would like to enrol
- initialled any amendments on this application form

Where necessary, we will request you to provide documents to prove family relationship.

我們想更快地助你完成申請，因此請你在遞交申請表時謹記：

- 連同正確之保費及保費徵費與你的香港身份證或護照副本
- 連同你每位18歲或以上之家庭成員的香港身份證或護照副本 (如家庭成員一同投保)
- 連同你每位18歲以下之子女的香港身份證或出生證明書副本 (如子女一同投保)
- 於任何更改之處簽署作實

在有需要的情况下，我們會請你提供家庭成員的關係證明。

## Personal Information Collection Statement 個人資料收集聲明

### Bupa (Asia) Limited Privacy Notice relating to the Personal Data (Privacy) Ordinance (the "Ordinance")

#### 1. Introduction

- 1.1. Bupa (Asia) Limited ("Company", "we" or "us") is committed to protecting your privacy and security of your personal information. This Notice is provided to you in connection with your dealings and provision of data or information to the Company. This Notice is prepared in accordance with the Ordinance and also operates as the Personal Information Collection Statement which we will provide, or make available, to you on or before the collection of your personal information by the Company.
- 1.2. This Notice is intended to ensure that you can make informed decisions about providing your personal information to Company in accordance with this Notice. Please be aware that this Notice replaces any notice or statement of similar nature that may have been provided to you previously. When you click on "I Agree" or select any options with similar content, or log in, confirm, agree to, use or accept this Notice we provide via registration procedure or any other way, you consent to your personal information being collected, stored, used, processed, transferred, disclosed or shared in accordance with this Notice.
- 1.3. For the purposes of this Notice, "Group Company" means the Company and its holding companies, branches, subsidiaries, representative offices and affiliates, wherever situated, and any one of them. Affiliates include branches, subsidiaries, representative offices and affiliates of the Company's holding companies, wherever situated (collectively, the "Group").
- 1.4. If you provide us with the personal information about other individuals, you must tell those individuals that you have provided us with their details and let them know where they can find a copy of this Notice.

#### 2. Personal Information We Collect

- 2.1. From time to time, it is necessary for you, or other members/ insured persons covered under your policy (each a "Member"), to supply the Company with certain personal information (including where relevant, credit information and claims history) relating to you, or the Member, when you apply for insurance or financial products and services from the Company, or when you apply to make changes to your policy, or when you renew a policy.
- 2.2. During the course of your relationship with the Company, further personal information relating to you, or the Member, may also be collected in the ordinary course of our business, for example, when you lodge insurance claims with the Company in relation to yourself or the Member.
- 2.3. **Failure to supply personal information requested by the Company may result in the Company being unable to process your application, request for information or services, enquiries and/or provide services or products to you, or the Member.**
- 2.4. The personal information we collect and/or hold from time to time may include your personal identification information, contact information, transaction records, financial background, medical and health records, biometric data and your location and activities when you access or browse our website(s) or use our mobile application(s) or portal(s) (including any diagnostic or health-monitoring tools thereon and the Bluetooth and/or wearable device that are used to collect data for the purposes of such tools).
- 2.5. We will always try to collect your personal information from you through the course of your relationship with us and in a range of ways. However, there may be instances where we will need to collect your personal information from third parties or sources in certain circumstances, such as a family member or someone else acting on your behalf, your employers, medical personnel, business/asset acquisition transactions of the Company, business partners, or public databases.
- 2.6. If you are under the age of 18, you should obtain consent from your parent or guardian before you provide the Company with your personal information.
- 2.7. Storage of personal information may be in various forms including, physical (paper) form, digital customer systems or applications, data management software or systems in the usual course of business practices, depending on your engagement with the Company.

#### 3. Purposes of Collection

- 3.1. Your personal information collected may be used, stored, processed, transferred, disclosed or shared by the Company for the following purposes from time to time:
  - (a). processing, assessing and determining any applications for insurance products and services;
  - (b). offering and providing products and services to you, or the Member, and processing requests made by you, or the Member, from time to time, including but not limited to requests for addition, alteration, deletion, maintenance, management and operation of insurance benefits or insured Members;
  - (c). registering you, or the Member, as a user or a member of services or information provided or to be provided by us on the website(s), mobile application(s) or portal(s) managed and/or operated by us;
  - (d). coordinating your care, or the Members', within Group Companies to achieve better health management outcomes;
  - (e). any purposes in connection with any claims made by or against or otherwise involving you, or the Member, in respect of any products and/or services provided by the Company including, without limitation, making, defending, analysing, investigating, detecting and preventing fraud (whether or not relating to the policy issued in respect of any application or claim) processing, assessing, determining, settling or responding to such claims;
  - (f). performing any functions and activities related to the products and/or services provided by the Company including, without limitation, audit, reporting, market research, general servicing, maintenance of online and other services, identity verification, data matching, research, data analytics, statistical analysis, and reinsurance arrangements;
  - (g). providing you with personalised health information and information about our services or products, and personalised website, mobile application or portal interface;
  - (h). providing you with appropriate health, insurance administration, wellness or other related services (including, without limitation, e-ticketing, appointment booking and clinic / medical professional search and service and product redemption functions on the website(s), mobile application(s) or portal(s)) managed and/or operated by us) or products;
  - (i). communicating with you regarding the administration, features and renewal of the insurance policy that you subscribe to;
  - (j). operating, maintaining, evaluating, improving, troubleshooting problems, and understanding your preference(s) with our website(s), mobile application(s) or portal(s);
  - (k). provision and design of products and services of the Company;
  - (l). exercising the Company's rights in connection with provision of any products and services to you, or the Member, from time to time, for example, to determine any amount of indebtedness from you, and collecting and recovering owing from you or any person who has provided any security or undertaking for your liabilities;
  - (m). communication with you or the Member (or with you on behalf of the Member) in relation to any of the purposes set out in this Notice;
  - (n). with your consent, marketing services, products and other subjects by us, any member and/or brand of the Group Companies (such as Horizon Health and Care Limited and/or Quality HealthCare Group, our affiliates) and/or other third parties (please see further details in paragraph 5 below);
  - (o). managing our relationship with you, our business and organisations who work with us in relation to providing our products or services to you, or the Member (including, with limitation, futures changes to this Notice);
  - (p). enabling an actual or proposed assignee, transferee, participant or sub-participant of all or a substantial part of the Company's rights or business to evaluate the transaction intended to be the subject of the assignment, transfer, participation or sub-participation;
  - (q). making disclosure to satisfy the requirements of any laws, rules and regulations, codes of practice, guidance notes or guidelines binding on the Company; and
  - (r). fulfilling any other purposes directly related to (a) to (q) above.

#### 4. Transfer of Personal Information

- 4.1. Personal information collected or held by the Company relating to you, or the Member, will be kept confidential but the Company may transfer such personal information inside or outside the Hong Kong Special Administrative Region of the People's Republic of China, for the purposes specified in paragraph 3 to the following classes of transferees:
  - (a). any member and/or brand of the Group Companies;
  - (b). any insurance adjusters, agents and brokers;
  - (c). any re-insurance companies authorised by the Company;
  - (d). employers (for members of corporate policy only);
  - (e). healthcare professionals and hospitals;
  - (f). any third parties engaged in connection with a member of the Group Company's business who provides medical, health, insurance, wellness or other related services or products;
  - (g). any agent, contractor or third party service providers who provide administrative, telecommunications, computer, payment, data processing, storage of analytics, printing, research, advertising, distribution or other services to the Company in connection with the operation of business, (including without limitation insurers; banks; lawyers; accountants; claims investigators; fraud prevention organisations; other insurance companies (whether directly or through fraud prevention organisations or other persons named in this paragraph); organisations that consolidate claims and underwriting information for the insurance industry; the police and databases or registers (and their operators) used by the insurance industry to analyse and check information provided against existing information; debt collection agencies; data processing companies; research agencies and professional advisors);
  - (h). with your consent, third parties (within or outside the Group Companies) in relation to direct marketing (please see further details in paragraph 5 below);
  - (i). third party reward, loyalty, co-branding and privileges programme providers and co-branding partners of a member of the Group Companies;
  - (j). financial institutions engaged by the Company or you for billing and payment purposes;
  - (k). any actual or proposed assignee, transferee, participant or sub-participant of all or a substantial part of the Company's rights or business; and
  - (l). any person to whom the Company is under an obligation to make disclosure under the requirements of any law, rules, regulations, codes of practice or guidelines binding on the Company including, without limitation, any applicable regulators, governmental bodies, industry recognised bodies, credit reference agencies, the Courts, and where otherwise required by law.
- 4.2. We will only disclose personal information limited to that which is necessary to the above parties for the relevant purposes, who may process (including, without limitation, by recording, organising, structuring, storing, adapting, altering, retrieving, using, aligning, combining or erasing) your personal information for the relevant purposes set out in paragraph 3 above.
- 4.3. In the event that we complete the acquisition of a new business or brand, we shall communicate with you through the communication channels you provided to us, and any personal information shall be treated in accordance with this Notice if it is practicable and permissible to do so.

#### 5. Use of Personal Information in Direct Marketing

- 5.1. Only with your consent (which includes an indication of no objection), the Company, any member and/or brand of the Group Companies and/or the third parties stated under paragraphs 3.1 (n) and 5.2 (b) to (e) may use your personal information collected from time to time to provide you with marketing communications (including by email, SMS, mobile application, social media, instant messenger or other means that become available from time to time) relating to the following products and services:
  - (a). insurance, medical, dental, healthcare, wellness, personal development, beauty, sporting activities and membership, lifestyle, entertainment, financial, and related services and products;
  - (b). rewards, benefits, discounts, member activities, loyalty or privileges programmes and related services and products;
  - (c). services and products offered by the Company's co-branding partners; and
  - (d). donations and contributions for charitable and/or non-profit making purposes.
- 5.2. The above services, products and subjects may be provided or (in the case of donations and contributions) solicited by the Company and/or:
  - (a). any member and/or brand of the Group Companies;
  - (b). third party service providers;
  - (c). third party reward, loyalty, co-branding or privileges programme providers;
  - (d). co-branding partners of a member of the Group Companies; and
  - (e). charitable or non-profit making organisations.

## Personal Information Collection Statement 個人資料收集聲明

- 5.3. We may not use your personal information for direct marketing purposes unless we have received your consent. For the avoidance of doubt, the latest instruction (for example, consent or indication of no objection, or request for opt-out) received from you shall override any previous instruction given to the Company in this regard in relation to all of your personal information collected or held by the Company from time to time.
- 5.4. If you choose to personalise your services where such options are available, we will use personal information that we collect so that we can offer you those personalised services or communications. If you do not wish to accept those personalised services or communications, you can unsubscribe from those services at any time and we will cease to offer such services to you.
- 5.5. For the avoidance of doubt, whether or not you consent to receive marketing communications of the type described in this paragraph 5, the Company may still communicate with you regarding the administration, features and renewal of your insurance policy.
- 6. Security and Retention**
- 6.1. The Company retains your personal information for as long as necessary for the purposes set out in this Notice, or otherwise agreed between you and us, unless otherwise required or permitted under applicable law.
- 6.2. Where the Company no longer requires your personal information for the purposes under this Notice, or otherwise required under law, we will take appropriate steps to securely delete or destroy your personal information.
- 6.3. We will take reasonable steps to securely store your personal information. This includes implementing a range of digital and physical security measures. In addition, we will restrict access to your personal information to those properly authorised to have access.
- 6.4. When you use our sites, we and third-party companies collect information by using cookies and other technologies such as pixel tags (for simplicity we refer to all such technologies as "cookies"). The updated version of the Cookies Policy is available for download from our website: [www.bupa.com.hk](http://www.bupa.com.hk) and is available upon request.
- 6.5. Our websites, mobile applications or portals may provide the links to other external websites over which we do not have control. You are advised to refer to the privacy policies of these websites for more information.
- 7. Data Access and Correction**
- 7.1. Under and in accordance with the terms of the Ordinance, you have the following rights to:
- check whether the Company holds personal information relating to you or the Member and to access such personal information;
  - require the Company to correct any personal information relating to you or the Member which is inaccurate;
  - ascertain our policies and practices in relation to personal data and to be informed of the kind of personal data held by the Company;
  - request the Company to cease using your personal information for direct marketing purposes; and
  - change your preference in respect of our use of your personal information.
- 7.2. Requests can be made in writing to the Company's Data Protection Officer at the following address:  
Data Privacy Officer/ Customer Service Manager  
6/F, Tower 2, The Quayside, 77 Hoi Bun Road, Kwun Tong, Kowloon, Hong Kong  
Or, by email:  
[customercare@bupa.com.hk](mailto:customercare@bupa.com.hk)
8. In accordance with the terms of the Ordinance, the Company has the right to charge a reasonable fee for the processing of any personal information access or correction request.
9. For any enquiries about this Notice, please do not hesitate to contact our Customer Care helpdesk at 2517 5333.
10. Nothing in this Notice shall limit the rights of customers under the Ordinance.
11. In case of discrepancies between the English and Chinese versions of this Notice, the English version shall prevail. This Notice maybe amended by the Company from time to time.

Bupa (Asia) Limited 保柏 (亞洲) 有限公司

Address: 6/F, Tower 2, The Quayside, 77 Hoi Bun Road, Kwun Tong, Kowloon, Hong Kong

地址: 香港九龍觀塘海濱道77號海濱匯第2座6樓

Telephone 電話: (852) 2517 5175 Facsimile 傳真: (852) 2548 1848 Website 網址: [www.bupa.com.hk](http://www.bupa.com.hk)



Bupa Hong Kong





保柏（亞洲）有限公司有關個人資料（私隱）條例（「條例」）之私隱通知

1. 簡介

- 1.1. 保柏（亞洲）有限公司（「本公司」或「我們」）致力保障您的個人資料的私隱及安全。本私隱通知是就您與我們進行交易及提供資料或資訊而向您提供的。本私隱通知按照條例所編製及作為收集個人資料聲明，我們將在收集您的個人資料時或之前向您提供或可供查閱。
- 1.2. 本私隱通知旨在確保您能夠根據本私隱通知，就向我們提供您的個人資料時作出知情的決定。請注意，本私隱通知將取代之前可能已提供給您的任何類似性質的私隱通知或私隱通知。當您點擊「同意」或選擇任何類似內容的選項，或登錄、確認、同意、使用或接受我們通過登記程序或其他任何方式提供的本私隱通知時，即表示您同意您的個人資料根據本私隱通知收集、存儲、使用、處理、傳輸、披露或分享。
- 1.3. 就本私隱通知而言，「集團公司」是指本公司及其母公司、分行、子公司、代表處及關聯公司，無論其位於何處，以及其中的任何一家。關聯公司包括母公司的分行、子公司、代表處及關聯公司，無論其位於何處（統稱為「本集團」）。
- 1.4. 如果您向我們提供其他人的個人資料，您必須通知並告知他們本私隱通知。

2. 我們收集的個人資料

- 2.1. 在您或受保於您保單的其他會員/受保人（每位「會員」）向本公司申請保險或金融產品及服務，或當您更改保單或續保時，必須不時向本公司提供您或會員的個人資料（包括信用資料和以往索賠紀錄，如適用）。
- 2.2. 本公司亦可能會在日常業務運作的過程中向您或會員收集更多個人資料，例如當您為您或代會員向本公司提出保險索償時。
- 2.3. 如您未能提供本公司所要求的個人資料，本公司可能無法處理您的申請及/或向您或會員提供保險產品、服務或其他相關服務。
- 2.4. 我們不時收集及/或持有的個人資料可能包括您的個人身份證明資料、聯絡資料、交易記錄、財務背景、醫療及健康記錄、生物辨識資料及您在訪問或瀏覽我們的網站或使用我們的流動應用程式或門戶平台時的位置及活動（包括其上的任何診斷或健康監測工具及此類工具用於收集數據的藍牙及/或可穿戴設備）。
- 2.5. 在您與我們的互動關係過程中，我們可通過多種方式從您那裡收集您的個人資料。但是，在某些情況下，我們可能需要從第三方或來源收集您的個人資料，例如代表您的家庭成員或其他人、您的雇員、醫務人員、本公司的業務/資產收購交易、業務合作夥伴或公共數據庫。
- 2.6. 如您未滿18歲，您向本公司提供您的個人資料前，應徵得您父母或監護人的同意。
- 2.7. 根據您與我們的互動關係，個人資料的存儲可以採用不同形式，包括實體（紙張）形式、數碼化客戶系統或應用程式、日常業務實踐過程中的數據管理軟件或系統等。

3. 收集個人資料之目的

- 3.1. 本公司將就以下目的不時使用、儲存、處理、轉移、公開或分享您的個人資料：
  - (a). 處理、評估、決定任何保險產品及服務之申請；
  - (b). 為您或會員提供保險產品及服務及處理您或會員不時提出的要求，包括但不限於要求增加、更改、刪除、維持及管理保障項目或受保會員；
  - (c). 登記您成為由我們管理及/或營運之網站、流動應用程式或門戶平台的用戶或其所提供或將提供的資訊或服務的會員；
  - (d). 在本集團公司旗下協調您或會員的護理，實現更好的健康管理結果；
  - (e). 任何有關您或會員對本公司所提供之保險產品及服務提出的索償，包括但不限於賠償、辯護、分析、調查、偵測及防止欺詐行為（無論是否與就此申請而簽發之保單及相關的任何申請或索償）、處理、評估、決定、解決或回應該等索償；
  - (f). 執行與本公司提供的服務或產品有關的任何功能及活動，包括但不限於審計、匯報、市場研究、一般服務、在線及其他服務的維護、身份核實、資料核對、研究、數據分析、統計分析及再保險之安排；
  - (g). 向您提供個人化的健康資訊及有關我們的產品或服務的資訊，及個人化的網站、流動應用程式或門戶平台介紹；
  - (h). 向您提供適合的健康、保險管理、保健或其他相關服務（包括但不限於電子藥房、預約及診所/醫療專業人員搜索，以及我們管理及/或營運之網站、流動應用程式或門戶平台上的服務及產品兌換功能）或產品；
  - (i). 就您的保險產品計劃的管理、保障及續保事項與您溝通；
  - (j). 就我們的網站、流動應用程式或門戶平台進行營運、維護、評估、改善、問題排解，以及瞭解您的偏好；
  - (k). 提供及設計本公司的產品及服務；
  - (l). 行使本公司向您或會員提供保險及服務有關的權利，例如釐定您拖欠的任何款項的金額，及向您或任何已為您的債務提供任何擔保或承諾的人士，追收和收回拖欠的任何款項；
  - (m). 就本私隱通知中所述的任何用途與服務或會員（或與代表會員的您）聯絡；
  - (n). 在您同意的情况下促銷我們、任何集團公司成員及/或旗下品牌（例如我們的關聯公司 - Horizon Health & Care Limited 及/或卓健集團）及/或第三方的服務、產品及其他主題（詳情請參閱下文第5段）；
  - (o). 管理我們與您、我們的業務及與我們合作向您或會員提供產品或服務的組織之關係（包括但不限於通知本私隱通知的未來變更）；
  - (p). 允許本公司全部或部份的權益或業務的實際或建議承讓人、受讓人、參與人或次參與人，就涉及的轉讓、出讓、參與或次參與的交易進行評估；
  - (q). 為遵守任何法例之要求，或根據監管或其他機關所發出對本公司具有約束力或要求其遵守的規則、規例、實務守則、須知或指引，而作出披露；及
  - (r). 達到與上述 (a) 至 (q) 直接有關的其他目的。

4. 個人資料的轉移

- 4.1. 本公司所收集或持有與您或會員有關的個人資料將會保密，但本公司可在中華人民共和國香港特別行政區境內或境外，為上文第3段規定的目的，將這些個人資料轉移予下列類別的承轉人：
  - (a). 本公司的集團公司成員及旗下品牌；
  - (b). 任何由本公司授權的保險理算人、代理及經紀；
  - (c). 任何由本公司授權的再保險公司；
  - (d). 僱主（只適用於團體保單之會員）；
  - (e). 醫護專業人員及醫院；
  - (f). 任何就集團公司的業務被聘用提供醫療、健康、保險、保健或其他相關服務或產品的第三方；
  - (g). 任何代理人、承包人或其他就本公司之業務運作，向本公司提供行政、電訊、電腦、付款、資料處理、數據儲存及分析、印刷、廣告、研究、分銷或其他服務的第三方服務供應商（包括但不限於保險公司、銀行、理財顧問、律師、會計師、理賠調查員、防欺詐組織、其他保險公司（無論是直接地，或是通過過防欺詐組織或本段中指定的其他人士）、為保險業界整合申索及承保資料之組織、警察、供保險業界用作分析及核對所提供的資料與既有資料的資料庫及登記冊（及其運營者）、收數公司、資料處理公司、研究服務機構及專業顧問）；
  - (h). 在您的同意下，任何參與直接促銷的第三方（無論在集團公司內或外）（詳情請參閱下文第5段）；
  - (i). 獎賞、會員忠誠、品牌合作或優惠計劃之第三方供應商，及集團公司成員；
  - (j). 本公司或您為處理帳單及付款之目的而聘用的金融機構；
  - (k). 任何本公司全部或重要部分權益或業務的任何實際或建議承讓人、受讓人、參與人或附屬參與人；及
  - (l). 為遵守任何對本公司有約束力的法律、規則、規例、實務守則、指引資料或指引而有義務向其作出披露的任何人士，包括但不限於任何適用的監管機構、政府部門、受認證的行業組織、法院或其他法律規定的機構。
- 4.2. 我們只會向上述各方披露僅限於該相關目的必需的個人資料，他們可按上文第3段所述的相關目的處理（包括但不限於記錄、組織、構建、儲存、調整、修改、檢索、使用、達到一致、合併或刪除）您的個人資料。
- 4.3. 假若我們完成收購新公司或品牌的業務，我們會透過您提供給我們的通訊渠道向您溝通，而任何我們在得到您同意下獲取的個人資料將會在可行或許可的情況下根據本私隱通知被處理。

5. 在直接促銷中使用個人資料

- 5.1. 凡在您的同意下（包括不反對的表示），本公司、任何集團公司成員、旗下品牌及/或第3.1 (n) 項及第5.2 (b) 至 (e) 項所述的第三方可使用不時向您收集的個人資料，為您提供與下列服務或產品有關的促銷信息（包括通過電郵、短訊、流動應用程式通知、社交媒體、即時通訊工具、或其他隨時可用的聯絡方法）：
  - (a). 保險、醫療、牙科、康健、健康、美容、體育運動及會員服務、生活時尚、娛樂、金融及相關服務及產品；
  - (b). 獎賞、權益、折扣、會員活動、會員忠誠或優惠計劃及其相關的服務及產品；
  - (c). 本公司的品牌合作夥伴提供的服務及產品；及
  - (d). 為慈善及/或非牟利用途的捐款及捐贈。
- 5.2. 上述服務、產品及主題可能由本公司及/或下列人士提供或（在捐款及捐贈的情況下）徵集：
  - (a). 任何集團公司成員及/或旗下品牌；
  - (b). 第三方服務供應商；
  - (c). 獎賞、會員忠誠、品牌合作或優惠計劃之第三方供應商；
  - (d). 集團公司成員的品牌合作夥伴；及
  - (e). 慈善或非牟利機構。
- 5.3. 除非我們已取得您的同意，否則本公司不可以使用您的個人資料作直接促銷用途。為免生疑問，就本公司不時收集或持有的所有您的個人資料，本公司將會以從您收到的最新指示（例如同意或表示不反對的指示，或提出反對要求）為準。
- 5.4. 如果我們有提供服務個人化的選項時，而您選擇將您的服務個人化，我們將使用向您收集的個人資料為您提供這些個人化的服務或通訊。如果您不希望接受這些個人化的服務或通訊，您可以隨時取消訂閱這些服務，我們將停止向您提供這些服務。
- 5.5. 為避免有疑慮，不論您是否同意接收以上第五段所述的市場推廣資訊類別，本公司仍然可能就您保單相關的行政、保障及續保事宜與您聯絡。

6. 個人資料的安全及保留

- 6.1. 除非相關法律另有要求或批准，本公司會保留您的個人資料以達到本私隱通知所列所需的目的為止，或根據你與我們的另行協定保留您的個人資料。
- 6.2. 如果本公司不再需要您的個人資料以用於本私隱通知規定的目的，或法律規定的其他目的，我們將採取適當的步驟，安全地刪除或銷毀您的個人資料。
- 6.3. 本公司會採取合理措施安全存儲您的個人資料。這包括實施一系列安全措施。此外，我們會將對您的個人資料的訪問權限，限制為獲得適當授權的人員。
- 6.4. 當您瀏覽我們的網站時，我們和我們合作的第三方公司通過使用 cookies 和其他技術（如像素標籤 - pixel tag）收集信息（為簡單起見，我們將所有此類技術稱為“cookies”）。Cookies 政策的更新版本可從我們的網站 [www.bupa.com.hk](http://www.bupa.com.hk) 下載，並可要求提供。
- 6.5. 我們的網站、流動應用程式或門戶平台界面可能載有第三方網站的連結，我們對該等其他網站並無控制權。我們建議細閱該等網站的私隱聲明。

7. 查閱及更改個人資料

- 7.1. 根據有關條例中的條款，您有權：
  - (a). 查詢本公司是否持有與您或會員相關的個人資料，並查閱該等資料；
  - (b). 要求本公司更正任何有關您或會員的不準確的個人資料；
  - (c). 查明本公司對於個人資料的政策及處理方法及獲告知本公司持有的個人資料類別；
  - (d). 要求本公司停止將您的個人資料作直接市場推廣用途；及
  - (e). 更改您對我們使用您的個人資料的偏好。
- 7.2. 如您需行使上述權利，請以書面形式將您的要求：
 

郵寄：香港九龍觀塘海濱道77號海濱匯第2座6樓  
保柏（亞洲）有限公司  
保障資料主任/客戶服務經理  
或電郵：  
[customer-care@bupa.com.hk](mailto:customer-care@bupa.com.hk)
- 7.3. 根據有關條例之條款，本公司有權就處理您的查閱或更改的資料要求收取合理費用。
- 7.4. 如閣下對本聲明有任何查詢，請隨時致電本公司的客戶服務專線 2517 5333。
- 7.5. 本私隱通知不會限制您在條例下所享有的權利。
- 7.6. 如本私隱通知的英文版本與中文版本存有差異時，將以英文版本為準。本私隱通知會被本公司不時修訂。



# Bupa Health Insurance Scheme Credit Card Authorisation Form

## 保柏醫療保障計劃信用卡付款授權書



Policy Holder / Subscriber's Name 保單持有人 / 投保人姓名

Surname

姓

Given Name

名

If credit card payment is chosen as the payment method, please complete this form, sign where marked "X" and return this form to Bupa by mail or by fax. If you have faxed this form to Bupa, please do not return it to us by mail again.

若選擇以信用卡付款，請填妥此表格及簽署於「X」位置，並交回保柏。若你已傳真此表格給我們，請無須寄回此表格。

Visa

MasterCard

Cardholder's Name 持卡人姓名

HKID Card No. 香港身份證號碼

Credit Card Account No. 信用卡戶口號碼

Credit Card

Expiry Date

信用卡到期日

MM月 YY年

I acknowledge that the Policy / Contract shall be renewed automatically on a yearly basis unless it is not renewed by giving notice to Bupa or according to the terms of the Contract. I hereby authorise and direct Bupa (Asia) Limited to automatically debit the premium and levy due from my credit card account on an annual / monthly basis until further notice.

本人明白除非收到本人給予保柏的通知不再續保或因根據合約條款規定，否則保單/合約將會每年自動續保。本人茲授權保柏(亞洲)有限公司自動從本人的信用卡戶口每年 / 每月支付應繳保費及保費徵費金額，直至另行通知。

If the Cardholder is not the applicant or proposed Insured Person / Member\*, please fill in the following information. 若信用卡持有人並非申請人或準受保人 / 會員\*，請填寫以下資料。

Relationship with the applicant or proposed Insured Person / Member\* 與申請人或準受保人 / 會員\*關係

(Applicable to spouse, parents or children only 只適用於配偶、父母或子女)

I hereby confirm to pay the premium and levy due of Bupa Health Insurance Scheme for the Policy Holder / applicant or proposed Insured Person / Member\* as listed in this form.

本人同意及承擔列於此表格上的保單持有人 / 申請人或準受保人 / 會員\*之全數應繳之保柏醫療保障計劃保費及保費徵費金額。

Cardholder's Signature 持卡人簽署

Contact Phone No. 聯絡電話號碼

Date 日期

X

DD日 MM月 YYYY年

\* Please delete if inappropriate 請刪除不適用者

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# Bupa Health Insurance Scheme Direct Debit Authorisation Form

## 保柏醫療保障計劃直接付款授權書

Not applicable for Bupa Gold Health Insurance Scheme 不適用於保柏尊貴寶醫療保障計劃



Policy Holder / Subscriber's Name 保單持有人 / 投保人姓名

Surname

姓

Given Name

名

If autopay is chosen as the payment method, please complete this form, sign where marked "X" and return the original copy to Bupa with a cheque for the premium and levy amount. 若選擇以自動轉賬付款，請填妥此表格及簽署於「X」位置，並連同此表格正本及繳付保費及保費徵費金額的支票交回保柏。

I acknowledge that the Contract shall be renewed automatically on a yearly basis unless it is not renewed by giving notice to Bupa or according to the terms of the Contract. I hereby authorise and direct Bupa (Asia) Limited to automatically debit the premium and levy due from my account on an annual / monthly basis until further notice. 本人明白除非收到本人給予保柏的通知不再續保或因根據合約條款規定，否則合約將會每年自動續保。本人茲授權保柏（亞洲）有限公司自動從本人的戶口每年 / 每月支付應繳保費及保費徵費金額，直至另行通知。

Name of party to be credited (The beneficiary)  
收款之一方 (受益人)

**BUPA (ASIA) LIMITED**

Bank No.  
銀行編號

0 2 4 7 8 7

Branch No.  
分行編號

6 2 1 7 8 8 0 0 1

Account No.  
收款戶口號碼

I/We hereby authorise my/our above-named bank (the "Bank") to effect transfer from my/our above-mentioned account to the above-named Beneficiary in accordance with such instructions as the Bank may receive from the Beneficiary from time to time, provided always that the amount of any one such transfer shall not exceed the limit indicated above (if applicable).

本人(等)現授權上述之銀行(「該銀行」)，根據收款人不時給予該銀行之指示，自本人(等)上述戶口轉賬予收款人。但每次轉賬金額不得超過以上指定之限額(如適用)。

I/We agree that the Bank shall not be obliged to ascertain whether or not notice of any such transfer has been given to me/us.

本人(等)同意該銀行毋須證實該等轉賬是否已通知本人(等)。

I/We jointly and severally accept full responsibility for any overdraft (or increase in existing overdraft) on my/our above-mentioned account which may arise as a result of any such transfer(s).

如因該等轉賬而令本人(等)之上述戶口出現透支(或令現時之透支增加)，本人(等)會共同及各別承擔全部責任。

I/We confirm that my/our signature(s) on this authorisation is/are the same as filed with the Bank for the operation of my/our above-mentioned account to be debited for the transfer.

本人(等)確證在本授權書內之簽名，與本人(等)上述戶口於該銀行簽署紀錄完全相同。

I/We agree that should there be insufficient funds in my/our above-mentioned account to meet any transfer hereby authorised, the Bank shall be entitled, at its discretion, not to effect such transfer in which event the Bank may make the usual service charge to be paid by me/us.

本人(等)同意如上述戶口並無足夠款項支付有關轉賬，該銀行有權不予辦理且可收取有關之手續費用，該等費用一概由本人(等)支付。

I/We agree that any notice of cancellation or variation of this authorisation which I/we may give to the Bank shall be given at least two working days prior to the date on which such cancellation or variation is to take effect.

本人(等)同意取消或更改本授權書之任何通知，須於取消或更改生效日最少兩個工作天之前交予該銀行。

This authorisation shall have effect until further notice or until the above given expiry date (whichever first occurs).

本授權書將繼續生效直至另行通知為止或直至上列到期日為止(以兩者中最早之日期為準)。

My / Our Bank and Branch Name  
本人 / 吾等之銀行及分行名稱

Bank No.  
銀行編號

My / Our Account No.  
本人 / 吾等之戶口號碼

My / Our name as recorded on Statement / Passbook 本人 / 吾等在結單 / 存摺上之姓名

HKID Card No. / Passport No.  
香港身份證號碼 / 護照號碼

My / Our signature(s) 本人 / 吾等之簽署

Date of signing 簽署日期

X

DD 日 MM 月 YYYY 年

My / Our address as recorded on Statement / Passbook 本人 / 吾等在結單 / 存摺上之地址

Debtor's Name (If other than account holder) 債務人之姓名 (若非戶口持有人)

Insured Person's Policy No. / Membership No. (Debtor's Reference)  
受保人保單號碼 / 會員編號 (債務人備註)

If the account holder is not the Policy Holder / applicant or proposed Insured Person / Member\*, please fill in the following information.

若戶口持有人並非保單持有人 / 申請人或準受保人 / 會員\*，請填寫以下資料。

Relationship with the Policy Holder / applicant or proposed Insured Person / Member\* 與保單持有人 / 申請人或準受保人 / 會員\* 關係  
(Applicable to spouse, parents or children only 只適用於配偶、父母或子女)

For bank use only  
銀行專用

Signature Verified  
核實簽署

Notes: 1. The box marked "Insured Person's Policy No. / Membership No." is to be completed by Bupa.  
2. The signature on this authorisation form must be the same as the signature of your Bank Account.  
\* Please delete if inappropriate

附註: 1. 受保人保單號碼 / 會員編號一欄由保柏填寫。  
2. 在此授權書內之簽署模式必須與閣下之銀行戶口內之簽署相符。  
\* 請刪除不適用者

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Cover at a glance 保障一覽表

	Bupa All Together Health Insurance Scheme 保柏家互通保額醫療保障計劃	Bupa CarePro Health Insurance Scheme 保柏卓康健醫療保障計劃	Bupa Care Kid Health Insurance Scheme 保柏童康健醫療保障計劃
Basic benefit 基本保障	Hospital and Surgical Benefit 住院及手術保障	Hospital and Surgical Benefit 住院及手術保障	Hospital and Surgical Benefit 住院及手術保障
Choice of Benefit Levels 保障等級選擇	Ward (Plan A) 大房 (計劃 A) Ward (Plan B) 大房 (計劃 B)	Private (Plan 1 or 4) 私家房 (計劃 1 或 4) Semi-private (Plan 2 or 5) 半私家房 (計劃 2 或 5) Ward (Plan 3 or 6) 大房 (計劃 3 或 6)	Private (Plan 1 or 4) 私家房 (計劃 1 或 4) Semi-private (Plan 2 or 5) 半私家房 (計劃 2 或 5) Ward (Plan 3 or 6) 大房 (計劃 3 或 6)
Choice of Optional Benefits 自選保障選擇	Clinical Benefit 門診保障 Dental Benefit (Plan A or B) 牙科保障 (計劃 A 或 B) Maternity Benefit (age must be between 18-49 years inclusive) 產科保障 [年齡必須為18-49歲 (首尾歲數包括在內)]	Full Cover Benefit (applicable to Plan 4, 5 and 6) 全數賠償保障 (適用於計劃4, 5及6) Supplementary Major Medical Benefit (age must be below 60 years) 附加醫療保障 (年齡必須為60歲以下) Hospital Cash Benefit 住院現金保障 Clinical Benefit 門診保障 Maternity Benefit (age must be between 18-49 years inclusive) 產科保障 [年齡必須為18-49歲 (首尾歲數包括在內)] Dental Benefit 牙科保障	Full Cover Benefit (applicable to Plan 4, 5 and 6) 全數賠償保障 (適用於計劃4, 5及6) Supplementary Major Medical Benefit (age must be below 60 years) 附加醫療保障 (年齡必須為60歲以下) Hospital Cash Benefit 住院現金保障 Clinical Benefit 門診保障
Free benefit 免費保障	Free Bupa Wellness Programme 免費保柏保健計劃 Free Bupa Worldwide Assistance 免費保柏國際援助計劃 Health Coaching Services 健康支援服務	Free Bupa Worldwide Assistance Programme 免費保柏國際援助計劃	Free Bupa Worldwide Assistance Programme 免費保柏國際援助計劃
Discounts 折扣優惠	Child discount (Applicable to insured persons below 18): 子女折扣 (只適用於18歲以下的受保人): 30% child discount when the child enrolls with one parent 父或母與子女一同投保: 子女可享保費7折 55% child discount when the child enrolls with both parents 父母與子女一同投保: 子女可享保費45折 Lifetime family discount: 終生家庭折扣: 2 family members enrol together: 15% discount 兩名家庭成員一同投保: 85折 3 or more family members enrol together: 20% discount 三名或以上家庭成員一同投保: 8折 The discount will be applied to the premium of the Hospital and Surgical Benefit only, but not any optional benefits. The discount will be valid as long as one or two parent(s) of the insured person is/are also covered under Bupa All Together Health Insurance Scheme. 折扣只適用於住院及手術保障之保費, 不適用於任何自選保障的保費。受保人的父/母或父母須同時受保於保柏家互通醫療保障計劃, 方可獲得折扣。	N/A 不適用	25% discount when the child enrolls with one parent 父或母與子女一同投保 可享25%保費折扣 50% discount when the child enrolls with both parents 父母與子女一同投保 可享50%保費折扣 This discount will apply to both Hospital and Surgical Benefit and Full Cover Benefit 子女保費折扣適用於「住院及手術保障」及「全數賠償保障」
Policy Holder 保單持有人	18 years or above 18歲或以上	18 years or above 18歲或以上	18 years or above 18歲或以上
Issue age 投保年齡	From 15 days to 80 years (inclusive) at coverage commencement date 保障生效時年齡介乎15天至80歲 (包括首尾歲數)	18 years or above 18歲或以上	15 days to 17 years 由出生15天至17歲
Insured person 受保人	- Policy holder - 保單持有人 - Policy holder's spouse, child, grandchild - 保單持有人的配偶、子女、孫子女 - Policy holder or Policy holder's spouse's parents, grandparents, siblings - 保單持有人或其配偶之父母、(外) 祖父母、兄弟姊妹 - Policy holder's domestic partner or his/her parents or child - 保單持有人之同居伴侶或其父母、子女	- Policy holder - 保單持有人	- Policy holder's children - 保單持有人之子女

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