Bupa CarePro Health Insurance Scheme Membership Transfer and Ownership Release Form - Civil Servants
保柏卓康健醫療保障計劃會籍轉移及歸還持有權表格 - 公務員

Please complete this form in **ENGLISH AND BLOCK LETTERS**. Please tick as appropriate. 請以**英文正楷**填妥本表格，並於適用地方加「✔」號。

To protect your interest, please return this original form with your signature to Bupa. 為保障閣下的權益，請將本表格正本簽署然後交回保柏。

Subscriber's Name of the existing Contract (same as HKID Card) 現有合約之投保人姓名 (與香港身份證相同)

Surname
姓

Given Name
名

I. Membership Transfer and Ownership Release 會籍轉移及歸還持有權

☑ I hereby apply to transfer my existing membership to Bupa CarePro Health Insurance Scheme as a new Subscriber of the Scheme.
本人現申請將現有會籍轉移至保柏卓康健醫療保障計劃，並為該計劃之新投保人。

Membership No. (16 digits)
會員號碼 (16位數字)

Title 稱謂

☐ Mr先生
☐ Mrs太太
☐ Ms女士
☐ Miss小姐

New Subscriber's Name (same as HKID Card) 新投保人姓名 (與香港身份證相同)

Surname
姓

Given Name
名

II. Personal Details of New Subscriber 新投保人資料 (New Subscriber must be the Member 新投保人必須為會員本人)

HKID Card No. / Passport No. (Please enclose a copy of your HKID / Passport)
香港身份證號碼 / 護照號碼 (請寄回香港身份證 / 護照副本)

Smoker
吸煙者 ☐ Yes是 ☐ No否

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^
居住地

* 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 some of 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.

** Please refer to https://www.bupa.com.hk/en/customer-care/mybupa/ for the latest list of e-documents available on **myBupa**. This list is subject to change.

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的部分文件。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。

** 有關上載於 **myBupa** 的最新電子文件清單，請參考 https://www.bupa.com.hk/tc/customer-care/mybupa/，此清單會不時更改。

^ Unless otherwise specified by Member in writing, Inter Partner Assistance Hong Kong Limited 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，國際救援（亞洲）有限公司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。

PACHG

OP/BCPMTOR/1122 Civil Servants

III. Bank Account for Reimbursement 支付賠償之銀行戶口

Claims payment will be reimbursed by autopay only 賠償款項只以自動轉賬方式支付。

I hereby agree and authorise Bupa (Asia) Limited to reimburse claims payment to the account below. 本人同意及授權保柏（亞洲）有限公司轉賬賠償款項於以下戶口。

Account Holder's Name (Same as recorded on bank account statement/passbook)
戶口持有人姓名 (與銀行結單/存摺相同)

HKID Card No.
香港身份證號碼

Personal Hong Kong savings / current account number (HK$ only) 個人香港儲蓄 / 往來銀行戶口號碼（只限港幣）

Bank Name 銀行名稱	Bank No. 銀行編號	Account No. 戶口號碼

If the above account holder is not the Subscriber, please fill in the following information. 若上述之戶口持有人並非投保人，請填寫以下資料。

Relationship with the Subscriber or Member* (Applicable to spouse, parents or children only)
與投保人或會員*關係（只適用於配偶、父母或子女）

* Please delete if inappropriate 請刪除不適用者

IV. Method of Payment 繳付保費方法 Please tick as appropriate. 請於適用地方加「✔」號。

Payment Frequency 繳付保費形式	Subscription Payment Method 繳付保費方法	Remarks 備註
☐ Yearly 年繳	☐ Credit Card 信用卡	Please attach a completed Credit Card Authorisation Form 請連同填妥之信用卡付款授權書寄回
	☐ Autopay 自動轉賬	Please attach a cheque made payable to 'Bupa (Asia) Limited' for a full year's subscription and levy with a completed Direct Debit Authorisation Form 請填妥直接付款授權書，連同全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」
☐ Monthly 月繳	☐ Credit Card 信用卡	Please attach a completed Credit Card Authorisation Form 請連同填妥之信用卡付款授權書寄回
	☐ Autopay 自動轉賬	Please attach a cheque made payable to 'Bupa (Asia) Limited' for the first 2 months' subscription and levy with a completed Direct Debit Authorisation Form 請填妥直接付款授權書，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」

V. Choice of Cover 投保項目

Application for upgrade to a benefit level which is higher than your eligible benefit level for transfer, and Application for optional Full Cover Benefit, SMM, Hospital Cash or Clinical Benefit, are subject to underwriting approvals. Please complete Part VI Health Declaration and Questionnaire of this application from. 選擇較合資格級別更高的保障級別及選擇自選保障包括「全數賠償保障」、「附加醫療保障」、「住院現金保障」或「門診保障」，均須經保柏核保，請填寫本申請表第 VI 部健康聲明及問卷部份。

Core Benefit 主要保障

☑ Hospitalisation and Surgical Benefit 住院及手術保障計劃

Please tick the NEW plan 請於新計劃之空格內加上「✔」號

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

Optional Benefit 自選保障項目

☐ 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 *(issue age must be below 60 投保年齡必須為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 *(issue age must be below 50 投保年齡必須為50歲以下)*
☐ Dental Benefit (Plan A) 牙科保障 (計劃A) / ☐ Dental Benefit (Plan B) 牙科保障 (計劃B)

† The Full Cover Benefit is payable up to the Maximum Limit per Contract Year. 全數賠償保障以每合約年度最高賠償額為上限。

Note 註:
Please refer to Bupa Civil Servants Membership Transfer Arrangement for further details regarding your eligible benefit level for transfer and claims reimbursement after transfer.
請參閱「保柏公務員會籍轉移安排」了解你的合資格轉移級別及關於會籍轉移後的賠償詳情。

VI. 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 / Insured Person 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/受保人所有重要事實。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 / Insured Person 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/受保人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。

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

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)、痤瘡、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

Height 身高# _____ cm 厘米 OR 或 _____ feet 呎 _____ inches 吋

Weight 體重# _____ kg 公斤 OR 或 _____ pounds(lbs) 磅

Do you (or proposed Member/Insured Person) smoke# or have you (or proposed Member/Insured Person) smoked# in the last one year? ☐ Yes是 ☐ No否
你(或準會員/受保人)有沒有吸煙#或在過去一年內曾否吸煙#?

Not required for proposed Member/Insured Person below 18 years old. 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). 18歲以下之準會員/受保人無需填寫。「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)。

1. In the last 3 years, have you (or proposed Member/Insured Person) 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? ☐ Yes是 ☐ No否
在過去三年內，你(或準會員/受保人)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？

2. In the last 3 years, have you (or proposed Member/Insured Person) 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)? ☐ Yes是 ☐ No否
在過去三年內，你(或準會員/受保人)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)？

   If the answer is "Yes", do your (or proposed Member/Insured Person) investigation result(s) include the followings?
   如果答案屬「是」，你(或準會員/受保人)的檢查結果是否包括下列情況？

   (a) Abnormal test result is advised ☐ Yes是 ☐ No否
   檢驗結果異常

   (b) You (or proposed Member/Insured Person) are still awaiting test / test result ☐ Yes是 ☐ No否
   你(或準會員/受保人)正等候檢驗或檢驗結果

   (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) ☐ Yes是 ☐ No否
   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)

3. In the last 5 years, have you (or proposed Member/Insured Person) 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? ☐ Yes是 ☐ No否
在過去五年內，你(或準會員/受保人) 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？

4. In the last 5 years, have you (or proposed Member/Insured Person) been admitted into a hospital? ☐ Yes是 ☐ No否
在過去五年內，你(或準會員/受保人) 是否曾入住醫院？

5. In the last 5 years, have you (or proposed Member/Insured Person) undergone a surgical procedure (including endoscopy or biopsy) without being admitted into a hospital? ☐ Yes是 ☐ No否
在過去五年內，你(或準會員/受保人) 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)？

6. Apart from anything you (or proposed Member/Insured Person) have already disclosed in Questions 1 -5, do you (or proposed Member/Insured Person) have any of the following conditions?
除了你(或準會員/受保人) 在第1至5項問題中已披露的資料外，你(或準會員/受保人) 是否有下列情況?

   (a) Unintentional weight loss by more than 5 kg (11 lbs) over past 1 year ☐ Yes是 ☐ No否
   在過去一年內，體重無故地減少了5公斤 (11磅)以上

   (b) Abnormal bleeding (such as vaginal bleeding, rectal bleeding, nose bleeding or coughing up of blood) for at least one month ☐ Yes是 ☐ No否
   不正常出血 (例如陰道出血、便血、流鼻血或咳血)至少一個月

   (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/Insured Person) are seeking or intend to seek medical advice ☐ Yes是 ☐ No否
   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

   (d) In the last 1 year, you (or proposed Member/Insured Person) 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 ☐ Yes是 ☐ No否
   在過去一年內，你(或準會員/受保人)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

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

7. Have you (or proposed Member/Insured Person) ever been diagnosed with any of the following diseases or medical conditions?
你(或準會員/受保人) 是否曾被確診下列疾病或健康狀況？

(a) Cancer or carcinoma in situ 癌症或原位癌	☐ Yes是 ☐ No否
(b) Brain tumor 腦部腫瘤	☐ Yes是 ☐ No否
(c) Heart disease 心臟疾病	☐ Yes是 ☐ No否
(d) Stroke (including transient ischemic attack (TIA)) 中風 (包括短暫性腦缺血，俗稱「小中風」)	☐ Yes是 ☐ No否
(e) Hypertension 高血壓	☐ Yes是 ☐ No否
(f) Diabetes mellitus or impaired glucose tolerance 糖尿病或葡萄糖耐量異常	☐ Yes是 ☐ No否
(g) Prolapsed intervertebral disc or degenerative spine conditions 椎間盤突出或脊椎退化性疾病	☐ Yes是 ☐ No否
(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	☐ Yes是 ☐ No否
(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)	☐ Yes是 ☐ No否
(j) Multiple sclerosis 多發性硬化症	☐ Yes是 ☐ No否
(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)	☐ Yes是 ☐ No否

For proposed insured children aged 6 or below only 適用於六歲或以下之準受保兒童

8. Was the proposed insured child born before 37th week of pregnancy? ☐ Yes是 ☐ No否
準受保兒童是否於懷孕第37週前出生？

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

	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

VII. Declaration 聲明

I acknowledge that in respect of the medical conditions existing before the effective date of Bupa CarePro Health Insurance Scheme (the New Contract):

1) the maximum limits payable shall be the lower of the maximum limits of the New Contract and Bupa Civil Servants Health Insurance Scheme (except for the Hospital and Surgical Benefit payable to those members who have been enrolled in Bupa Civil Servants Health Insurance Scheme for a minimum of two years immediately prior to this membership transfer); and
2) If I have been enrolled in Bupa Civil Servants Health Insurance Scheme for a minimum of two years immediately prior to this membership transfer, and the benefit level I applied for and which is approved by Bupa under the New Contract, is different to the eligible benefit level for transfer provided under the Bupa Civil Servants Health Insurance Scheme, the maximum limit for the Hospital and Surgical Benefit payable will be the maximum limit under the New Contract at the lower of the benefit level of the New Contract and the eligible benefit level for transfer under the Bupa Civil Servants Health Insurance Scheme.

I declare that, to the best of my knowledge and belief, the statements contained in this form are true and complete.
I acknowledge that Bupa reserves the right to ask for submission of more details of health status or medical reports of me at my own cost.
I also authorise any medical practitioner, hospital, clinic, by whom or where I have been observed or treated or any insurance company or organization that has any records or health information concerning me for any reason, to give full particulars thereof including prior medical history to Bupa. A copy of this authorization shall be considered as effective and valid as the original.
I understand I shall become the new Subscriber of Bupa CarePro Health Insurance Scheme (the New Contract) after the Application for this membership transfer and release of ownership is processed.
I have read and agreed to be bound by the terms and conditions of the New Contract and I agree that the answers given in this form shall be the basis of the New Contract between me and Bupa.
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 further authorise Bupa to deduct the subscription payments from my designated bank account / credit card (where applicable) upon renewal. If I want to cancel the Contract in future, I will need to inform Bupa in writing at least 10 days before the Contract Anniversary Date.
I acknowledge that Bupa has discretion to appoint Registered Medical Practitioners, Hospitals, cancer centres, day case centres, diabetic centres and other service providers to provide Full Cover Benefit (if applicable) and to do all things and acts incidental to such appointment for me. I acknowledge and agree that such appointment shall be made on such terms and conditions as Bupa shall think fit at its absolute discretion. Bupa shall not be liable for any claim whatsoever which may be made against Bupa CarePro Appointed Service Providers by me.
I acknowledge that Bupa may terminate the cover for the Member with immediate effect if the law of the country in which the Member is located, or the Member's Place of Residence or nationality, including but not limited to USA and Japan, or any other law which applies to Bupa or the Contract, prohibits the provision of healthcare cover by Bupa to local nationals, residents or citizens. I further declare that the Member is not a US permanent resident. I understand that I am obliged to immediately notify Bupa in writing if the Member becomes a permanent resident of USA during the Contract 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.

本人確認於保柏卓康健醫療保障計劃（新合約）生效前的已存在傷病:

1) 將會按新合約及保柏公務員醫療保障計劃，兩項計劃中保障最高賠償金額較低者賠償(會籍轉移前已連續受保於保柏公務員醫療保障計劃最少兩年的會員之「住院及手術保障」除外)；及
2) 如本人在會籍轉移前已連續受保於保柏公務員醫療保障計劃最少兩年並申請及獲保柏批准的新合約的保障級別，與保柏公務員醫療保障計劃下合資格轉移的保障級別不同，「住院及手術保障」之最高賠償額將會按新合約及保柏公務員醫療保障計劃下合資格轉移的保障級別，取較低的保障級別按照新合約的最高賠償金額者作出賠償。

本人聲明，就本人所知所信，本申請表上填報之一切資料，均屬完整。
本人確認保柏有權要求提供更多有關本人之健康狀況及醫療報告，一切費用由本人支付。
本人並且授權任何為本人觀察或治療的醫生、醫院、診所，或持有本人健康或任何資料之保險公司或機構將本人之全部資料 (包括病歷)呈交予保柏，本授權書之副本與正本具同等效力。
本人明白於會籍轉移及歸還持有權申請手續完成後，本人將成為保柏卓康健醫療保障計劃之新投保人(新合約)。
本人已細讀並同意遵守新合約之各條款及細則，並同意本申請表內之回答作為本人與保柏之間所訂合約之根據。
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不獲續保，否則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的銀行賬戶或信用卡(如適用)扣取保費。如本人將來想取消合約，須於合約週年日10天前以書面通知保柏。
本人確認保柏可酌情委任註冊西醫、醫院、癌症中心、日症中心、糖尿病中心及其他服務供應商以提供全數賠償保障(如適用)及有關該委任所需之服務予本人。本人確認並同意有關此委任之條款及細則決定乃基於保柏以其認為合適的情況下而作出。就本人向有關保柏卓康健特選服務供應商所作出之申索，保柏一概不會負責。
本人確認如會員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合約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，保柏可終止相關會員的保障並立即生效。本人此外聲明會員並非美國永久居民。本人明白如會員如於合約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性居留及工作的人士。

Personal Information Collection Statement 個人資料收集聲明

(i) I have read and understood the Personal Information Collection Statement included in this application form. I consent to Bupa using and disclosing the personal data provided in this Application and other personal data it collects about me, for the purposes set out in and in accordance with the Personal Information Collection Statement. I consent to the transfer of my personal data within or outside of Hong Kong for the purposes and to the types of transferee as set out in the Personal Information Collection Statement; and
本人已細閱並明白本申請表所述的「個人資料收集聲明」。本人同意保柏可以使用並披露此申請表內或其他途徑所收集關於本人的個人資料，用作根據「個人資料收集聲明」內所陳述的用途。本人同意就「個人資料收集聲明」所述用途視乎情況提供本人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；及

☐ (ii) I consent to Bupa using my personal data, including my name, contact details, gender, health and family status, to send me marketing communications (including by email, SMS or instant messenger) as described in the Personal Information Collection Statement, including in relation to insurance (such as subscription discounts), wellness, rewards, loyalty or privileges programmes and related products and services. I understand that I have the right to request Bupa to cease using my personal data for direct marketing purposes by emailing customercare@bupa.com.hk or calling the Bupa Customer Care helpdesk on 2517 5333.
本人同意保柏使用本人之個人資料，包括本人的姓名、聯絡方法、性別、健康及家庭狀況，向本人傳送根據「個人資料收集聲明」所述包括保險(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(包括以電郵、手機短訊或即時通訊)，並明白本人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)，要求保柏停止將本人的個人資料用作直接市場推廣用途。

I understand that no cover will be payable under the Contract unless this Application is approved and subscription is received in full by Bupa (Asia) Limited ("Bupa").
本人明白此申請表被保柏（亞洲）有限公司（「保柏」）批核及保費全額收妥後，保柏方按合約支付保障。

New Subscriber's Signature 新投保人簽署 X (Full Name 姓名)	Signed in Hong Kong on 於香港簽署之日期 DD 日 / MM 月 / YYYY 年	Telesales' Name (If applicable and must be completed by the Subscriber) 營業代表姓名（如適用及必須由投保人填寫） Telesales' Code 營業代表編號 Telesales' Contact Tel. No. 營業代表聯絡電話號碼

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 5333 Facsimile 傳真: (852) 2548 1848
Website 網址: www.bupa.com.hk
Bupa Hong Kong

OP/BCPMTOR/1122 Civil Servants

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Bupa CarePro Health Insurance Scheme Direct Debit Authorisation Form
保柏卓康健醫療保障計劃直接付款授權書

Membership No. (16 digits)
會員號碼 (16位數字)

Subscriber's Name 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 subscription and levy. 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 subscription 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）	Bank No. 銀行編號	Branch No. 分行編號	Account No. 收款戶口號碼
BUPA (ASIA) LIMITED	0 2 4	7 8 7	6 2 1 7 8 8 0 0 1

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）同意取銷或更改本授權書之任何通知，須於取銷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)	Membership No. (Debtor's Reference) 會員編號 (債務人備註)

If the account holder is not the applicant / Subscriber / Member, please fill in the following information. 若戶口持有人並非申請人/投保人/會員，請填寫以下資料。
Relationship with the applicant / Subscriber / Member* (Applicable to spouse, parents or children only)
與申請人 / 投保人 / 會員*關係 (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 "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. 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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Bupa CarePro Health Insurance Scheme Credit Card Authorisation Form
保柏卓康健醫療保障計劃信用卡付款授權書

Membership No. (16 digits)
會員號碼 (16位數字)

Subscriber's Name 投保人姓名
Surname
姓

Given Name
名

If you choose to return this form by mail, please photocopy the 'Personal Information Collection Statement' on the back of this page for your reference. This information can also be found on our website.
若你選擇郵寄此表格，請複印背頁的「個人資料收集聲明」以作將來參考之用。你亦可於我們的網頁隨時瀏覽有關資料。

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 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 subscription 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 / Subscriber / Member, please fill in the following information.
若信用卡持有人並非申請人 / 投保人 / 會員，請填寫以下資料。

Relationship with the applicant / Subscriber / Member* 與申請人 / 投保人 / 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 subscription and levy due of Bupa Health Insurance Scheme for the Subscriber as listed in this form.
本人同意及承擔列於此表格上的投保人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

X

Contact Phone No. 聯絡電話號碼

Date 日期

DD 日 *MM 月* *YYYY 年*

* Please delete if inappropriate 請刪除不適用者

Personal Information Collection Statement 個人資料收集聲明

Bupa (Asia) Limited (the "Company")
Personal Information Collection Statement ("Statement") relating to the Personal Data (Privacy) Ordinance (the "Ordinance")

In compliance with the Ordinance, the Company would like to inform you of the following:

1. From time to time, it is necessary for you, or other members 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. **Failure to supply personal information requested by the Company may result in the Company being unable to process your Application and/or provide products, services and other related services to you, or the Member.**
3. 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.
4. **The Company may collect, use or disclose personal information relating to you, or the Member, for the following purposes:**
   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. 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;
   d. 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 and statistical analysis, and reinsurance arrangements;
   e. provision and design of products and services of the Company;
   f. exercising the Company's rights in connection with provision of insurance 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;
   g. 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 Statement;
   h. 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; and
   i. making disclosure to satisfy the requirements of any laws, rules and regulations, codes of practice, guidance notes or guidelines binding on the Company.
5. **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, for the purposes specified in paragraph (4) and (6) to the following classes of transferees:**
   a. the Company's group companies ("Group Company");
   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 agent, contractor or third party service providers who provide administrative, telecommunications, computer, payment, data processing or storage, printing, research 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);
   g. any actual or proposed assignee, transferee, participant or sub-participant of all or a substantial part of the Company's rights or business; and
   h. 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.
6. Only with your consent or with your indication of no objection, the Company may use your personal information collected from time to time, including name, contact details, gender, health and family status, to provide you with marketing communications (including by email, SMS or instant messenger) relating to the following products and services:
   a. insurance, medical, healthcare, wellness, personal development, beauty, lifestyle, entertainment, financial, and related services and products;
   b. rewards, benefits, discounts, member activities, loyalty or privileges programmes and related services and products; and
   c. donations and contributions for charitable and/or non-profit making purposes.

   The Company will not disclose personal information relating to you, to third parties for them to use for their own direct marketing purposes without your consent.

   For the avoidance of doubt, whether or not you consent to receive marketing communications of the type described in this paragraph 6, the Company may still communicate with you regarding the administration, features and renewal of your insurance policy.
7. **Under and in accordance with the terms of the Ordinance, you have the following rights:**
   a. to check whether the Company holds personal information relating to you or the Member and to access such personal information;
   b. to require the Company to correct any personal information relating to you or the Member which is inaccurate;
   c. to ascertain our policies and practices in relation to personal data and to be informed of the kind of personal data held by the Company, and
   d. to request the Company to cease using your personal information for direct marketing purposes.

   Requests can be made in writing to the Company's Data Protection Officer at the following address:

   Data Protection Officer
   6/F, Tower 2, The Quayside, 77 Hoi Bun Road, Kwun Tong, Kowloon, Hong Kong
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 Statement, please do not hesitate to contact our Customer Care helpdesk at 2517 5333.
10. Nothing in this Statement shall limit the rights of customers under the Ordinance.
11. In case of discrepancies between the English and Chinese versions of this Statement, the English version shall prevail.

保柏 (亞洲) 有限公司 (「本公司」)
有關個人資料 (私隱) 條例 (「條例」) 之個人資料收集聲明 (「本聲明」)

遵照條例，本公司特意通知閣下以下事項：

1. 在閣下或受保於閣下保單的其他會員 (每位「會員」) 向本公司申請保險或金融產品及服務，或當閣下更改保單或續保時，必須不時向本公司提供閣下或會員的個人資料 (包括信用資料和以往申索紀錄，如適用)。
2. **如閣下未能提供本公司所要求的個人資料，本公司可能無法處理閣下之申請及/或向閣下或會員提供保險產品、服務或其他相關服務。**
3. 本公司亦可能會在日常業務運作的過程中向閣下或會員收集更多個人資料，例如當閣下為本人或代會員向本公司提出保險索償時。
4. **本公司可能會收集、使用或披露閣下或會員的個人資料作下列用途：**
   a. 處理、評估、決定任何保險產品及服務之申請；
   b. 為閣下或會員提供保險產品及服務及處理閣下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. 任何有關閣下或會員對本公司所提供之保險產品及服務提出之索償，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；
   d. 執行與本公司所提供的保險產品及/或服務相關的功能及活動，包括但不限於審計、報告、市場調查、一般服務和維持網上及其他服務、核實身份、資料配對、研究及統計分析及再保險之安排；
   e. 提供及設計本公司的產品及服務；
   f. 行使本公司向閣下或會員提供保險和服務時有關的權利，例如釐定閣下拖欠的任何款項的金額，及向閣下或任何已為閣下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；
   g. 就任何本聲明中所述的用途與閣下或會員 (或與代表會員的閣下) 聯絡；
   h. 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；及
   i. 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。
5. **有關閣下或會員被本公司收集或持有的個人資料將會保密，但本公司可能會向以下不論在香港特別行政區境內或境外之資料承讓人轉移該等個人資料作第(4)及第(6)段列出的用途：**
   a. 本公司的集團公司 (「集團公司」)；
   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. 任何代理人、承包商、或向本公司提供行政、電訊、電腦、付款、資料處理或儲存、印刷、研究或其他向本公司提供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，或是通過防欺詐組織或本段中指名的其他人士)、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)；
   g. 本公司的任何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；及
   h. 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、實務守則或指引，而作出披露，包括但不限於適用監管機構、政府機構、相關行業認可機構、信貸資料服務機構或法院，及在其他情況下，法律規定本公司必向其披露的人士或機構。
6. 本公司只會在得到閣下同意或表示不反對的情況下，使用閣下的個人資料如姓名、聯絡方法、性別、健康及家庭狀況，向閣下提供有關以下產品和服務的市場推廣資訊(包括以電郵、手機短訊或即時通訊)：
   a. 保險、醫療、康健、健康、個人發展、美容、生活消閒、娛樂、財務及其相關的服務及產品；
   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；及
   c. 為慈善及／或非牟利用途的捐款及捐贈。

   本公司將不會在沒有閣下的同意及許可下將閣下之個人資料向第三方透露，用作他們的市場推廣用途。

   為避免有疑慮，不論閣下是否同意接收以上第六點所述的市場推廣資訊類別，本公司仍然可能就閣下保單相關的行政、保障及續保事宜與閣下聯絡。
7. **根據有關條例中的條款，閣下有權：**
   a. 查核本公司是否持有閣下或會員的個人資料及查閱該等個人資料；
   b. 要求本公司改正任何有關閣下或會員的不準確的個人資料；
   c. 查明本公司對於資料的政策及處理方法和獲告知本公司持有的個人資料種類；及
   d. 要求本公司停止將閣下的個人資料作直接市場推廣用途。

   有關要求請致函本公司保障資料主任，地址如下：

   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
8. 根據有關條例之條款，本公司有權就任何處理個人資料查閱或更改的要求收取合理費用。
9. 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。
10. 本聲明不會限制客戶在條例下所享有之權利。
11. 中英文本如有歧義，概以英文為準。