

Bupa Empower SME Health Insurance Scheme Application Form

保柏僱健康中小企醫療保障計劃申請表



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。

1 January 2023 Edition 2023年1月1日版本

Particulars of Applicant 申請人資料 (Also known as Subscriber 亦稱為投保人)

Company Name 公司名稱 _____

Business Nature 業務性質 _____ Total No. of Employee 公司僱員總人數

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

Name and Job Title of Contact Person 聯絡人名稱及職位

Title 稱謂 _____
 Mr 先生 Surname 姓 _____
 Ms 女士 Given Name 名 _____
 Miss 小姐 _____

Job Title 職位 _____

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 _____

* 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。
Please submit a copy of the Business Registration Certificate with this Application. 請連同商業登記證之副本與本申請表一併遞交。

Particulars of Cover 投保資料

Contract Effective Date 合約生效日: 01/ / (DD日 / MM月 / YY年)

Coverage Commencement Date (For new Employees): 保障生效日 (適用於新僱員):
Whichever is later, the Contract Effective Date or 於合約生效日後或以下日期，以後者為準
 The first day of employment 受僱第一天
 The first day following _____ month(s) of service 受僱 _____ 月後的第一天
 Others, please specify 其他，請註明: _____

Particulars of Cover 投保資料

(Please attach the proposal summary page with subscription details to this application otherwise you're required to fill below information. 請附上計劃保費資料摘要，否則你需要填寫以下計劃資料。)

Class 級別 <i>Example 例子</i>	Please specify employee position, seniority, etc and not benefit amount. 請註明僱員職位、年資等，而非保障額。		No. of covered members 受保會員人數			Sub-total 小計
Class Eligibility 級別資格 (All full-time employees of applicant and their dependants, if chosen, as defined below subject to the terms and conditions of the contract. 所有根據以下定義及合約條款所指的全職僱員及其家屬。)	<i>All staff Grade below Manager 經理級以下所有職員</i>		Employee 僱員 = <u>6</u>	Dependant 家屬 (Spouse 配偶) = <u>2</u>	Dependant 家屬 (Child 子女) = <u>4</u>	Adult (employee and spouse) 成人(僱員及配偶) = <u>8</u> Child(ren) 子女 = <u>4</u>
Average age of covered members (employee and spouse) = the sum of all insured adults' age in this class no. of insured adult in this class 受保會員(僱員及配偶)的平均年齡 = 此保障級別內之所有成人年齡之總和 此保障級別內之所有成人人數	<u>38</u> years old 歲			N.A. 不適用		N.A. 不適用
Core Benefits 主要保障	Plan option 計劃選項 (Please tick appropriate box 請劃取適用選項)	Upgrade option 升級選項 (Please tick appropriate box 請劃取適用選項)	Annual Subscription 每年保費			Sub-total 小計
A. Hospital and Surgical Benefit 住院及手術保障	<input type="checkbox"/> Flyer翱翔 A1 <input type="checkbox"/> Flyer翱翔 A2 <input type="checkbox"/> Flyer翱翔 A3 <input type="checkbox"/> Flyer翱翔 A4 <input checked="" type="checkbox"/> Starter啟航 A5	<input type="checkbox"/> 100% Non-network benefit reimbursement 非網絡保障賠償率:100% <input checked="" type="checkbox"/> 100% Non-network benefit reimbursement 非網絡保障賠償率:100%	Plan subscription 計劃保費 X Subscription loading for upgrade option 升級選項之附加保費 X No. of employee and spouse 僱員及配偶人數 \$ <u>1,297</u> X <u>105%</u> X <u>8</u> = \$ <u>10,894.80</u>	Plan subscription 計劃保費 X Subscription loading for upgrade option 升級選項之附加保費 X No. of child 子女人數 \$ <u>976</u> X <u>105%</u> X <u>4</u> = \$ <u>4,099.20</u>	= \$ <u>14,994</u>	
B. Out-patient Procedure Benefit 門診手術保障	<input type="checkbox"/> Starter啟航 B1	<input type="checkbox"/> Overall Annual Limit 每年最高賠償額 HK\$200,000	\$ _____ X _____ X _____ = \$ _____	\$ _____ X _____ X _____ = \$ _____	= \$ _____	
C. Clinical Benefit 門診保障	<input type="checkbox"/> Flyer翱翔 C1 <input type="checkbox"/> Flyer翱翔 C2 <input type="checkbox"/> Flyer翱翔 C3 <input checked="" type="checkbox"/> Starter啟航 C4 <input type="checkbox"/> Starter啟航 C5 <input type="checkbox"/> Starter啟航 C6	<input type="checkbox"/> \$0 Co-payment and 100% Reimbursement \$0自負費及100%賠償率 <input type="checkbox"/> 200% Overall Annual Limit (applicable to C1 only) 每年最高賠償額(只適用於C1) <input type="checkbox"/> No limit to max no. of visit in aggregate (applicable to C2 & C3 only) 診治總次數不限次數(只適用於C2及C3) <input type="checkbox"/> \$0 Co-payment \$0自負費 <input checked="" type="checkbox"/> No limit to max no. of visit in aggregate 診治總次數不限次數	\$ <u>1,897</u> X <u>110%</u> X <u>8</u> = \$ <u>16,535.20</u>	\$ <u>2,551</u> X <u>110%</u> X <u>4</u> = \$ <u>11,224.40</u>	= \$ <u>27,759.6</u>	
Optional Benefits 自選保障	Plan option 計劃選項 (Please tick appropriate box 請劃取適用選項)		Plan subscription 計劃保費 X No. of employee and spouse 僱員及配偶人數	Plan subscription 計劃保費 X No. of child 子女人數	Sub-total 小計	
D. Supplementary Major Medical Benefit (SMM) 附加醫療保障	<input type="checkbox"/> Flyer翱翔 D1 <input type="checkbox"/> Flyer翱翔 D2 <input type="checkbox"/> Flyer翱翔 D3 <input type="checkbox"/> Flyer翱翔 D4 <input checked="" type="checkbox"/> Starter啟航 D5		\$ <u>830</u> X <u>8</u> = \$ <u>6,640</u>	\$ <u>402</u> X <u>4</u> = \$ <u>1,608</u>	= \$ <u>8,248</u>	
E. Special Hospital Cash Benefit 特別住院現金保障	<input type="checkbox"/> Flyer翱翔 / Starter啟航 E1 <input type="checkbox"/> Flyer翱翔 / Starter啟航 E2		\$ _____ X _____	\$ _____ X _____	= \$ _____	
F. Maternity Benefit 產科保障	<input type="checkbox"/> Flyer翱翔 / Starter啟航 F1 <input checked="" type="checkbox"/> Flyer翱翔 / Starter啟航 F2		\$ <u>9,293</u> X <u>5</u>	\$ _____ X _____	= \$ <u>46,465</u>	
G. Dental Benefit 牙科保障	<input checked="" type="checkbox"/> Flyer翱翔 / Starter啟航 G1		\$ <u>900</u> X <u>12</u>	\$ _____ X _____	= \$ <u>10,800</u>	
Total annual subscription 每年總保費					= \$ <u>108,266.60</u>	

Notes 注意事項

- Please fill in one table for each class of covered full-time employees under Particulars of Cover in subsequent page(s).
請在下頁「投保資料」部分內，為每一級別的受保障全職僱員填寫一個表格。
- Flyer tier plan options are applicable to companies with 5 or more employees. For companies with 2 to 4 employees, please choose from the Starter tier plan options.
翱翔級別的計劃選項只適用於5名或以上僱員的企業。2至4名僱員的企業請選擇啟航級別的計劃選項。
- For companies with 2-5 full-time employees, 1 class is available; for 6-9, 2 classes are available; for 10-15, 3 classes are available; for 16-20, 4 classes are available; for 21 and more, maximum 5 classes are available. 2-5名全職僱員的企業可安排1個保障級別；6-9名僱員可安排2個保障級別；10-15名僱員可安排3個保障級別；16-20名僱員可安排4個保障級別；21名或以上僱員可安排最多5個保障級別。
- If optional benefits are selected, the same optional benefit level must be selected for all participating employees of the same class.
如選擇自選保障，必須為同一級別的受保障全職僱員選擇相同的保障級別。
- Cover for core benefits and optional benefits (if any), once opted for, must be selected for all employees in the same class.
主要保障及自選保障(如有)必須選擇與所有同一職級僱員保障相同級別。
- For Clinical Benefit, plan C1 is only applicable to companies with 10 or more employees with at least 5 employees enrolled in this plan.
就門診保障選擇，C1計劃只適用於10名或以上僱員的企業，並有至少5名僱員參與此計劃。
- SMM Benefit is only applicable to companies who have chosen Hospital and Surgical Benefit with upgrade option.
附加醫療保障只適用於選擇了附有升級選項的住院及手術保障計劃。
- Supplementary Major Medical Benefit, Special Hospital Cash Benefit and Maternity Benefit are only applicable to companies with at least 5 employees.
附加醫療保障、特別住院現金保障及產科保障只適用於最少5名僱員的企業。

Particulars of Cover 投保資料

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Class 級別 1	Please specify employee position, seniority, etc and not benefit amount. 請註明僱員職位、年資等，而非保障額。		No. of covered members 受保會員人數			Sub-total 小計
Class Eligibility 級別資格 (All full-time employees of applicant and their dependants, if chosen, as defined below subject to the terms and conditions of the contract. 所有根據以下定義及合約條款所指的全職僱員及其家屬。)			Employee 僱員 = _____	Dependant 家屬 (Spouse 配偶) = _____	Dependant 家屬 (Child 子女) = _____	Adult (employee and spouse) 成人(僱員及配偶) = _____ Child(ren) 子女 = _____
Average age of covered members (employee and spouse) = the sum of all insured adults' age in this class no. of insured adult in this class 受保會員(僱員及配偶)的平均年齡 = 此保障級別內之所有成人年齡之總和 此保障級別內之所有成人人數			_____ years old 歲		N.A. 不適用	N.A. 不適用
Core Benefits 主要保障	Plan option 計劃選項 (Please tick appropriate box 請劃取適用選項)	Upgrade option 升級選項 (Please tick appropriate box 請劃取適用選項)	Annual Subscription 每年保費			Sub-total 小計
			Plan subscription 計劃保費 X Subscription loading for upgrade option 升級選項之附加保費 X No. of employee and spouse 僱員及配偶人數	Plan subscription 計劃保費 X Subscription loading for upgrade option 升級選項之附加保費 X No. of child 子女人數		
A. Hospital and Surgical Benefit 住院及手術保障	<input type="checkbox"/> Flyer翱翔 A1 <input type="checkbox"/> Flyer翱翔 A2 <input type="checkbox"/> Flyer翱翔 A3 <input type="checkbox"/> Flyer翱翔 A4 <input type="checkbox"/> Starter啟航 A5	<input type="checkbox"/> 100% Non-network benefit reimbursement 非網絡保障賠償率:100% <input type="checkbox"/> 100% Non-network benefit reimbursement 非網絡保障賠償率:100%	\$ _____ X _____ X _____ = \$ _____	\$ _____ X _____ X _____ = \$ _____	= \$ _____	
B. Out-patient Procedure Benefit 門診手術保障	<input type="checkbox"/> Starter啟航 B1	<input type="checkbox"/> Overall Annual Limit 每年最高賠償額 HK\$200,000	\$ _____ X _____ X _____ = \$ _____	\$ _____ X _____ X _____ = \$ _____	= \$ _____	
C. Clinical Benefit 門診保障	<input type="checkbox"/> Flyer翱翔 C1 <input type="checkbox"/> Flyer翱翔 C2 <input type="checkbox"/> Flyer翱翔 C3 <input type="checkbox"/> Starter啟航 C4 <input type="checkbox"/> Starter啟航 C5 <input type="checkbox"/> Starter啟航 C6	<input type="checkbox"/> \$0 Co-payment and 100% Reimbursement \$0自負費及100%賠償率 <input type="checkbox"/> 200% Overall Annual Limit (applicable to C1 only) 每年最高賠償額(只適用於C1) <input type="checkbox"/> No limit to max no. of visit in aggregate (applicable to C2 & C3 only) 診治總次數不限次數(只適用於C2及C3) <input type="checkbox"/> \$0 Co-payment \$0自負費 <input type="checkbox"/> No limit to max no. of visit in aggregate 診治總次數不限次數	\$ _____ X _____ X _____ = \$ _____	\$ _____ X _____ X _____ = \$ _____	= \$ _____	
Optional Benefits 自選保障	Plan option 計劃選項 (Please tick appropriate box 請劃取適用選項)		Plan subscription 計劃保費 X No. of employee and spouse 僱員及配偶人數	Plan subscription 計劃保費 X No. of child 子女人數		Sub-total 小計
D. Supplementary Major Medical Benefit (SMM) 附加醫療保障	<input type="checkbox"/> Flyer翱翔 D1 <input type="checkbox"/> Flyer翱翔 D2 <input type="checkbox"/> Flyer翱翔 D3 <input type="checkbox"/> Flyer翱翔 D4 <input type="checkbox"/> Starter啟航 D5		\$ _____ X _____ = \$ _____	\$ _____ X _____ = \$ _____	= \$ _____	
E. Special Hospital Cash Benefit 特別住院現金保障	<input type="checkbox"/> Flyer翱翔 / Starter啟航 E1 <input type="checkbox"/> Flyer翱翔 / Starter啟航 E2		Plan subscription 計劃保費 X no. of covered members 受保會員人數			
F. Maternity Benefit 產科保障	<input type="checkbox"/> Flyer翱翔 / Starter啟航 F1 <input type="checkbox"/> Flyer翱翔 / Starter啟航 F2					
G. Dental Benefit 牙科保障	<input type="checkbox"/> Flyer翱翔 / Starter啟航 G1					
Total annual subscription 每年總保費						= \$ _____

Particulars of Cover 投保資料

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Class 級別 2	Please specify employee position, seniority, etc and not benefit amount. 請註明僱員職位、年資等，而非保障額。	No. of covered members 受保會員人數			Sub-total 小計	
Class Eligibility 級別資格 (All full-time employees of applicant and their dependants, if chosen, as defined below subject to the terms and conditions of the contract. 所有根據以下定義及合約條款所指的全職僱員及其家屬。)		Employee 僱員 = _____	Dependant 家屬 (Spouse 配偶) = _____	Dependant 家屬 (Child 子女) = _____	Adult (employee and spouse) 成人(僱員及配偶) = _____ Child(ren) 子女 = _____	
Average age of covered members (employee and spouse) = the sum of all insured adults' age in this class no. of insured adult in this class 受保會員(僱員及配偶)的平均年齡 = 此保障級別內之所有成人年齡之總和 此保障級別內之所有成人人數		_____ years old 歲			N.A. 不適用	
Core Benefits 主要保障	Plan option 計劃選項 (Please tick appropriate box 請劃取適用選項)	Upgrade option 升級選項 (Please tick appropriate box 請劃取適用選項)	Annual Subscription 每年保費			Sub-total 小計
			Plan subscription 計劃保費 X Subscription loading for upgrade option 升級選項之附加保費 X No. of employee and spouse 僱員及配偶人數	Plan subscription 計劃保費 X Subscription loading for upgrade option 升級選項之附加保費 X No. of child 子女人數		
A. Hospital and Surgical Benefit 住院及手術保障	<input type="checkbox"/> Flyer翱翔 A1 <input type="checkbox"/> Flyer翱翔 A2 <input type="checkbox"/> Flyer翱翔 A3 <input type="checkbox"/> Flyer翱翔 A4 <input type="checkbox"/> Starter啟航 A5	<input type="checkbox"/> 100% Non-network benefit reimbursement 非網絡保障賠償率:100% <input type="checkbox"/> 100% Non-network benefit reimbursement 非網絡保障賠償率:100%	\$ _____ X _____ X _____ = \$ _____	\$ _____ X _____ X _____ = \$ _____	= \$ _____	
B. Out-patient Procedure Benefit 門診手術保障	<input type="checkbox"/> Starter啟航 B1	<input type="checkbox"/> Overall Annual Limit 每年最高賠償額 HK\$200,000	\$ _____ X _____ X _____ = \$ _____	\$ _____ X _____ X _____ = \$ _____	= \$ _____	
C. Clinical Benefit 門診保障	<input type="checkbox"/> Flyer翱翔 C1 <input type="checkbox"/> Flyer翱翔 C2 <input type="checkbox"/> Flyer翱翔 C3 <input type="checkbox"/> Starter啟航 C4 <input type="checkbox"/> Starter啟航 C5 <input type="checkbox"/> Starter啟航 C6	<input type="checkbox"/> \$0 Co-payment and 100% Reimbursement \$0自負費及100%賠償率 <input type="checkbox"/> 200% Overall Annual Limit (applicable to C1 only) 每年最高賠償額(只適用於C1) <input type="checkbox"/> No limit to max no. of visit in aggregate (applicable to C2 & C3 only) 診治總次數不限次數(只適用於C2及C3) <input type="checkbox"/> \$0 Co-payment \$0自負費 <input type="checkbox"/> No limit to max no. of visit in aggregate 診治總次數不限次數	\$ _____ X _____ X _____ = \$ _____	\$ _____ X _____ X _____ = \$ _____	= \$ _____	
Optional Benefits 自選保障	Plan option 計劃選項 (Please tick appropriate box 請劃取適用選項)		Plan subscription 計劃保費 X No. of employee and spouse 僱員及配偶人數	Plan subscription 計劃保費 X No. of child 子女人數	Sub-total 小計	
D. Supplementary Major Medical Benefit (SMM) 附加醫療保障	<input type="checkbox"/> Flyer翱翔 D1 <input type="checkbox"/> Flyer翱翔 D2 <input type="checkbox"/> Flyer翱翔 D3 <input type="checkbox"/> Flyer翱翔 D4 <input type="checkbox"/> Starter啟航 D5		\$ _____ X _____ = \$ _____	\$ _____ X _____ = \$ _____	= \$ _____	
E. Special Hospital Cash Benefit 特別住院現金保障	<input type="checkbox"/> Flyer翱翔 / Starter啟航 E1 <input type="checkbox"/> Flyer翱翔 / Starter啟航 E2		Plan subscription 計劃保費 X no. of covered members 受保會員人數 \$ _____ X _____		= \$ _____	
F. Maternity Benefit 產科保障	<input type="checkbox"/> Flyer翱翔 / Starter啟航 F1 <input type="checkbox"/> Flyer翱翔 / Starter啟航 F2		\$ _____ X _____		= \$ _____	
G. Dental Benefit 牙科保障	<input type="checkbox"/> Flyer翱翔 / Starter啟航 G1		\$ _____ X _____		= \$ _____	
Total annual subscription 每年總保費					= \$ _____	

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Class 級別 3	Please specify employee position, seniority, etc and not benefit amount. 請註明僱員職位、年資等，而非保障額。		No. of covered members 受保會員人數			Sub-total 小計
Class Eligibility 級別資格 (All full-time employees of applicant and their dependants, if chosen, as defined below subject to the terms and conditions of the contract. 所有根據以下定義及合約條款所指的全職僱員及其家屬。)			Employee 僱員 = _____	Dependant 家屬 (Spouse 配偶) = _____	Dependant 家屬 (Child 子女) = _____	Adult (employee and spouse) 成人(僱員及配偶) = _____ Child(ren) 子女 = _____
Average age of covered members (employee and spouse) = the sum of all insured adults' age in this class no. of insured adult in this class 受保會員(僱員及配偶)的平均年齡 = 此保障級別內之所有成人年齡之總和 此保障級別內之所有成人人數			_____ years old 歲		N.A. 不適用	N.A. 不適用
Core Benefits 主要保障	Plan option 計劃選項 (Please tick appropriate box 請劃取適用選項)	Upgrade option 升級選項 (Please tick appropriate box 請劃取適用選項)	Annual Subscription 每年保費			Sub-total 小計
A. Hospital and Surgical Benefit 住院及手術保障	<input type="checkbox"/> Flyer翱翔 A1 <input type="checkbox"/> Flyer翱翔 A2 <input type="checkbox"/> Flyer翱翔 A3 <input type="checkbox"/> Flyer翱翔 A4 <input type="checkbox"/> Starter啟航 A5	<input type="checkbox"/> 100% Non-network benefit reimbursement 非網絡保障賠償率:100% <input type="checkbox"/> 100% Non-network benefit reimbursement 非網絡保障賠償率:100%	Plan subscription 計劃保費 X Subscription loading for upgrade option 升級選項之附加保費 X No. of employee and spouse 僱員及配偶人數 \$ _____ X _____ X _____ = \$ _____	Plan subscription 計劃保費 X Subscription loading for upgrade option 升級選項之附加保費 X No. of child 子女人數 \$ _____ X _____ X _____ = \$ _____	= \$ _____	
B. Out-patient Procedure Benefit 門診手術保障	<input type="checkbox"/> Starter啟航 B1	<input type="checkbox"/> Overall Annual Limit 每年最高賠償額 HK\$200,000	\$ _____ X _____ X _____ = \$ _____	\$ _____ X _____ X _____ = \$ _____	= \$ _____	
C. Clinical Benefit 門診保障	<input type="checkbox"/> Flyer翱翔 C1 <input type="checkbox"/> Flyer翱翔 C2 <input type="checkbox"/> Flyer翱翔 C3 <input type="checkbox"/> Starter啟航 C4 <input type="checkbox"/> Starter啟航 C5 <input type="checkbox"/> Starter啟航 C6	<input type="checkbox"/> \$0 Co-payment and 100% Reimbursement \$0自負費及100%賠償率 <input type="checkbox"/> 200% Overall Annual Limit (applicable to C1 only) 每年最高賠償額(只適用於C1) <input type="checkbox"/> No limit to max no. of visit in aggregate (applicable to C2 & C3 only) 診治總次數不限次數(只適用於C2及C3) <input type="checkbox"/> \$0 Co-payment \$0自負費 <input type="checkbox"/> No limit to max no. of visit in aggregate 診治總次數不限次數	\$ _____ X _____ X _____ = \$ _____	\$ _____ X _____ X _____ = \$ _____	= \$ _____	
Optional Benefits 自選保障	Plan option 計劃選項 (Please tick appropriate box 請劃取適用選項)		Plan subscription 計劃保費 X No. of employee and spouse 僱員及配偶人數	Plan subscription 計劃保費 X No. of child 子女人數	Sub-total 小計	
D. Supplementary Major Medical Benefit (SMM) 附加醫療保障	<input type="checkbox"/> Flyer翱翔 D1 <input type="checkbox"/> Flyer翱翔 D2 <input type="checkbox"/> Flyer翱翔 D3 <input type="checkbox"/> Flyer翱翔 D4 <input type="checkbox"/> Starter啟航 D5		\$ _____ X _____ = \$ _____	\$ _____ X _____ = \$ _____	= \$ _____	
E. Special Hospital Cash Benefit 特別住院現金保障	<input type="checkbox"/> Flyer翱翔 / Starter啟航 E1 <input type="checkbox"/> Flyer翱翔 / Starter啟航 E2		Plan subscription 計劃保費 X no. of covered members 受保會員人數		\$ _____ X _____ = \$ _____	
F. Maternity Benefit 產科保障	<input type="checkbox"/> Flyer翱翔 / Starter啟航 F1 <input type="checkbox"/> Flyer翱翔 / Starter啟航 F2		\$ _____ X _____ = \$ _____		= \$ _____	
G. Dental Benefit 牙科保障	<input type="checkbox"/> Flyer翱翔 / Starter啟航 G1		\$ _____ X _____ = \$ _____		= \$ _____	
Total annual subscription 每年總保費					= \$ _____	

Particulars of Cover 投保資料

(Please attach the proposal summary page with subscription details to this application otherwise you're required to fill below information. 請附上計劃保費資料摘要，否則你需要填寫以下計劃資料。)

Class 級別 4	Please specify employee position, seniority, etc and not benefit amount. 請註明僱員職位、年資等，而非保障額。		No. of covered members 受保會員人數			Sub-total 小計
Class Eligibility 級別資格 (All full-time employees of applicant and their dependants, if chosen, as defined below subject to the terms and conditions of the contract. 所有根據以下定義及合約條款所指的全職僱員及其家屬。)			Employee 僱員 = _____	Dependant 家屬 (Spouse 配偶) = _____	Dependant 家屬 (Child 子女) = _____	Adult (employee and spouse) 成人(僱員及配偶) = _____ Child(ren) 子女 = _____
Average age of covered members (employee and spouse) = the sum of all insured adults' age in this class no. of insured adult in this class 受保會員(僱員及配偶)的平均年齡 = 此保障級別內之所有成人年齡之總和 此保障級別內之所有成人人數		_____ years old 歲			N.A. 不適用	N.A. 不適用
Core Benefits 主要保障	Plan option 計劃選項 (Please tick appropriate box 請劃取適用選項)	Upgrade option 升級選項 (Please tick appropriate box 請劃取適用選項)	Annual Subscription 每年保費			Sub-total 小計
A. Hospital and Surgical Benefit 住院及手術保障	<input type="checkbox"/> Flyer翱翔 A1 <input type="checkbox"/> Flyer翱翔 A2 <input type="checkbox"/> Flyer翱翔 A3 <input type="checkbox"/> Flyer翱翔 A4 <input type="checkbox"/> Starter啟航 A5	<input type="checkbox"/> 100% Non-network benefit reimbursement 非網絡保障賠償率:100% <input type="checkbox"/> 100% Non-network benefit reimbursement 非網絡保障賠償率:100%	Plan subscription 計劃保費 X Subscription loading for upgrade option 升級選項之附加保費 X No. of employee and spouse 僱員及配偶人數 \$ _____ X _____ X _____ = \$ _____	Plan subscription 計劃保費 X Subscription loading for upgrade option 升級選項之附加保費 X No. of child 子女人數 \$ _____ X _____ X _____ = \$ _____	= \$ _____	
B. Out-patient Procedure Benefit 門診手術保障	<input type="checkbox"/> Starter啟航 B1	<input type="checkbox"/> Overall Annual Limit 每年最高賠償額 HK\$200,000	\$ _____ X _____ X _____ = \$ _____	\$ _____ X _____ X _____ = \$ _____	= \$ _____	
C. Clinical Benefit 門診保障	<input type="checkbox"/> Flyer翱翔 C1 <input type="checkbox"/> Flyer翱翔 C2 <input type="checkbox"/> Flyer翱翔 C3 <input type="checkbox"/> Starter啟航 C4 <input type="checkbox"/> Starter啟航 C5 <input type="checkbox"/> Starter啟航 C6	<input type="checkbox"/> \$0 Co-payment and 100% Reimbursement \$0自負費及100%賠償率 <input type="checkbox"/> 200% Overall Annual Limit (applicable to C1 only) 每年最高賠償額(只適用於C1) <input type="checkbox"/> No limit to max no. of visit in aggregate (applicable to C2 & C3 only) 診治總次數不限次數(只適用於C2及C3) <input type="checkbox"/> \$0 Co-payment \$0自負費 <input type="checkbox"/> No limit to max no. of visit in aggregate 診治總次數不限次數	\$ _____ X _____ X _____ = \$ _____	\$ _____ X _____ X _____ = \$ _____	= \$ _____	
Optional Benefits 自選保障	Plan option 計劃選項 (Please tick appropriate box 請劃取適用選項)		Plan subscription 計劃保費 X No. of employee and spouse 僱員及配偶人數	Plan subscription 計劃保費 X No. of child 子女人數	Sub-total 小計	
D. Supplementary Major Medical Benefit (SMM) 附加醫療保障	<input type="checkbox"/> Flyer翱翔 D1 <input type="checkbox"/> Flyer翱翔 D2 <input type="checkbox"/> Flyer翱翔 D3 <input type="checkbox"/> Flyer翱翔 D4 <input type="checkbox"/> Starter啟航 D5		\$ _____ X _____ = \$ _____	\$ _____ X _____ = \$ _____	= \$ _____	
E. Special Hospital Cash Benefit 特別住院現金保障	<input type="checkbox"/> Flyer翱翔 / Starter啟航 E1 <input type="checkbox"/> Flyer翱翔 / Starter啟航 E2		Plan subscription 計劃保費 X no. of covered members 受保會員人數			\$ _____ X _____ = \$ _____
F. Maternity Benefit 產科保障	<input type="checkbox"/> Flyer翱翔 / Starter啟航 F1 <input type="checkbox"/> Flyer翱翔 / Starter啟航 F2		\$ _____ X _____ = \$ _____			
G. Dental Benefit 牙科保障	<input type="checkbox"/> Flyer翱翔 / Starter啟航 G1		\$ _____ X _____ = \$ _____			
Total annual subscription 每年總保費					= \$ _____	

Particulars of Cover 投保資料

(Please attach the proposal summary page with subscription details to this application otherwise you're required to fill below information. 請附上計劃保費資料摘要，否則你需要填寫以下計劃資料。)

Class 級別 5	Please specify employee position, seniority, etc and not benefit amount. 請註明僱員職位、年資等，而非保障額。		No. of covered members 受保會員人數			Sub-total 小計
Class Eligibility 級別資格 (All full-time employees of applicant and their dependants, if chosen, as defined below subject to the terms and conditions of the contract. 所有根據以下定義及合約條款所指的全職僱員及其家屬。)			Employee 僱員 = _____	Dependant 家屬 (Spouse 配偶) = _____	Dependant 家屬 (Child 子女) = _____	Adult (employee and spouse) 成人(僱員及配偶) = _____ Child(ren) 子女 = _____
Average age of covered members (employee and spouse) = the sum of all insured adults' age in this class no. of insured adult in this class 受保會員(僱員及配偶)的平均年齡 = 此保障級別內之所有成人年齡之總和 此保障級別內之所有成人人數		_____ years old 歲			N.A. 不適用	N.A. 不適用
Core Benefits 主要保障	Plan option 計劃選項 (Please tick appropriate box 請劃取適用選項)	Upgrade option 升級選項 (Please tick appropriate box 請劃取適用選項)	Annual Subscription 每年保費			Sub-total 小計
A. Hospital and Surgical Benefit 住院及手術保障	<input type="checkbox"/> Flyer翱翔 A1 <input type="checkbox"/> Flyer翱翔 A2 <input type="checkbox"/> Flyer翱翔 A3 <input type="checkbox"/> Flyer翱翔 A4 <input type="checkbox"/> Starter啟航 A5	<input type="checkbox"/> 100% Non-network benefit reimbursement 非網絡保障賠償率:100% <input type="checkbox"/> 100% Non-network benefit reimbursement 非網絡保障賠償率:100%	Plan subscription 計劃保費 X Subscription loading for upgrade option 升級選項之附加保費 X No. of employee and spouse 僱員及配偶人數 \$ _____ X _____ X _____ = \$ _____	Plan subscription 計劃保費 X Subscription loading for upgrade option 升級選項之附加保費 X No. of child 子女人數 \$ _____ X _____ X _____ = \$ _____	= \$ _____	
B. Out-patient Procedure Benefit 門診手術保障	<input type="checkbox"/> Starter啟航 B1	<input type="checkbox"/> Overall Annual Limit 每年最高賠償額 HK\$200,000	\$ _____ X _____ X _____ = \$ _____	\$ _____ X _____ X _____ = \$ _____	= \$ _____	
C. Clinical Benefit 門診保障	<input type="checkbox"/> Flyer翱翔 C1 <input type="checkbox"/> Flyer翱翔 C2 <input type="checkbox"/> Flyer翱翔 C3 <input type="checkbox"/> Starter啟航 C4 <input type="checkbox"/> Starter啟航 C5 <input type="checkbox"/> Starter啟航 C6	<input type="checkbox"/> \$0 Co-payment and 100% Reimbursement \$0自負費及100%賠償率 <input type="checkbox"/> 200% Overall Annual Limit (applicable to C1 only) 每年最高賠償額(只適用於C1) <input type="checkbox"/> No limit to max no. of visit in aggregate (applicable to C2 & C3 only) 診治總次數不限次數(只適用於C2及C3) <input type="checkbox"/> \$0 Co-payment \$0自負費 <input type="checkbox"/> No limit to max no. of visit in aggregate 診治總次數不限次數	\$ _____ X _____ X _____ = \$ _____	\$ _____ X _____ X _____ = \$ _____	= \$ _____	
Optional Benefits 自選保障	Plan option 計劃選項 (Please tick appropriate box 請劃取適用選項)		Plan subscription 計劃保費 X No. of employee and spouse 僱員及配偶人數	Plan subscription 計劃保費 X No. of child 子女人數	Sub-total 小計	
D. Supplementary Major Medical Benefit (SMM) 附加醫療保障	<input type="checkbox"/> Flyer翱翔 D1 <input type="checkbox"/> Flyer翱翔 D2 <input type="checkbox"/> Flyer翱翔 D3 <input type="checkbox"/> Flyer翱翔 D4 <input type="checkbox"/> Starter啟航 D5		\$ _____ X _____ = \$ _____	\$ _____ X _____ = \$ _____	= \$ _____	
E. Special Hospital Cash Benefit 特別住院現金保障	<input type="checkbox"/> Flyer翱翔 / Starter啟航 E1 <input type="checkbox"/> Flyer翱翔 / Starter啟航 E2		Plan subscription 計劃保費 X no. of covered members 受保會員人數			\$ _____ X _____ = \$ _____
F. Maternity Benefit 產科保障	<input type="checkbox"/> Flyer翱翔 / Starter啟航 F1 <input type="checkbox"/> Flyer翱翔 / Starter啟航 F2		\$ _____ X _____ = \$ _____			
G. Dental Benefit 牙科保障	<input type="checkbox"/> Flyer翱翔 / Starter啟航 G1		\$ _____ X _____ = \$ _____			
Total annual subscription 每年總保費					= \$ _____	

Subscription and Levy 保費及徵費

Sum of Annual Subscription (HK\$)
年費總額 (港幣)

Subscription levy (HK\$)
保費徵費 (港幣)

+

=

Total amount payable (HK\$)
每年應付總額 (港幣)

For general information on the applicable levy rates, please visit www.bupa.com.hk/levy
有關徵費率詳情，請瀏覽 www.bupa.com.hk/levy

Payment Method 繳付保費方法

All subscription and levy should be paid by cheque ANNUALLY and made payable to 'Bupa (Asia) Limited'
所有保費及保費徵費請以支票每年繳付及抬頭請註明「保柏 (亞洲)有限公司」

Claims Settlement Method 賠償方法

- By autopay to Employee's bank account 以自動轉賬存入僱員銀行戶口
 By cheque to Employee 以支票給僱員
 By cheque to insured company 以支票給投保公司

Set up myBupa Account 建立myBupa帳戶

Bupa will set up a myBupa account for your company to access a range of online services. Please provide the following information for Bupa to provide a HR administration number to the contact person stated below. (Please be reminded that only ONE contact person can be assigned for EACH company / associated company)

保柏將會為貴公司建立myBupa帳戶，讓你使用一系列網上服務。請提供以下資料，以便保柏向所列的聯絡人提供人事管理編號。(請注意每一間公司 / 附屬公司只能安排一位聯絡人)

Contact Person 聯絡人	Company Name / Associated Company Name 公司名稱 / 附屬公司名稱	Job Title 職位	Contact Phone No. 聯絡人電話	Contact Email Address 聯絡電郵地址

Application for e-Statement Service 申請電子結算表服務

- The applicant agrees to receive an e-Statement notification to access the document type(s) indicated below (if applicable) via myBupa and understands that no printed copies of the below document type(s) will be issued to the applicant or its Employees thereafter.
申請人同意透過myBupa收取電子結算表通知以接收以下文件(如適用)及明白其後將不會再獲發下列的書面形式文件予申請人或其僱員。
- Consolidated Claims Statement 綜合賠償單
 - Consolidated Shortfall Invoice 綜合差額通知書
 - Individual Member Claims Statement (Applicable only if claims payment is via autopay) 個別會員賠償單 (只適用於自動轉賬收取賠償的會員)
 - Individual Member Shortfall Invoice 會員差額通知書

Declaration and Authorisation 聲明及授權

The applicant hereby declares and agrees:

申請人謹此聲明及同意：

- (1) that the relevant insurance product features were able to fulfil the applicant's current medical protection needs, financial situation and premium affordability;
有關保險計劃的產品內容及特色符合申請人現時的醫療保障需求、財務狀況及保費承擔能力；
- (2) that the health insurance applied for will be governed by the terms and conditions of the Contract issued by Bupa (Asia) Ltd. ("Bupa");
此醫療保障申請將受保柏(亞洲)有限公司(「保柏」)合約中之各項條款及細則所限制；
- (3) to insure 100% of eligible persons as defined and submit all required Personal Information of Members to Bupa within 31 days after the Member's Coverage Commencement Date;
替所有合資格人士投保，並於會員保障生效日後31日內向保柏提交所有所需的會員個人資料；
- (4) that all statements in the Member Enrolment Form, Member census (if any), and the information received by Bupa as to the Member's subsequent changes shall form a part of this Application and shall be the basis for underwriting thereof;
於會員登記表或會員資料表(如有)內的聲明，以及日後保柏收到更改會員資料的更改通知，均為本申請的一部分，將會作為核保的基礎；
- (5) that if a Member is hospitalised or disabled on the date on or from which he / she would otherwise have been entitled to the Benefits under this Contract, he / she shall not be entitled to such Benefits until the day that the Member returns to full time employment or study;
如會員於保障生效日當日或之前已入院或染有殘疾，在本合約下他/她將不能享有保障，直至他/她返回全職工作或全日制課程當日，保障計劃才正式生效；
- (6) that if there is any untruth in the Application or any other statement in connection with the insurance of the Members, Bupa has the right to reject all claims for the amount insured;
倘若與會員有關的保障申請或其他任何聲明有失實之處，保柏有權拒絕接受所有就投保金額作出的索償申請；
- (7) to appoint and authorise Bupa to act on its (and the Members') behalf to (i) arrange for Hospitals, Registered Medical Practitioners and other health and care providers ("HealthNet Service Providers" or "QualityNet Service Providers") to provide health and care services to the Members; (ii) issue Bupa HealthNet Card ("BHN Card") or Bupa QualityNet Card ("BQN Card") to Members to obtain health services from HealthNet Service Providers or QualityNet Service Providers; (iii) accept direct billing from HealthNet Service Providers or QualityNet Service Providers for health services rendered to the Members; (iv) establish, terminate or suspend relationship with HealthNet Service Providers or QualityNet Service Providers as necessary; and (v) recover from Members amounts for any ineligible medical expenses (i.e. those excluded from or exceeded the benefit limits under the Contract) by direct billing. The applicant shall be fully liable for all Shortfalls due to such ineligible expenses incurred by any Members using the BHN Card or BQN Card and reimburse Bupa in full for such Shortfall within 14 days of the receipt of the invoice. In the event of loss of the BHN Card or BQN Card, the applicant will inform Bupa of full details within 48 hours. Bupa will assume no responsibility and shall not be held liable or accountable for any further claim which may arise against the HealthNet Service Providers or QualityNet Service Providers;
委任及授權保柏代其(及會員)(i)安排醫院、註冊西醫及其他醫療供應商(「網絡服務供應商」或「卓新網絡服務供應商」)為會員提供醫療服務；(ii)發放保柏網絡醫療卡(「保柏網絡醫療卡」或「保柏卓新網絡醫療卡」)給會員，讓會員享用網絡服務供應商或卓新網絡服務供應商的醫療服務；(iii)接受網絡服務供應商或卓新網絡服務供應商就向會員所提供的醫療服務而直接發出的賬單；(iv)在需要時建立、終止或暫停與網絡服務供應商或卓新網絡服務供應商的關係；及(v)直接向會員發出賬單收回所有不合資格的醫療費用(即該等超出合約內訂明之範圍或保障上限)。申請人須全力承擔所有由於會員使用保柏網絡醫療卡或保柏卓新網絡醫療卡所涉及的不合資格差額費用，並須於接獲通知書的14天內，就該差額全數賠償給保柏。如遺失保柏網絡醫療卡或保柏卓新網絡醫療卡，申請人必須於48小時內通知保柏有關詳情。保柏不會及無須就任何對網絡服務供應商或卓新網絡服務供應商提出的索償承擔任何責任；
- (8) that the applicant understands that it is duly authorised to release the information of its Employees (and their Dependents, if opted for) and will fully indemnify Bupa for any losses, damages or claims that might result from the release of such information; and
申請人明白申請人獲得正式授權，可以提供其僱員(及其家屬，如選擇投保)的資料予保柏，並全面保障保柏免因透露該資料而遭受任何損失、損害或索償；及
- (9) that the applicant has read and understood the Personal Information Collection Statement included in this application.
申請人已細閱並明白本申請表所述的「個人資料收集聲明」。

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

The applicant understands, acknowledges and agrees that, as a result of the applicant 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. Where the applicant is a body corporate, the authorised person who signs on behalf of the applicant further confirms to Bupa that he or she is authorised to do so.

The applicant further understands that the above agreement is necessary for Bupa to proceed with the Application.

保柏會就申請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人佣金。假如申請人為法人團體，代表申請人簽署的獲授權人員須向保柏確認他/她已獲該法人團體授權。

申請人亦明白保柏必須取得申請人以上的同意，才可以處理其保險申請。

Authorised Signature of the Applicant and Company Chop 申請人的授權簽署及公司印章	Printed Name and Position of the Applicant 申請人的姓名及職位
X	Date of Signature 簽署日期(DD日 / MM月 / YY年) X
Agent's / Broker's / Sales' Name (if applicable and must be completed by 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 / Sales' Code 代理人 / 經紀 / 營業代表編號

Bupa use only 只供保柏填寫

Contract No. 合約編號	Remarks 備註
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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")

Please refer to Bupa's website <http://www.bupa.com.hk> for the glossary of terms used in this Statement.

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

- 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.
- 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.**
- 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.
- The Company may collect, use or disclose personal information relating to you, or the Member, for the following purposes:**
 - processing, assessing and determining any Applications for insurance products and services;
 - 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;
 - 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;
 - 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;
 - provision and design of products and services of the Company;
 - 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;
 - 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;
 - 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
 - making disclosure to satisfy the requirements of any laws, rules and regulations, codes of practice, guidance notes or guidelines binding on the Company.
- 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:**
 - the Company's group companies ("Group Company");
 - any insurance adjusters, agents and brokers;
 - any re-insurance companies authorised by the Company;
 - employers (for members of corporate policy only);
 - healthcare professionals and hospitals;
 - 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);
 - any actual or proposed assignee, transferee, participant or sub-participant of all or a substantial part of the Company's rights or business; and
 - 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.
- 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:
 - Insurance, medical, healthcare, wellness, personal development, beauty, lifestyle, entertainment, financial, and related services and products;
 - rewards, benefits, discounts, member activities, loyalty or privileges programmes and related services and products; and
 - 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:

- to check whether the Company holds personal information relating to you or the Member and to access such personal information;
- to require the Company to correct any personal information relating to you or the Member which is inaccurate;
- 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
- 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」)

請參閱保柏網站 <http://www.bupa.com.hk> 有關本聲明中使用的詞彙定義。

遵照條例,本公司特通知閣下以下事項:

- 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)。
- 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。
- 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。
- 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:**
 - 處理、評估、決定任何保險產品及服務之申請;
 - 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;
 - 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;
 - 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;
 - 提供及設計本公司的產品及服務;
 - 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;
 - 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;
 - 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
 - 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。
- 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:**
 - 本公司的集團公司(「集團公司」);
 - 任何由本公司授權的保險理算人、代理及經紀;
 - 任何由本公司授權的再保險公司;
 - 僱主(只適用於團體保單之會員);
 - 醫護專業人員及醫院;
 - 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)、為保險業界整合甲案及承保資料之組織、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);
 - 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
 - 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。
- 本公司只會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):
 - 保險、醫療、康復、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;
 - 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
 - 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的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。
- 根據有關條例中的條款,閣下有權:**
 - 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;
 - 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;
 - 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
 - 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
- 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。
- 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。
- 本聲明不會限制客戶在條例下所享有之權利。
- 中英文本如有歧義,概以英文為準。

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