

Application for Group Medical Insurance

團體醫療保險申請表

Please disclose ALL information in detail.
請詳細填報下列全部資料。

If not applicable, please write "N/A".
如有不適用者，請填（不適用）。

Application is hereby made for group medical insurance coverage to provide medical benefits for the employees of the under-mentioned employer (hereinafter known as the Proposer/Applicant).
本僱主(下稱「投保申請人」) 現申請團體醫療保險，為員工提供醫療福利。

Proposer/Applicant 投保申請人 : _____

Registered Address 公司註冊地址 : _____

Correspondence Address (if different with Registered Address)
通訊地址(若與營業地址不同) : _____

BR No. 公司註冊號碼 : _____ Contact Person 聯絡人 : _____

Mobile No. 手提電話 : 852 Office Tel. No. 公司電話 : 852- _____

Fax No. 傳真號碼 : 852- _____ Email address 電郵地址 : _____

1. Eligibility 資格

- (a) Each present full-time employee shall be eligible for benefits 現時每位全職之僱員由下列日期起，有資格享有醫療保障
- upon the effective date of the contract 本合同之生效日期
 - or 或
 - upon the date they have completed _____ months of continuous service. 在連續服務滿 _____ 個月後

- (b) New full-time employees shall be eligible for benefits 新聘的全職僱員由下列日期起，有資格享有醫療保障
- upon the date of their employment 受僱當日起
 - or 或
 - upon the date they have completed _____ months of continuous service. 在連續服務滿 _____ 個月後

Employees not actually at work on the date they would otherwise be eligible on the date of their return to full-time work in good health. 在上述日期符合資格但實際上沒有上班之僱員，若在健康良好的情況下恢復全職工作，便可即時享有醫療保障。

2. Plan of benefits 保障計劃

The contract shall be in respect of not less than _____ per cent of the employees eligible for cover under the plan of benefits as indicated below: 根據本合同，合資格享有保障的僱員需不得少於百份之_____。

The cover is to be issued 保障方式

- on a non-contributory basis covering all eligible employees without contribution on their part towards the payment of subscriptions 非供款式，保障所有毋須就下列人士付供款的合資格僱員
- with respect to employees 僱員本身
- with respect to dependants of employees 僱員的受供養人

or 或

- on a contributory basis covering all eligible employees who participate in the plan and agree to contribute towards the payment of subscriptions 供款式，保障所有參與計劃並同意就下列人士支付供款的合資格僱員
- with respect to employees 僱員本身
- with respect to dependants of employees 僱員的受供養人

3. Premiums 保費

The premium rates shall be the same as those shown on quotation no. (_____) annexed hereto. 保費須與本申請表所附報價單編號(_____)上所示之保費相同，
Premium payments are to be payable 14 days in advance, commencing on the effective date. The first premium due will be shown on our invoice. 而保費須由保單生效日期起提前14繳交。首次保費的到期日將載於發票上。

4. Benefits schedule 保障項目表

The benefits schedule shall be the same as those shown on the quotation no.: (_____) annexed hereto. 保障項目表須與本申請表所附報價單編號(_____) 上所載保障項目相同。

5. Information supplied 提供的資料

China BOCOM Insurance Company Limited, has prepared the quotation no.: (_____) annexed hereto on the basis of information supplied by the Proposer.
中國交銀保險有限公司根據投保人所提供資料，制訂本申請表所附報價單(編號 _____)

6. Contributory coverage 供款式醫療保障

The group contract shall not take effect until the first premium has been paid to China BOCOM Insurance Company Limited, and, if contributory coverage for employee is applied for, until at least 75% of eligible employees have enrolled.

有中國交銀保險有限公司尚未收到首次保費之前，本團體醫療保險合同不會生效，而如屬供款式醫療保障，則至少須有百分之七十五的合資格僱員參加計劃，本合同方會生效。

If coverage for dependants is applied for, it will not become effective before the coverage for the employees becomes effective nor, if the coverage for the dependants is applied for on a contributory basis, before at least 75% of the eligible employees having dependants have enrolled in the plan both for themselves and their dependants.

倘若為僱員的受供養人申請醫療保障，則有關保障須在僱員本身獲得醫療保障後才可生效，而倘若受供養人的醫療保障為供款式，則至少須有百分之七十五有受供養人的合資格僱員參與計劃，受供養人方享有醫療保障。

7. Effective date 生效日期

Coverage will be effective from _____ day of _____ 20_____, for a period of _____ months, provided that the first premium has been paid to China BOCOM Insurance Company Limited
在首次保費已付予中國交銀保險有限公司的情況下，保單將由二〇_____年 _____月 _____日起生效，為期_____個月。

8. Policy terms 保單條款

The Proposer agrees that the contract to be issued will be the standard China BOCOM Insurance Company Limited medical policy document.

投保人同意獲發之保單為標準的中國交銀保險有限公司醫療保單。

9. 繳付保費方法 PREMIUM PAYMENT METHOD

請選擇下列方法繳付保費 Please select the premium payment method below :

- 銀行轉賬[△] Bank Transfer[△] 支票^{*} Cheque^{*}

[△] 閣下可將應付保費轉賬至下列指定賬戶內並將轉賬收據或入數紙副本連同已簽署之投保書正本遞交至本公司辦理。

You can transfer the required premium to designated bank accounts below and return the original executed proposal form together with the copy of transfer/deposit slip to us.

銀行名稱 Bank Name	銀行賬戶編號 Bank Account Number
中國銀行(香港) Bank of China (Hong Kong)	031-350-1-0336036
恒生銀行 Hang Seng Bank	256-220138-668

*如選擇以支票付款，支票抬頭需填寫「中國交銀保險有限公司」。If paid by cheque, it should be made payable to "China BOCOM Insurance Co., Ltd."

投保申請人特別須知:

由2018年1月1日起，保險業監管局將會根據《保險業(徵費)令》及《保險業(徵費)規例》，向保單持有人收取保費徵費。有關徵費為應付保費的特定百分比，而且每份保單每保單周年均設有徵費上限，並透過保險公司向保單持有人收取。詳情請瀏覽保監局網頁 www.ia.org.hk。

Special Note to Insurance Applicant:

From 1 January 2018 onwards, a levy on insurance premiums for insurance policies will be payable to the Insurance Authority (IA) by policyholders pursuant to the Insurance (Levy) Order and Insurance (Levy) Regulation. Levy is a specific percentage to the premium payable with a levy cap applied per policy per policy year. The levy will be collected from policyholders through insurance companies. For details, please visit IA's website at www.ia.org.hk.

In the event the Insurance application consisting of personal information, such application will not be processed unless this personal information collection statement is duly read and signed by the insurance applicant. (effective from 1st April, 2013)

PERSONAL INFORMATION COLLECTION STATEMENT ("PICS")

PART 1 : COLLECTION AND USE OF PERSONAL DATA

China BOCOM Insurance Co., Ltd. (hereafter called "the Company") may use the personal data the Company collects from you (whether contained in the insurance application or otherwise) for the following purposes:

- (i) processing and evaluating your insurance application and any future insurance application you may make;
- (ii) administering your insurance policy and providing services in relation to your insurance policy;
- (iii) investigating, processing and paying claims made under your insurance policy;
- (iv) invoicing and collecting premiums, deductibles for claim settlement and/or any outstanding amounts from you;
- (v) executing the Direct Debit Payment Authorization for premium payment;
- (vi) designing products/services for customers;
- (vii) conducting market research for statistical or other purposes;
- (viii) matching any data held which relates to you from time to time for any of the purposes listed herein;
- (ix) conducting identity and/or credit checks and/or debt collection;
- (x) carrying out other services in connection with the operation of the Company's business;
- (xi) promotion of insurance and/or financial products or services and/or providing of latest product privilege, new product and/or services information when they become available;
- (xii) contacting you for any of the above purposes;
- (xiii) other ancillary purposes which are directly related to the above purposes; and
- (xiv) complying with applicable laws, regulations or any industry codes or guidelines.

Personal data will be collected only for lawful and relevant purposes and all practicable steps will be taken to ensure that personal data held by the Company is accurate. The Company will take all practicable steps to ensure security of the personal data and to avoid unauthorized or accidental access, erasure or other use.

The Company may disclose your personal data for the above purposes to the following classes of transferees:

- (a) third party agents, contractors and advisors who provide administrative, communications, computer, payment, security or other services which assist the Company to carry out the above purposes (including medical service providers, emergency assistance service providers, telemarketers, mailing houses, IT service providers, bank for executing direct debit payment and data processors);
- (b) in the event of a claim, loss adjudicators, claims investigators and medical advisors;
- (c) in the event of default, debt collectors and recovery agents;
- (d) insurance reference bureaus or credit reference bureaus;
- (e) reinsurers and reinsurance brokers;
- (f) your insurance broker (if you have one);
- (g) our legal and professional advisors;
- (h) our related companies;
- (i) the Hong Kong Federation of Insurers (or any similar association of insurance companies) and its members;
- (j) the Insurance Claims Complaints Bureau and similar industry bodies; and
- (k) government agencies and authorities as required or permitted by law.

The Company may also use and disclose your personal data otherwise with your consent.

"Related companies" in this form means the holding company of the China BOCOM Insurance Co., Ltd (Bank of Communications Co., Ltd.) which includes branches, subsidiaries, representative offices and/or any corporations or legal entity under the effective management control by the Bank of Communications Co., Ltd. and/or any subsidiaries and/or representative offices of China BOCOM Insurance Co., Ltd, wherever situated.

PART 2 : DIRECT MARKETING

With your consent, the Company may also use your contact details, demographic information and policy details to contact you with direct marketing communications regarding financial and insurance products by mail, email, telephone or mobile message. Please tick the box below to inform us if you do not consent to receive such direct marketing communications.

With your consent, the Company may also provide your contact details, demographic information and policy details to our related companies who may send you direct marketing communications regarding financial and insurance products by mail, email, telephone or mobile message. Please tick the box below to inform us if you do not consent to us providing your personal data to our related companies and do not wish to receive direct marketing communications from our related companies.

I/We do not consent to receive marketing communications from the Company.

I/We do not consent to receive marketing communications from the related companies of the Company.

If you return this form without ticking the above box it means that you do not wish to opt-out from any form of direct marketing of the Company and/or its related companies

In the event you have informed us in this statement you do not consent to receive direct marketing communications from the related companies of the Company, we will not provide your personal information to the related companies of the Company. However it does not mean that you are not consent the use of personal data by related companies who held or collected your personal information either by its own way or from other channels other than the Company for the purpose of direct marketing communications.

IMPORTANT NOTE TO INSURANCE APPLICANT:

- (1) It is mandatory to provide all of the personal data requested on the insurance application/proposal form. Failure to provide all the personal data requested on this insurance application/proposal form may mean the Company are unable to process your application.
- (2) The above statement at Part 2 represents your present choice whether or not to receive direct marketing materials and it will supersede all previous choices communicated by you to the Company prior to this application.
- (3) You may in future withdraw your consent to the use and provision of your personal data for direct marketing. If you wish to withdraw your consent, please inform us in writing to the address in the section on "ACCESS AND CORRECTION OF PERSONAL DATA". The Company shall, without charge to you, ensure that you are not included in future direct marketing activities.
- (4) If you want to know the use and provision of personal data in direct marketing, please contact the Company for further information.

ACCESS AND CORRECTION OF PERSONAL DATA:

Under the Personal Data (Privacy) Ordinance (Cap. 486) ("PDPO"), you have the right to ascertain whether the Company holds your personal data, to obtain a copy of the data, and to correct any data that is inaccurate. You may also request the Company to inform you of the type of personal data held by it. Requests for access and correction or for information regarding policies and practices and kinds of data held by the Company should be addressed in writing to: **Data Privacy Officer of China BOCOM Insurance Co., Ltd. 18/F., Fairmont House, 8 Cotton Tree Drive, Central, Hong Kong.**

收集個人資料的聲明

部分1: 收集及使用個人資料

中國交銀保險有限公司(下稱“本公司”)可能會使用客戶提供的個人資料(不論是否在投保申請書內所載或從其他途徑所取得)作以下用途:

- (i) 處理及審批 閣下的保險申請或 閣下將來提交的保險申請;
- (ii) 執行 閣下保單的行政工作及提供與 閣下保單相關的服務;
- (iii) 調查、處理及支付 閣下保單有關的索償;
- (iv) 發出繳交保費通知及向 閣下收取保費、自負額及欠款;
- (v) 執行直接付款方式授權繳付保費;
- (vi) 為客戶設計產品及/或服務;
- (vii) 為統計或其他目的進行市場研究;
- (viii) 不時就本條款所列的任何目的核對所持有的與 閣下有關的任何資料;
- (ix) 進行身份和/或信用核查和/或債務追收;
- (x) 開展與本公司業務經營有關的其他服務;
- (xi) 向 閣下提供本公司最新的產品優惠、推廣、新產品及服務資訊;
- (xii) 就以上用途聯絡 閣下;
- (xiii) 其它與上述用途有直接關係的附帶用途;及
- (xiv) 遵循適用法律, 條列及業內守則及指引。

本公司僅將為合法和相關的目的收集個人資料,並將採取一切切實可行的步驟,確保本公司所持個人資料的準確性。本公司將採取一切切實可行的步驟,確保個人資料的安全性,及避免發生未經授權或者因意外而擅自取得、刪除或另行使用個人資料的情況。

本公司亦可因應上述用途披露 閣下的個人資料予下列各方:

- (a) 就上述用途,向本公司提供行政、通訊、電腦、付款、保安及其它服務的第三方代理、承包商及顧問(包括:醫療服務供應商、緊急救援服務供應商、電話促銷商、郵寄及印刷服務商、資訊科技服務供應商、執行直接付款方式繳付保費之銀行及數據處理服務商);
 - (b) 處理索賠個案的理賠師、理賠調查員及醫療顧問;
 - (c) 追討欠款的收數公司或索償代理;
 - (d) 保險資料服務公司及信貸資料服務公司;
 - (e) 再保公司及再保經紀;
 - (f) 閣下的保險經紀(若有);
 - (g) 本公司的法律及專業業務顧問;
 - (h) 本公司的關連公司;
 - (i) 香港保險業聯會(或同類的保險公司聯會)及其會員;
 - (j) 保險索償投訴局及同類的保險業機構;
 - (k) 法例要求或許可的政府機關。
- 經 閣下同意,本公司可能會以其它方式使用及披露 閣下的個人資料。

“關連公司”是指本公司的控股公司『交通銀行股份有限公司』其中亦包括交通銀行股份有限公司屬下之分行、附屬公司及代表處及/或任何被交通銀行股份有限公司在管理上控制的公司及/或中國交銀保險有限公司的附屬公司及代表處,不論其所在地。

部分2: 直銷促銷

經 閣下同意,本公司可能使用 閣下的聯絡資料、個人基本資料及保單資料,通過書信、電郵、電話或流動短訊與 閣下聯絡,提供金融及保險產品的直接促銷通訊。若 閣下不欲接收有關直接促銷通訊,請在以下的方格內填上☐。

經 閣下同意,本公司亦可能提供 閣下的聯繫資料、個人基本資料及保單資料給本公司的關連公司,關連公司可以以書信、電郵、或流動短訊與 閣下聯絡,提供金融及保險產品的直接促銷通訊。若 閣下反對本公司將 閣下個人資料提供給關連公司及不欲接收關連公司的直接促銷通訊,請在以下的方格內填上☐。

若 閣下反對接收本公司的直接促銷通訊,請在方格內填上☐

若 閣下反對接收關連公司的直接促銷通訊,請在方格內填上☐。

如閣下遞交此聲明書而沒有在以上方格內以☐顯示閣下的選擇,即代表閣下並不拒絕接收任何形式的直銷推廣。

若 閣下在此聲明中已表明不同意接收關連公司的直接促銷通訊,我司將停止提供 閣下的個人資料給予本公司的關連公司,但這並不代表 閣下反對本公司的關連公司使用由其公司原本擁有 閣下的個人資料或其公司從自己的途徑或從其他非經由本公司的途徑收集獲得 閣下之個人資料所作出的直接促銷用途。

申請人需留意的重要事項

- (1) 敬請注意,如果 閣下不向本公司提供 閣下的個人資料,本公司可能無法提供 閣下所需的資料、產品或服務,或無法處理閣下的要求。
- (2) 以上部分2代表 閣下現在接收直銷推廣資料的選擇,這亦取代任何 閣下之前已告知中國交銀保險有限公司的選擇。
- (3) 閣下如欲撤回 閣下給予本公司的同意,請發信至下文“個人資料的查閱和更正”部份所列的地址通知本公司。本公司會在不收取任何費用的情況下確保不會將 閣下納入日後的直接促銷活動中。
- (4) 閣下如欲了解更多本公司為促銷目的使用 閣下的個人資料的政策,歡迎與本公司聯絡索取進一步資料。

個人資料的查閱和更正

根據條例, 閣下有權查閱本公司是否持有 閣下的個人資料,獲取該資料的副本,以及更正任何不準確的資料。閣下還可以要求本公司告知 閣下本公司所持個人資料的種類。查閱和更正的要求,或有關獲取政策、常規及本公司所持的資料種類的資料,均應以書面形式發送至:中國交銀保險有限公司位於香港中環紅棉路8號東昌大廈18樓個人資料保護主任收。

投保人聲明 DECLARATION

請細閱下列各項條文及投保人須知，然後在指定空位內簽署。

Please read the following statements and Important Notes to Proposer carefully and sign in the space provided.

本人聲明 I declare that

1. 本人/本公司謹就本人/本公司所知及所聲明，上述資料全部屬實無訛。 I / We declare that the information given above is true and complete to the best of my / our knowledge and belief.
2. 本人/本公司明白本投保書被中國交銀保險有限公司接受後保障才正式生效，及同意該投保書和聲明將被用作雙方合約之根據。 I / We understand that this application will not become effective until this proposal has been accepted by China BOCOM Insurance Co., Ltd. and agree that this Proposal and Declaration shall be the basis of the contract between me / us and China BOCOM Insurance Co., Ltd.
3. 本人/本公司確認已填報一切重要的有關資料，絕無隱瞞或保留，並同意將本投保書和聲明作為與中國交銀保險有限公司和本人/本公司所訂合約之根據，並以保單上各條款為準則。 I / WE confirm that I / WE have not withheld any material information and accept that this application and declaration shall be the basis of, and be incorporated in the contract between China BOCOM Insurance Co., Ltd. and myself or my company.
4. 本人/本公司確認本人/本公司已閱讀並明白收集個人資料的聲明。本人/本公司確認本人/本公司已被通知本人/本公司須詳細閱讀該聲明，而本人/本公司已詳細閱讀該聲明對貴公司所收集或持有之本人/本公司的個人資料的影響(不論是否投保申請書內所載或從其他途徑所取得)。根據以上所述，本人/本公司特此確認並同意中國交銀保險有限公司根據該聲明使用及轉移本人/本公司的個人資料，包括根據本人/本公司在上述收集個人資料聲明部分 2 中給予貴公司的指示在直接促銷中是否使用及將本人/本公司個人資料提供予其他人士。 I / WE ACKNOWLEDGE AND CONFIRM that I / we have read and understood the Personal Information Collection Statement ("PICS"). I / We confirm that I / we have been advised to read carefully the PICS, and I / we have read it carefully its effect and impact in respect of my / our personal data collected or held by the Company (whether contained in the insurance proposal / application or otherwise). Based on the foregoing, I / we hereby give my / our acknowledgement and agree to the use and transfer of my / our personal data by China BOCOM Insurance Co., Ltd. in accordance with the PICS, including the use and provision of my / our personal data for the purpose of direct marketing based on my / our instruction stated at PICS Part 2 above.

(Proposer's Representative Signature and company stamp)

投保申請人之代表簽署及公司印鑑

Date

日期

投保人須知 IMPORTANT NOTES TO PROPOSER

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