

中銀家全保醫療計劃投保書

BOC Family Medical Insurance Plan Proposal Form



香港中環德輔道中 71 號永安集團大廈 9 樓 9/F., Wing On House, 71 Des Voeux Road Central, Hong Kong.

電話 Tel : 3187 5100

公司戶專用 Exclusively for Company Customer

客戶注意事項 Important Notes to the Customer :

1. 投保公司負責人請以英文正楷填寫及在適當方格內加「✓」號。任何答案如有更改，敬請受保員工在旁簽署。The responsible person of Proposed Insured Company has to complete the form in English BLOCK LETTERS and please put a "✓" in the box as appropriate. Any changes to be made should be signed by the Insured Employee.
2. 若不清楚此投保書需要透露的資料內容，請致電中銀集團保險有限公司(下稱「中銀集團保險」)熱線 (852) 3187 5100 查詢。讓保險公司了解實況，有助保障投保公司及/或受保人的利益，若未能充份透露實情，將會使投保公司及/或受保人得不到所需的保障，甚至使保單失效。If you have any doubt on what should be disclosed in this proposal form, please call Bank of China Group Insurance Company Limited (name below as "BOCG Insurance") Hotline (852) 3187 5100. Making sure the insurance company is informed will be beneficial to the Proposed Insured Company and/or Insured Person. Failure to disclose may mean that the policy will not provide the Proposed Insured Company and/or Insured Person with the required coverage, or may invalidate the policy altogether.
3. 此投保書申請一經被接納後，投保公司的保單將會每年自動續保。Once the application for this proposal form is accepted, the policy of the Proposed Insured Company will be automatically renewed each year.
4. 若此投保書所含的內容與保單條款有任何歧異，概以保單為準。In the event that the information contained in this proposal form does not conform to the terms in any policy issued, the policy terms shall prevail.
5. 中銀家全保醫療計劃(「本計劃」)由中銀集團保險承保。BOC Family Medical Insurance Plan ("this Plan") is underwritten by BOCG Insurance.
6. 中國銀行(香港)有限公司(「中銀香港」)及集友銀行有限公司(各稱為「代理銀行」)以中銀集團保險的委任保險代理身份分銷本計劃，本計劃為中銀集團保險的產品，而非代理銀行的產品。Bank of China (Hong Kong) Limited ("BOCHK") and Chiyu Banking Corporation Limited (each an "agent Bank") are the appointed insurance agents of BOCG Insurance for distribution of this Plan. This Plan is a product of BOCG Insurance but not the agent Bank.
7. 對於代理銀行與客戶之間因銷售過程或處理有關交易而產生的合資格爭議(定義見金融糾紛調解計劃的金融糾紛調解中心職權範圍)，代理銀行須與客戶進行金融糾紛調解計劃程序；而有關本計劃的合約條款的任何爭議，應由中銀集團保險與客戶直接解決。In respect of an eligible dispute (as defined in the Terms of Reference for the Financial Dispute Resolution Centre in relation to the Financial Dispute Resolution Scheme) arising between the agent Bank and the customer out of the selling process or processing of the related transaction, the agent Bank is required to enter into a Financial Dispute Resolution Scheme process with the customer; however any dispute over the contractual terms of this Plan should be resolved between directly BOCG Insurance and the customer.

投保公司資料 Details of the Proposed Insured Company

| | |
|---|---------------------------------------|
| 1. 投保公司名稱 Name of Proposed Insured Company | 2. 商業登記證編號 Business Registration No. |
| 3. 聯絡人姓名 Name of Contact Person / 職位 Position | 4. 行業 Industry / 業務性質 Business Nature |
| 5. 聯絡電話 Contact No. / 傳真號碼 Fax No. | 6. 電子郵箱 E-mail |
| 7. 通訊地址 Correspondence Address 室 Room / Flat _____ 層數 Floor _____ 座數 Block / Tower _____ 大廈名稱 Name of Building _____ 街道號數及名稱 Number and Name of Street/Road _____ 地區 District _____ <input type="checkbox"/> 香港 HK <input type="checkbox"/> 九龍 KLN <input type="checkbox"/> 新界 NT | |
| 8. 客戶從以下那個途徑得知本產品? How does the customer know about this product? <input type="checkbox"/> 我行銷售人員推介 (BR01) <input type="checkbox"/> 擺放分行或網站之宣傳品或客戶通訊或宣傳語句 (BR02) <input type="checkbox"/> 直銷途徑，例如直銷郵件、電話營銷 (DM01) <input type="checkbox"/> 傳媒 (ME01) <input type="checkbox"/> 月結單插張 (SI01) <input type="checkbox"/> 親友介紹 (RE01) <input type="checkbox"/> 其他 (OT01) | |

保險期 Policy Period

由 From (日 D / 月 M / 年 Y) _____ 至 To (日 D / 月 M / 年 Y) _____
(首尾兩日包括在內及保單每年自動續保的保險期 both dates inclusive and upon each subsequent anniversary date thereof)

投保限制 Limitation :

1. 投保時，投保公司必須為受保員工之僱主，受保員工投保年齡須為 18 歲或以上。Proposed Insured Company must be the employer of the Insured Employee, the Insured Employee must be aged 18 or above upon application.
2. 受保員工可與家人一同投保。家人是指受保員工及/或其父母、合法配偶、合法配偶父母、子女。The Insured Employee can enrol this plan together with family. "Family" refers to the Insured Employee and/or parents and/or legal spouse and/or parents-in-law and/or child(ren) of the Insured Employee.
3. 所有受保人於申請這份保險時須為年齡須介乎 15 日至 70 歲(首尾包括在內)並必須持有有效的身份證明文件(香港、澳門、台灣地區或中華人民共和國)。All Insured Person(s) must hold a valid proof of identity (Hong Kong, Macau, the Taiwan region or the People's Republic of China) aged between 15 days and 70 years old (both days inclusive) when applying for this insurance.

| 受保人資料 Details of Insured Person(s) (如有更多受保人，請另紙填上 Use separate sheet if more Insured Persons to be insured) | | | | | | |
|--|--|---|--|---|---|---|
| 另有附頁 with attachment <input type="checkbox"/> | 受保人 1 Insured Person 1 年齡 Age: _____ | 受保人 2 Insured Person 2 年齡 Age: _____ | 受保人 3 Insured Person 3 年齡 Age: _____ | 受保人 4 Insured Person 4 年齡 Age: _____ | 受保人 5 Insured Person 5 年齡 Age: _____ | 受保人 6 Insured Person 6 年齡 Age: _____ |
| 姓氏 Surname | | | | | | |
| 名字 Given Name | | | | | | |
| 香港身份證 / 護照號碼 / 出生 證件號碼 (11 歲以下) HKID Card No. / Passport No. / Birth Cert. No. (for aged below 11) | | | | | | |
| 性別 Sex | | | | | | |
| 出生日期 (日/月/年) Date of Birth (DD/MM/YY) | / / | / / | / / | / / | / / | / / |
| 國籍 Nationality | | | | | | |
| 與受保員工關係 Relationship with Insured Employee | <input type="checkbox"/> 本人 Self | <input type="checkbox"/> 配偶 Spouse | <input type="checkbox"/> 父 Father <input type="checkbox"/> 配偶父 Father- in- Law | <input type="checkbox"/> 母 Mother <input type="checkbox"/> 配偶母 Mother- in-Law | <input type="checkbox"/> 子女 ¹ Child ¹ | <input type="checkbox"/> 子女 ¹ Child ¹ |
| 職業及職位 Occupation and Position | | | | | | |
| 身高 ² Height ² (米/m) | | | | | | |
| 體重 ² Weight ² (千克/kg) | | | | | | |
| 身體質量指數 ³ Body Mass Index (BMI) ³ | | | | | | |
| 身體質量指數 ³ 是否 符合標準 ? Does BMI ³ fall within standard level? | <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No | <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No | <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No | <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No | <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No | <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No |
| 保障計劃 ⁴ 類別及總保費 Category of Benefits Plan⁴ & Total Premium (HK\$) | | | | | | |
| 住房等級限制 Room Level Limit | 大房 ⁵ Ward ⁵ | | | | | |
| 自付額選擇 ⁶ Deductible Option ⁶ | P1 : <input type="checkbox"/> HK\$ 0 P2 : <input type="checkbox"/> HK\$ 15,000 P3 : <input type="checkbox"/> HK\$ 30,000 | | | | | |
| 基本保障 Basic Benefit | | | | | | |
| A. 住院及手術保障 Hospital and Surgical Benefit | <input checked="" type="checkbox"/> | | | | | |
| 自選保障 Optional Benefit(s) | | | | | | |
| B. 家庭互保附加醫療保障 ⁷ Family Guard Supplementary Medical Benefit ⁷ <input type="checkbox"/> | | | | | | |
| C. 升級保障 Upgrade Benefits | <input type="checkbox"/> C1 <input type="checkbox"/> C2 | <input type="checkbox"/> C1 <input type="checkbox"/> C2 | <input type="checkbox"/> C1 <input type="checkbox"/> C2 | <input type="checkbox"/> C1 <input type="checkbox"/> C2 | <input type="checkbox"/> C1 <input type="checkbox"/> C2 | <input type="checkbox"/> C1 <input type="checkbox"/> C2 |
| 全年保費 Annual Premium(HK\$) | | | | | | |
| 此欄只供 2 名或以上受保人填寫 This part is applicable for 2 or more Insured Persons to complete | | | | | | |
| 家庭保費折扣優惠 Family Premium Discount Offer | | | | | | |
| 2 名受保人 2 Insured Persons : 10% 3 名受保人 3 Insured Persons : 20% 4 名受保人或以上 4 Insured Persons or above : 25% | | | | | | |
| 所有受保人(基本 + 自選保障) All Insured Person(s)(Basic + Optional Benefit) | | | 全年總保費 Total Annual Premium (HK\$) : | | | |
| | | | 折扣後總保費 Total Premium after discount (HK\$) : | | | |

註 Remarks :

1. 子女：指受保員工的合法子女，包括繼子女、領養子女、或監護兒童。Child: refers to legal child(ren) of the Insured Employee, including step child(ren), adopted child(ren), or wards.
2. 1 吋 inch = 2.54 厘米 cm ; 1 米 m = 100 厘米 cm ; 1 千克 kg = 2.2 磅 lbs
3. 身體質量指數(BMI)計算方式 “Body Mass Index” (BMI) assessment method : 請參考以下 BMI 計算程式或使用設於中銀集團保險網頁(<http://www.bocgins.com>)的 BMI 網上計算機，以便於投保書內申報受保人的 BMI 指數。Please specify Insured Person(s)' BMI index in the proposal form by referring the below BMI formula or the online BMI calculator in BOCG Insurance website (<http://www.bocgins.com>).

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

| 身體質量指數分類 BMI Category | 標準 standard level | 不符合標準 falls outside standard level |
|-------------------------------------|-------------------|------------------------------------|
| 成人 Adult (18 歲或以上 aged 18 or above) | 18-26 | <18 或 or >26 |
| 子女 Child (18 歲以下 aged below 18) | 10-26 | <10 或 or >26 |

例子 example : 成人 – 年齡 25 歲、身高 173 厘米及體重 68 千克 Adult - 25 years old, 173cm height and 68 kg weight

$$\text{BMI} = \frac{(68 \text{ kg})}{(1.73\text{m})^2} = 22.72 \text{ (其身體質量指數符合標準 BMI falls within standard level)}$$

例子 example : 子女 – 年齡 1 歲、身高 75 厘米及體重 4 千克 Child - 1 year old, 75cm height and 4 kg weight

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

4. 受保人須投保基本保障，方可投保自選保障。The Insured Person(s) should enrol in the Basic Benefit coverage prior to the application for Option Benefit(s).
5. 如受保人住院時並非入住大房，各項保障額(門診手術除外)，將因應升級住房而作調整：入住半私家房下調至 50% / 入住私家房下調至 25%。如入住私家房以上的級別則不受保障。If the Insured person(s) is/are not confined in ward when hospitalisation, each coverage limit in the above (except clinical surgery) will be adjusted being of higher room level: confined in semi-private room to be reduced to 50% / confined in private room to be reduced to 25%. It is not covered if confined in higher room level than private room.
6. 同一保單內所有受保人之自付額必須相同。All Insured Persons covered by the same policy must be the same deductible amount.
7. 只適用於所有受保人一同投保。Only applicable to all Insured Person(s) enrolled together.

投保書陳述項目 Stated Information for this Proposal Form :

請就受保人的健康狀況回答下列問題。若答案為「是」，請詳述於第 5 頁「陳述項目說明」。Please answer each of the following questions on the health of the Insurance Person(s). For each “Yes” answer, please explain and provide details in “Illustration of Stated Information” in page 5.

I. 適用於投保任何保障 Applicable for All Types of Protection

| | 是 YES | 否 NO |
|--|--------------------------|--------------------------|
| 1. 受保人是從事非文職或任何附帶特殊風險之職業，如高空工作，空中或航海工作人員；紀律部隊；體力勞動；拖頭及/或中港貨車司機；職業運動員。如答案為「是」者，請詳加說明。The Insured Person(s) is employed as non clerical worker or any occupation with special risk, such as work at height, air or ship crews; disciplinary services; manual worker; tractor driver and/or lorry driver transporting goods to and from HKSAR and China; professional sportsman? If the answer is “YES”, please give full details. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. 受保人的「身體質量指數」是不符合標準。The Insured Person(s)'s “Body Mass Index” falls outside standard level. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. 在過去 5 年受保人曾否 During the last 5 years, have the Insured Person(s) been: | | |
| i. 住院或因嚴重疾病/創傷需要向專科醫生尋求醫療諮詢、斷症性之檢查、治療或做手術，或接受或被建議接受 X 光、心電圖、磁力共振顯影、電腦掃描、性病或肝炎或愛滋病之測試、或其他化驗/檢查？hospitalised or have consulted a specialist for medical advice, diagnostic tests, treatment or operation for a serious illness or injury, or ever had or been advised to have any X-ray, ECG, MRI, CT Scan, or tests/counseling in connection with sexually transmitted disease or hepatitis or HIV, or other laboratory tests/investigations? | <input type="checkbox"/> | <input type="checkbox"/> |
| ii. 患上例如但不限於肝炎、糖尿病、腎病、高血壓、關節炎、心臟血管疾病、各類型癌症、腫瘤、中風、膽囊毛病、身體虛脫、貧血/血友病/其他血液毛病、肢體殘缺、精神病、黃疸/肝炎/其他肝臟毛病、聽覺/視力受損(遠視/近視除外)、肌肉及骨骼系統問題如背痛/關節或肌肉痛症、或任何其他類別的疾病(不包括小毛病如傷風、感冒、腸胃炎等)或傷殘或以上有關的任何病徵、疾病、缺陷或身體狀況導致現在或將來急需做手術或接受長期治療？ever suffered from such as, but not limited to hepatitis, diabetes, kidney disease, high blood pressure, arthritis, cardio vascular diseases, any type of cancer, tumor, stroke, gall bladder disorder, debility or other disorder, anaemia/hemophilia/other disorder of blood, loss of use limb, mental illness, jaundice/hepatitis/other liver disorder, impaired hearing/vision (except hyperopia or myopia), musculo-skeletal problem such as backache/joint or muscle pains, or any other illness (other than minor sickness such as upper respiratory tract infection, flu, gastroenteritis, etc.) or disability or any related symptoms, illness, defects or conditions as above that may require impending operation, continuous treatment now or in the future? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. 在過去 5 年受保人曾否因住院向保險公司索償或在投保壽險或醫療保險時被拒絕、或有關保單被取消、增加保費或附加限制？In the past 5 years, have the Insured Person(s) ever filed a claim for hospitalisation with an insurance company or had any life or medical insurance application rejected or policy cancelled, rated or restricted? | <input type="checkbox"/> | <input type="checkbox"/> |

II. 適用於自選保障(包括 B. 家全互保附加醫療保障⁷及/或 C. 升級保障)

Applicable for Optional Benefits (including B. Supplementary Family Benefit Pool⁷ and/ or C. Upgrade Benefits)

| | | |
|--|--------------------------|--------------------------|
| 5. 受保人的雙親、兄弟或姊妹當中是否曾於 60 歲前患上或死於中風、心臟病、糖尿病、腎病、多發性硬化、癌病或遺傳病？Have the Insured Person(s) parents, brothers or sisters had or died from Stroke, Heart Disease, Diabetes, Kidney Disease, Multiple Sclerosis, Cancer or Inherited Disease before the age of 60? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. 受保人是否有吸食煙草或毒品或飲酒之習慣或被醫生建議減少或停止吸食煙草產品/飲酒？如答案為「是」者，請列明每週之數量？Have the Insured Person(s) use tobacco products or narcotics or drink alcohol regularly or ever been advised by doctor to reduce or discontinue consumption of tobacco or alcohol? If the answer is “YES”, please state amount typically consumed per week. | <input type="checkbox"/> | <input type="checkbox"/> |

III. 女性適用 For Female Only:

| | | |
|--|--------------------------|--------------------------|
| 7. i. 現在是否懷孕？若「是」，請註明預產期。Are you now pregnant? If yes, please state the expected delivery date. | <input type="checkbox"/> | <input type="checkbox"/> |
| 預產期為 The expected delivery date _____ | | |
| ii. 曾否因懷孕或生產而患上任何併發症（如宮外孕、妊娠糖尿、高血壓、蛋白尿等）？Have you ever had any complications during pregnancy or delivery (e.g. ectopic pregnancy, gestational diabetes, hypertension, protein in urine etc.)? | <input type="checkbox"/> | <input type="checkbox"/> |

陳述項目說明 Illustration of Stated Information

就上述「投保書陳述項目」第3至5項及/或第7項問題，若任何一題答「是」，請於下列空格內提供全部詳情及附上有關醫療報告。如需另頁詳加說明，請在右格內加“✓”並連同附頁一併遞交，而附頁需由有關受保人簽署確認。If any answer to the above “Stated Information for this Proposal Form” of question 3-5 and/or question 7 is “YES”, please provide full details in the following table and enclose related medical report(s). If you need to provide details on separate sheet, please tick the box at the right hand side and attach the sheet(s). The sheet(s) should be duly signed by the related Insured Person(s).

另有附頁
with attachment

☐

| 受保人姓名 Name of Insured Person(s) | 問題號碼 Question No. | 疾病名稱/疾病性質及影響位置 Diagnosis/Details of Disorder, please specify the location of affected where are applicable | 所接受之護理及治療 Care and Treatment Received | 發病日期 Onset Date | 上一次求診日期 Last Consultation Date | 結果及現時情況 Result and Current Condition | 有沒有醫療報告提供? 有/否 Any Medical Report(s) Provided? Yes/No | 主診醫生名稱及地址 Name and Address of the Medical Attendant(s) |
|------------------------------------|----------------------|---|--|--------------------|-----------------------------------|---|---|---|
| | | | | | | | | |

受保員工聲明 Declaration of Insured Employee

- 本人在此授權任何醫生、醫院、診所、保險公司及其他人士，均可向「中銀集團保險有限公司」提供本人及/或上述家屬健康情況及病歷詳細資料。此授權書之影印本與正本有同等效力。I hereby authorize any doctor, hospital, clinic, insurance company or any other person to provide either myself and/or the above mentioned family members' health condition or detail medical history to “Bank of China Group Insurance Company Limited”. Copy of this authorization form will have same effect as of the original copy.
- 本人已向所有家屬取得授權，本人謹此聲明以上陳述乃真確無訛，可作為簽發保單之根據，亦明白如資料錯誤或不詳盡，本人及/或家屬之保障有失效之虞。I have obtained the necessary authorization from my dependent(s). I declare that the information stated in the above is true and complete and will form the basis of this insurance. I also understand that if any information stated is untrue or incomplete, the cover for me and my dependent(s) may be invalidated.
- 本人授權投保公司向中銀集團保險提供本人及/或受保人的個人資料。I hereby authorize Proposed Insured Company to provide myself and/or Insured Person's personal information to BOCG Insurance.
- 賠款收取方式 Receive claim payment method

☐ 銀行戶口自動轉賬 Bank Account Autopay
 銀行名稱 Bank Name: _____ 受保員工銀行戶口號碼 Insured Employee's Bank Account No : _____

☐ 支票 Cheque
☐ 賠付予受保員工 Pay to Insured Employee ☐ 賠付予投保公司 Pay to Proposed Insured Company

| | | |
|---|--|---|
| 受保員工簽署 Signature of Insured Employee | 電子郵箱 (處理賠償之用) E-mail (For the purpose of claim payment) | 香港 H.K./ 簽署地及日期 Signed Place and Date |
|---|--|---|

繳付保費方法 Payment Method

☐ 1. 以銀行戶口自動轉賬 Bank Account Autopay

請填妥第8頁的「直接付款授權書」，連同首年保費之現金或劃線支票抬頭寫「中銀集團保險有限公司」交回。Please pay cash or attach a crossed cheque for the 1st year premium made payable to “Bank of China Group Insurance Company Limited” with a completed Direct Debit Authorization Form as in page 8.

銀行名稱 Bank Name: _____ 支票號碼 Cheque No.: _____

☐ 2. 以商務信用卡付款 Payment made by Business Credit Card

請填妥第7頁的「信用卡付款授權書」交回。Please attach a completed Credit Card Authorization Form in page 7.

☐ 3. 以支票付款 Payment made by Cheque

請以劃線支票抬頭寫「中銀集團保險有限公司」並交回。Please made a crossed cheque payable to “Bank of China Group Insurance Company Limited”.

銀行名稱 Bank Name: _____ 支票號碼 Cheque No.: _____

投保公司明白此投保書一經批核，在每個保單年度期滿前，若未有接獲中銀集團保險有關修改任何條款的續保通知，投保公司只須繳交下個保單年度所須的保費，此保單便會每年自動續保。現授權「中銀集團保險有限公司」從投保公司之銀行/商務信用卡戶口轉賬繳交「中銀家全保醫療計劃」應繳付的保費，包括其後背書所更改的保費以及每個新保單年度續保保費。The Proposed Insured Company understands that once this application is accepted, if no notice of amendment of renewal terms is sent to the Proposed Insured Company from BOCG Insurance prior to the expiration of each policy year, the policy will be automatically renewed simply by settling the required premium for the upcoming policy year by the Proposed Insured Company. The Proposed Insured Company hereby authorizes “Bank of China Group Insurance Company Limited” to effect payment transfer from the Proposed Insured Company's bank/commercial credit card account for payment of premium under the “BOC Family Medical Insurance Plan”, including subsequent revised premium by endorsement(s) and all renewal premiums for each new Policy Year.

投保公司聲明 Declaration of the Proposed Insured Company

1. 本公司接納根據「中銀家全保醫療計劃」規定，凡在保單起保日前受保人因已患之疾病、損傷或其他病況而引致之醫療需要，一律不予賠償，除非受保人已在投保書內已詳細列明並獲中銀集團保險接納。Our company acknowledges that benefits are not payable under the "BOC Family Medical Insurance Plan" for any costs of treatment arising from Insured Person's existing illnesses, injuries or other conditions unless complete details are fully disclosed by the Insured Person(s) in the Proposal Form and accepted by BOCG Insurance.
2. 本公司謹此聲明受保人於申請這份保險時為年齡介乎 15 日至 70 歲(首尾包括在內)並持有有效的身份證明文件(香港、澳門、台灣地區或中華人民共和國)。Our company declares that upon application, the Insured Person(s) is/are aged between 15 days and 70 years old (both days inclusive) and hold a valid proof of identity (Hong Kong, Macau, the Taiwan region or the People's Republic of China).
3. 本公司謹此聲明，本公司已向所有員工家屬取得授權，於本投保書之陳述乃真確無訛，可作為簽發保單之根據。本公司亦明白如資料錯誤或不詳盡，本公司及/或受保人之保障有失效之虞。Our company declares that our company has obtained the necessary authorization from the employee dependent(s), the information stated in this Proposal Form is true and complete and will form the basis of this insurance. Our company also understands that if any information stated is untrue or incomplete, the cover for our company and/ or the Insured Person(s) may be invalidated.
4. 本公司在此授權任何醫生、醫院、診所、保險公司及其他人士，均可向中銀集團保險提供員工及/或員工家屬健康情況及病歷詳細資料。此授權書之影印本與正本有同等效力。Our company hereby authorizes any doctor, hospital, clinic, insurance company or any other person to provide either Insured Employee and/or the family members' health condition of Insured Employee or detail medical history to BOCG Insurance. Copy of this authorization form will have same effect as of the original copy.
5. 本公司謹此聲明，本投保書是在香港特別行政區內簽署，如有任何訛騙或資料失實，本公司及/或受保人之保障有失效之虞。Our company declares that this Proposal Form is applied and signed at HKSAR, in case of fraud or factual misrepresentation, the cover for our company and/ or the Insured Person(s) may be invalidated.
6. 本公司同意中銀集團保險保留一切有關投保書接納與否之權利。Our company agrees that BOCG Insurance reserves the right to accept or decline our company's application.
7. 本公司明白必須繳付全額保費與生效後，中銀集團保險對本公司及/或受保人之保險責任始行生效。Our company understands that BOCG Insurance insurance's liability for our company and/ or the Insured Person(s) will only take effect provided that premium has been fully paid and the policy was put in-force.
8. 本公司明白此投保申請一經批核，在每個保單年度期滿前，若未有接獲中銀集團保險有關修改任何條款的續保通知，本公司只須繳交下個保單年度所須的保費，此保單便會每年自動續保。Our company agrees that once this application for insurance is accepted, if no notice of amendment of renewal terms is sent to our company from BOCG Insurance prior to the expiration of each policy year, the policy will be automatically renewed simply by settling the required premium for the upcoming policy year by our company.

收集個人資料聲明 Personal Information Collection Statement

本公司明白本公司提供的資料為中銀集團保險提供保險業務所需，並可能使用於下列目的：Our company understands that the information provided by us to BOCG Insurance is collected to enable BOCG Insurance to carry on insurance business and may be used for the purpose of：

- (1) 處理及審批本公司的保險申請或本公司將來提交的保險申請 processing and evaluating the insurance application and any future insurance application that our company may make；
- (2) 執行本公司保單的行政工作及提供與本公司保單相關的服務 administering our company's insurance policy and providing services in relation to our company's insurance policy;
- (3) 分析或調查、處理及支付本公司保單有關的索償 analysis or investigating, processing and paying claims made under our company's insurance policy;
- (4) 發出繳交保費通知及向本公司收取保費及欠款 invoicing and collecting premiums and outstanding amounts from our company;
- (5) 任何與保險有關的產品或服務的任何更改、變更、取消或續期 any alterations, variations, cancellation or renewal of any insurance related product or service;
- (6) 就以上用途聯絡本公司 contacting our company for any of the above purposes;
- (7) 中銀集團保險行使任何代位權 exercising any right of subrogation by BOCG Insurance;
- (8) 其它與上述用途有直接關係的附帶用途 other ancillary purposes which are directly related to the above purposes;及
- (9) 遵循適用法律，條例及業內守則及指引 complying with applicable laws, regulations or any industry codes or guidelines.

中銀集團保險亦可因應上述用途將受保人的個人資料移轉予下列各方 BOCG Insurance may disclose the Insured Person's personal data for the above purposes to the following classes of transferees:

- a. 就上述用途，向中銀集團保險提供行政、通訊、電腦、付款、保安及其它服務的第三方代理、承包商及顧問(包括：醫療服務供應商、緊急救援服務供應商、電話促銷商、郵寄及印刷服務商、資訊科技服務供應商及數據處理服務商)third party agents, contractors and advisors who provide administrative, communications, computer, payment, security or other services which assist BOCG Insurance to carry out the above purposes (including medical service providers, emergency assistance service providers, telemarketers, mailing houses, IT service providers and data processors);
- b. 處理索賠個案的理賠師、理賠調查員及醫療顧問 in the event of a claim, loss adjudicators, claims investigators and medical advisors;
- c. 追討欠款的收數公司或索償代理 in the event of default, debt collectors and recovery agents;
- d. 保險資料服務公司及信貸資料服務公司 insurance reference bureaus or credit reference bureaus;
- e. 再保公司及再保經紀 reinsurers and reinsurance brokers;
- f. 本公司的保險經紀 (若有) our company's insurance broker (if our company has one);
- g. 中銀集團保險的法律及專業業務顧問 BOCG Insurance's legal and professional advisors;
- h. 中銀集團保險的關連公司(以《公司條例》內的定義為準) BOCG Insurance's related companies (as that term is defined in the Companies Ordinance);
- i. 現存或不時成立的任何保險公司協會或聯會或類同組織(「聯會」)及其會員，以達到任何上述或有關目的，或以便「聯會」執行其監管職能，或其他基於保險業或任何「聯會」會員的利益而不時在合理要求下賦予「聯會」的職能 any association, federation or similar organization of insurance companies ("Federation") and its members that exists or is formed from time to time for any of the above or related purposes or to enable the Federation to carry out its regulatory functions or such other functions that may be assigned to the Federation from time to time and are reasonably required in the interest of the insurance industry or any member(s) of the Federation;
- j. 透過「聯會」移轉予任何「聯會」的會員，以達到任何上述或有關目的 any member(s) of the "Federation" by the "Federation" for any of the above or related purposes;

k. 任何有關的公司，或任何其他從事與保險或再保險業務有關的公司，或與保險業務有關的中介人或索償或調查或其他服務提供者，以達到任何上述或有關目的 any related company or any other company carrying on insurance or reinsurance related business or an intermediary or a claims or investigation or other service provider providing services relevant to insurance business for any of the above or related purposes;

l. 保險索償投訴局及同類的保險業機構 the Insurance Claims Complaints Bureau and similar industry bodies;及

m. 法例要求或許可的政府機關 government agencies and authorities as required or permitted by law.

本公司在此授權中銀集團保險可向「聯會」從保險業內收集的資料中查閱及/或核對本公司及/或受保人任何資料 BOCG Insurance is hereby authorized to obtain access to and/or to verify any of our company and/ or the Insured Person(s)'s data with the information collected by the Federation from the insurance industry.

此外，經本公司同意，中銀集團保險可能會以其它方式使用及披露受保人的個人資料 Moreover, BOCG Insurance may also use and disclose the Insured Person's personal data otherwise with our company's consent.

本公司有權查閱及要求更正由中銀集團保險持有有關受保人的個人資料。如有需要，可向中銀集團保險法律與合規部提出 (電話：2867 0888，傳真：3906 9939) Our company has the right to obtain access to and to request correction of any personal information concerning the Insured Person(s) held by BOCG Insurance.

Requests for such access can be made to BOCG Insurance's Legal and Compliance Department (Tel: 2867 0888 / Fax: 3906 9939).

本公司確認同意本投保書內之所有部份，包括但不限於上列之聲明及收集個人資料聲明。Our Company confirms my agreement to all sections in this Proposal Form, including but not limited to the above Declaration and Personal Information Collection Statement.

香港 H.K./

投保公司負責人簽署 (連公司的印鑑)
Signature of responsible person of the Proposed Insured Company
(including Company chop)

簽署地及日期 Signed Place and Date

本投保書在未被同意受保前，中銀集團保險不負任何責任。

The BOCG Insurance has no liability whatsoever before the application for insurance in this Proposal Form is accepted.

銀行代理必須填寫以下欄位 (Bank staff must complete the below box)

| 銀行代理專用 For Bank use only | | |
|--|---|--|
| 經辦編號 Staff No. | 保險中介人編號 Agent No. | 轉介單位編號 Transfer Unit No. |
| 經辦姓名 Staff Name | 經辦單位編號 Unit No. | 轉介人編號 Transfer Staff No. |
| 經辦聯絡電話 Staff Contact No. | CIN 號碼 CIN No. | 申請編號 TX No. |
| 客戶填妥及簽署此投保書後，請銀行代理向中銀集團保險遞交以下文件 After client has completed and signed this application form, the Bank staff should submit the following documents to BOCG Insurance: | | |
| 商務信用卡 Business Credit Card (1) 信用卡簽帳單據之商戶存根 Credit Card sales slip; (2) 此投保書 This proposal form. | • 銀行戶口自動轉賬 Bank Account Autopay (1) 專用保險費收款單 Dedicated Premium Deposit Form; (2) 於 8 頁已簽署的「直接付款授權書」正本 The original copy of duly signed "Direct Debit Authorization" in page 8; (3) 此投保書 This proposal form. | • 其他付款方式 Other Payment Methods (1) 保險費收款單正本或影印本 The original copy or photo copy of Premium Deposit Form; (2) 此投保書 This proposal form. |

| 保險公司專用 For Office use only | | |
|----------------------------|----------------|----------------|
| 保單編號 Policy No. | 經辦人 Handled By | 覆核人 Checked By |

| 商務信用卡付款授權書 Business Credit Card Authorization Form | | | |
|---|-----------------------|---|--|
| <input type="checkbox"/> Visa <input type="checkbox"/> Master | | | |
| 持卡人姓名 Cardholder's Name | 香港身份證號碼 HKID Card No. | 信用卡戶口號碼 Credit Card Account No. | 信用卡到期日 (月/年) Credit Card Expiry Date (M/Y) |
| 投保公司茲授權「中銀集團保險有限公司」從投保公司的商務信用卡戶口每年支付「中銀家全保醫療計劃」應繳保費金額，直至另行通知。The Proposed Insured Company hereby authorize and direct "Bank of China Group Insurance Company Limited" to debit the premium due from the Proposed Insured Company's business credit card account for "BOC Family Medical Insurance Plan" on yearly basis until further notice. | | | |
| 商務信用卡持卡人簽署 Business Credit Card Cardholder's Signature (須與商務信用卡簽署式樣相同 should be the same as the specimen signature on Business Credit Card) | X | 持卡人聯絡電話號碼 Contact Phone No. of Cardholder | 日期 Date (日 D/月 M/年 Y) |

直接付款授權書 Direct Debit Authorization Form

請依次填寫並將此授權書交給 貴戶之往來銀行 Please complete and return this form to your banker

| | | | |
|---|------------------|--------------------|--------------------------------------|
| 收款之一方 (受益人) Name of Party to be Credited ("The Beneficiary") | 銀行編號 Bank No. | 分行編號 Branch No. | 收款賬戶號碼 Account No. to be Credited |
| Bank of China Group Insurance Company Limited | 0 3 0 | 5 5 0 | 1 0 2 8 2 1 0 8 |

- 本人/吾等現授權本人/吾等之下述銀行，(根據受益人及/或代理行不時給予本人/吾等銀行之指示)自本人/吾等之賬戶內轉賬至上述賬戶。惟每次轉賬金額不得超過以下指定之限額。I/We hereby authorize my/our below named Bank to effect transfers from my/our account to the above account in accordance with such instructions as my/our Bank may receive from the beneficiary and/or its banker and/or its banker's correspondent from time to time provided always that the amount of any one such transfer shall not exceed the limit indicated below.
- 本人/吾等同意本人/吾等之銀行毋須證實該等轉賬通知是否已交予本人/吾等。I/We agree that my/our Bank shall not be obliged to ascertain whether or not notice of any such transfer has been given to me/us.
- 如因該等轉賬而令本人/吾等之賬戶出現透支(或令現時之透支增加)，本人/吾等願共同及各別承擔全部責任。I/We jointly and severally accept full responsibility for any overdraft (or increase in existing overdraft) on my/our account which may arise as result of any such transfer(s).
- 本人/吾等同意如本人/吾等之賬戶並無足夠款項支付該等授權轉賬，本人/吾等之銀行有權不予轉賬，且銀行可收取慣常之收費，並可隨時以一星期書面通知取消本授權書。I/We agree that should there be insufficient funds in my/our Bank account to meet any transfer hereby authorized, my/our Bank shall be entitled, in its discretion, not to effect such transfer in which event the Bank may make the usual service charge and that it may cancel this authorization at any time on one week's written notice.
- 本授權書將繼續生效直至另行通知為止或直至下列到期日為止 (以兩者中最早之日期為準)。This authorization shall have effect until further notice or until the expiry date written below (whichever shall first occur).
- 本人/吾等同意，本人/吾等取消或更改本授權書之任何通知，須於取消/更改生效日最少兩個工作天(但不包括星期六)之前交予本人/吾等之銀行。I/We agree that any notice of cancellation or variation of this authorization which I/we may give to my/our Bank shall be given at least two working days (except Saturdays) prior to the date on which such cancellation/variation is to take effect.

| | | | |
|--|---|---------------------------------|---|
| 本人/吾等之銀行及分行之名稱 My/Our Bank Name and Branch | 銀 行 編 號 Bank No. | 分行編號 Branch No. | 本人/吾等之賬戶號碼 My/Our Account No. |
| | | | |
| 本人/吾等在結單/存摺上所紀錄之名稱 My/Our Name(s) as record on Statement/Passbook | *每次/月付款之限額 *Limit for Each Payment/Month | | 到期日 (參閱下列附註各點) Expiry Date (See Notes Below) Day 日 Month 月 Year 年 |
| | | | |
| 債務人之姓名 (若非賬戶持有人) Name of Debtor (if other than Account Holder) | 債務人參考 (必填之欄 - 請參閱下列附註各點) Debtors' Reference (Compulsory Field-See Notes Below) | | |
| | | | |
| 本人/吾等在結單/存摺上所紀錄之地址 My/Our Address as record on Statement / Passbook | 聯絡電話 Telephone No. | 本人/吾等之簽名 My/Our Signature(s) | |
| | | 日期 Date | |
| 以下由銀行填寫 For Bank Use Only | 核對印鑑 Signature(s) Verified | | |
| | | | |

* 請刪去不適用者。Please delete whichever is not appropriate.

請以英文正楷填寫。Please write in block letters.

附註 NOTES :

1. 如 台端付款之數額每次可能不相同，則請將最高者定為每次付款之最高限額。If the amount of your payments are likely to vary each time, set the Limit for Each Payment at the maximum amount you would expect to pay at any one time.
2. 本直接付款授權書將於「到期日」一欄中所填寫之日期自動撤銷。如 貴戶意欲直接付款授權書無限期有效 (或直至 貴戶予以撤銷為止)，則請將該欄留空。The Direct Debit Authorization will be cancelled automatically on the date included in the box marked "Expiry Date". If you wish the Direct Debit Authorization to have effect indefinitely (or until cancelled by you) please leave box blank.
3. 請保證 貴戶在此授權書內之簽名，與銀行賬戶所簽者完全相同。Please ensure that you sign the form in the usual way that you would sign on your Bank Account.
4. 在債務人之參考欄內，請將 貴戶與受款人一方之關係，略予說明，例如學生編號、抵押合約號碼等。In the box marked "Debtor's Reference" enter the identifying reference between yourself and the party to be credited i.e. Student No., Mortgage Agreement No., Rental Agreement No., etc.
5. 當 "每次/月付款之限額"一欄未有填上時，債務銀行可酌權就轉賬金額設下一個限額。The debtors' bank may set an internal limit when the "Limit for Each Payment/Month" is not specified.
6. 如果轉賬金額超過債務銀行所定限額，除預先安排外，債務銀行會保留利不予以轉賬。The debtor's bank reserves the right to reject the payment exceeding the maximum limit specified by the debtor's bank unless prior arrangements have been made.

「中銀家全保醫療計劃」投保申請確認書
Confirmation of insurance for BOC Family Medical Insurance Plan

啟：

多謝投保中銀集團保險的「中銀家全保醫療計劃」，為投保公司員工及/或其家人提供一站式、保費相宜及保障全面的醫療保障。

即時批核

現正式確認投保公司的上述保障計劃投保申請已獲即時批核。臨時保單編號及保障生效日期為

臨時保單編號：_____

保障生效日期：_____

全套保單文件包括保單條款、承保表及支援卡等，將於中銀集團保險收到投保公司的投保申請書後約 10 日內寄上。

15 日保單審閱期

在保障生效的首 15 日為保單審閱期，敬請於中銀集團保險網頁(<http://www.bocgins.com>)下載及細閱保單內裡條款及不受保項目。在審閱期內投保公司可隨時以書面通知中銀集團保險終止投保（若已收到保單文件，必須一併送回中銀集團保險）。如受保人在審閱期內未有提出任何索償要求，已繳付的保費均可獲全數奉還。

如有任何查詢，歡迎致電投保公司的代理銀行分行或中銀集團保險熱線 (852) 3187 5100。祝安好！

中銀集團保險有限公司

Dear _____,

Thank you for enrolment in the “BOC Family Medical Insurance Plan” to protect the Proposed Insured Company’s employee and/or their family members against all-in-one medical cover at a competitive cost.

Instant Approval

We are pleased to confirm that the Proposed Insured Company’s application for the above mentioned insurance has been accepted. The temporary policy number and the effective date are

Temporary Policy No.：_____

Policy Effective Date：_____

The full set of policy include terms of the policy, schedule and assistance card etc. will be sent to the Proposed Insured Company within approximately 10 days from the receipt of the Proposed Insured Company’s proposal form by BOCG Insurance.

15 Days Policy Review Period

There is a 15 days policy review period from the policy effective date. We highly recommend the Proposed Insured Company to download the policy wordings from BOCG Insurance’s website (<http://www.bocgins.com>) and read all benefits, terms and limitations therein. During the review period, the Proposed Insured Company may terminate this policy by giving written notice to BOCG Insurance (If the Proposed Insured Company has already received the policy, please return the full set to BOCG Insurance). If no claim has been made by the Insured Person during the review period, all premium paid will be refunded.

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

Yours sincerely,

Bank of China Group Insurance Company Limited