

中小企特選綜合醫療保險投保書 SME CHOICE APPLICATION FORM

注意：請以英文正楷填寫此份申請書，並在適當的空格內填上 。若空位不敷應用，請另加紙張填寫，並連同相關已蓋章確認的報價書及文件（如適用）寄回中國太平保險（香港）有限公司（「本公司」）。

Note: Please complete this Form in BLOCK letters and tick the boxes where appropriate . Should there be insufficient space, please continue on a separate sheet and return together with signed quotation slip and relevant documents to China Taiping Insurance (HK) Company Limited. (the "Company").

公司名稱（與商業登記證相同） Company Name		商業登記證號碼 Business Registration No.	業務性質 Nature of business	
公司地址 Company Address				
聯絡人 Contact Person	電郵地址 Email Address	聯絡電話 Contact Tel. No.	傳真號碼 Fax No.	
承保日期 Policy Period				
由 From _____ 至 To _____ 日 dd / 月 mm / 年 yyyy 日 dd / 月 mm / 年 yyyy 保單起保日 Policy Effective Date 保單到期日 Policy Expiry Date (起迄兩天均包括在內 Both dates inclusive)				
此保單所提供的保障，必須在本公司確定接納投保及收妥保費後，才能正式生效。 The Liability of the Company does not commence until this proposal has been accepted by the Company and the premium is received.				
參加資格 Eligibility Conditions				
1. 現有合資格的全職僱員 Each present full-time employee shall eligible for the benefits <input type="checkbox"/> 按保單生效日 Upon effective date of policy				
2. 將來受僱合資格的全職僱員 Each future full-time employee shall be eligible for the benefits <input type="checkbox"/> 按公司（投保人）確認後 Upon confirmation of the Company (The "Applicant") <input type="checkbox"/> 按受僱日 Upon date of employment <input type="checkbox"/> 受僱 _____ 個月後 Immediate coverage after _____ month(s) of employment				
前承保公司（如適用） Previous Insurer (If applicable)				
保費支付： Premium Contribution：				
<input checked="" type="checkbox"/> 僱主支付 Non-Contributory Plan				
是否有員工在其他國家工作？ Any member working in other countries? 員工人數 No. of member _____ 持續期 Duration _____ 工作國家 Working Countries _____				

保障計劃分類 Plan Classification

(請列出每個計劃類型的合資格僱員，例如：經理、一般職員)

Please give details for each Plan type of eligible persons, e.g. Manager, General Staff)

計劃種類 Plan Type	受保僱員職位組別 Occupation Category of Insured Person	基本計劃 Basic Plan	額外附加福利 Additional Benefits			家屬保障 Dependent Coverage	
		住院 Hospitalization	重症治療 Major Medical	門診 Outpatient	牙科 Dental	有 Yes	無 No
鑽石 Diamond						<input type="checkbox"/>	<input type="checkbox"/>
玫瑰金 Rose Gold						<input type="checkbox"/>	<input type="checkbox"/>
金 Gold						<input type="checkbox"/>	<input type="checkbox"/>
銀 Silver						<input type="checkbox"/>	<input type="checkbox"/>
銅 Copper						<input type="checkbox"/>	<input type="checkbox"/>

注意 Remarks

1. 所有合資格的全職僱員必須投保。All eligible permanent full-time employees have to be insured.
2. 所有受保僱員於保生效當日必須為正常上班之僱員。All eligible employees must be actively at work on the effective date of insurance coverage.
3. 同一組別之僱員，必須投保同一保險計劃。Employees in the same category must enroll in the same Plan.
4. 家屬成員只可投保與僱員相同之保險計劃。Dependants must be enrolled in the same Plan as employees.

投保所需文件清單 Application checklist

請一併附上以下文件 Please attach the following documents with your application :

1. 商業登記證副本 Copy of Business Registration Certificate
2. 會員名單 (包括會員姓名、出生日期、性別、身分證 / 護照號碼、銀行戶口號碼、保障類型或級別、電郵地址等)
Member List (Including Member Name, Date of Birth, Sex, HKID Card/Passport No., Bank Account No., Plan/Level of Benefits, Email address etc.)

受保僱員職位組別 Occupation Category of Insured Person	計劃級別 Plan Levels								家屬保障 Dependent Coverage	
	旅遊保險 Travel Insurance		個人意外保險 Personal Accident Insurance		意外急救醫療保險 Accidental Emergency Medical Insurance					
	尊尚計劃 Deluxe Plan	卓越計劃 Premier Plan	甲類 * Class 1 *	乙類 # Class 2 #	尊貴計劃 Deluxe Plan		標準計劃 Standard Plan		有 Yes	無 No
					藍卡 Blue Card	金卡 Gold Card	藍卡 Blue Card	金卡 Gold Card		
									<input type="checkbox"/>	<input type="checkbox"/>
									<input type="checkbox"/>	<input type="checkbox"/>
									<input type="checkbox"/>	<input type="checkbox"/>
									<input type="checkbox"/>	<input type="checkbox"/>
									<input type="checkbox"/>	<input type="checkbox"/>
									<input type="checkbox"/>	<input type="checkbox"/>

* 甲類 / Class 1 : 於室內執行非體力勞動及非危險性職務，例如：辦公室行政人員、文員、會計師、審計師、銀行職員、律師、診所護士等。
乙類 / Class 2 : 須經常外出或需輕度體力之非危險性職務，例如：社工、旅行社職員或領隊、外勤人員、髮型師、超級市場售貨員、私家車司機 (香港境內)、家務助理、大廈管理員、電腦 / 文儀器具維修保養員等。

聲明及授權 DECLARATION AND AUTHORIZATION

本人 / 我們，作為投保人 / 被保險人，謹此聲明並同意：

- (1) 本人 / 我們在本保單生效日當天，所有符合參加資格之僱員皆為正常在職之僱員。
- (2) 除以書面形式及經中國太平保險 (香港) 有限公司 (以下稱「貴公司」) 發表和批准外，任何其他人士所發表或收到的資料或陳述，貴公司無須負責。
- (3) 本人 / 我們於此投保申請書及與此投保申請書有關經本人 / 我們簽署 貴公司繕發的問卷或其他文件內填寫的資料，及本人 / 我們對 貴公司所作的陳述和答案，乃完全及真實。本人 / 我們亦明白 貴公司以上述資料為依據，審核此投保申請書。本人 / 我們明白如本人 / 我們未能提供真實及準確無誤之資料或通知 貴公司任何有關此保險申請之重要資料，將可能導致 貴公司不能接受或處理此保險申請或令本保單失效。
- (4) 本人 / 我們提供的任何資料及文件 (如「2」所界定的) 及有關之保單，將成為本人 / 我們與 貴公司之間所簽署合約之全部。
- (5) 與本投保申請書有關的任何付款，並不保證此申請可即時生效，而所申請之保障將會在 貴公司收到並接納此投保申請書並在繳付應繳的保費予 貴公司後始可生效，而一切之保險條款將詳列於保單內。本投保書在未被 貴公司同意受保前， 貴公司不負任何責任。
- (6) 本人 / 我們將有權就一切有關於被保險人的索償或按本申請所簽發之保單的相關事宜，與 貴公司進行交涉，並向其接收或索取與被保險人有關之資料。本人 / 我們並同意所有由 貴公司給予保單持有人或被保險人之賠償款項將會存入本投保書第一部份所指定之戶口內或於該戶口不存在時以支票支付，並完全解除 貴公司就該些索償之一切承保責任。
- (7) 本人 / 我們接受 貴公司醫療卡之條款，並於要求下即時償還任何不在承保範圍內的醫療費用及超出保障之外的醫療費用 (賠償差額)。
- (8) 若此申請書有任何差異，其英文版本即所有根據投保申請書繕發的保單之基礎將為絕對及有約束力。

I/WE, THE PROPOSER/INSURED PERSON(S), HEREBY DECLARE AND AGREE THAT :

1. I/We declare(s) that all eligible employees are actively at work on the Policy Effective Date.
2. No information or representation made or given by or to any person shall be binding on China Taiping Insurance (HK) Company Limited (hereafter called "the Company") unless it is in writing and is presented to and approved by the Company.
3. (All written information provided by me/us in this proposal form and the issued questionnaires or other documents signed by me/us in connection with this proposal and statements and answers made to the Company are full, complete and true and I/we understand that the Company, believing them to be such, will rely and act on them. I/we understand that failure to supply true and accurate answers to this proposal or inform the Company of all material information about my/our proposal may render the Company unable to accept or process this proposal or the insurance policy void.
4. All information and documents provided by me/us (as defined under "(2)") together with the relevant policy issued shall constitute the entire contract between myself/ourselves and the Company.
5. Any payment made in connection to this proposal does not guarantee immediate approval of the coverage applied. This insurance coverage applied for shall only take effect when the proposal is received and accepted by the Company and the required premium has been paid to the Company and subject to the terms and conditions stipulated in this Policy. The Company has no liability whatsoever before the proposal for insurance in this Proposal Form is accepted by the Company.
6. I/We shall have the authority to deal with, receive or request for information from the Company concerning the Insured Person(s) in relation to any claims or matters arising from the policy issued pursuant to this proposal. I/We further agree that payment of any benefits hereunder to the Policyholder or Insured Person(s) by the Company in relation to all medical claims shall be credited to the bank account as specified in part (I) of this proposal or made by cheque in the absence of such an account, which shall constitute a full discharge on the part of the Company in relation to such claims.
7. I/We agree to accept the terms and conditions for the usage of the medical card and reimburse the Company for non-eligible medical expenses or expenses exceeding the benefit limit (claim charge back) immediately upon demand.
8. In the event of difference arising in respect of this application form, the English version which is the basis of all policies issued pursuant to this proposal form is considered absolute and binding.

收集個人資料聲明 PERSONAL INFORMATION COLLECTION STATEMENT

中國太平保險(香港)有限公司(下稱“本公司”)明白其在《個人資料(私隱)條例》下就個人資料的收集、持有、處理或使用所負有的責任。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。

閣下提供本申請表要求的個人資料,是為了本公司提供保險業務所需,否則,本公司將無法處理閣下的申請。本公司並可能使用閣下的個人資料作以下用途:

- (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(包括但不限於更改、變更、取消或續期);
- (iii) 分析、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及欠款;
- (v) 本公司行使任何代位權;
- (vi) 就以上用途聯絡閣下;
- (vii) 其它與上述用途有直接關係的附帶用途;
- (viii) 遵循適用法律、條例及業內守則及指引。

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(以《公司條例》內的定義為準);
- (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;
- (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;
- (k) 保險索償投訴局及同類的保險業機構;
- (l) 法例要求或許可的政府機關包括運輸署。

閣下的個人資料可能因上述用途提供給以上任何機構(在香港境內或境外),而就此而言,閣下同意將閣下的資料移轉至香港境外。

直接促銷通訊:

1. 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、電話或短信與閣下聯絡,提供金融及保險產品或服務的直接促銷通訊。若閣下不欲接收有關直接促銷通訊,請在以下的方格填上「✓」。
2. 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、人口統計數據及保單資料給本公司的關連公司(其定義以《公司條例》內的定義為準)、關連公司之合作伙伴及第三方金融機構,獲取有關資料的公司可以以書信、電郵、或短訊與閣下聯絡,提供金融及/或保險產品或服務的直接促銷通訊。若閣下反對本公司將閣下個人資料提供給本公司的關連公司、關連公司之合作伙伴及第三方金融機構,或不欲接收本公司的關連公司、關連公司之合作伙伴及第三方金融機構的直接促銷通訊,請在以下的方格填上「✓」。

閣下可隨時撤回給予本公司有關使用閣下的個人資料及提供予第三方作直接促銷用途的同意,而本公司將在不收取任何費用的情況下停止使用該等資料作直接促銷用途。閣下如欲撤回閣下給予本公司的同意,請聯絡本公司的總經理辦公室經理(詳情參閱下文)。

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,更正任何不準確的資料,以及查閱本公司有關個人資料的政策及常規。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。如有需要,請以書面形式向本公司總經理辦公室經理提出,地址為香港銅鑼灣新寧道8號中國太平大廈19樓。

China Taiping Insurance (HK) Company Limited (the "Company") understands its responsibilities in relation to the collection, retention, processing or use of personal data under the Personal Data (Privacy) Ordinance. 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.

You are under an obligation to provide all of the personal data requested in this form, which is collected to enable us to carry on insurance business. If you fail to provide all the personal data requested in this form, we will not be able to process your application. The Company may also use your personal data 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 (include but not limited to any alterations, variations, cancellation or renewal of such product or service);
- (iii) analyzing, investigating, processing and paying claims made under your insurance policy;
- (iv) invoicing and collecting premiums and outstanding amounts from you;
- (v) exercising any right of subrogation;
- (vi) contacting you for any of the above purposes;
- (vii) other ancillary purposes which are directly related to the above purposes; and
- (viii) complying with applicable laws, regulations or any industry codes or guidelines.

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 us to carry out the above purposes (including medical service providers, emergency assistance service providers, telemarketers, mailing houses, IT service providers 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) the Company's legal and professional advisors;
- (h) the Company's related companies (as that term is defined in the Companies Ordinance);
- (i) any association, federation or similar organization of insurance companies (collectively called "the 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) any members of the Federation by the Federation for any of the above or related purposes;
- (k) the Insurance Claims Complaints Bureau and similar insurance industry bodies; and
- (l) government agencies and authorities as required or permitted by law including the Transport Department.

Your personal data may be provided to any of the above organizations, located in Hong Kong or outside of Hong Kong, for the above purposes, and in this regard you consent to the transfer of your data outside of Hong Kong.

Direct Marketing Communications:

1. With your consent, the Company may also use your contact details, personal data and policy details to contact you with direct marketing communications regarding financial and insurance products or services by mail, email, telephone or SMS. Tick the box below if you do not wish to receive such direct marketing communications.
2. With your consent, the Company may also provide your contact details, personal data, demographic information and policy details to the Company's related companies (as that term is defined in the Companies Ordinance), partners of the Company's related companies and third party financial institutions, who may send you direct marketing communications regarding financial and/or insurance products or services by mail, email, telephone or SMS. Tick the box below if you do not consent to the Company providing your personal data to the Company's related companies, partners of the Company's related companies or third party financial institutions or do not wish to receive direct marketing communications from the Company's related companies, partners of the Company's related companies or third party financial institutions.

You may withdraw your consent to the use and provision to a third party of your personal data for direct marketing purposes at any time, and thereafter the Company shall, without charge to you, cease to use such data for direct marketing purposes. If you wish to withdraw your consent, please contact the Company's Manager of Office of the General Manager (please find the details below).

You have the right to ascertain whether the Company holds your personal data, to obtain a copy of the data, to correct any data that is inaccurate, and to ascertain the Company's policies and practices in relation to personal data. You may also request the Company to inform you of the type of personal data held by it. Requests for such access can be made in writing to the Company's Manager of the Office of the General Manager at 19/F., China Taiping Tower, 8 Sunning Road, Causeway Bay, Hong Kong.

本人反對貴公司使用和轉移本人的個人資料作直接促銷用途，並不希望接收任何推廣及直接促銷通訊。
 I object to the use and provision of my personal data for direct marketing purposes, and do not wish to receive any promotional and direct marketing materials.

投保人簽署及公司蓋章
 Authorized Signature & Company Chop of Policyholder
 (請勿於空白投保書上簽署 Do not sign on a blank form)

日期 Date
 (日 / 月 / 年 dd/mm/yyyy)

本申請書的中文譯本只供參考之用，如有爭議，請以英文本為準。

The Chinese version of this application form is for reference only. In case of any discrepancy between the Chinese and English versions, the English version shall prevail.

由本公司填寫 FOR OFFICE USE ONLY							
PC:					IT:		
CC:					CC:		
AT:					AC:		
DI:	M	201:	%	20:	%	20:	%
	S	201:	%				
	O	R	%		%		
SC:							
REMARKS:							

保費須連同申請表一併交回 Application must attach with premium payment