

中國太平保險(香港)有限公司
China Taiping Insurance (HK) Company Limited
(III) Plan Details 保障計劃 (請參閱簡介 Please refer to the leaflet)
Plan Levels 計劃級別 **Plan 1 計劃一** **Plan 2 計劃二** **Plan 3 計劃三**
 (Choose one 任擇其一)

Insured Person 被保險人	Hospital & Surgical Benefits 住院及手術醫療保障	Supplementary Major Medical Benefits 重症醫療保障	Outpatient Benefits ² 門診醫療保障 ²	Premium ¹ (HK\$) 保費 ¹ (港幣) Please select the payment mode applicable to all Insured Persons and fill in the Premium 請選擇適用於所有被保險人的付款方法，並且填寫保費 <input type="checkbox"/> Monthly 月繳 <input type="checkbox"/> Annual 年繳
1.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Note: 1. If your next birthday falls within the coming six (6) months from the application date, the premium rate will be based on your next age attained. Otherwise, it will be based on your current age. Policy effective date will be used to determine the age attained if it is different from the application date.
 2. If the Insured Person selects to pay premium annually, he/she can apply for the Medical Card by submitting Application Form for Medical Card

註解: 1. 如您下一個生日是在投保日期起計六個月之內，保費將以下一個生日年齡計算，否則以目前年齡計算。如保單生效日期與投保日期不同，即以保單生效日期決定已屆年齡。
 2. 如被保險人選擇以年繳方式繳付年保費，可同時遞交醫療卡申請表格以申請醫療卡。

Important Note: i) All premium and claim payments will be made in Hong Kong dollars. If currency conversion is required, any foreign currency will be converted to Hong Kong Dollars at applicable rate as determined by China Taiping Insurance (HK) Company Limited.
 ii) The Insured Person must give immediate written notice to the Company of any change of place of residence or occupation.

留意事項: i) 所有保費及賠款均以港幣作出結算。如須貨幣轉換，該外幣折算為港幣的適當兌換率將由中國太平保險(香港)有限公司所釐訂。
 ii) 如被保險人變換居住地方或職業，必須即時以書面通知本公司。

**(IV) All Insured Persons included in this proposal must answer the following questions :
 所有被保險人必須回答下列問題 :**

1. During the last five years, have you or any Insured Person(s) suffered from or been treated for any of the following disorders/ diseases? If "Yes", please tick the appropriate items below. 在過去五年內，閣下或任何被保險人是否曾感染下列疾病或接受有關治療？若「是」，請於下列適當空格內劃上「✓」號。 Please attach complete details for any other disorders / diseases not listed here. 任何以下未提及之其他疾病，請附上詳細資料。	Yes / 是 <input type="checkbox"/>	No / 否 <input type="checkbox"/>
<input type="checkbox"/> Stone or Kidney Diseases 腎石或腎病 <input type="checkbox"/> Hemorrhoids 痔瘡 <input type="checkbox"/> Ulcer of any kind 各類型潰瘍症 <input type="checkbox"/> Varicose Veins 靜脈曲張 <input type="checkbox"/> Cancer or Tumor of any kind 各類型癌症或腫瘤 <input type="checkbox"/> Hernia 疝氣 <input type="checkbox"/> Asthma or Respiratory Diseases 氣喘病或呼吸疾病 <input type="checkbox"/> Deviated Nasal Septum (or Turbinates) 鼻中隔或鼻甲骨偏側 <input type="checkbox"/> Mental Disorder or Psychiatric Problems / Diseases 精神病 <input type="checkbox"/> Hallux Valgus 拇趾外翻 <input type="checkbox"/> Venereal Diseases 性病 <input type="checkbox"/> Diabetes 糖尿病 <input type="checkbox"/> Arthritis 關節炎 <input type="checkbox"/> Hypertension 高血壓 <input type="checkbox"/> Malaris 瘧疾 <input type="checkbox"/> Cardio Vascular or Circulatory Diseases 心臟血管或循環系統疾病 <input type="checkbox"/> Thyroid Diseases 甲狀腺病	<input type="checkbox"/> Spinal or Muscular Skeletal Conditions / Diseases 脊椎或肌肉及骨骼病 <input type="checkbox"/> Rheumatic Fever 風濕熱 <input type="checkbox"/> Epilepsy 癲癇 <input type="checkbox"/> Infection by Human Immunodeficiency Virus (HIV) 後天免疫力缺乏症病毒感染 <input type="checkbox"/> Gout 痛風 <input type="checkbox"/> Anal Fistulae 肛瘻 <input type="checkbox"/> Alcoholism or Drug Addiction 酗酒或藥癮 <input type="checkbox"/> Hepatitis B 乙型肝炎 <input type="checkbox"/> Others 其他	For Female Only 只適用於女性 <input type="checkbox"/> Gynecological Conditions 婦科疾病 <input type="checkbox"/> Diseases/Complications or Conditions associated with pregnancy 與妊娠有關之疾病或其併發症
2. Have you or any Insured Person(s) ever been in a hospital or sanatorium for surgery, observation or treatment within the last five years? 在過去五年內，閣下或任何被保險人是否曾在醫院或療養院內接受手術、診察或治療？	Yes / 是 <input type="checkbox"/>	No / 否 <input type="checkbox"/>
3. Are you or any Insured Person(s) currently under observation or taking any treatment or medication? 閣下或任何被保險人是否現正接受診察、治療或服用藥物？	Yes / 是 <input type="checkbox"/>	No / 否 <input type="checkbox"/>
4. Have you or any Insured Person(s) ever had any medical, hospitalization, accident or life insurance application rejected or policy cancelled, rated or restricted? If "Yes", please provide the reason(s). 閣下或任何被保險人是否曾在投保醫療、住院、意外或人壽保險時被拒絕，或有關保單曾被取消、增加保費或附加限制？如答案為「是」者，請說明原因。	Yes / 是 <input type="checkbox"/>	No / 否 <input type="checkbox"/>
5. Have you or any Insured Person(s) ever been covered by individual / group medical insurance plan? (If "Yes", please state the name of insurance company, type of insurance Scheme, policy no. and the policy expiry date.) 閣下或任何被保險人是否曾受個人/團體醫療保障？(如答案為「是」者，請註明保險公司名稱、保單編號及保單到期日。)	Yes / 是 <input type="checkbox"/>	No / 否 <input type="checkbox"/>

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If the answer to any of the above questions 1 to 3 is "Yes", please provide full details in the following table. (If the space provided is insufficient, please use a separate sheet and signed by proposer and/or respective Insured Person.)
 若上述一至三項問題的答案為「是」者，請詳述於下列空格內。(若空位不足，請以另頁詳加說明並由投保人及/或有關被保險人簽署)。

Question 問題	Name of Insured Person 被保險人姓名	Medical History / Date of Occurrence 過往之健康狀況 / 發生日期	Diagnosis 病症名稱	Care & Treatment Received 所接受之護理及治療	Present Conditions 現在的情況	Date of Last Consultation 最近一次求診日期

Remarks: Please enclose related medical reports. 備註：請附上有關之醫療報告。

(V) Payment Method 付款方法

Please select a payment method and complete the appropriate section accordingly. 請選擇付款方法並且填寫適當部分。

Crossed cheque should be made payable to China Taiping Insurance (HK) Company Limited. 劃線支票抬頭請填寫：中國太平保險(香港)有限公司。

Payment Mode 繳費期：	Payment Method 付款方法：	Note 註解：
<input type="checkbox"/> Annual 年繳	<input type="checkbox"/> Cash 現金	
	<input type="checkbox"/> Cheque 支票	Bank Name 銀行名稱：_____
	<input type="checkbox"/> Credit Card 信用卡	Cheque No. 支票號碼：_____
<input type="checkbox"/> Monthly 月繳	<input type="checkbox"/> Credit Card 信用卡	Please complete the section (a) below 請填寫以下(a)部分
	<input type="checkbox"/> Bank Account Auto-transfer 銀行戶口自動轉帳	^Please complete the section (a) below. ^請填寫以下(a)部分。 ^Please complete the section (b) - Direct Debit Authorization ^請填寫(b)部分 - 直接付款授權書 When using Bank Account Auto-transfer, the handling fee will be charged by the Bank. For details, please contact the Bank. 使用銀行戶口自動轉帳服務，銀行可能收取手續費。有關詳情請聯絡銀行。
	^Please arrange for submission of two (2) months' premiums by cash or crossed cheque ^請以現金或劃線支票方式預先繳交兩個月之保費。	
	<input type="checkbox"/> Cash 現金	HK\$ 港幣 _____
	<input type="checkbox"/> Cheque 支票	Bank Name 銀行名稱：_____
		Cheque No. 支票號碼：_____
		HK\$ 港幣 _____

I/We understand that once this proposal is accepted, the policy will be automatically renewed each year. I/We hereby authorize China Taiping Insurance (HK) Company Limited using my/our above Bank/Credit Card Company to effect payment transfer from my/our bank/credit account card for payment of premium under the HealthCare Individual Insurance Scheme, including monthly premium (applicable only to monthly payment); subsequent revised premium by endorsement(s) and all renewal premiums for each new policy year unless further written notice from me/us to China Taiping Insurance (HK) Company Limited. I/we understand that once I/we choose to pay the renewal premium by cash or crossed cheque, a annual renewal premium must be made 30 days before the policy expiry date, otherwise this policy will not be automatically renewed.

本人/吾等明白此投保書一經批核，保單便會每年自動續保。現授權中國太平保險(香港)有限公司從上述銀行/信用卡公司從本人/吾等之銀行/信用卡戶口轉賬繳交醫安寶個人保險計劃應繳付的保費，包括每月保費(適用於月繳)、其後書面所更改的保費以及每個新保單年度續保保費，除非本人/吾等有進一步的書面通知予中國太平保險(香港)有限公司。本人/吾等明白若本人/吾等選擇以現金或劃線支票方式繳交續保保費，全年續保保費必須於保單期滿日30天前繳交，否則，本保單將不會自動續保。

(a) Credit Card Payment Instruction and Authorization 信用卡付款指示及授權書

(Payment by the Proposer's Credit Card is recommended. 建議使用投保人之信用卡。 Accept credit card in HK currency only. 只接受港幣信用卡戶口。)

<input type="checkbox"/> Visa 	<input type="checkbox"/> MasterCard 	Credit Card No. 信用卡號碼	
<input type="checkbox"/> BOC CUP Dual Currency Credit Card 中銀銀聯雙幣信用卡			
Name of Cardholder (Surname / Given Name) 持卡人姓名(姓/名)	Expiry Date (mm / yy) 信用卡到期日(月/年)	Relationship with the Proposer (must be immediate family member) 與投保人的關係(必須為直系親屬)	
Declaration 聲明： 1. I hereby authorize the Company to debit the required premium, subsequent renewal premiums and charge back ineligible claim amounts (if applicable) from my credit card account specified herewith for the insurance policy, until further written notice is given. 2. I understand that I have the right to cancel this authorization at any time and agree that any notice of cancellation or variation of this authorization shall be given to the Company and Credit Card Centre at least 1 month prior to the effective date of such cancellation/variation. 3. I understand that all the personal information collected or held by the Company may be used by or disclosed to any individual or organization within or outside Hong Kong for the purposes of assessing and servicing this proposal and authorizing direct debit payment or credit card payment. Any request(s) for access to and correction of my personal information held by the Company can be made in writing to our Manager of the Office of the General Manager at 19/F., China Taiping Tower, 8 Sunning Road, Causeway Bay, Hong Kong . (一) 本人茲授權 貴公司從本人所指定之信用卡戶口內提取保單應繳之保費、續保費及賠償差額(如適用)，直至本人另行發出書面通知為止。 (二) 本人明白本人可隨時通知 貴公司取消此授權，並同意該取消或更改本授權書之通知，須於取消/更改生效日最少一個月之前交予 貴公司及信用卡中心。 (三) 本人明白 貴公司收集或持有的資料，均可供 貴公司使用或向在香港境內或境外之任何人或機構披露並用作評核此項申請及辦理直接付款授權書或信用卡付款。如有任何查閱及要求更正由 貴公司持有有關本人的個人資料，應以書面向貴公司的總經理辦公室經理提出。地址為香港銅灣新寧道8號中國太平大廈19字樓。			
Signature of Cardholder 持卡人簽署		Date (dd/mm/yy) 日期(日/月/年)	
Signature should correspond to the specimen signature of your credit card 簽署式樣須與信用卡上之簽署式樣相同			

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(VI) Declaration 聲明

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

- (1) 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.
- (2) 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.
- (3) 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.
- (4) 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.
- (5) 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.
- (6) 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.
- (7) I/We hereby authorize any doctor who has attended to me/us to release any information that may be required by the Company. A photocopy of the authorization shall be as effective and valid as the original.
- (8) If I/we change my/our place of residence or occupation, I/we must notify the Company in writing immediately.
- (9) In the event of difference arising in respect of this proposal form, the English version which is the basis of all policies issued pursuant to this proposal form is considered absolute and binding.

本人/我們，作為投保人/被保險人，謹此聲明並同意：

- (1) 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。
- (2) 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。
- (3) 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。
- (4) 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付的保費予 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。
- (5) 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。
- (6) 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)。
- (7) 本人/我們於此授權任何曾診治本人/我們的醫生向 貴公司提供病歷詳細資料。此授權書的副本或正本同時有效。
- (8) 本人/我們如變換居住地方或職業，必須即時以書面通知 貴公司。
- (9) 若此投保申請書有任何差異，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。

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。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，本公司並可能使用閣下的個人資料作以下用途：

- (i) 任何與保險有關的產品或服務(包括處理及審批閣下的保險申請、索償、保單相關行政、財務工作、索償調查或分析及其它相關的服務)，或該等產品或服務的任何更改、變更、取消或續期；
- (ii) 本公司行使任何代位權；
- (iii) 就以上用途聯絡 閣下；
- (vi) 其它與上述用途有直接關係的附帶用途；及
- (v) 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) 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，或任何從事與保險或再保險業務有關的公司，或閣下的保險中介人(若有)、或索償調查員/公司，或其他保險業務有關的服務提供者；
- (b) 本公司的關連公司(以《公司條例》內的定義為準)；
- (c) 政府及市場認可的保險業監管機構：保險索償投訴局及同類的保險業機構、香港保險業聯會(或同類的保險公司聯會)及其會員；
- (d) 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：經 閣下同意，本公司可能使用及/或提供閣下的個人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，本公司及/或獲取有關資料的公司可以通過書信、電郵、電話或短信與 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 閣下不欲接收有關直接促銷通訊及反對本公司將 閣下個人資料提供給以上公司，請在以下的方格內填上「✓」。

閣下可有權隨時查閱及/或更正由本公司持有有關閣下的個人資料及/或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。如有需要，請以書面形式向本公司的總經理辦公室提出，地址為香港銅鑼灣寧寧道8號中國太平大廈19樓或電郵info@hk.cntaiping.com。另本公司私隱政策的全文已上載於www.hk.cntaiping.com，歡迎查閱。

中國太平保險(香港)有限公司
China Taiping Insurance (HK) Company Limited

本聲明中英文版本如有任何歧異或不一致，概以英文版為準。

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.

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. The Company may also use your personal data for the following purposes:

- (i) any insurance related product or service (include processing and evaluating your insurance application, any claim, providing administration, financing, claim investigation or analysis work and other services in relation to your insurance policy), or any alterations, variations, cancellation or renewal of such product or service;
- (ii) exercising any right of subrogation
- (iii) contacting you for any of the above purposes;
- (iv) other ancillary purposes which are directly related to the above purposes; and
- (v) 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, or any company carrying on insurance or reinsurance related business or your insurance intermediary (if you have one) or claim or investigation adjustors/companies, or other service provider providing services relevant to insurance business;
- (b) the Company's related companies (as that term is defined in the Companies Ordinance);
- (c) Government and industry recognized insurance regulatory bodies: the Insurance Claims Complaints Bureau and similar insurance industry bodies, the Hong Kong Federation of Insurers (or any similar association of insurance companies) and its members ; and
- (d) 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 : With your consent, the Company may also use and/or provide your personal data 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. The Company and/or the companies who obtained related personal data can contact and/or send 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 and do not consent to the Company providing your personal data to the above companies.

You have the right to access and/or request correction of any personal information concerning yourself held by the Company and/or withdraw your consent to the use and provision to a third party of your personal data for direct marketing purposes at any time. Requests for such access can be made in writing to Office of the General Manager at 19/F., China Taiping Tower, 8 Sunning Road, Causeway Bay, Hong Kong or email to info@hk.cntaiping.com. Moreover, the full version of the Company's Data Privacy Policy can be found at www.hk.cntaiping.com.

In the event of any discrepancy or inconsistency between the English and Chinese versions of this statement, the English version shall prevail.

本人/我們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 / We 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.

Date of Signature at Hong Kong (dd/mm/yy)[#]
香港簽署日期 (日/月/年)[#]

Signature of Proposer
投保人簽署

Signature of Insured Person(s)^{##}
所有被保險人簽署^{##}

[#] The Proposal Form must be signed at Hong Kong.

[#] 必須在香港簽署投保書。

^{##} Signature of Parent if Insured Person(s) aged under 18.

^{##} 18歲以下的被保險人請由父或母代為簽署。

The Chinese version of this proposal form is for reference only. In case of any discrepancy between the Chinese and English versions, the English version shall prevail.
本投保書的中文譯本只供參考之用，如有爭議，請以英文本為準。

For Bank Use Only 由代理銀行填寫					
Staff No.:	Agent Code:		Transfer Unit No.:		
Staff Name:	Unit Code:		Transfer Staff No.:		
Staff Contact No.:	BMS Tx No.:		Remark:		
For Office Use Only 由本公司填寫					
PC:			IT		
CC:					
AT:	AC		SC:		
DI:	M	201:	202:	203:	204:
	S	201:	202:	203:	204:
	O	201:	202:	203:	204:
Reason of Submission	New Business		Replacement	Others	
Remarks:					

"HealthCare" Medical Insurance Hotline 「醫安寶」醫療保險熱線
(852) 3716 1616