

Bupa Health Insurance Scheme (Family Scheme) Registration Variation Form IV

保柏醫療保障計劃 (家庭計劃) 更改登記申請表 IV



Please complete this form in **ENGLISH AND BLOCK LETTERS**. Please tick as appropriate. 請以**英文正楷**填寫本表格，並於適用地方加「✓」號。

To protect your interest, please return this original form with your signature to Bupa. 為保障閣下的權益，請將本表格正本簽署然後交回保柏。

Membership No. (16 digits)
會員號碼 (16位數字)

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Name of Subscriber / Policy Holder / Employee Member* (same as HKID Card) 投保人 / 保單持有人 / 僱員會員* 姓名 (與香港身分證相同)

Surname
姓

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Given Name
名

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Types of Changes 更改項目 (Please tick the change(s) and fill in the details as required 請選擇更改部分並填寫所需資料)

I. Change of Benefit 更改保障 (Health Declaration and Questionnaire must be completed for plan upgrade or benefit addition (marked with “*”). The new benefit will be effective on the date of renewal, if approved. 如選擇提升計劃等級或增加保障 (註有「*」號)，必須填寫健康聲明及問卷。一經批核，新保障將於續保日生效。)

Applicable to Bupa All Together Health Insurance Scheme 適用於保柏家互通醫療保障計劃

Applicable to existing Insured Person. 適用於現有受保人。

Insured Person's Surname 受保人的姓																			
Insured Person's Given Name 受保人的名																			

Please tick the **NEW plan level** 請於新選擇計劃之空格內加上「✓」號

Ward (Plan A) 大房 (計劃A)	<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"/>
Ward (Plan B) 大房 (計劃B)*	<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"/>

Optional Benefit 自選額外保障

Clinical Benefit 門診保障										
Add 增加*	<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"/>
Cancel 取消	<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"/>
Maternity Benefit ¹ 產科保障 ¹										
Add 增加	<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"/>
Cancel 取消	<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"/>
Dental Benefit 牙科保障										
Add Plan A 增加 計劃A	<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"/>
Add Plan B 增加 計劃B	<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"/>
Cancel Plan A 取消 計劃A	<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"/>
Cancel Plan B 取消 計劃B	<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"/>

* If you choose to add or upgrade your Benefit (marked with “*”), all eligible medical expenses for the medical conditions that occurred before such change will be reimbursed according to your previous Benefits. 如你選擇增加或提升保障 (註有「*」號)，所有在更改前已患傷病之合資格醫療費用將根據舊有保障賠償。

¹ Applicable to female Insured Person(s) aged 18-49. 適用於18-49歲之女性受保人。

Applicable to Bupa Care Health Insurance Scheme 適用於保柏樂康健醫療保障計劃

* Please tick the **NEW plan** 請於新計劃之空格內加上「✓」號

Plan 1 計劃一 Private 私家房 Plan 2 計劃二 Semi-private 半私家房 Plan 3 計劃三 Ward 大房

Addition / Cancellation of Optional Benefit 增加或取消自選保障項目

Clinical Benefit 門診保障 *Add 增加 Cancel 取消
 Hospital Cash Benefit 住院現金保障 *Add 增加 Cancel 取消
 Supplementary Major Medical Benefit 附加醫療保障 *Add 增加 Cancel 取消

* If the Benefit after the change is higher than the Benefit the Member is entitled to before the change, Benefit is payable as per the Benefit before the change in relation to any illnesses or injuries covered under this Contract that commenced before Contract Effective Date. 若會員的新保障額較前保障額為大，所有在合約生效日前已患疾病或損傷將根據前保障額作賠償。



PAMVT

Applicable to Bupa Civil Servants Health Insurance Scheme 適用於保柏公務員醫療保障計劃

* Please tick the NEW plan 請於新計劃之空格內加上「✓」號

- | | | |
|--|---|---|
| <input type="checkbox"/> Plan 計劃 1 Private 私家房 | <input type="checkbox"/> Option 選擇 1
100% reimbursement on
Hospital and Surgical Benefit
賠償100%住院及手術保障費用 | <input type="checkbox"/> Option 選擇 2
80% reimbursement on
Hospital and Surgical Benefit
賠償80%住院及手術保障費用 |
| <input type="checkbox"/> Plan 計劃 2 Semi-Private 半私家房 | | |
| <input type="checkbox"/> Plan 計劃 3 Ward 大房 | | |

Addition / Cancellation of Optional Benefit 增加或取消自選保障項目

- | | | |
|--|-----------------------------------|------------------------------------|
| Supplementary Major Medical Benefit 附加醫療保障 | <input type="checkbox"/> * Add 增加 | <input type="checkbox"/> Cancel 取消 |
| Clinical Benefit 門診保障 | <input type="checkbox"/> * Add 增加 | <input type="checkbox"/> Cancel 取消 |
| Bupa Worldwide Assistance Programme 保柏國際援助計劃 | <input type="checkbox"/> Add 增加 | <input type="checkbox"/> Cancel 取消 |

* If you choose to add or upgrade your Benefit (marked with “*”), all eligible medical expenses for the medical conditions that occurred before such change will be reimbursed according to your previous Benefits. 如你選擇增加或提升保障(註有「*」號), 所有在更改前已患傷病之合資格醫療費用將根據舊有保障賠償。

Applicable to Bupa Crystal Health Insurance Scheme 適用於保柏晶彩寶醫療保障計劃

* Please tick the NEW choice 請於新選擇之空格內加上“✓”號

Hospital and Surgical Benefit 住院及手術保障 Change to 改為: 100% reimbursement 十足賠償

- | | | | |
|------------------------------|---------------------------------|--|--|
| Optional Benefit :
自選保障項目 | 1. Clinical Benefit 門診保障 | <input type="checkbox"/> * Add 增加 | <input type="checkbox"/> 100% reimbursement 十足賠償 |
| | | <input type="checkbox"/> Change to 改為: | <input type="checkbox"/> 100% reimbursement 十足賠償 |
| | | <input type="checkbox"/> Cancel 取消 | |
| | 2. Hospital Cash Benefit 住院現金保障 | <input type="checkbox"/> * Add 增加 | <input type="checkbox"/> Cancel 取消 |

* If the Benefit after the change is higher than the Benefit the Member is entitled to before the change, Benefit is payable as per the Benefit before the change in relation to any illnesses or injuries covered under this Contract that commenced before Contract Effective Date. 若會員的新保障額較前保障額為大, 所有在合約生效日前已患疾病或損傷將根據前保障額作賠償。

Applicable to Bupa Gold Health Insurance Scheme 適用於保柏尊貴寶醫療保障計劃

^Addition / Cancellation of Optional Benefit 增加或取消自選額外保障

- | | | |
|------------------------|----------------------------------|------------------------------------|
| Clinical Benefit 門診保障 | <input type="checkbox"/> Add 增加* | <input type="checkbox"/> Cancel 取消 |
| Dental Benefit 牙科保障 | <input type="checkbox"/> Add 增加 | <input type="checkbox"/> Cancel 取消 |
| Maternity Benefit 產科保障 | <input type="checkbox"/> Add 增加 | <input type="checkbox"/> Cancel 取消 |

^ If the Benefit after the change is higher than the Benefit the Member is entitled to before the change, Benefit is payable as per the Benefit before the change in relation to any illnesses or injuries covered under this Contract that commenced before Contract Effective Date. 若會員的新保障額較前保障額為大, 所有在合約生效日前已患疾病或損傷將根據前保障額作賠償。

Applicable to Bupa HealthNet Health Insurance Scheme 適用於保柏康健網醫療保障計劃

* Please tick the NEW plan 請於新計劃之空格內加上“✓”號

- | | | |
|---|---|---|
| <input type="checkbox"/> Plan 1 計劃一 Private 私家房 | <input type="checkbox"/> Plan 2 計劃二 Semi-Private 半私家房 | <input type="checkbox"/> Plan 3 計劃三 Ward 大房 |
|---|---|---|

Addition / Cancellation of Optional Benefit 增加或取消自選保障項目

- | | | |
|---|-----------------------------------|------------------------------------|
| Hospital Cash Benefit 住院現金保障 | <input type="checkbox"/> * Add 增加 | <input type="checkbox"/> Cancel 取消 |
| Supplementary Major Medical Benefit 附加醫療保障
(age must be below 60 年齡必須為60歲以下) | <input type="checkbox"/> * Add 增加 | <input type="checkbox"/> Cancel 取消 |

* If the Benefit after the change is higher than the Benefit the Member is entitled to before the change, Benefit is payable as per the Benefit before the change in relation to any illnesses or injuries covered under this Contract that commenced before Contract Effective Date. 若會員的新保障額較前保障額為大, 所有在合約生效日前已患疾病或損傷將根據前保障額作賠償。

Applicable to Bupa HealthPlus Health Insurance Scheme 適用於保柏悅康健醫療保障計劃

Applicable to existing Member. 適用於現有會員。

Member's Name 會員姓名					Optional Benefit 自選額外保障			
Deductible 墊底費#					Clinical Benefit 門診保障		Dental Benefit 牙科保障	
(港幣 HK\$)		0 ^①	12,000 ^①	40,000	Add 增加 ^②	Cancel 取消	Add 增加	Cancel 取消
Surname 姓	Given Name 名							
		<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"/>	<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"/>	<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"/>	<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"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

① Health Declaration and Questionnaire is required if you apply to lower the Deductible. Your Application will be subject to underwriting. The new Benefit will be effective on the date of Contract Anniversary Date, if approved. 如選擇降低墊底費, 必須填寫健康聲明及問卷, 有關申請必須通過核保。一經批核, 新保障將於合約週年日生效。

② Health Declaration and Questionnaire is required if you apply to add the Clinical Benefit. Your Application will be subject to underwriting. The new Benefit will be effective on the date of Contract Anniversary Date, if approved. The new Benefit will only cover eligible medical conditions that commenced after such Contract Anniversary Date. 如選擇新增門診保障, 必須填寫健康聲明及問卷, 有關申請必須通過核保。一經批核, 新保障將於合約週年日生效, 並只保障於合約周年日後出現的合資格病症。

Please note that you can't apply to reduce your deductible amount within 24 months of the contract effective date or any previous change in deductible. 請注意, 你不可於合約生效日起或距離上次更改墊底費後的24個月內申請減低墊底費金額。

■ Applicable to Bupa HKU Top-up Medical Health Insurance Scheme 適用於保柏香港大學附加醫療保障計劃

Please tick the NEW plan 請於新計劃之空格內加上“✓”號 (Health Declaration and Questionnaire is not required 無須填寫健康聲明及問卷)

Plan 計劃1 Private 私家房

Plan 計劃2 Semi-Private 半私家房

^ Employee Member is applicable to the HKU Top-up Medical Insurance Scheme only. 僱員會員只適用於香港大學附加醫療保障計劃。

■ Applicable to Bupa Together Health Insurance Scheme 適用於保柏互通保額醫療保障計劃

Optional Benefit 自選額外保障 **Applicable to existing Member. 適用於現有會員。**

Member's Surname 會員的姓									
Member's Given Name 會員的名									
Supplementary Major Medical Benefit ¹ 附加醫療保障 ¹									
Add 增加*	<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"/>
Cancel 取消	<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"/>
Clinical Benefit 門診保障									
Add 增加*	<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"/>
Cancel 取消	<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"/>
Maternity Benefit ² 產科保障 ²									
Add 增加	<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"/>
Cancel 取消	<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"/>
Dental Benefit 牙科保障									
Add 增加	Plan A 計劃A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Plan B 計劃B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cancel 取消	Plan A 計劃A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Plan B 計劃B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* If the Benefit after the change is higher than the Benefit the Member is entitled to before the change, all eligible medical expenses for the medical conditions that occurred before such change will be reimbursed according to your previous Benefits. 若會員的新保障額較前保障額為大，所有在更改前已患傷病之合資格醫療費用將根據舊有保障賠償。

¹ Applicable to Member(s) under 60 years old. 適用於60歲以下之會員。

² Applicable to female Member(s) aged 18-49. 適用於18-49歲之女性會員。

■ Applicable to Bupa Wise Choice Health Insurance Scheme 適用於保柏智康健醫療保障計劃

Please tick the NEW plan 請於新計劃之空格內加上“✓”號 (Applicable to lower benefit level only 只適用於選擇較低之保障等級)

Plan 計劃2 Semi-private 半私家房

Plan 計劃3 Ward 大房

■ II. Addition of Member(s) / Insured Person(s) 增加會員 / 受保人
(Health Declaration and Questionnaire Part I must be completed 必須填寫健康聲明及問卷第一部份)

■ Applicable to Family Scheme (Other than Bupa All Together, HealthPlus and Together Health Insurance Scheme) 適用於家庭計劃 (保柏家互通, 悅康健及互通保額醫療保障計劃除外)

Please ensure that you have 遞交表格時請謹記：

- enclosed a copy of the HKID Card / Passport for each proposed Member aged 18 or above.
連同每位18歲或以上之準會員的香港身份證或護照副本。
- enclosed a copy of the HKID Card / birth certificate for each proposed Member aged below 18.
連同每位18歲以下之準會員的香港身份證或出生證明書副本。
- enclosed a copy of the marriage certificate for addition of newlywed spouse during the contract year.
在合約年度內新增之新配偶須連同結婚證書副本。
- enclosed a copy of the birth certificate of newlywed spouse for addition of parents-in-law during the contract year.
在合約年度內新增之新配偶父母須連同新配偶的出生證明書副本。

Please complete proposed Member's details only. 請只填寫準會員之資料。

Surname 姓									
Given Name 名									
Relationship with Subscriber*** 與投保人關係***									
Sex 性別									
HKID Card / Passport / Birth Certificate No. 香港身份證 / 護照 / 出生證明書號碼									
Date of Birth 出生日期 (DD日/MM月/YY年)									

Applicable to Family Scheme (Other than Bupa All Together, HealthPlus and Together Health Insurance Scheme)(cont.)
適用於家庭計劃 (保柏家互通, 悅康健及互通保額醫療保障計劃除外)(續)

Place of Residence# 居住地#										
US Permanent Resident ^{1,2} 美國永久居民 ^{1,2}	<input type="checkbox"/> Yes是 <input type="checkbox"/> No否	<input type="checkbox"/> Yes是 <input type="checkbox"/> No否	<input type="checkbox"/> Yes是 <input type="checkbox"/> No否	<input type="checkbox"/> Yes是 <input type="checkbox"/> No否	<input type="checkbox"/> Yes是 <input type="checkbox"/> No否	<input type="checkbox"/> Yes是 <input type="checkbox"/> No否	<input type="checkbox"/> Yes是 <input type="checkbox"/> No否	<input type="checkbox"/> Yes是 <input type="checkbox"/> No否	<input type="checkbox"/> Yes是 <input type="checkbox"/> No否	<input type="checkbox"/> Yes是 <input type="checkbox"/> No否

[^] New members must meet the age limit specified in the Contract.
 新增會員需符合合約內定明之年齡限制。

^{**} Domestic partner shall mean civil partner, or the person (of same or different sex), with whom the Subscriber lives with in a continuous, committed, exclusive relationship during which period neither the Subscriber nor that person was or is married to or partnered with any other person.
 同居伴侶指民事結合的伴侶或與投保人共同生活, 並保持持續, 忠誠以及唯一的關係的人士 (不論同性或異性), 而期間投保人或該人士並沒有和其他人士成婚或結合。

[#] Unless otherwise specified by Member in writing, the Service Provider(s) will consider Hong Kong as the Place of Residence of all Members and repatriate relevant Members to Hong Kong when Medically Necessary.
 除非會員特別以書面通知, 服務供應商將設定香港為所有會員之居住地, 於有醫療需要時送返有關會員回香港。

Notes 注意:

¹ "Permanent Resident" shall mean a person residing in a country who is a citizen of or who is permitted under applicable laws to live and work, on a permanent basis, in that country.
 「永久居民」指居於某國家並且身為該國公民或根據適用法律獲許在該國永久性居留及工作的人士。

² Application for addition of member is not allowed if the proposed Member's Place of Residence is USA. This restriction is applicable if the member's coverage effective date is on or after 1 Jan 2017.
 如準會員居住地是美國, 增加會員的申請將不獲接納。此限制只適用於會員的保障生效日期為2017年1月1日或以後。

Applicable to Bupa All Together Health Insurance Scheme 適用於保柏家互通醫療保障計劃

Please ensure that you have 遞交表格時請謹記:

- enclosed a copy of the HKID Card / Passport for each proposed Insured Person aged 18 or above.
 連同每位18歲或以上之準受保人的香港身份證或護照副本。
- enclosed a copy of the HKID Card / birth certificate for each proposed Insured Person aged below 18.
 連同每位18歲以下之準受保人的香港身份證或出生證明書副本。
- enclosed a copy of the marriage certificate for addition of newlywed spouse during the contract year.
 在合約年度內新增之新婚配偶須連同結婚證書副本。
- enclosed a copy of the birth certificate of newlywed spouse for addition of parents-in-law during the contract year.
 在合約年度內新增之新婚配偶父母須連同新婚配偶的出生證明書副本。

Please complete proposed Insured Person's details only. 請只填寫準受保人之資料。

Surname 姓										
Given Name 名										
Relationship with Policy Holder ^{**} 與保單持有人關係 ^{**}										
Sex 性別										
HKID Card / Passport / Birth Certificate No. 香港身份證 / 護照 / 出生證明書號碼										
Date of Birth 出生日期 (DD日/MM月/YY年)										
Place of Residence# 居住地#										
US Permanent Resident ^{1,2} 美國永久居民 ^{1,2}	<input type="checkbox"/> Yes是 <input type="checkbox"/> No否	<input type="checkbox"/> Yes是 <input type="checkbox"/> No否	<input type="checkbox"/> Yes是 <input type="checkbox"/> No否	<input type="checkbox"/> Yes是 <input type="checkbox"/> No否	<input type="checkbox"/> Yes是 <input type="checkbox"/> No否	<input type="checkbox"/> Yes是 <input type="checkbox"/> No否	<input type="checkbox"/> Yes是 <input type="checkbox"/> No否	<input type="checkbox"/> Yes是 <input type="checkbox"/> No否	<input type="checkbox"/> Yes是 <input type="checkbox"/> No否	<input type="checkbox"/> Yes是 <input type="checkbox"/> No否

[^] Child Members must be aged 15 days or above.
 子女年齡必須為15日或以上。

^{**} Domestic partner shall mean civil partner, or the person (of same or different sex), with whom the Policy Holder lives with in a continuous, committed, exclusive relationship during which period neither the Policy Holder nor that person was or is married to or partnered with any other person.
 同居伴侶指民事結合的伴侶或與保單持有人共同生活, 並保持持續, 忠誠以及唯一的關係的人士 (不論同性或異性), 而期間保單持有人或該人士並沒有和其他人士成婚或結合。

[#] Unless otherwise specified by Insured Person in writing, the Service Provider(s) will consider Hong Kong as the Place of Residence of all Insured Persons and repatriate relevant Insured Persons to Hong Kong when Medically Necessary.
 除非受保人特別以書面通知, 服務供應商將設定香港為所有受保人之居住地, 於有醫療需要時送返有關受保人回香港。

Notes 注意:

¹ "Permanent Resident" shall mean a person residing in a country who is a citizen of or who is permitted under applicable laws to live and work, on a permanent basis, in that country.
 「永久居民」指居於某國家並且身為該國公民或根據適用法律獲許在該國永久性居留及工作的人士。

² Application for addition of Insured Person is not allowed if the proposed Insured Person's Place of Residence is USA. This restriction is applicable if the Insured Person's coverage effective date is on or after 1 Jan 2017.
 如準受保人居住地是美國, 增加受保人的申請將不獲接納。此限制只適用於受保人的保障生效日期為2017年1月1日或以後。

Choice of Cover 投保項目

Please tick the Plan Level. 請於選擇計劃之空格內加上「✓」號。

Ward (Plan A) 大房 (計劃A)	<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"/>
Ward (Plan B) 大房 (計劃B)	<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"/>

Applicable to Bupa All Together Health Insurance Scheme(cont.) 適用於保柏家互通醫療保障計劃(續)

Please tick the Optional Benefit. 請於自選額外保障項目空格內加上「✓」號。

Clinical 門診保障	<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"/>
Maternity ¹ 產科保障 ¹	<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"/>
Dental 牙科保障	Plan A 計劃 A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Plan B 計劃 B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

¹ Applicable to female proposed Insured Person(s) aged 18-49. 適用於18-49歲之女性準受保人。

Applicable to Bupa HealthPlus Health Insurance Scheme 適用於保柏悅康健醫療保障計劃

Please ensure that you have 遞交表格時請謹記：

- enclosed a copy of the HKID Card / Passport for each proposed Member aged 18 or above.
連同每位18歲或以上之準會員的香港身份證或護照副本。
- enclosed a copy of the HKID Card / birth certificate for each proposed Member aged below 18.
連同每位18歲以下之準會員的香港身份證或出生證明書副本。
- enclosed a copy of the marriage certificate for addition of newlywed spouse during the contract year.
在合約年度內新增之新婚配偶須連同結婚證書副本。
- enclosed a copy of the birth certificate of newlywed spouse for addition of parents-in-law during the contract year.
在合約年度內新增之新婚配偶父母須連同新婚配偶的出生證明書副本。

Please complete proposed Member's details only. 請只填寫準會員之資料。

Surname 姓									
Given Name 名									
Relationship with Subscriber ^{^^} 與投保人關係 ^{^^}									
Sex 性別									
HKID Card / Passport / Birth Certificate No. 香港身份證 / 護照 / 出生證明書號碼									
Date of Birth 出生日期 (DD日/MM月/YY年)									
Place of Residence [#] 居住地 [#]									
US Permanent Resident ^{1,2} 美國永久居民 ^{1,2}	<input type="checkbox"/> Yes是 <input type="checkbox"/> No否	<input type="checkbox"/> Yes是 <input type="checkbox"/> No否	<input type="checkbox"/> Yes是 <input type="checkbox"/> No否	<input type="checkbox"/> Yes是 <input type="checkbox"/> No否	<input type="checkbox"/> Yes是 <input type="checkbox"/> No否	<input type="checkbox"/> Yes是 <input type="checkbox"/> No否	<input type="checkbox"/> Yes是 <input type="checkbox"/> No否	<input type="checkbox"/> Yes是 <input type="checkbox"/> No否	<input type="checkbox"/> Yes是 <input type="checkbox"/> No否

[^] Child Members must be aged 15 days or above, Children below 10 years old must enrol under the same Contract together with the Subscriber as a Dependent.
子女年齡必須為15日或以上。10歲以下之子女須與投保人一同投保並為投保人之受供養人。投保人亦需為本合約之會員。

^{**} Domestic partner shall mean civil partner, or the person (of same or different sex), with whom the Subscriber lives with in a continuous, committed, exclusive relationship during which period neither the Subscriber nor that person was or is married to or partnered with any other person.
同居伴侶指民事結合的伴侶或與投保人共同生活，並保持持續，忠誠以及唯一的關係的人士（不論同性或異性），而期間投保人或該人士並沒有和其他人士成婚或結合。

[#] Unless otherwise specified by Member in writing, the Service Provider(s) will consider Hong Kong as the Place of Residence of all Members and repatriate relevant Members to Hong Kong when Medically Necessary.
除非會員特別以書面通知，服務供應商將設定香港為所有會員之居住地，於有醫療需要時送返有關會員回香港。

Choice of Cover 投保項目

Please tick as appropriate. 請於適用地方加「✓」號。

Core Benefit & Benefit Level 主要保障及保障級別	<input checked="" type="checkbox"/> Hospital and Surgical Benefit 住院及手術保障				<input checked="" type="checkbox"/> Semi-private 半私家房			
Option to Cover Pre-existing Conditions ^① 保障已存在疾病之選擇 ^①	<input type="checkbox"/> Yes是 <input type="checkbox"/> No否	<input type="checkbox"/> Yes是 <input type="checkbox"/> No否	<input type="checkbox"/> Yes是 <input type="checkbox"/> No否	<input type="checkbox"/> Yes是 <input type="checkbox"/> No否	<input type="checkbox"/> Yes是 <input type="checkbox"/> No否	<input type="checkbox"/> Yes是 <input type="checkbox"/> No否	<input type="checkbox"/> Yes是 <input type="checkbox"/> No否	<input type="checkbox"/> Yes是 <input type="checkbox"/> No否
Hospital and Surgical Benefit 住院及手術保障 Deductible 墊底費 (港幣 HK\$)	<input type="checkbox"/> 0 <input type="checkbox"/> 12,000 <input type="checkbox"/> 40,000	<input type="checkbox"/> 0 <input type="checkbox"/> 12,000 <input type="checkbox"/> 40,000	<input type="checkbox"/> 0 <input type="checkbox"/> 12,000 <input type="checkbox"/> 40,000	<input type="checkbox"/> 0 <input type="checkbox"/> 12,000 <input type="checkbox"/> 40,000	<input type="checkbox"/> 0 <input type="checkbox"/> 12,000 <input type="checkbox"/> 40,000	<input type="checkbox"/> 0 <input type="checkbox"/> 12,000 <input type="checkbox"/> 40,000	<input type="checkbox"/> 0 <input type="checkbox"/> 12,000 <input type="checkbox"/> 40,000	<input type="checkbox"/> 0 <input type="checkbox"/> 12,000 <input type="checkbox"/> 40,000
Optional Benefit 自選額外保障								
Clinical Benefit 門診保障	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dental Benefit 牙科保障	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Applicable to Bupa HealthPlus Health Insurance Scheme(cont.) 適用於保柏悅康健康醫療保障計劃(續)

① We may have to exclude some medical conditions from your cover because of the medical history declared. We may be able to offer you an option to cover some of these excluded medical conditions with additional subscription. If you wish to consider this option, please answer "Yes". We will contact you to collect additional information for assessment if this is applicable to you.

我們可能會因你所申報的病史而將一些病症列為不獲保障項目。如你在此選項回答「是」，我們或能讓你以繳付附加保費將某些不獲保障病症納入保障範圍。如能為你提供此選擇，我們會聯絡你以索取額外資料以作審核。

Notes 注意：

1. "Permanent Resident" shall mean a person residing in a country who is a citizen of or who is permitted under applicable laws to live and work, on a permanent basis, in that country. 「永久居民」指居於某國家並且身為該國公民或根據適用法律獲許在該國永久性居留及工作的人士。
2. Application for addition of member is not allowed if the proposed Member's Place of Residence is USA. This restriction is applicable if the member coverage effective date is on or after 1 Jan 2017. 如準會員居住地是美國，增加會員的申請將不獲接納。此限制只適用於會員的保障生效日期為2017年1月1日或以後。

Please note that you can't apply to reduce your deductible amount within 24 months of the contract effective date or any previous change in deductible. 請注意，你不可於合約生效日起或距離上次更改墊底費後的24個月內申請減低墊底費金額。

Applicable to Bupa Together Health Insurance Scheme 適用於保柏互通保額醫療保障計劃

Please note 請注意：

- Subscriber's spouse, parents, parents-in-law must be aged 16 years or above.
投保人配偶、父母、配偶之父母必須為16歲或以上。
- Subscriber is required to complete Health Declaration and Questionnaire Part I & II and signed endorsement by all existing Members is required.
投保人必須填寫健康聲明及問卷第一和第二部份及所有會員簽署核實。

Please ensure that you have 遞交表格時請謹記：

- enclosed a copy of the HKID Card / Passport for each proposed Member aged 18 or above.
連同每位18歲或以上之準會員的香港身份證或護照副本。
- enclosed a copy of the HKID Card / birth certificate for each proposed Member aged below 18.
連同每位18歲以下之準會員的香港身份證或出生證明書副本。
- enclosed a copy of the marriage certificate for addition of newlywed spouse during the contract year.
在合約年度內新增之新婚配偶須連同結婚證書副本。
- enclosed a copy of the birth certificate of newlywed spouse for addition of parents-in-law during the contract year.
在合約年度內新增之新婚配偶父母須連同新婚配偶的出生證明書副本。

Please complete proposed Member's details only. 請只填寫準會員之資料。

Surname 姓																				
Given Name 名																				
Relationship with Subscriber ^{***} 與投保人關係 ^{***}																				
Sex 性別																				
HKID Card / Passport / Birth Certificate No. 香港身份證 / 護照 / 出生證明書號碼																				
Date of Birth 出生日期 (DD日/MM月/YY年)																				
Place of Residence [#] 居住地 [#]																				
US Permanent Resident ^{1,2} 美國永久居民 ^{1,2}	<input type="checkbox"/> Yes是 <input type="checkbox"/> No否	<input type="checkbox"/> Yes是 <input type="checkbox"/> No否	<input type="checkbox"/> Yes是 <input type="checkbox"/> No否	<input type="checkbox"/> Yes是 <input type="checkbox"/> No否	<input type="checkbox"/> Yes是 <input type="checkbox"/> No否	<input type="checkbox"/> Yes是 <input type="checkbox"/> No否	<input type="checkbox"/> Yes是 <input type="checkbox"/> No否	<input type="checkbox"/> Yes是 <input type="checkbox"/> No否	<input type="checkbox"/> Yes是 <input type="checkbox"/> No否	<input type="checkbox"/> Yes是 <input type="checkbox"/> No否	<input type="checkbox"/> Yes是 <input type="checkbox"/> No否	<input type="checkbox"/> Yes是 <input type="checkbox"/> No否	<input type="checkbox"/> Yes是 <input type="checkbox"/> No否	<input type="checkbox"/> Yes是 <input type="checkbox"/> No否	<input type="checkbox"/> Yes是 <input type="checkbox"/> No否	<input type="checkbox"/> Yes是 <input type="checkbox"/> No否	<input type="checkbox"/> Yes是 <input type="checkbox"/> No否	<input type="checkbox"/> Yes是 <input type="checkbox"/> No否	<input type="checkbox"/> Yes是 <input type="checkbox"/> No否	<input type="checkbox"/> Yes是 <input type="checkbox"/> No否

[^] Child Members must be aged 15 days or above.
子女年齡必須為15日或以上。

^{**} Domestic partner shall mean civil partner, or the person (of same or different sex), with whom the Subscriber lives with in a continuous, committed, exclusive relationship during which period neither the Subscriber nor that person was or is married to or partnered with any other person.
同居伴侶指民事結合的伴侶或與投保人共同生活，並保持持續，忠誠以及唯一的關係的人士（不論同性或異性），而期間投保人或該人士並沒有和其他人士未婚或結婚。

[#] Unless otherwise specified by Member in writing, the Service Provider(s) will consider Hong Kong as the Place of Residence of all Members and repatriate relevant Members to Hong Kong when Medically Necessary.
除非會員特別以書面通知，服務供應商將設定香港為所有會員之居住地，於有醫療需要時送返有關會員回香港。

Notes 注意：

1. "Permanent Resident" shall mean a person residing in a country who is a citizen of or who is permitted under applicable laws to live and work, on a permanent basis, in that country. 「永久居民」指居於某國家並且身為該國公民或根據適用法律獲許在該國永久性居留及工作的人士。
2. Application for addition of member is not allowed if the proposed Member's Place of Residence is USA. This restriction is applicable if the member coverage effective date is on or after 1 Jan 2017. 如準會員居住地是美國，增加會員的申請將不獲接納。此限制只適用於會員的保障生效日期為2017年1月1日或以後。

Choice of Cover 投保項目	
Core Benefit : Hospital and Surgical Benefit 主要保障 : 住院及手術保障	Benefit Level : Ward 保障級別 : 大房
Please tick the Optional Benefit. 請於自選額外保障項目空格內加上「✓」號。	
Supplementary Major Medical Benefit ¹ 附加醫療保障 ¹	<input type="checkbox"/>
Clinical 門診保障	<input type="checkbox"/>
Maternity ² 產科保障 ²	<input type="checkbox"/>
Dental 牙科保障	Plan A 計劃 A <input type="checkbox"/>
	Plan B 計劃 B <input type="checkbox"/>

¹ Applicable to proposed Member(s) under 60 years old. 適用於60歲以下之準會員。
² Applicable to female proposed Member(s) aged 18-49. 適用於18-49歲之女性準會員。

Health Declaration and Questionnaire - Part I 健康聲明及問卷 - 第一部份

Important Note 重要事項

During the insurance application process, it's important that you act with utmost good faith and disclose all material facts related to the proposed Member / Insured Person to Bupa. If you are uncertain as to whether a fact is material, then it should be disclosed. If you fail to disclose or misrepresent a material fact and this causes Bupa to accept the risk, this will raise questions about your entitlement to insurance benefits. Consequences may include termination of your policy or reduction of entitlement to claims payments in all or part.

在保險申請過程中，務必以至高誠信向保柏披露有關準會員/受保人所有重要事實。如果你不確定某個事實是否重要，則應將其披露。如你未能披露或錯誤陳述重要事實，而導致保柏承擔有關風險，這將影響你所享有的保障。其結果可能包括終止你的保單；或減少全部或部分你所獲得的賠償。

- (i) This questionnaire collects health-related information solely for the purpose of underwriting which is a process for Bupa to evaluate the health risk of the applicants and decide the application results. The underwriting process that Bupa adopts should be fair and reasonable, and Bupa should explain the application results if requested by the customers. 此問卷收集與健康相關的資料僅作為核保之用途，而核保是保柏評估申請人之健康風險及決定申請結果的程序。保柏採用的核保程序應為公平合理，並會因應客戶要求解釋申請結果。
- (ii) As the applicant, you are required to provide Bupa with complete and accurate information requested in this questionnaire to the best of your knowledge and belief. Based on the information provided, Bupa may have follow-up questions or enquiries that require you to provide further information for underwriting purpose. 作為申請人，你需要盡其所知所信，按本問卷中要求向保柏提供完整及準確的資料。保柏根據你提供的資料，可能會提出跟進問題或查詢而需要你進一步提供資料以作核保之用。
- (iii) If there are any changes to or updates of the information provided in this questionnaire after the time of submission of this application and before you receive the Policy, you are required to notify Bupa in a timely manner. 若你在提交本申請表後至你收到保單前的期間就本問卷中提供的資料有任何改變或更新，你需要及早通知保柏。
- (iv) Even after an insurance policy has been issued upon successful application, the insurance coverage for the proposed Member / Insured Person may be affected or the policy may be terminated, voided or rescinded, or claims may be repudiated by Bupa, if you have not provided Bupa with complete and accurate information to the best of your knowledge and belief according to (ii), or if you have not notified Bupa on any changes to or updates of the information in time according to (iii). 即使已成功投保並獲簽發保單，若你未按(ii)所述盡其所知所信向保柏提供完整及準確的資料，或未按(iii)所述就資料的任何改變或更新而及早通知保柏，準會員/受保人的保險保障可能會受到影響，保柏亦可能因此終止、作廢或撤銷有關保單，或拒絕賠償。

Guidance Note in completing the questionnaire 填寫問卷指引

If you answer Yes to any of the questions 1-7 in Section A, please provide additional information in Health Questionnaire - Section B.

如果你就甲部第1至7項任何一項問題之答案為「是」者，請於健康問卷-乙部提供更多資料。

You do not need to disclose information regarding the medical conditions or treatments below -

Cold / flu / sore throat, gastroenteritis / food poisoning (fully recovered), indigestions (no investigations required), acne, muscle sprained (fully recovered), thrush, routine scan / blood test for pregnancy (normal result), routine cervical smear (normal result), routine health check (normal result), preventive vaccination, Hormonal Replacement Therapy (menopause), infertility treatment or uncomplicated pregnancy, myopia / hyperopia / astigmatism / presbyopia.

你無需披露以下健康狀況或治療 -

傷風/感冒/喉嚨痛、腸胃炎/食物中毒(已痊癒)、消化不良(無需檢查)、痤瘡、肌肉扭傷(已痊癒)、鵝口瘡、常規產前掃描/血液檢驗(檢驗結果正常)、常規子宮頸細胞塗片檢驗(檢驗結果正常)、常規健康檢查(檢查結果正常)、預防疫苗、荷爾蒙補充治療(更年期)、不育治療或胎兒生長情況正常的懷孕、近視/遠視/散光/老花。

You are required to provide Bupa with complete and accurate information requested in this questionnaire to the best of your knowledge and belief, including any and all medical information which are known or ought to be known by Bupa in any previous insurance application and medical claims.

你需要盡其所知所信，按本問卷中要求向保柏提供完整及準確的資料，包括在之前的任何保險申請和醫療索償中保柏已知或應該知道的任何及所有醫療資料。

Health Questionnaire - Section A 健康問卷 - 甲部

	Name of applicant 申請人姓名	Name of proposed Member/ Insured Person 準會員/受保人姓名	Name of proposed Member/ Insured Person 準會員/受保人姓名	Name of proposed Member/ Insured Person 準會員/受保人姓名
Height 身高 [#]	cm 厘米/ feet 呎 inches 吋	cm 厘米/ feet 呎 inches 吋	cm 厘米/ feet 呎 inches 吋	cm 厘米/ feet 呎 inches 吋
Weight 體重 [#]	kg 公斤/ pounds(lbs) 磅	kg 公斤/ pounds(lbs) 磅	kg 公斤/ pounds(lbs) 磅	kg 公斤/ pounds(lbs) 磅
Do you (or proposed Member/Insured Person) smoke ³ or have you (or proposed Member/Insured Person) smoked ³ in the last one year [#] ? 你(或準會員/受保人)有沒有吸煙 ³ 或在過去一年內曾否吸煙 ³ ?	<input type="checkbox"/> Yes是 <input type="checkbox"/> No否	<input type="checkbox"/> Yes是 <input type="checkbox"/> No否	<input type="checkbox"/> Yes是 <input type="checkbox"/> No否	<input type="checkbox"/> Yes是 <input type="checkbox"/> No否
1. In the last 3 years, have you (or proposed Member/ Insured Person) ever had or been advised to have any regular or ongoing (such as monthly, every 2 months, half-yearly, annually) follow-up consultations or medical care with a healthcare professional (such as specialist doctor, physiotherapist, psychiatrist) for any disease or other medical condition? 在過去三年內，你(或準會員/受保人)是否曾經或被建議定期或持續(例如每月、每兩個月、每半年、每年)為任何疾病或健康狀況接受專業醫護人員(例如專科醫生、物理治療師、精神科醫生)的跟進診治或醫療護理?	<input type="checkbox"/> Yes是 <input type="checkbox"/> No否	<input type="checkbox"/> Yes是 <input type="checkbox"/> No否	<input type="checkbox"/> Yes是 <input type="checkbox"/> No否	<input type="checkbox"/> Yes是 <input type="checkbox"/> No否

³ For the purpose of this question, the meaning of "smoking" includes but is not limited to cigarettes, cigars, tobacco pipes, chewing tobacco and the use of nicotine replacement products (such as e-cigarettes).

³ 「吸煙」在此問題的含義包括但不限於香煙、雪茄、煙斗、嚼煙及使用尼古丁補充劑產品(例如電子煙)。

[#] Not required for proposed Member/Insured Person below 18 years old. 18歲以下之準會員/受保人無需填寫。

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Health Declaration and Questionnaire (Cont.) 健康聲明及問卷 (續)

	Name of applicant 申請人姓名	Name of proposed Member/ Insured Person 準會員/受保人姓名	Name of proposed Member/ Insured Person 準會員/受保人姓名	Name of proposed Member/ Insured Person 準會員/受保人姓名
<p>2. In the last 3 years, have you (or proposed Member/ Insured Person) ever had or been advised to undergo investigations (such as blood or urine test, ECG, X-ray, ultrasound, CT scan, MRI, PET scan, HIV test, Hepatitis B test, Hepatitis C test)? 在過去三年內，你(或準會員/受保人)是否曾接受或曾被建議接受檢查(例如驗血、驗尿、心电图、X光、超聲波、電腦掃描、磁力共振、正電子掃描、愛滋病測試、乙型肝炎測試、丙型肝炎測試)？</p> <p>If the answer is "Yes", do your (or proposed Member/ Insured Person) investigation result(s) include the followings? 如果答案屬「是」，你(或準會員/受保人)的檢查結果是否包括下列情況？</p> <p>(a) Abnormal test result is advised 檢驗結果異常</p> <p>(b) You (or proposed Member/Insured Person) are still awaiting test / test result 你(或準會員/受保人)正等候檢驗或檢驗結果</p> <p>(c) Medical advice has been sought or treatment is required for the test result (such as liver cyst / brain cyst / joint degeneration or calcification / lung or breast or thyroid calcification discovered on imaging test, that may not require immediate treatment) 就檢驗結果已尋求醫療意見或需要接受治療(例如一些未必需要即時治療的情況如肝囊腫/腦囊腫/關節退化或鈣化/於成像檢測中發現肺部或乳房或甲狀腺出現鈣化)</p>	<input type="checkbox"/> Yes是 <input type="checkbox"/> No否 <input type="checkbox"/> Yes是 <input type="checkbox"/> No否 <input type="checkbox"/> Yes是 <input type="checkbox"/> No否	<input type="checkbox"/> Yes是 <input type="checkbox"/> No否 <input type="checkbox"/> Yes是 <input type="checkbox"/> No否 <input type="checkbox"/> Yes是 <input type="checkbox"/> No否	<input type="checkbox"/> Yes是 <input type="checkbox"/> No否 <input type="checkbox"/> Yes是 <input type="checkbox"/> No否 <input type="checkbox"/> Yes是 <input type="checkbox"/> No否	<input type="checkbox"/> Yes是 <input type="checkbox"/> No否 <input type="checkbox"/> Yes是 <input type="checkbox"/> No否 <input type="checkbox"/> Yes是 <input type="checkbox"/> No否
<p>3. In the last 5 years, have you (or proposed Member/ Insured Person) been advised by your doctor to take any medications (such as to be taken daily / once per week / as needed as directed by doctor) for a continuous period of more than 1 month? 在過去五年內，你(或準會員/受保人)是否曾被醫生建議定期(例如按醫生指示每日/每週一次/有需要時)服用為期超過一個月的處方藥物？</p>	<input type="checkbox"/> Yes是 <input type="checkbox"/> No否	<input type="checkbox"/> Yes是 <input type="checkbox"/> No否	<input type="checkbox"/> Yes是 <input type="checkbox"/> No否	<input type="checkbox"/> Yes是 <input type="checkbox"/> No否
<p>4. In the last 5 years, have you (or proposed Member/ Insured Person) been admitted into a hospital? 在過去五年內，你(或準會員/受保人)是否曾入住醫院？</p>	<input type="checkbox"/> Yes是 <input type="checkbox"/> No否	<input type="checkbox"/> Yes是 <input type="checkbox"/> No否	<input type="checkbox"/> Yes是 <input type="checkbox"/> No否	<input type="checkbox"/> Yes是 <input type="checkbox"/> No否
<p>5. In the last 5 years, have you (or proposed Member/ Insured Person) undergone a surgical procedure (including endoscopy or biopsy) without being admitted into a hospital? 在過去五年內，你(或準會員/受保人)是否曾在非住院情況下接受外科程序(包括內窺鏡檢查或活組織化驗)？</p>	<input type="checkbox"/> Yes是 <input type="checkbox"/> No否	<input type="checkbox"/> Yes是 <input type="checkbox"/> No否	<input type="checkbox"/> Yes是 <input type="checkbox"/> No否	<input type="checkbox"/> Yes是 <input type="checkbox"/> No否
<p>6. Apart from anything you (or proposed Member/ Insured Person) have already disclosed in Questions 1 -5, do you (or proposed Member/Insured Person) have any of the following conditions? 除了你(或準會員/受保人)在第1至5項問題中已披露的資料外，你(或準會員/受保人)是否有下列情況？</p> <p>(a) Unintentional weight loss by more than 5 kg (11 lbs) over past 1 year 在過去一年內，體重無故地減少了5公斤(11磅)以上</p> <p>(b) Abnormal bleeding (such as vaginal bleeding, rectal bleeding, nose bleeding or coughing up of blood) for at least one month 不正常出血(例如陰道出血、便血、流鼻血或咳血)至少一個月</p> <p>(c) Other medical conditions or other sign and symptom (such as lump, headache, persistent coughing, chest pain or epigastric pain) that you (or proposed Member/Insured Person) are seeking or intend to seek medical advice 其他健康狀況或病徵及症狀(例如腫塊、頭痛、持續咳嗽、胸痛或上腹痛)而正在或打算尋求醫療意見</p> <p>(d) In the last 1 year, you (or proposed Member/ Insured Person) had or have been required to have follow-up consultation with a healthcare professional (such as specialist doctor, physiotherapist, psychiatrist) for any medical condition or sign and symptom 在過去一年內，你(或準會員/受保人)有任何健康狀況或病徵及症狀曾經接受或需要接受專業醫護人員(例如專科醫生、物理治療師、精神科醫生)的跟進診治</p>	<input type="checkbox"/> Yes是 <input type="checkbox"/> No否 <input type="checkbox"/> Yes是 <input type="checkbox"/> No否 <input type="checkbox"/> Yes是 <input type="checkbox"/> No否 <input type="checkbox"/> Yes是 <input type="checkbox"/> No否	<input type="checkbox"/> Yes是 <input type="checkbox"/> No否 <input type="checkbox"/> Yes是 <input type="checkbox"/> No否 <input type="checkbox"/> Yes是 <input type="checkbox"/> No否 <input type="checkbox"/> Yes是 <input type="checkbox"/> No否	<input type="checkbox"/> Yes是 <input type="checkbox"/> No否 <input type="checkbox"/> Yes是 <input type="checkbox"/> No否 <input type="checkbox"/> Yes是 <input type="checkbox"/> No否 <input type="checkbox"/> Yes是 <input type="checkbox"/> No否	<input type="checkbox"/> Yes是 <input type="checkbox"/> No否 <input type="checkbox"/> Yes是 <input type="checkbox"/> No否 <input type="checkbox"/> Yes是 <input type="checkbox"/> No否 <input type="checkbox"/> Yes是 <input type="checkbox"/> No否

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Health Declaration and Questionnaire (Cont.) 健康聲明及問卷 (續)

	Name of applicant 申請人姓名	Name of proposed Member/ Insured Person 準會員/受保人姓名	Name of proposed Member/ Insured Person 準會員/受保人姓名	Name of proposed Member/ Insured Person 準會員/受保人姓名
<p>7. Have you (or proposed Member/Insured Person) ever been diagnosed with any of the following diseases or medical conditions? 你(或準會員/受保人)是否曾被確診下列疾病或健康狀況?</p> <p>(a) Cancer or carcinoma in situ 癌症或原位癌 <input type="checkbox"/> Yes是 <input type="checkbox"/> No否</p> <p>(b) Brain tumor 腦部腫瘤 <input type="checkbox"/> Yes是 <input type="checkbox"/> No否</p> <p>(c) Heart disease 心臟疾病 <input type="checkbox"/> Yes是 <input type="checkbox"/> No否</p> <p>(d) Stroke (including transient ischemic attack (TIA)) 中風 (包括短暫性腦缺血, 俗稱「小中風」) <input type="checkbox"/> Yes是 <input type="checkbox"/> No否</p> <p>(e) Hypertension 高血壓 <input type="checkbox"/> Yes是 <input type="checkbox"/> No否</p> <p>(f) Diabetes mellitus or impaired glucose tolerance 糖尿病或葡萄糖耐量異常 <input type="checkbox"/> Yes是 <input type="checkbox"/> No否</p> <p>(g) Prolapsed intervertebral disc or degenerative spine conditions 椎間盤突出或脊椎退化性疾病 <input type="checkbox"/> Yes是 <input type="checkbox"/> No否</p> <p>(h) Diseases or medical conditions requiring a medical device or prosthesis to be implanted within the body 需要植入醫療儀器或義肢的疾病或健康狀況 <input type="checkbox"/> Yes是 <input type="checkbox"/> No否</p> <p>(i) Mental health conditions (such as depression, anxiety, schizophrenia, eating disorders, or bipolar disorders) 精神健康狀況(例如抑鬱、焦慮、精神分裂、飲食失調或躁狂抑鬱症) <input type="checkbox"/> Yes是 <input type="checkbox"/> No否</p> <p>(j) Multiple sclerosis 多發性硬化症 <input type="checkbox"/> Yes是 <input type="checkbox"/> No否</p> <p>(k) Congenital conditions (medical, physical or mental abnormalities that existed at the time of or before birth) 先天性疾病 (指於出生時或之前已存在的醫學、生理或精神上的異常) <input type="checkbox"/> Yes是 <input type="checkbox"/> No否</p>				
For proposed insured children aged 6 or below only 適用於六歲或以下之準受保兒童				
<p>8. Was the proposed insured child born before 37th week of pregnancy? 準受保兒童是否於懷孕第37週前出生?</p>	<input type="checkbox"/> Yes是 <input type="checkbox"/> No否	<input type="checkbox"/> Yes是 <input type="checkbox"/> No否	<input type="checkbox"/> Yes是 <input type="checkbox"/> No否	<input type="checkbox"/> Yes是 <input type="checkbox"/> No否

Health Questionnaire - Section B 健康問卷 - 乙部

If you answer Yes to any of the questions 1-7 in Section A above, please provide additional information as applicable below.
如果你就以上甲部第1至7項任何一項問題之答案為「是」者，請在以下適用的問題提供更多資料。

Name of applicant / proposed Member / Insured Person 申請人 / 準會員 / 受保人姓名	Question No. 題號	Question No. 題號	Question No. 題號
	Medical condition 病症	Medical condition 病症	Medical condition 病症
	1. Disease / medical condition / sign and symptom 疾病/健康狀況/病徵及症狀		
	2. Date of first occurrence of sign and symptom 首次出現病徵及症狀的日期		
	3a. Treatment / investigations / tests / scans that have been performed 已進行的治療/檢查/測試/掃描		
	3b. Date of such treatment / investigation / tests / scan 有關治療/檢查/測試/掃描日期		
	4. Present condition (such as whether fully recovered, follow up action / medication / next follow up date) 現況 (例如是否已完全康復、有否跟進/服用跟進藥物/下次覆診日期)		
	5. Date of last follow-up medical consultation / treatment 最後覆診/治療日期		

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Health Declaration and Questionnaire (Cont.) 健康聲明及問卷 (續)

Name of proposed Member / Insured Person 準會員 / 受保人姓名	Question No. 題號	Question No. 題號	Question No. 題號
_____	_____	_____	_____
	Medical condition 病症	Medical condition 病症	Medical condition 病症
1. Disease / medical condition / sign and symptom 疾病 / 健康狀況 / 病徵及症狀			
2. Date of first occurrence of sign and symptom 首次出現病徵及症狀的日期			
3a. Treatment / investigations / tests / scans that have been performed 已進行的治療 / 檢查 / 測試 / 掃描			
3b. Date of such treatment / investigation / tests / scan 有關治療 / 檢查 / 測試 / 掃描日期			
4. Present condition (such as whether fully recovered, follow up action / medication / next follow up date) 現況 (例如是否已完全康復、有否跟進 / 服用跟進藥物 / 下次覆診日期)			
5. Date of last follow-up medical consultation / treatment 最後覆診 / 治療日期			

Name of proposed Member / Insured Person 準會員 / 受保人姓名	Question No. 題號	Question No. 題號	Question No. 題號
_____	_____	_____	_____
	Medical condition 病症	Medical condition 病症	Medical condition 病症
1. Disease / medical condition / sign and symptom 疾病 / 健康狀況 / 病徵及症狀			
2. Date of first occurrence of sign and symptom 首次出現病徵及症狀的日期			
3a. Treatment / investigations / tests / scans that have been performed 已進行的治療 / 檢查 / 測試 / 掃描			
3b. Date of such treatment / investigation / tests / scan 有關治療 / 檢查 / 測試 / 掃描日期			
4. Present condition (such as whether fully recovered, follow up action / medication / next follow up date) 現況 (例如是否已完全康復、有否跟進 / 服用跟進藥物 / 下次覆診日期)			
5. Date of last follow-up medical consultation / treatment 最後覆診 / 治療日期			

Health Declaration and Questionnaire (Cont.) 健康聲明及問卷 (續)

Name of proposed Member / Insured Person 準會員 / 受保人姓名	Question No. 題號 _____	Question No. 題號 _____	Question No. 題號 _____
	Medical condition 病症	Medical condition 病症	Medical condition 病症
1. Disease / medical condition / sign and symptom 疾病 / 健康狀況 / 病徵及症狀			
2. Date of first occurrence of sign and symptom 首次出現病徵及症狀的日期			
3a. Treatment / investigations / tests / scans that have been performed 已進行的治療 / 檢查 / 測試 / 掃描			
3b. Date of such treatment / investigation / tests / scan 有關治療 / 檢查 / 測試 / 掃描日期			
4. Present condition (such as whether fully recovered, follow up action / medication / next follow up date) 現況 (例如是否已完全康復、有否跟進 / 服用跟進藥物 / 下次覆診日期)			
5. Date of last follow-up medical consultation / treatment 最後覆診 / 治療日期			

If you have any medical reports or reports of investigations, please enclose them and put a tick in the box.
如果你有任何醫療報告或醫療檢查報告，請隨此表格同時附上，並請於空格加「✓」號。

With attachment
另有附頁

Health Declaration and Questionnaire - Part II (Applicable to Bupa Together Health Insurance Scheme for addition of Member only) 健康聲明及問卷 - 第二部份 (只適用於保柏互通保額醫療保障計劃申請增加會員)

This is to be answered by Subscriber of the Contract, and signed endorsement by all existing Members is required.
此問題需由投保人作答，並必須由合約內所有會員簽署核實。

At any time since the Contract Effective Date, has/have any existing Member(s) under the Contract ever been diagnosed with any of the following disease(s): 合約生效日至今，合約內現有的會員曾被診斷患有以下病症：	Yes 有	No 沒有
<ul style="list-style-type: none"> • Cancer 癌症 • Chronic renal disorder 慢性腎症 • Coronary artery disease or cardiomyopathy (disease of heart muscle) 冠心病或心肌病 • Cerebrovascular disease or brain tumor 腦血管病或腦腫瘤 	<input type="checkbox"/>	<input type="checkbox"/>

If the answer to above question is YES, please provide all details requested below. 如以上問題答案為「有」，請提供以下資料。

Name of Member(s) 會員姓名	
Diagnosis 診斷	
Date of Diagnosis 診斷日期	

Declaration and Authorisation 聲明及授權

I / We apply as a Member of Bupa Health Insurance Scheme ("Scheme") and I / we acknowledge that Benefit is not payable under this Scheme being applied for any costs of treatment arising from any existing illnesses, injuries or other conditions presented before the Coverage Commencement Date unless complete details are fully disclosed by me / us in this Application and accepted by Bupa (Asia) Limited ("Bupa").

I / We declare that, to the best of my / our knowledge and belief, the statements contained in this Application are true and complete.

I / We acknowledge that Bupa reserves the right to ask for submission of more details of health status or medical reports of me and the proposed Members / Insured Persons as listed in this Application at my / our own cost.

I / We also authorise any medical practitioner, hospital, clinic, by whom or where I / the proposed Members / Insured Persons have / has been observed or treated or any insurance company or organisation that has any records or health information concerning me and / or the proposed Members / Insured Persons for any reason, to give full particulars thereof including prior medical history to Bupa. A copy of this authorisation shall be considered as effective and valid as the original.

I / We have read and agreed to be bound by the terms and conditions of the Contract of this Scheme and I / we agree that this Health Declaration and Questionnaire and the answers given in this Application shall be the basis of the Contract between me / us and Bupa.

I / We acknowledge that the Contract shall be renewed automatically on a yearly basis unless it is not renewed by giving notice to Bupa or according to the terms of the Contract. I / We further authorise Bupa to deduct the subscription payments from my / our designated bank account / credit card (where applicable) upon renewal. If I / we want to cancel the Contract in future, I / we will need to inform Bupa in writing at least 10 days before the Contract Anniversary Date. (Not applicable to Bupa Civil Servants Health Insurance Scheme and Bupa HKU Top-up Medical Health Insurance Scheme)

I / We understand and agree that, no Hospital and Surgical Benefit nor Supplementary Major Medical Benefit will be paid for newly added dependant(s) for (i) any illnesses (except for accidental injury) sustained within 180 days from the Coverage Commencement Date of the Member(s); and (ii) the following conditions that occur during the first 12 months from the Coverage Commencement Date: cataracts, endometriosis, diseased tonsils requiring surgery, hemorrhoids, hyperthyroidism, pathological abnormalities of nasal septum or turbinates, sinus conditions requiring surgery and tumours (except skin). (Applicable to Bupa Civil Servants Health Insurance Scheme)

I declare that, I am / the proposed Member is covered under Hospital and Surgical Benefit of a group medical indemnity insurance scheme. I understand that if I am / the proposed Member is not covered under such group policy on the effective date of this Contract, the cover under this Contract will be invalid. (Applicable to Bupa Wise Choice Health Insurance Scheme)

I / We acknowledge that Bupa has discretion to appoint Registered Medical Practitioners, Registered Chinese Medicine Practitioners, Hospitals, Physiotherapists, Chiropractors, Qualified Nurses, cancer centres, day case centres, diabetic centres, dental centres, wellness centres, imaging and laboratory centres and other service providers to provide CrystalNet Benefit and to do all things and acts incidental to such appointment for the Member(s). I / We acknowledge and agree that such appointment shall be made on such terms and conditions as Bupa shall think fit at its absolute discretion. Bupa shall not be liable for any claim whatsoever which may be made against CrystalNet Service Providers by the Member(s). (Applicable to Bupa Crystal Health Insurance Scheme)

I / We acknowledge that Bupa has discretion to appoint Registered Medical Practitioners, Registered Chinese Medicine Practitioners, Hospitals, Physiotherapists, Chiropractors, Qualified Nurses, dental centres, wellness centres, imaging and laboratory centres and other service providers to provide credit facility for eligible medical expenses and to do all things and acts incidental to such appointment for the Member(s). I / We acknowledge and agree that such appointment shall be made on such terms and conditions as Bupa shall think fit at its absolute discretion. Bupa shall not be liable for any claim whatsoever which may be made against such service providers by the Member(s). (Applicable to Bupa Gold Health Insurance Scheme)

I / We acknowledge that Bupa has discretion to appoint Registered Medical Practitioners, Physiotherapists, Chiropractors, dental centres, wellness centres as well as imaging and laboratory centres to provide HealthNet Benefit and to do all things and acts incidental to such appointment for the Member(s). I / We acknowledge and agree that such appointment shall be made on such terms and conditions as Bupa shall think fit at its absolute discretion. Bupa shall not be liable for any claim whatsoever which may be made against HealthNet Service Providers by the Member(s). (Applicable to Bupa HealthNet Health Insurance Scheme)

I / We acknowledge that Bupa has discretion to appoint Registered Medical Practitioners, Hospitals, Qualified Nurses, cancer centres, day-case centres, diabetic centres, wellness centres and other service providers to provide health and care services, credit facilities for eligible medical expenses and to do all things and acts incidental to such appointment for the Member. I / We acknowledge and agree that such appointment shall be made on such terms and conditions as Bupa shall think fit at its absolute discretion. Bupa shall not be liable for any claim whatsoever which may be made against any such service provider appointed by Bupa by the Member. (Applicable to Bupa All Together Health Insurance Scheme, Bupa HealthPlus Health Insurance Scheme, Bupa HKU Top-up Medical Health Insurance Scheme and Bupa Together Health Insurance Scheme)

I / We acknowledge that Bupa may terminate the cover of relevant Members with immediate effect if the law of the country in which any of the Members is located, or the Member's Place of residence or nationality, including but not limited to USA and Japan, or any other law which applies to Bupa or the Contract, prohibits the provision of healthcare cover by Bupa to local nationals, residents or citizens. I / We further declare that I / we are not US permanent residents. I / We understand that I / we am/are obliged to immediately notify Bupa in writing if any of the Members become a permanent resident of USA during the Contract Year. For the above purpose, 'permanent resident' shall mean a person residing in a country who is a citizen of or who is permitted under applicable laws to live and work, on a permanent basis, in that country.

本人/我們申請成為醫療保障計劃（「計劃」）之會員及本人/我們確認根據申請之計劃規定，凡在保障開始日前因已患之疾病、損傷或其他病況而引致之醫療費用，一律不予賠償，除非本人/我們在本申請表內已詳細列出並獲得保柏（亞洲）有限公司（「保柏」）接納。

本人/我們聲明，就本人/我們所知所信，本申請表上填報之一切資料，均屬實完整。

本人/我們確認保柏有權要求提供更多有關本人及於本申請表內所列之準會員/受保人之健康狀況及醫療報告，一切費用由本人/我們支付。本人/我們並且授權任何為本人/準會員/受保人觀察或治療的醫生、醫院、診所，或持有本人及/或會員健康或任何資料之保險公司或機構將本人及/或準會員/受保人之全部資料（包括病歷）呈交予保柏，本授權書之副本與正本具同等效力。

本人/我們已細讀並同意遵守此計劃之各條款及細則，並同意本申請表內之健康聲明及問卷及回答作為本人/我們與保柏之間所訂合約之根據。

本人/我們明白除非收到本人/我們給予保柏的通知不再續保或因根據合約條款規定不獲續保，否則合約將會每年自動續保。本人/我們並授權保柏在續保時於本人/我們指定的銀行賬戶或信用卡（如適用）扣取保費。如本人/我們將來想取消合約，須於合約週年日10天前以書面通知保柏。（不適用於保柏公務員醫療保障計劃及保柏香港大學附加醫療保障計劃）

本人/我們明白亦同意新增加之受供養人(i)於保障開始日後首180天內患上之任何疾病（意外除外）；及(ii)保障開始日後首12個月發生之下列疾病：白內障、子宮內膜組織形成異位、扁桃體切除手術、痔瘡、甲狀腺功能亢進、鼻中隔或鼻甲之病理異常、須動手術之寶病症及腫瘤（皮膚除外），將不獲住院及手術與附加醫療保障之賠償。（適用於保柏公務員醫療保障計劃）

本人聲明，本人/準會員現時持有實報實銷的團體醫療保障計劃，當中包括住院及手術保障。本人明白本人/準會員於此合約生效日期時並非受保於該團體保單，此合約的保障將失效。（適用於保柏康健醫療保障計劃）

本人/我們確認保柏可酌情委任註冊西醫、註冊中醫、醫院、物理治療師、脊醫、合資格護士、癌症中心、日症中心、糖尿病中心、牙科診所、保健中心、影像及化驗中心及其他服務供應商以提供晶彩寶網絡保障及有關該委任所需之服務予會員。本人/我們確認並同意有關此委任之條款及細則決定乃基於保柏以其認為合適的情況下而作出。就會員向有關晶彩寶網絡服務供應商所作出之申索，保柏一概不會負責。（適用於保柏晶彩寶醫療保障計劃）

本人/我們確認保柏可酌情委任註冊西醫、註冊中醫、醫院、物理治療師、脊醫、合資格護士、牙科診所、保健中心、影像及化驗中心及其他服務供應商以提供合資格醫療費用之墊支服務及有關該委任所需之服務予會員。本人/我們確認並同意有關此委任之條款及細則決定乃基於保柏以其認為合適的情況下而作出。就會員向有關此服務供應商所作出之申索，保柏一概不會負責。（適用於保柏尊貴醫療保障計劃）

本人/我們確認保柏可酌情委任註冊西醫、物理治療師、脊醫、牙科診所、保健中心及影像及化驗中心以提供「網絡保障」及有關該委任所需之服務予會員。本人/我們確認並同意有關此委任之條款及細則決定乃基於保柏以其認為合適的情況下而作出。就會員向有關網絡服務供應商所作出之申索，保柏一概不會負責。（適用於保柏康健醫療保障計劃）

本人/我們確認保柏可酌情委任註冊西醫、醫院、合資格護士、癌症中心、日症中心、糖尿病中心、保健中心及其他服務供應商以提供醫療服務、合資格醫療費用之墊支服務及有關該委任所需之服務予會員。本人/我們確認並同意有關此委任之條款及細則決定乃基於保柏以其認為合適的情況下而作出。就會員向有關保柏所委任的服務供應商所作出之申索，保柏一概不會負責。（適用於保柏家互通醫療保障計劃，保柏悅康健醫療保障計劃，保柏香港大學附加醫療保障計劃及保柏互通保額醫療保障計劃）

本人/我們確認如會員的所在國家或會員的居住地或國籍屬國家的法律（包括但不限於美國和日本）或任何其他對保柏或本合約適用的法律禁止保柏向當地國民、居民或公民提供醫療保障，保柏可終止相關會員的保障並立即生效。本人/我們此外聲明本人/我們並非美國永久居民。本人/我們明白如任何會員於合約年度期間成為美國永久居民，本人/我們有責任立即以書面通知保柏。「永久居民」指居於某國家並且身為該國公民或根據適用法律獲許在該國永久性居留及工作的人士。

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

I / We understand, acknowledge and agree that, as a result of me / us 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.

I / We further understand that the above agreement is necessary for Bupa to proceed with the Application.

本人/我們明白、確知及同意，保柏會就本人/我們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佣金。

本人/我們亦明白保柏必須取得本人/我們以上的同意，才可以處理其保險申請。

I, as the Subscriber / Policy Holder / Employee Member[^], understand that I declare and sign on behalf of the dependant(s) listed in this Application under this Scheme who is / are under the age of 18.

本人作為投保人/保單持有人/僱員會員[^]，明白本人代表此計劃申請表內列出之18歲以下受供養人作出聲明及簽署。

I understand that no cover will be payable under the Contract unless and until all required documents are submitted and processed, this application is approved and the subscription is received by Bupa.

本人明白除非及直至此申請所需的文件已經交妥及處理，並且此申請已獲保柏接納及保柏已經收到所有保費後，此合約下的保障方能生效。

Subscriber's / Policy Holder's / Employee Member's Signature 投保人 / 保單持有人 / 僱員會員簽署 X _____ (Full Name 姓名))	Sign Date 簽署日期 _____ DD 日 MM 月 YYYY 年	Member's / Insured Person's Signature (Aged 18 or above) 年滿18歲或以上之會員 / 受保人簽署 X _____ (Full Name 姓名))	Sign Date 簽署日期 _____ DD 日 MM 月 YYYY 年
Member's / Insured Person's Signature (Aged 18 or above) 年滿18歲或以上之會員 / 受保人簽署 X _____ (Full Name 姓名))	Sign Date 簽署日期 _____ DD 日 MM 月 YYYY 年	Member's / Insured Person's Signature (Aged 18 or above) 年滿18歲或以上之會員 / 受保人簽署 X _____ (Full Name 姓名))	Sign Date 簽署日期 _____ DD 日 MM 月 YYYY 年
Member's / Insured Person's Signature (Aged 18 or above) 年滿18歲或以上之會員 / 受保人簽署 X _____ (Full Name 姓名))	Sign Date 簽署日期 _____ DD 日 MM 月 YYYY 年	Agent's / Broker's / Telesales' Name (if applicable and must be completed by the Subscriber / Policy Holder / Employee Member*) 代理人 / 經紀 / 營業代表姓名 (如適用及必須由投保人 / 保單持有人 / 僱員會員填寫) _____ Agent's / Broker's / Telesales' Code 代理人 / 經紀 / 營業代表編號 _____ Agent's / Broker's / Telesales' Contact Tel. No. 代理人 / 經紀 / 營業代表聯絡電話號碼 _____	

Bupa (Asia) Limited
Privacy Notice relating to the Personal Data (Privacy) Ordinance (the “Ordinance”)

1. Introduction

- 1.1. Bupa (Asia) Limited (“Company”, “we” or “us”) is committed to protecting your privacy and security of your personal information. This Notice is provided to you in connection with your dealings and provision of data or information to the Company. This Notice is prepared in accordance with the Ordinance and also operates as the Personal Information Collection Statement which we will provide, or make available, to you on or before the collection of your personal information by the Company.
- 1.2. This Notice is intended to ensure that you can make informed decisions about providing your personal information to Company in accordance with this Notice. Please be aware that this Notice replaces any notice or statement of similar nature that may have been provided to you previously. When you click on “I Agree” or select any options with similar content, or log in, confirm, agree to, use or accept this Notice we provide via registration procedure or any other way, you consent to your personal information being collected, stored, used, processed, transferred, disclosed or shared in accordance with this Notice.
- 1.3. For the purposes of this Notice, “Group Company” means the Company and its holding companies, branches, subsidiaries, representative offices and affiliates, wherever situated, and any one of them. Affiliates include branches, subsidiaries, representative offices and affiliates of the Company’s holding companies, wherever situated (collectively, the “Group”).
- 1.4. If you provide us with the personal information about other individuals, you must tell those individuals that you have provided us with their details and let them know where they can find a copy of this Notice.

2. Personal Information We Collect

- 2.1. From time to time, it is necessary for you, or other members/ insured persons 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.
- 2.2. 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.
- 2.3. Failure to supply personal information requested by the Company may result in the Company being unable to process your application, request for information or services, enquiries and/or provide services or products to you, or the Member.**
- 2.4. The personal information we collect and/or hold from time to time may include your personal identification information, contact information, transaction records, financial background, medical and health records, biometric data and your location and activities when you access or browse our website(s) or use our mobile application(s) or portal(s) (including any diagnostic or health-monitoring tools thereon and the Bluetooth and/or wearable device that are used to collect data for the purposes of such tools).
- 2.5. We will always try to collect your personal information from you through the course of your relationship with us and in a range of ways. However, there may be instances where we will need to collect your personal information from third parties or sources in certain circumstances, such as a family member or someone else acting on your behalf, your employers, medical personnel, business/asset acquisition transactions of the Company, business partners, or public databases.
- 2.6. If you are under the age of 18, you should obtain consent from your parent or guardian before you provide the Company with your personal information.
- 2.7. Storage of personal information may be in various forms including, physical (paper) form, digital customer systems or applications, data management software or systems in the usual course of business practices, depending on your engagement with the Company.

3. Purposes of Collection

- 3.1. Your personal information collected may be used, stored, processed, transferred, disclosed or shared by the Company for the following purposes from time to time:
 - (a) processing, assessing and determining any applications for insurance products and services;
 - (b) 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;
 - (c) registering you, or the Member, as a user or a member of services or information provided or to be provided by us on the website(s), mobile application(s) or portal(s) managed and/or operated by us;
 - (d) coordinating your care, or the Members’, within Group Companies to achieve better health management outcomes;
 - (e) 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;
 - (f) 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, data analytics, statistical analysis, and reinsurance arrangements;
 - (g) providing you with personalised health information and information about our services or products, and personalised website, mobile application or portal interface;
 - (h) providing you with appropriate health, insurance administration, wellness or other related services (including, without limitation, e-ticketing, appointment booking and clinic / medical professional search and service and product redemption functions on the website(s), mobile application(s) or portal(s)) managed and/or operated by us) or products;
 - (i) communicating with you regarding the administration, features and renewal of the insurance policy that you subscribe to;
 - (j) operating, maintaining, evaluating, improving, troubleshooting problems, and understanding your preference(s) with our website(s), mobile application(s) or portal(s);
 - (k) provision and design of products and services of the Company;
 - (l) exercising the Company’s rights in connection with provision of any 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;
 - (m) 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 Notice;
 - (n) with your consent, marketing services, products and other subjects by us, any member and/or brand of the Group Companies (such as Horizon Health and Care Limited and/or Quality HealthCare Group, our affiliates) and/or other third parties (please see further details in paragraph 5 below);
 - (o) managing our relationship with you, our business and organisations who work with us in relation to providing our products or services to you, or the Member (including, with limitation, future changes to this Notice);
 - (p) 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;
 - (q) making disclosure to satisfy the requirements of any laws, rules and regulations, codes of practice, guidance notes or guidelines binding on the Company; and
 - (r) fulfilling any other purposes directly related to (a) to (q) above.

4. Transfer of Personal Information

- 4.1. 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 of the People’s Republic of China, for the purposes specified in paragraph 3 to the following classes of transferees:
 - (a) any member and/or brand of the Group Companies;
 - (b) any insurance adjusters, agents and brokers;
 - (c) any re-insurance companies authorised by the Company;
 - (d) employers (for members of corporate policy only);
 - (e) healthcare professionals and hospitals;
 - (f) any third parties engaged in connection with a member of the Group Company’s business who provides medical, health, insurance, wellness or other related services or products;
 - (g) any agent, contractor or third party service providers who provide administrative, telecommunications, computer, payment, data processing, storage of analytics, printing, research, advertising, distribution 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);
 - (h) with your consent, third parties (within or outside the Group Companies) in relation to direct marketing (please see further details in paragraph 5 below);
 - (i) third party reward, loyalty, co-branding and privileges programme providers and co-branding partners of a member of the Group Companies;
 - (j) financial institutions engaged by the Company or you for billing and payment purposes;
 - (k) any actual or proposed assignee, transferee, participant or sub-participant of all or a substantial part of the Company’s rights or business; and
 - (l) 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.
- 4.2. We will only disclose personal information limited to that which is necessary to the above parties for the relevant purposes, who may process (including, without limitation, by recording, organising, structuring, storing, adapting, altering, retrieving, using, aligning, combining or erasing) your personal information for the relevant purposes set out in paragraph 3 above.
- 4.3. In the event that we complete the acquisition of a new business or brand, we shall communicate with you through the communication channels you provided to us, and any personal information shall be treated in accordance with this Notice if it is practicable and permissible to do so.

5. Use of Personal Information in Direct Marketing

- 5.1. Only with your consent (which includes an indication of no objection), the Company, any member and/or brand of the Group Companies and/or the third parties stated under paragraphs 3.1 (n) and 5.2 (b) to (e) may use your personal information collected from time to time to provide you with marketing communications (including by email, SMS, mobile application, social media, instant messenger or other means that become available from time to time) relating to the following products and services:
 - (a) insurance, medical, dental, health, healthcare, wellness, personal development, beauty, sporting activities and membership, lifestyle, entertainment, financial, and related services and products;
 - (b) rewards, benefits, discounts, member activities, loyalty or privileges programmes and related services and products;
 - (c) services and products offered by the Company’s co-branding partners; and
 - (d) donations and contributions for charitable and/or non-profit making purposes.
- 5.2. The above services, products and subjects may be provided or (in the case of donations and contributions) solicited by the Company and/or:
 - (a) any member and/or brand of the Group Companies;
 - (b) third party service providers;
 - (c) third party reward, loyalty, co-branding or privileges programme providers;
 - (d) co-branding partners of a member of the Group Companies; and
 - (e) charitable or non-profit making organisations.

Personal Information Collection Statement 個人資料收集聲明

- 5.3. We may not use your personal information for direct marketing purposes unless we have received your consent. For the avoidance of doubt, the latest instruction (for example, consent or indication of no objection, or request for opt-out) received from you shall override any previous instruction given to the Company in this regard in relation to all of your personal information collected or held by the Company from time to time.
- 5.4. If you choose to personalise your services where such options are available, we will use personal information that we collect so that we can offer you those personalised services or communications. If you do not wish to accept those personalised services or communications, you can unsubscribe from those services at any time and we will cease to offer such services to you.
- 5.5. For the avoidance of doubt, whether or not you consent to receive marketing communications of the type described in this paragraph 5, the Company may still communicate with you regarding the administration, features and renewal of your insurance policy.
- 6. Security and Retention**
 - 6.1. The Company retains your personal information for as long as necessary for the purposes set out in this Notice, or otherwise agreed between you and us, unless otherwise required or permitted under applicable law.
 - 6.2. Where the Company no longer requires your personal information for the purposes under this Notice, or otherwise required under law, we will take appropriate steps to securely delete or destroy your personal information.
 - 6.3. We will take reasonable steps to securely store your personal information. This includes implementing a range of digital and physical security measures. In addition, we will restrict access to your personal information to those properly authorised to have access.
 - 6.4. When you use our sites, we and third-party companies collect information by using cookies and other technologies such as pixel tags (for simplicity we refer to all such technologies as "cookies"). The updated version of the Cookies Policy is available for download from our website: www.bupa.com.hk and is available upon request.
 - 6.5. Our websites, mobile applications or portals may provide the links to other external websites over which we do not have control. You are advised to refer to the privacy policies of these websites for more information.
- 7. Data Access and Correction**
 - 7.1. Under and in accordance with the terms of the Ordinance, you have the following rights to:
 - (a). check whether the Company holds personal information relating to you or the Member and to access such personal information;
 - (b). require the Company to correct any personal information relating to you or the Member which is inaccurate;
 - (c). ascertain our policies and practices in relation to personal data and to be informed of the kind of personal data held by the Company;
 - (d). request the Company to cease using your personal information for direct marketing purposes; and
 - (e). change your preference in respect of our use of your personal information.
 - 7.2. Requests can be made in writing to the Company's Data Protection Officer at the following address:
Data Privacy Officer/ Customer Service Manager
6/F, Tower 2, The Quayside, 77 Hoi Bun Road, Kwun Tong, Kowloon, Hong Kong
Or, by email:
customercare@bupa.com.hk
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 Notice, please do not hesitate to contact our Customer Care helpdesk at 2517 5333.
10. Nothing in this Notice shall limit the rights of customers under the Ordinance.
11. In case of discrepancies between the English and Chinese versions of this Notice, the English version shall prevail. This Notice maybe amended by the Company from time to time.

保柏（亞洲）有限公司有關個人資料（私隱）條例（「條例」）之私隱通知

1. 簡介
 - 1.1. 保柏（亞洲）有限公司（「本公司」或「我們」）致力保障您的個人資料的私隱及安全。本私隱通知是就您與我們進行交易及提供資料或資訊而向您提供的。本私隱通知按照條例所編製和作為收集個人資料聲明，我們將在收集您的個人資料時或之前向您提供或可供查閱。
 - 1.2. 本私隱通知旨在確保您能夠根據本私隱通知，就向我們提供您的個人資料時作出知情的決定。請注意，本私隱通知將取代之前可能已提供給您的任何類似性質的私隱通知或私隱通知。當您點擊「同意」或選擇任何類似內容的選項，或登錄、確認、同意、使用或接受我們通過登記程序或其他任何方式提供的本私隱通知時，即表示您同意您的個人資料根據本私隱通知收集、存儲、使用、處理、傳輸、披露或分享。
 - 1.3. 就本私隱通知而言，「集團公司」是指本公司及其母公司、分行、子公司、代表處及關聯公司，無論其位於何處，以及其中的任何一家。關聯公司包括母公司的分行、子公司、代表處及關聯公司，無論其位於何處（統稱為「本集團」）。
 - 1.4. 如果您向我們提供其他人的個人資料，您必須通知並告知他們本私隱通知。
2. 我們收集的個人資料
 - 2.1. 在您或受保於您保單的其他會員/受保人（每位「會員」）向本公司申請保險或金融產品及服務，或當您更改保單或續保時，必須不時向本公司提供您或會員的個人資料（包括信用資料和以往索賠紀錄，如適用）。
 - 2.2. 本公司亦可能會在日常業務運作的過程中向您或會員收集更多個人資料，例如當您為您或代會員向本公司提出保險索償時。
 - 2.3. 如您未能提供本公司所要求的個人資料，本公司可能無法處理您的申請及/或向您或會員提供保險產品、服務或其他相關服務。
 - 2.4. 我們不時收集及/或持有的個人資料可能包括您的個人身份證明資料、聯絡資料、交易記錄、財務背景、醫療及健康記錄、生物辨識資料及您在訪問或瀏覽我們的網站或使用我們的流動應用程式或門戶平台時的位置及活動（包括其上的任何診斷或健康監測工具及此類工具用於收集數據的藍牙及/或可穿戴設備）。
 - 2.5. 在您與我們的互動關係過程中，我們可通過多種方式從您那裡收集您的個人資料。但是，在某些情況下，我們可能需要從第三方或來源收集您的個人資料，例如代表您的家庭成員或其他人、您的僱主、醫務人員、本公司的業務/資產收購交易、業務合作夥伴或公共數據庫。
 - 2.6. 如您未滿18歲，您向本公司提供您的個人資料前，應徵得您父母或監護人的同意。
 - 2.7. 根據您與我們的互動關係，個人資料的存儲可以採用不同形式，包括實體（紙張）形式、數碼化客戶系統或應用程式、日常業務實踐過程中的數據管理軟件或系統等。
3. 收集個人資料之目的
 - 3.1. 本公司將就以下目的不時使用、儲存、處理、轉移、公開或分享您的個人資料：
 - (a) 處理、評估、決定任何保險產品及服務之申請；
 - (b) 為您或會員提供保險產品及服務及處理您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；
 - (c) 登記您成為由我們管理及/或營運之網站、流動應用程式或門戶平台的用戶或其提供或將提供的資訊或服務的會員；
 - (d) 在本集團公司旗下協調您或會員的護理，實現更好的健康管理結果；
 - (e) 任何有關您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；
 - (f) 執行與本公司提供的服務或產品有關的任何功能及活動，包括但不限於審計、匯報、市場研究、一般服務、在線及其他服務的維護、身份核實、資料核對、研究、數據分析、統計分析及再保險之安排；
 - (g) 向您提供個人化的健康資訊及有關我們的產品或服務的資訊，及個人化的網站、流動應用程式或門戶平台介紹；
 - (h) 向您提供適合的健康、保險管理、保健或其他相關服務（包括但不限於電子票務、預約及診所/醫療專業人員搜索，以及我們管理及/或營運之網站、流動應用程式或門戶平台上的服務及產品兌換功能）或產品；
 - (i) 就您的保險產品計劃的管理、保障及續保事項與您溝通；
 - (j) 就我們的網站、流動應用程式或門戶平台進行營運、維護、評估、改善、問題排解，以及瞭解您的偏好；
 - (k) 提供及設計本公司的產品及服務；
 - (l) 行使本公司向您或會員提供保險和服務時有關的權利，例如釐定您拖欠的任何款項的金額，及向您或任何已為您提供或承諾的人士，追收和收回拖欠的任何款項；
 - (m) 就本私隱通知中所述的任何用途與您或會員（或與代表會員的您）聯絡；
 - (n) 在您同意的情况下促銷我們、任何集團公司成員及/或旗下品牌（例如我們的關聯公司 - Horizon Health & Care Limited 及/或卓健集團）及/或第三方的服務、產品及其他主題（詳情請參閱下文第5段）；
 - (o) 管理我們與您、我們的業務及與我們合作向您或會員提供產品或服務的組織之關係（包括但不限於通知本私隱通知的未來變更）；
 - (p) 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；
 - (q) 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、須知或指引，而作出披露；及
 - (r) 達到與上述 (a) 至 (q) 直接有關的其他目的。
4. 個人資料的轉移
 - 4.1. 本公司所收集或持有與您或會員有關的個人資料將會保密，但本公司可在中華人民共和國香港特別行政區境內或境外，為上文第3段規定的目的，將這些個人資料轉移予下列類別的承轉人：
 - (a) 本公司的集團公司成員及旗下品牌；
 - (b) 任何由本公司授權的保險理算人、代理及經紀；
 - (c) 任何由本公司授權的再保險公司；
 - (d) 僱主（只適用於團體保單之會員）；
 - (e) 醫護專業人員及醫院；
 - (f) 任何就集團公司的業務被聘用提供醫療、健康、保險、保健或其他相關服務或產品的第三方；
 - (g) 任何代理人、承包人或其他就本公司之業務運作，向本公司提供行政、電訊、電腦、付款、資料處理、數據儲存及分析、印刷、廣告、研究、分銷或其他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定的其他人士）、為保險業界整合申索及承保資料之組織、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）；
 - (h) 在您的同意下，任何參與直接促銷的第三方（無論在集團公司內或外）（詳情請參閱下文第5段）；
 - (i) 獎賞、會員忠誠、品牌合作或優惠計劃之第三方供應商，及集團公司成員；
 - (j) 本公司或您為處理帳單及付款之目的而聘用的金融機構；
 - (k) 任何本公司全部或重要部份權益或業務的任何實際或建議承讓人、受讓人、參與人或附屬參與人；及
 - (l) 為遵守任何對本公司有約束力的法律、規則、規例、實務守則、指引資料或指引而有義務向其作出披露的任何人士，包括但不限於任何適用的監管機構、政府部門、受認證的行業組織、法院或其他法律規定的機構。
 - 4.2. 我們只會向上述各方披露僅限於該相關目的必需的個人資料，他們可按上文第3段所述的相關目的處理（包括但不限於記錄、組織、構建、儲存、調整、修改、檢索、使用、達到一致、合併或刪除）您的個人資料。
 - 4.3. 假若我們完成收購新公司或品牌的業務，我們會透過您提供給我們的通訊渠道向您溝通，而任何我們在得到您同意下獲取的個人資料將會在可行或許可的情況下根據本私隱通知被處理。
5. 在直接促銷中使用個人資料
 - 5.1. 只有在您的同意下（包括不反對的表示），本公司、任何集團公司成員、旗下品牌及/或第3.1 (n) 項及第5.2 (b) 至 (e) 項所述的第三方可使用时不時向您收集的個人資料，為您提供與下列服務或產品有關的促銷信息（包括通過電郵、短訊、流動應用程式通知、社交媒體、即時通訊工具、或其他隨時可用的聯絡方法）：
 - (a) 保險、醫療、牙科、康健、健康、個人發展、美容、體育運動及會員服務、生活時尚、娛樂、金融及相關服務及產品；
 - (b) 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；
 - (c) 本公司的品牌合作夥伴提供的服務及產品；及
 - (d) 為慈善及/或非牟利用途的捐款及捐贈。
 - 5.2. 上述服務、產品及主題可能由本公司及/或下列人士提供或（在捐款及捐贈的情況下）徵集：
 - (a) 任何集團公司成員及/或旗下品牌；
 - (b) 第三方服務供應商；
 - (c) 獎賞、會員忠誠、品牌合作或優惠計劃之第三方供應商；
 - (d) 集團公司成員的品牌合作夥伴；及
 - (e) 慈善或非牟利機構。
 - 5.3. 除非我們已取得您的同意，否則本公司不可以使用您的個人資料作直接促銷用途。為免生疑問，就本公司不時收集或持有的所有您的個人資料，本公司將會以從您收到的最新指示（例如同意或表示不反對的指示，或提出反對要求）為準。
 - 5.4. 如果我們有提供服務個人化的選項時，而您選擇將您的服務個人化，我們將使用向您收集的個人資料為您提供這些個人化的服務或通訊。如果您不希望接受這些個人化的服務或通訊，您可以隨時取消訂閱這些服務，我們將停止向您提供這些服務。
 - 5.5. 為避免有疑慮，不論您是否同意接收以上第五段所述的市場推廣資訊類別，本公司仍然可能就您保單相關的行政、保障及續保事宜與您聯絡。
6. 個人資料的安全及保留
 - 6.1. 除非相關法律另有要求或批准，本公司會保留您的個人資料至達到本私隱通知所列所需的目的為止，或根據您與我們的另行協定保留您的個人資料。
 - 6.2. 如果本公司不再需要您的個人資料以用於本私隱通知規定的目的，或法律規定的其他目的，我們將採取適當的步驟，安全地刪除或銷毀您的個人資料。
 - 6.3. 本公司會採取合理措施安全存儲您的個人資料。這包括實施一系列安全措施。此外，我們會將對您的個人資料的訪問權限，限制為獲得適當授權的人員。
 - 6.4. 當您瀏覽我們的網站時，我們和我們合作的第三方公司通過使用 cookies 和其他技術（如像素標籤 - pixel tag）收集信息（為簡單起見，我們將所有此類技術稱為“cookies”）。Cookies 政策的最新版本可從我們的網站 www.bupa.com.hk 下載，並應要求提供。
 - 6.5. 我們的網站、流動應用程式或門戶平台可能載有第三方網站的連結，我們對該等其他網站並無控制權。我們建議細閱該等網站的私隱聲明。
7. 查閱及更改個人資料
 - 7.1. 根據有關條例中的條款，您有權：
 - (a) 查詢本公司是否持有與您或會員相關的個人資料，並查閱該等資料；
 - (b) 要求本公司更正任何有關您或會員的不準確的個人資料；
 - (c) 查明本公司對於個人資料的政策及處理方法及獲告知本公司持有的個人資料類別；
 - (d) 要求本公司停止將您的個人資料作直接市場推廣用途；及
 - (e) 更改您對我們使用您的個人資料的偏好。
 - 7.2. 如您需行使上述權利，請以書面形式將您的要求：

郵寄：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/客戶服務經理
或電郵：
customer@bupa.com.hk
 - 7.3. 根據有關條例之條款，本公司有權就處理您的查閱或更改的資料要求收取合理費用。
 - 7.4. 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。
 - 7.5. 本私隱通知不會限制您在條例下所享有的權利。
 - 7.6. 如本私隱通知的英文版本與中文版本存有差異時，將以英文版本為準。本私隱通知會被本公司不時修訂。