

Global Prestige VHIS Plan Application Form

環球優越自願醫保計劃申請表



The Policy shall only take effect on the first day of a month. To ensure your cover will start immediately in the following month, please send us the completed application form and all required documents at least 5 working days prior to the end of this month. Applications are subject to underwriting.

保單僅在每個月的第一天生效。為確保你的保障能夠在下一個月立即開始，請將填妥的申請表及所有必需文件於本月底最少5個工作天寄回保柏。所有申請必須通過核保始能生效。

If there is insufficient space provided for your answer or information given in this Application form, please continue on a separate sheet of paper, specifying the section to which your answer relates, and add your signature with date.

如本申請表未能提供足夠空間填寫，請另加紙張提供說明所涉部份並附加簽署與日期。

Please complete this form in **ENGLISH and BLOCK LETTERS**. Please tick as appropriate.

請以**英文正楷**填妥本申請表，並於適用地方加「✓」號。

For Bupa
use only
保柏專用

Reference No. :
參考編號

Policy Effective
Date 生效日期:

DD 日 MM 月 YYYY 年

All Ages described in this form refer to the Age as at the Policy Effective Date. 本申請表內所有歲數以保單生效日之歲數計算。

Medical Protection Needs Assessment 醫療保障需要評估

(Please note: The following questions are to evaluate the suitability of the insurance product(s) under this application based on your needs and circumstances. Application can be suspended or rejected in case of suitability mismatch. 請注意：以下問題旨在評估此投保申請下的保險產品的適合性，以滿足閣下的需要及情況。如出現保險產品與閣下保障需要錯配的情況，投保申請可被暫緩或拒絕。)

Question 問題 1 What is/are your objective(s) for purchasing the medical insurance policy? (tick one or more) 請問你投保此醫療保單的目的是? (可選一項或多項)

- Option 選擇1: For the expenses of hospitalisation 為應付住院開支
- Option 選擇2: For the financial need when suffer from critical illness 為應付患上危疾時的經濟需要
- Option 選擇3: For the long term care and financial needs in case of permanent total disability 為永久完全傷殘時的長期醫療保健及經濟需要
- Option 選擇4: For the expenses of outpatient visits and other medical needs (such as dental, vision benefit, etc) 為應付門診或其他醫療所需 (例如牙醫、眼科等)

Question 問題 2 Which type(s) of medical insurance you are looking for? (tick one or more) 請問你會考慮投保哪一類型的醫療保單呢? (可選一項或多項)

- Option 選擇1: Indemnity (cover the eligible expenses by the policy) 彌償式賠償 (即按保單規定之合資格開支提供實報實銷式的賠償)
- Option 選擇2: Non-indemnity (a payment based on a sum insured amount by the policy) 非彌償式賠償 (即按保單訂明的保額作出賠償)

Personal Details of Policy Holder 保單持有人資料 (Policy Holder's Age must be 18 years or above 保單持有人年齡必須為18歲或以上)

Title 稱謂 Name of Policy Holder (same as HKID Card) 保單持有人姓名 (與香港身份證相同)

Mr 先生 Surname 姓
 Mrs 太太
 Ms 女士 Given Name 名
 Miss 小姐

HKID Card No. / Passport No. 香港身份證號碼 / 護照號碼 Sex 性別 M 男 F 女 Date of Birth 出生日期 DD 日 MM 月 YYYY 年

Contact Details of Policy Holder 保單持有人聯絡資料

Correspondence Address* 通訊地址* (Please complete in ENGLISH and BLOCK LETTERS 請以英文正楷填寫)

Flat 單位 / Room 室 / Floor 層數

Block 座 / Building 大廈 / Mansion 閣 / House 樓 / Estate 屋苑

Street 街 / Road 道

District 地區 HK 香港 Kln 九龍 NT 新界

Country 國家

Email Address# 電郵地址#

Contact No. 聯絡電話 Fax No. 傳真號碼 Mobile No. 流動電話號碼

Successive Policy Holder (Optional) 繼任的保單持有人 (可選擇填寫)

Please state the successive Policy Holder in case you pass away 請列明在你身故的情況下繼任的保單持有人

Surname 姓

Given Name 名

HKID Card No. / Passport No. 香港身份證號碼 / 護照號碼 Relationship with Proposed Insured Person[^] 與準受保人關係

I confirm that I am making this application in Hong Kong**. 本人在香港作出此申請**。



* P. O. Box is not acceptable. 郵政信箱恕不接納。

You can access our e-Services through **myBupa**, our online and mobile platform, to view and download some of your policy-related documents. To access these e-documents, you are required to register for a **myBupa** account and provide an email address where you will receive email notifications when a document is ready for you to access from your **myBupa** account. You will no longer receive hard copy of these documents by post.

To help save our planet, Bupa encourages communications through electronic means. This will be the default option for our future communications with you after your insurance policy has been set up. However, if you wish to receive a hard copy of all documents by post, please contact your insurance consultant to let us know your preference.

你可透過 **myBupa** 網上及手機的電子服務查閱及下載與你保單相關的部分文件。要查閱這些電子文件，你須登記 **myBupa** 帳戶，並提供電郵地址。當文件已上載於你的 **myBupa** 帳戶後，你便會收到電郵通知。你將不會以郵寄方式收到這些保單文件的印刷本。
為了拯救我們的地球，保柏鼓勵通過電子方式進行溝通。這將會是我們未來在設立你的保單時與你溝通的默許選擇。但是，如果你希望通過郵寄方式收到所有文件的列印本，請聯絡你的保險顧問讓我們了解你的選擇。

^ Applicable to spouse/child/parents/parents-in-law/siblings/spouse's siblings/grandparents/grandparents-in-law/grandchild/domestic partner/domestic partner's child/domestic partner's parents

^ 適用於配偶/子女/父母/配偶的父母/兄弟姊妹/配偶的兄弟姊妹/祖父母/配偶的祖父母/孫子女/同居伴侶/同居伴侶的子女/同居伴侶的父母

** The insurance sales process and signing of the application form must be conducted in Hong Kong.

** 保險銷售及保單申請簽署必須在香港進行。

Details of Proposed Insured Person 準受保人資料 (Age must be from birth - 80 years inclusive 年齡必須為出生日起至 80 歲 (包括首尾歲數))

Myself 本人

(Details as page 1 資料如同第一頁)

Place of Residence¹

居住地¹ _____

Or

Proposed Insured Person 準受保人

Proposed Insured Person's Name (same as HKID Card/Passport/Birth Certificate) 準受保人姓名 (與香港身份證/護照/出生證明書相同)

Surname 姓 _____

Given Name 名 _____

HKID Card No./Passport No./Birth Certificate No. 香港身份證號碼/護照號碼/出生證明書號碼 _____ Sex 性別 M 男 F 女 Date of Birth 出生日期 _____
DD 日 MM 月 YYYY 年

Relationship with Policy Holder[^] 與保單持有人關係[^] _____

Place of Residence¹ 居住地¹ _____

^ Applicable to spouse/child/parents/parents-in-law/siblings/spouse's siblings/grandparents/grandparents-in-law/grandchild/domestic partner/domestic partner's child/domestic partner's parents

¹ The above Place of Residence will be used to determine the validity and coverage of the Policy. Please inform Bupa immediately in writing if the proposed Insured Person has changed the Place of Residence.

^ 適用於配偶/子女/父母/配偶的父母/兄弟姊妹/配偶的兄弟姊妹/祖父母/配偶的祖父母/孫子女/同居伴侶/同居伴侶的子女/同居伴侶的父母

¹ 上述居住地將用於確定保單的有效性和保障範圍。如任何準受保人已更改居住地，請立即以書面通知保柏。

Choice of Cover 投保項目

Global Prestige VHIS Plan 環球優越自願醫保計劃

For Bupa use only 保柏專用

Plan Options 計劃選項

(VHIS certification numbers in brackets) (Choose one plan only)
(括號內數字為自願醫保認可產品編號) (請選擇一項計劃)

Signature - HKD0 Deductible 至臻 - 港元0自付費 (F00035-05-000-01)

Signature - HKD12,000 Deductible 至臻 - 港元12,000自付費 (F00035-06-000-01)

Signature - HKD40,000 Deductible 至臻 - 港元40,000自付費 (F00035-07-000-01)

Signature - HKD80,000 Deductible 至臻 - 港元80,000自付費 (F00035-08-000-01)

Optional Benefit² 自選保障²

Clinical Benefit 門診保障

Dental and Optical Benefit 牙科及視力保障

Standard Premium 標準保費

Family discount amount, if any 家庭折扣金額 (如有)

Premium for optional benefit 自選保障保費

Levy 保費徵費

Subtotal 小計

Other discount amount, if any 其他折扣金額 (如有)

Total premium and levy paid (HKD) 保費及保費徵費總額 (港元)

Verified by 核實:

² The Optional Benefits are not part of the VHIS Certified Plan and the premium paid (inclusive of Premium Loading, if any) shall not be entitled to tax deduction (if applicable).

² 自選保障並不屬於自願醫保計劃的認可產品，其相關已繳付之保費(包括附加保費，如有)將不享有稅務扣減(如適用)。

Family Discount (if applicable) 家庭折扣優惠 (如適用)

If your eligible family member has submitted an application separately or is insured under a policy of Global Prestige VHS Plan, they will be counted towards your family discount. Please provide their information below:

如合資格家庭成員為「環球優越自願醫保計劃」之準受保人（現正另外遞交申請）或是現有受保人，他們將計入你的家庭折扣人數內。請提供他們的資料如下：

Name (same as HKID Card/Birth Certificate) 姓名 (與香港身份證/出生證明書相同)

Surname 姓

Given Name 名

HKID Card No. / Birth Certificate No. 香港身份證號碼 / 出生證明書號碼

Relationship with Policy Holder 與保單持有人關係

Insured Person Policy No. 受保人保單號碼

Name (same as HKID Card/Birth Certificate) 姓名 (與香港身份證/出生證明書相同)

Surname 姓

Given Name 名

HKID Card No. / Birth Certificate No. 香港身份證號碼 / 出生證明書號碼

Relationship with Policy Holder 與保單持有人關係

Insured Person Policy No. 受保人保單號碼

Name (same as HKID Card/Birth Certificate) 姓名 (與香港身份證/出生證明書相同)

Surname 姓

Given Name 名

HKID Card No. / Birth Certificate No. 香港身份證號碼 / 出生證明書號碼

Relationship with Policy Holder 與保單持有人關係

Insured Person Policy No. 受保人保單號碼

Premium Payment Method 繳付保費方法

Payment Frequency 繳付保費形式	Payment Method 繳付保費方法	Remarks 備註
<input type="checkbox"/> Yearly 年繳	<input type="checkbox"/> Credit Card 信用卡	Please attach a completed Credit Card Authorisation Form 請連同填妥之 信用卡付款授權書 寄回
	<input type="checkbox"/> Autopay from Bank 銀行自動轉賬 (From renewal payment only 續保繳費起適用)	Please attach a cheque made payable to "Bupa (Asia) Limited" for the 1st year's premium and levy with a completed Direct Debit Authorisation Form 請填妥 直接付款授權書 ，連同首年保費及保費徵費之支票交回本公司，支票抬頭人為「保柏（亞洲）有限公司」
<input type="checkbox"/> Monthly 月繳	<input type="checkbox"/> Credit Card 信用卡	Please attach a completed Credit Card Authorisation Form 請連同填妥之 信用卡付款授權書 寄回
	<input type="checkbox"/> Autopay from Bank 銀行自動轉賬	Please attach a cheque made payable to "Bupa (Asia) Limited" for the first 2 months' premium and levy with a completed Direct Debit Authorisation Form 請填妥 直接付款授權書 ，連同首兩個月保費及保費徵費之支票交回本公司，支票抬頭人為「保柏（亞洲）有限公司」

Bank Account for Reimbursement 支付賠償之銀行戶口

Claims payment will be reimbursed by autopay only. 賠償款項只以自動轉賬方式支付。

I hereby agree and authorise Bupa (Asia) Limited to reimburse claims payment to the account below. 本人同意及授權保柏（亞洲）有限公司轉賬賠償款項於以下戶口。

Account Holder's Name (Same as recorded on bank account statement/passbook)

戶口持有人姓名 (與銀行結單/存摺相同)

HKID Card No.

香港身份證號碼

Personal Hong Kong savings / current account number (HKD only) 個人香港儲蓄 / 往來銀行戶口號碼 (只限港元)

Bank Name

銀行名稱

Bank No.

銀行編號

Account No.

戶口號碼

If the above account holder is not the Policy Holder/Insured Person*, please fill in the following information. 若上述之戶口持有人並非保單持有人/受保人*，請填寫以下資料。

Relationship with the Policy Holder/Insured Person* 與保單持有人/受保人*關係

(Applicable to spouse, parents or children only 只適用於配偶、父母或子女)

I acknowledge that I will need to provide a valid Hong Kong bank account details later for Bupa (Asia) Limited to avoid any delay on claims reimbursement if I do not provide my bank account details at this time. 本人明白如現選擇不提供銀行戶口資料，稍後需要向保柏（亞洲）有限公司提供有效的香港銀行戶口資料，以免延誤賠償。

Also, I may update the bank account details later on myBupa, our online and mobile platform. 此外，本人稍後亦可於myBupa網上及手機平台上更新自己的銀行戶口資料。

* Please delete if inappropriate 請刪除不適用者

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 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 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)、痙攣、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

Height 身高# _____ cm 厘米 OR 或 _____ feet 呎 _____ inches 吋

Weight 體重# _____ kg 公斤 OR 或 _____ pounds(lbs) 磅

Do you (or proposed Insured Person) smoke³ or have you (or proposed Insured Person) smoked³ in the last one year[#]? Yes 是 No 否
 你(或準受保人)有沒有吸煙³或在過去一年內曾否吸煙^{3#}?

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). 「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 Insured Person below 18 years old. 18歲以下之準受保人無需填寫。

1. In the last 3 years, have you (or proposed 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? Yes 是 No 否
 在過去三年內，你(或準受保人)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?
2. In the last 3 years, have you (or proposed 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)? Yes 是 No 否
 在過去三年內，你(或準受保人)是否曾經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)?
 If the answer is "Yes", do your (or proposed Insured Person) investigation result(s) include the followings?
 如果答案屬「是」，你(或準受保人)的檢查結果是否包括下列情況?
 (a) Abnormal test result is advised 檢驗結果異常 Yes 是 No 否
 (b) You (or proposed Insured Person) are still awaiting test / test result 你(或準受保人)正等候檢驗或檢驗結果 Yes 是 No 否
 (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) Yes 是 No 否
3. In the last 5 years, have you (or proposed 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? Yes 是 No 否
 在過去五年內，你(或準受保人)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?
4. In the last 5 years, have you (or proposed Insured Person) been admitted into a hospital? Yes 是 No 否
 在過去五年內，你(或準受保人)是否曾入住醫院?
5. In the last 5 years, have you (or proposed Insured Person) undergone a surgical procedure (including endoscopy or biopsy) without being admitted into a hospital? Yes 是 No 否
 在過去五年內，你(或準受保人)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)?

Health Questionnaire – Section A 健康問卷 – 甲部

6. Apart from anything you (or proposed Insured Person) have already disclosed in Questions 1 - 5, do you (or proposed Insured Person) have any of the following conditions? 除了你(或準受保人)在第1至5項問題中已披露的資料外,你(或準受保人)是否有下列情況?
- (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 Yes是 No否
- (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 Yes是 No否
- (c) Other medical conditions or other sign and symptom (such as lump, headache, persistent coughing, chest pain or epigastric pain) that you (or proposed 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 Yes是 No否
- (d) In the last 1 year, you (or proposed 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 Yes是 No否
7. Have you (or proposed Insured Person) ever been diagnosed with any of the following diseases or medical conditions? 你(或準受保人)是否曾被確診下列疾病或健康狀況?
- (a) Cancer or carcinoma in situ 癌症或原位癌 Yes是 No否
- (b) Brain tumor 腦部腫瘤 Yes是 No否
- (c) Heart disease 心臟疾病 Yes是 No否
- (d) Stroke (including transient ischemic attack (TIA)) 中風(包括短暫性腦缺血,俗稱「小中風」) Yes是 No否
- (e) Hypertension 高血壓 Yes是 No否
- (f) Diabetes mellitus or impaired glucose tolerance 糖尿病或葡萄糖耐量異常 Yes是 No否
- (g) Prolapsed intervertebral disc or degenerative spine conditions 椎間盤突出或脊椎退化性疾病 Yes是 No否
- (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 Yes是 No否
- (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) Yes是 No否
- (j) Multiple sclerosis 多發性硬化症 Yes是 No否
- (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) Yes是 No否

For proposed insured children aged 6 or below only 適用於六歲或以下之準受保兒童

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? Yes是 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。

	Question No. 題號 _____ Medical condition 病症	Question No. 題號 _____ Medical condition 病症	Question No. 題號 _____ 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

Declaration and Authorisation 聲明及授權

I declare that I am either the legal representative of the proposed Insured Person(s) named in this application ("proposed Insured Person(s)"), or I have been duly authorised by each proposed Insured Person(s) (or their guardian, if applicable) to apply for the health insurance plan (the "Plan") stated in this application form (the "Application") and make the following declarations on their behalf. I further declare that I have obtained the full and complete authority from the proposed Insured Person(s) (or their guardian, if applicable) to disclose the personal information requested in this Application and to deal with and receive or request information concerning such proposed Insured Person(s) from Bupa (Asia) Limited ("Bupa") in relation to any matters arising from this Application, including any subsequent amendment.

I declare on my own behalf and on behalf of the proposed Insured Person(s), that:

本人聲明本人是此申請表(「此申請表」)內所列的準受保人(「準受保人」)之法定代理人,或已獲每位準受保人(或其監護人,如適用)授權以作出此申請表指明醫療保障計劃(「計劃」)的申請及以下的聲明。本人並聲明已獲得每位準受保人(或其監護人,如適用)的完全及完整授權向保柏(亞洲)有限公司(「保柏」)透露此申請表所需的個人資料,並處理及向保柏接收或索取與準受保人作出此申請相關的事宜,包括任何日後的更改。

本人謹此代表本人及準受保人聲明:

Coverage and Pre-existing Conditions 保障及已有疾病

I agree to be bound by the terms and conditions of the Policy of this Plan, which will be provided to me if this Application is approved.

I acknowledge that the Policy 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 Policy. I further authorise Bupa to deduct the premium payments from my designated bank account / credit card (where applicable) upon renewal. If I want to cancel the Policy in future, I will need to inform Bupa in writing at least 30 days before the renewal date.

I acknowledge that benefit is not payable to me or any proposed Insured Person(s) under the Plan for any costs of treatment arising from any existing illnesses, injuries or other conditions which has been treated or diagnosed or manifested with signs and symptoms that should be reasonably aware before the Policy Effective Date of the Plan (or, if applicable, the date as referred in the Endorsement Letter if switching from an existing Bupa Health Insurance Plan) unless complete details are fully disclosed by me in this Application and accepted by Bupa.

In respect of the eligible expenses arising from unknown pre-existing illness, injuries or other conditions that the proposed Insured Person(s) was not aware and would not reasonably have been aware before the Policy Effective Date of the Plan (or, if applicable, the date as referred in the Endorsement Letter if switching from an existing Bupa Health Insurance Plan), I acknowledge that the benefits (if payable) under this Plan will be subject to the waiting period and reimbursement percentage as stated in the Policy.

In the event the Pre-existing Conditions have been disclosed in the Application and accepted by Bupa, Bupa may apply a Premium Loading to cover that specific condition(s) and the percentage of Premium Loading shall be notified to me in writing. Bupa may apply Case-based Exclusion(s) due to a Pre-existing Condition or any other factor that may affect the insurability of the proposed Insured Person(s).

A photocopy or fax copy of this Application shall be considered as effective and valid as the original.

The statements and information provided in the Health Declaration of this Application are true and complete and all information disclosed on behalf of the proposed Insured Person(s) has been verified by me as true and correct. I acknowledge that the knowledge of the proposed Insured Person(s) is imputed to my knowledge.

I acknowledge that Bupa may verify the answers in the Health Declaration of this Application with proposed Insured Person(s) and where there is any discrepancy between:

(a) the content of the telephone calls between proposed Insured Person(s) and Bupa; and

(b) the information provided in the Health Declaration,

the information on the Health Declaration will be deemed as true, accurate and complete declarations made by all proposed Insured Person(s).

If any information collected during the telephone calls between the proposed Insured Person(s) and Bupa has changed or is not reflected accurately in the Health Declaration, I shall advise Bupa of such change or inaccuracy before submitting this Application. I understand that I am required to notify Bupa immediately if the health condition of any proposed Insured Person(s) has changed at any time after the submission of this Application and before the issuance of the policy (as according to the Policy Issuance Date).

I acknowledge that Bupa may terminate the cover for the proposed Insured Person(s) with immediate effect if the law of the country in which the proposed Insured Person(s) is located, or the proposed Insured Person(s)' Place of Residence or nationality, including but not limited to USA and Japan, or any other law which applies to Bupa or the Policy, prohibits the provision of healthcare cover by Bupa to local nationals, residents or citizens. I further declare that the proposed Insured Person(s) is not US permanent residents. I understand that I am obliged to immediately notify Bupa in writing if the proposed Insured Person(s) becomes a permanent resident of USA during the Policy 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.

I acknowledge that the sales representative has explained to me the benefit coverage and general exclusions under the Plan, and the importance of making full disclosure of any health conditions and Pre-existing Conditions of all proposed Insured Person(s) listed in this Application. I understand that failure to provide Bupa with full, complete and accurate information in the Application may result in Bupa having the right to treat my policy as if it has not existed or refusing to pay all or part of a claim. I agree that the answers given in this Application and the Health Declaration shall be the basis of the Policy between me/proposed Insured Person(s) and Bupa.

本人同意遵守計劃保單之各條款及細則,該保單將會於此申請獲批後提供予本人。

本人明白除非收到本人給予保柏的通知不再續保或因根據保單條款規定,否則保單將會每年自動續保。本人並授權保柏在續保時於本人指定的銀行賬戶/信用卡(如適用)扣取保費。如本人將來想取消保單,須於續保日30天前以書面通知保柏。

本人確認本人或任何準受保人凡在保單生效日(或從現有保柏醫療保障計劃轉換至本計劃的批注信件中列明之日期,如適用)前已接受治療或被確診或已察覺或理應察覺病徵或症狀的已有病症、損傷或其他病況而引致之醫療費用,除非本人在本申請表內已詳細列出並獲得保柏接納,有關費用一律不予賠償。

關於準受保人在保單生效日(或從現有保柏醫療保障計劃轉換至本計劃的批注信件中列明之日期,如適用)之前未能察覺及理應不察覺的已有病症、損傷或其他病況而引致之合資格費用,本人確認此計劃下的保障將受限於保單列明的等候期及賠償百分比。

如已有病症已於申請表內披露並獲保柏接納承保,保柏會徵收附加保費以保障有關個別病況,將徵收的附加保費率將會以書面通知本人。保柏亦可按已有病症或任何其他影響準受保人可保性的因素而加設的個別不保項目。

此申請表之影印或傳真本與正本具同等效力。

此申請表內的所有陳述及健康聲明的資料均屬真實無訛及完整,所有代表準受保人透露的資料亦經本人核實為真實及正確。本人確認準受保人所知之事被視為本人所知之事。

本人明白保柏可向準受保人核實此申請表內健康聲明的答案,如以下兩項出現差異:

(a) 準受保人透過電話提供予保柏的內容;及

(b) 此申請表內的健康聲明資料,

此申請表內的健康聲明資料將被視為準受保人作出真實、準確及完整的聲明。

如準受保人透過電話提供予保柏的資料有所更改或未能健康聲明中準確記錄,本人將於遞交此申請表前通知保柏有關更改或錯漏。本人明白如在提交本申請後和本計劃保單簽發前(以保單簽發日為準)的任何時間,準受保人的健康狀況有任何改變,本人需要立即通知保柏。

本人確認如準受保人的所在國家或其居住地或國籍所屬國家的法律(包括但不限於美國和日本)或任何其他對保柏或本保單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,保柏可終止相關準受保人的保障並立即生效。本人此外聲明準受保人並非美國永久居民。本人明白如準受保人於保單年度期間成為美國永久居民,本人有責任立即以書面通知保柏。「永久居民」指居於某國家的公民且身為該國公民或根據適用法律獲許在該國永久居留及工作的人士。

本人確認銷售代表已向本人解釋計劃的保障範圍和不受保障項目,以及充分披露本申請表中所有準受保人的任何健康狀況和已有病症的重要性。本人明白未能於本申請表提供完整且準確的資料給保柏可能會引致保柏有權將本人的保單視為不存在或拒絕支付全部或部分的索償。本人同意於本申請表和健康聲明內提供的資料為本人/準受保人與保柏之間保單的基礎。

Personal Data and Information Disclosure 個人資料及資訊披露

I consent, and I have obtained consent from all proposed Insured Person(s), to Bupa using and disclosing the personal data provided in this Application and other personal data it collects about me and the proposed Insured Person(s), for the purposes set out in and in accordance with the Personal Information Collection Statement on the last page of this Application.

Further, I have obtained consent from all proposed Insured Person(s) to me providing Bupa, and to Bupa providing me, with health and medical information and other personal data regarding the proposed Insured Person(s) during the application and the continuance of the policy including renewal.

I acknowledge that Bupa reserves the right to ask for submission of more details of health status or medical reports relating to myself and any proposed Insured Person(s) listed in this Application, at my own cost.

I authorise any medical practitioner, hospital, clinic, by whom or where I / the proposed Insured Person(s) have been observed or treated or any insurance company or organisation that has any records or health information concerning me and / or the proposed Insured Person(s) 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 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 me or the proposed Insured Person(s). I 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 by me or any proposed Insured Person(s) against any such service provider appointed by Bupa. I acknowledge and agree to reimburse Bupa in full for any ineligible medical expenses and Deductible (if applicable) under this Plan within fourteen (14) days of receipt of a written notice from Bupa.

本人同意並取得所有準受保人的同意,保柏可以使用並披露此申請表內或其他途徑所收集關於本人及準受保人的個人資料,用作根據本申請表最後一頁的「個人資料收集聲明」內所陳述的用途。

再者,本人已向所有準受保人取得同意,本人可向保柏以及保柏可向本人於申請及延續(包括續保)此保單時提供有關準受保人的健康醫療資訊及其他個人資料。

本人確認保柏有權要求提供更多有關本人及任何準受保人之健康狀況及醫療報告,一切費用由本人支付。

本人授權任何為本人/準受保人觀察或治療的醫生、醫院、診所,或持有本人及/或準受保人健康或任何資料之保險公司或機構將本人及/或準受保人之全部資料(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本人或準受保人。本人確認並同意有關此委任之條款及細則乃基於保柏以其認為合適的情況下而作出。就本人或任何準受保人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。本人確認並同意向保柏償還在本計劃下不合資格的醫療費用及自付費(如適用),並於收到保柏向本人發出書面通知書的十四(14)日內全數清還。

(P.T.O.)

Eligibility for Tax Deduction 稅務扣減的資格

I acknowledge that the premium paid under this Plan shall not be automatically entitled to tax deduction even this Application is approved by Bupa. I understand that I am required to fulfil the conditions and assessment criteria imposed by the Inland Revenue Department and any applicable laws (which may amend from time to time), which include but not limited to allowable relationship for dependant, age/disability/full-time education requirement, date and amount of qualifying premium paid, in order to enjoy any tax deduction. Policies purchased for grandchild, domestic partner (i.e. civil partner, or the person with whom the Policy Holder lives in a continuous, committed, exclusive relationship during which period neither the Policy Holder or that person were or are married to or partnered with any other person) and domestic partner's child/parents are not eligible for tax deductions.

本人明白即使此申請已獲保柏接納，本計劃下已繳付的保費並不會自動享有稅務扣減。本人明白本人須符合稅務局及任何適用的法律（可不時修改）所規定的條件及評估標準方可享有稅務扣減，包括但不限於認可的受供養人、年齡/殘疾/全日制學生資格，以及支付合資格保費的金額及日期。本人為孫子女、同居伴侶（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，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）和同居伴侶的子女/父母所購買的保單並不符合稅務扣減的資格。

Offering of Other Insurance Plan 提供其他保險產品

I understand and agree that any uptake of other insurance plans is not a prerequisite for accepting this application of Bupa VHS Certified Plans.

本人明白及同意投保其他保險產品並非作為投保保柏自願醫保認可產品的先決條件。

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 understand, acknowledge and agree that, as a result of me 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 further understand that the above agreement is necessary for Bupa to proceed with the Application.

本人明白、確知及同意，保柏會就本人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。

本人亦明白保柏必須取得本人以上的同意，才可以處理其保險申請。

Personal Information Collection Statement 個人資料收集聲明

By signing this application form, I confirm that I have read and understood the Personal Information Collection Statement ("Statement") in this application form. I have also brought the Statement to the attention of all proposed Insured Person(s)/ Member(s) (or their guardians if applicable) and confirmed the understanding and agreement to it. I/We consent to the transfer of my/our personal data within or outside of Hong Kong for the purposes and to the types of transferees as set out in the Statement. I/We have understood the Statement's effect in respect of my/our personal information collected or held by Bupa (Asia) Limited, including the use, storage, processing, transfer, disclosure and/or sharing of part of or all of my/our personal information within the Group Companies in accordance with the Statement. The updated version of Statement is available for download from www.bupa.com.hk or Bupa's mobile applications.

通過簽署本申請表，本人確認已細閱並明白本申請表所述的「個人資料收集聲明」。本人亦已促使準受保人/會員（或其監護人，如適用）留意「個人資料收集聲明」並確認明白及同意有關內容。本人/我們同意就「個人資料收集聲明」所述用途視乎情況提供本人/我們的個人資料至香港境內外予「個人資料收集聲明」所載的資料承讓人。本人/我們明白個人資料收集聲明對保柏（亞洲）有限公司收集或持有的本人/我們的個人資料的效力及影響，包括按照個人資料收集聲明使用、儲存、處理、轉移、公開或分享本人的部分或全部個人資料致任何集團公司之成員。該個人資料收集聲明最新的版本可於 www.bupa.com.hk 或保柏應用程式下載。

(P.T.O.)

Declaration and Authorisation (Cont.) 聲明及授權 (續)

Use of Personal Information in Direct Marketing 在直接促銷中使用個人資料

With my/our consent, Bupa may use my/our personal data in direct marketing and provide my/our personal data to any member within the Group Companies and selected third parties, which may contact me/us with promotional material (including by email, SMS, mobile application, social media, instant messenger or other means that become available from time to time) as referred to in the section entitled "Use of Personal Information in Direct Marketing" in the Statement, including in relation to insurance (such as premium discounts), wellness, rewards, loyalty or privileges programmes and related products and services. I/we understand that I/we have the right to request Bupa to cease using my/our personal data for direct marketing purposes by emailing membercare@bupa.com.hk or calling the Bupa Customer Care helpdesk on 2517 5588. Tick the box below if I/we wish to receive such direct marketing communications.

只有在本人/我們的同意下，保柏可使用不時向本人/我們收集的個人資料，包括本人/我們的姓名、聯絡方法、性別、健康及家庭狀況，並根據個人資料收集聲明第5段「在直接促銷中使用個人資料」所述，提供本人/我們的個人資料予任何集團公司成員、旗下品牌及/或所述的第三方，為本人/我們提供服務或產品有關的促銷信息包括保險（例如保費折扣）、健康、獎賞、會員忠誠或優惠計劃及其相關的產品及服務的市場推廣資訊（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）。本人/我們明白有權透過聯絡保柏的客戶服務專線（電郵至 membercare@bupa.com.hk 或致電 2517 5588），要求停止將本人/我們的個人資料用作直接市場推廣用途。如果本人/我們希望收到此類直接業務推廣通訊，請在以下空格填上(✓)號。

By checking this box, I/we wish my/our personal information to be used and disclosed by Bupa related to direct marketing purposes as set out above and in accordance with the Statement.

本人/我們在此空格填上(✓)號，以表示願意保柏使用及披露本人/我們個人資料用作根據個人資料收集聲明和以上所述之直銷業務推廣用途。

Cancellation Rights and Refund of Premium(s) within Cooling-off Period 冷靜期內取消保單的權利及退還保費

I understand that I have the right to cancel the policy and obtain a refund of any premium(s) and levy paid by giving a written notice to Bupa (Asia) Limited. I understand that to exercise this right, the notice of cancellation must be signed by me and received directly by Bupa (Asia) Limited at 6/F, Tower 2, The Quayside, 77 Hoi Bun Road, Kwun Tong, Kowloon, Hong Kong within the cooling-off period. I understand that the cooling-off period is the period of 21 days immediately following either the day of delivery of the policy or the cooling-off notice to me or my nominated representative (whichever is the earlier). I understand that the cooling-off notice is a notice that will be sent to me or my nominated representative by Bupa (Asia) Limited to notify me of the cooling-off period around the time the policy is delivered.

本人明白本人有權以書面通知要求保柏（亞洲）有限公司取消保單並獲退還所有已繳保費及保費徵費。本人明白為行使這項權利，該取消保單的通知必須由本人簽署並由保柏（亞洲）有限公司在香港九龍觀塘海濱道77號海濱匯第2座6樓於冷靜期內直接收到。本人明白冷靜期為緊接保單或冷靜期通知書交付予本人或本人的指定代表之日起計的21天的期間（以較早者為準）。本人明白冷靜期通知書是由保柏（亞洲）有限公司在交付保單時致予本人或本人的指定代表的一份通知書，以就冷靜期一事通知本人。

I, as the Policy Holder, understand that I declare and sign on behalf of the proposed Insured Person listed in this Application under this Plan who is under the Age of 18.

本人茲申請為保單持有人，明白本人代表此計劃申請表內列出之18歲以下準受保人作出聲明及簽署。

I understand that no cover will be payable under the Policy unless and until all required documents are submitted and processed, this application is approved and the Premium 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，此保單下的保障方能生效。

Policy Holder's Signature 保單持有人簽署 X (Full Name 姓名)	Signed in Hong Kong on 於香港簽署之日期 DD 日 MM 月 YYYY 年	Proposed Insured Person's Signature (Age 18 years old or above) 準受保人簽署 (18歲或以上) X (Full Name 姓名)	Signed in Hong Kong on 於香港簽署之日期 DD 日 MM 月 YYYY 年
Agent's / Broker's / Telesales' Name (If applicable and must be completed by the Policy Holder) 代理人 / 經紀 / 營業代表姓名 (如適用及必須由保單持有人填寫)		Agent's / Broker's / Telesales' Contact Tel No. 代理人 / 經紀 / 營業代表聯絡電話號碼	
Agent's / Broker's / Telesales' Code 代理人 / 經紀 / 營業代表編號		Agent's / Broker's / Telesales' Email Address 代理人 / 經紀 / 營業代表電郵地址	

Reminder 提醒你

To help us process your Application quickly, please ensure that you have:

- enclosed payment of the correct premium and levy and a copy of your HKID Card or Passport
- initialled any amendments on this application form
- enclosed a copy of the HKID Card, Passport or the birth certificate of the Proposed Insured Person

我們想更快地助你完成申請，因此請你在遞交申請表時謹記：

- 連同正確之保費及保費徵費與你的香港身份證或護照副本
- 於任何更改之處簽署作實
- 連同準受保人的香港身份證、護照或出生證明副本

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, 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.

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- 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:
membercare@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 5688.
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及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、使用或被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申索紀錄，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. 本公司將就以下列目的不時使用、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（包括但不限於電子業務、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及服務時有關的權利，例如釐定您拖欠的任何款項的金額，及向您或任何已為您的債務提供任何擔保或承諾的人士，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的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、受讓、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。
 - 3.2. 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、承辦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、監察、供保險業界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分權益或業務的任何實際或建議承讓、受讓、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。
 - 3.3. 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。
 - 3.4. 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跟據本私隱通知被處理。
- 4. 在直接促銷中使用個人資料**
 - 4.1. 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。
 - 4.2. 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。
 - 4.3. 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。
 - 4.4. 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。
 - 4.5. 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。
- 5. 個人資料的安全及保留**
 - 5.1. 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以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議保留您的個人資料。
 - 5.2. 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。
 - 5.3. 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，我們會將您的個人資料的訪問權限，限制為獲得適當授權的人員。
 - 5.4. 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 政策的更新版本可從我們的網站 www.bupa.com.hk 下載，並應要求提供。
 - 5.5. 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。
- 6. 查閱及更改個人資料**
 - 6.1. 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。
 - 6.2. 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：
membercare@bupa.com.hk
- 6.3. 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。
- 6.4. 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 5688。
- 6.5. 本私隱通知不會限制您在條例下所享有的權利。
- 6.6. 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。

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Global Prestige VHIS Plan Credit Card Authorisation Form

環球優越自願醫保計劃信用卡付款授權書



Policy Holder's Name 保單持有人姓名
Surname 姓
Given Name 名

Section I - Credit Card Account for Collection of Premium, Levy and Shortfall (if applicable) 收取應繳保費、保費徵費、差額(如適用)的信用卡賬戶

If credit card payment is chosen as the payment method, please complete this form, sign where marked "X" and return this form to Bupa by mail or by fax. If you have faxed this form to Bupa, please do not return it to us by mail again. 若選擇以信用卡付款，請填妥此表格及簽署於「X」位置，並交回保柏。若你已傳真此表格給我們，請無須寄回此表格。

Visa Card

Master Card

Cardholder's Name 持卡人姓名

HKID Card No. 香港身份證號碼

Credit Card Account No. 信用卡戶口號碼

Credit Card Expiry Date
信用卡到期日

MM月 YY年

I acknowledge that the Contract / Policy 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 / Policy. I hereby authorise and direct Bupa (Asia) Limited to automatically debit the premium and levy due from my credit card account on an annual / monthly basis until further notice. 本人明白除非收到本人給予保柏的通知不再續保或因根據合約 / 保單條款規定，否則合約 / 保單將會每年自動續保。本人茲授權保柏（亞洲）有限公司自動從本人的信用卡戶口每年 / 每月支付應繳保費及保費徵費金額，直至另行通知。

If the Cardholder is not the Policy Holder or Insured Person, please fill in the following information. 若信用卡持有人並非保單持有人或受保人，請填寫以下資料。

Relationship with the Policy Holder or Insured Person* 與保單持有人或受保人* 關係
(Applicable to spouse, parents or children only 只適用於配偶、父母或子女)

I hereby agree and authorise Bupa (Asia) Limited to collect any shortfall under this Contract / Policy from the credit card account provided above for the purpose as stated in Section II.
本人同意及授權保柏（亞洲）有限公司按第II部份所列之目的透過以上信用卡賬戶收取本合約 / 保單內的所有差額。

Cardholder's Signature 持卡人簽署

Contact Phone No. 聯絡電話號碼

Date 日期

X

DD日 MM月 YYYY年

Section II - Credit Card Account for Collection of Shortfall 收取差額的信用卡賬戶

(Please fill in this section only if different from the above credit card information. 如與上述信用卡賬戶不同，請填寫此部份。)

A shortfall may be incurred if the final treatment costs are greater than your plan coverage or if the medical expenses are not covered under your plan. This form authorises Bupa to collect the shortfall from the credit card account provided below.
請注意，若最終的治療費用超過你的保障額，或有關醫療費用不屬於保障範圍內，此授權書將授權保柏透過以下信用卡賬戶收取差額。

I hereby agree and authorise Bupa (Asia) Limited to collect any shortfall under this Contract from the credit card account provided below.
本人同意及授權保柏（亞洲）有限公司透過以下信用卡賬戶收取本合約內的所有差額。

Cardholder's Name (same as HKID Card / Passport No.) 持卡人姓名（與香港身份證 / 護照號碼相同）

HKID Card No. / Passport No. 香港身份證號碼 / 護照號碼

Credit Card Account No. 信用卡戶口號碼 (VISA / Master)

Credit Card Expiry Date
信用卡到期日

MM月 YY年

Cardholder's Signature 持卡人簽署

Contact Phone No. 聯絡電話號碼

Date 日期

X

DD日 MM月 YYYY年

*Please delete if inappropriate 請刪除不適用者

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Global Prestige VHIS Plan Direct Debit Authorisation Form

環球優越自願醫保計劃直接付款授權書



Policy Holder's Name 保單持有人姓名

Surname

姓

Given Name

名

If autopay is chosen as the payment method, please complete this form, sign where marked "X" as to agree and authorise Bupa (Asia) Limited to collect any premium, levy and shortfall under this Contract / Policy from the bank account provided below for the purpose. Please return the original copy to Bupa with a cheque for the premium and levy. 若選擇以自動轉賬付款，請填妥此表格及簽署於「X」位置，以同意及授權保柏(亞洲)有限公司透過以下賬戶收取本合約/保單內的所有保費、徵費及差額。請連同此表格正本及繳付保費及徵費的支票交回保柏。

I DO NOT AGREE and authorise Bupa (Asia) Limited to collect any shortfall under this Contract / Policy from the bank account provided below for the purpose. 本人不同意及授權保柏(亞洲)有限公司透過以下賬戶收取本合約/保單內的所有差額。

I acknowledge that the Contract / Policy 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 / Policy. I hereby authorise and direct Bupa (Asia) Limited to automatically debit the premium and levy due from my account on an annual / monthly basis until further notice. 本人明白除非收到本人給予保柏的通知不再續保或因根據合約/保單條款規定，否則合約/保單將會每年自動續保。本人茲授權保柏(亞洲)有限公司自動從本人的戶口每年/每月支付應繳保費及保費徵費金額，直至另行通知。

Name of party to be credited (The beneficiary) 收款之一方(受益人)	Bank No.銀行編號	Branch No.分行編號	Account No.收款戶口號碼
BUPA (ASIA) LIMITED	0 2 4	7 8 7	6 2 1 7 8 8 0 0 1

I/We hereby authorise my/our above-named bank (the "Bank") to effect transfer from my/our above-mentioned account to the above-named Beneficiary in accordance with such instructions as the Bank may receive from the Beneficiary from time to time, provided always that the amount of any one such transfer shall not exceed the limit indicated above (if applicable).

本人(等)現授權上述之銀行(「該銀行」)，根據收款人不時給予該銀行之指示，自本人(等)上述戶口轉賬予收款人。但每次轉賬金額不得超過以上指定之限額(如適用)。

I/We agree that the Bank shall not be obliged to ascertain whether or not notice of any such transfer has been given to me/us.

本人(等)同意該銀行毋須證實該等轉賬是否已通知本人(等)。

I/We jointly and severally accept full responsibility for any overdraft (or increase in existing overdraft) on my/our above-mentioned account which may arise as a result of any such transfer(s).

如因該等轉賬而令本人(等)之上述戶口出現透支(或令現時之透支增加)，本人(等)會共同及各別承擔全部責任。

I/We confirm that my/our signature(s) on this authorisation is/are the same as filed with the Bank for the operation of my/our above-mentioned account to be debited for the transfer.

本人(等)確證在本授權書內之簽名，與本人(等)上述戶口於該銀行簽署紀錄完全相同。

I/We agree that should there be insufficient funds in my/our above-mentioned account to meet any transfer hereby authorised, the Bank shall be entitled, at its discretion, not to effect such transfer in which event the Bank may make the usual service charge to be paid by me/us.

本人(等)同意如上述戶口並無足夠款項支付有關轉賬，該銀行有權不予辦理且可收取有關之手續費用，該等費用一概由本人(等)支付。

I/We agree that any notice of cancellation or variation of this authorisation which I/we may give to the Bank shall be given at least two working days prior to the date on which such cancellation or variation is to take effect.

本人(等)同意取銷或更改本授權書之任何通知，須於取銷或更改生效日最少兩個工作日之前交予該銀行。

This authorisation shall have effect until further notice or until the above given expiry date (whichever first occurs).

本授權書將繼續生效直至另行通知為止或直至上列到期日為止(以兩者中最早之日期為準)。

My / Our Bank and Branch Name

本人/吾等之銀行及分行名稱

Bank No.

銀行編號

My / Our Account No.

本人/吾等之戶口號碼

My / Our name as recorded on Statement / Passbook 本人/吾等在結單/存摺上之姓名

HKID Card No. / Passport No.

香港身份證號碼/護照號碼

My / Our signature(s) 本人/吾等之簽署

X

Date of signing 簽署日期

DD日 MM月 YYYY年

My / Our address as recorded on Statement / Passbook 本人/吾等在結單/存摺上之地址

Debtor's Name (If other than account holder) 債務人之姓名(若非戶口持有人)

Membership No. (Debtor's Reference) 會員編號(債務人備註)

If the account holder is not the Policy Holder or Insured Person, please fill in the following information. 若戶口持有人並非保單持有人或受保人，請填寫以下資料。

Relationship with the Subscriber (Policy Holder) or Member (Insured Person)* 與投保人(保單持有人)或會員(受保人)* 關係

(Applicable to spouse, parents or children only 只適用於配偶、父母或子女)

For bank use only

銀行專用

Signature Verified

核實簽署

Notes: 1. The box marked "Membership No." is to be completed by Bupa.
2. The signature on this authorisation form must be the same as the signature of your Bank Account.

附註: 1. 會員編號一欄由保柏填寫。
2. 在此授權書內之簽署模式必須與閣下之銀行戶口內之簽署相符。

*Please delete if inappropriate 請刪除不適用者

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