

# Bupa Safe Critical Illness Insurance Scheme Application Form

## 保柏危疾全禦保計劃申請表



To ensure your cover can take effect on the first day of the following month, please send us the completed application form at least 5 working days prior to the end of the month. Applications are subject to underwriting.

如欲合約在下月一號生效，請將填妥的申請表於月底前最少5個工作天寄回保柏。所有申請必須通過核保始能生效。

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。

All ages described in this form refer to the age as at the Critical Illness Benefit Coverage Commencement Date. 本申請表內所有歲數以危疾保障開始日當日之歲數計算。

For Bupa  
use only  
保柏專用

Reference No. :  
參考編號

Effective Date :  
生效日期

DD 日 MM 月 YYYY 年

### 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 Applicant 申請人資料 (Applicant's age must be 18 years or above 申請人年齡必須為18歲或以上)

Title 稱謂 Name of Applicant (same as HKID Card) 申請人姓名 (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. 香港身份證號碼 Sex 性別  M 男  F 女 Date of Birth 出生日期 DD 日 MM 月 YYYY 年

### Contact Details of Applicant 申請人聯絡資料

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

I confirm that I am making this application in Hong Kong\*\*. I understand that if I am applying for Supplemental Critical Benefit, the Proposed Member must reside in Hong Kong for more than 183 days in the past 12 months.

本人在香港作出此申請\*\*。本人明白如申請危疾附加保障，準受保人必須在過去12個月中在香港居住超過183天。

\* 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。

\*\* It is a regulatory requirement that insurance sales process and signing of the application form must be conducted in Hong Kong.  
根據法規要求，保險銷售及保單申請簽署必須在香港進行。



PAAPP

**Details of Proposed Member 準會員資料 (Age must be between 15 days - 60 years inclusive 年齡必須為15日至60歲(包括首尾歲數))**

Myself 本人

Place of Residence# HONG KONG 香港  
居住地

Occupation  
職業

Business Nature  
業務性質

Job Position  
職位

Job Duties  
主要工作職務

# The proposed Member must have resided in Hong Kong for more than 183 days in the past 12 months.  
準會員必須在過去12個月中在香港居住超過183天。

Or 或

Proposed Member 準會員

Proposed Member's Name (same as HKID Card/Birth Certificate) 準會員姓名(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

Sex  
性別  M 男  F 女

Date of Birth  
出生日期

DD 日 MM 月 YYYY 年

Relationship with Applicant  
與申請人關係

Spouse 配偶 / Domestic partner 同居伴侶

Child 子女

Place of Residence# HONG KONG 香港  
居住地

Occupation (Must be provided if the proposed Member is 18 years old or above)  
職業(如準會員年滿18歲必須填寫此部分)

Business Nature  
業務性質

Job Position  
職位

Job Duties  
主要工作職務

# The proposed Member must have resided in Hong Kong for more than 183 days in the past 12 months.  
準會員必須在過去12個月中在香港居住超過183天。

**Choice of Cover 投保項目**

**Critical Illness Basic Benefit (Choose one only)**

危疾基本保障(只選擇一項計劃)

Inclusive of Major Critical Illness Benefit (3 Major Critical Illnesses),  
Early Stage Critical Illness Benefit and Additional Cancer Benefit  
包括嚴重危疾保障(3種嚴重危疾)、早期危疾保障及額外癌症保障

Lifetime benefit amount in aggregate 終生賠償總額

\$3,300,000 (Age must be between 15 days - 55 years inclusive  
年齡必須為15日至55歲(包括首尾歲數))

\$2,200,000

\$1,100,000

**Optional Benefit**

自選保障

**Extended Major Critical Illness Benefit**  
嚴重危疾延伸保障

Extend the coverage under Major Critical Illness Benefit to an extra 77 Major  
Critical Illnesses 嚴重危疾保障下受保的危疾延伸至額外77種嚴重危疾

**Cancer Treatment Reimbursement Benefit**  
癌症治療賠償保障

Option 選項 C1

Option 選項 C2

**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

Yearly 年繳

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

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 subscription 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」

Monthly 月繳

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

Autopay from Bank 銀行自動轉賬

Please attach a cheque made payable to "Bupa (Asia) Limited" for the  
first 2 months' subscription 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 (HK\$ only) 個人香港儲蓄 / 往來銀行戶口號碼 (只限港幣)

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 applicant, please fill in the following information. 若上述之戶口持有人並非申請人, 請填寫以下資料。

Relationship with the applicant or proposed Member\* 與申請人或準會員\*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

## Health Declaration 健康聲明

### Important Note 重要事項

Please Answer Yes or No to every question in Health Declaration - Section A. 請於所有「健康聲明 - 甲部」中問題回答「是」或「否」。

If you answer Yes to any of the questions, you have to provide the details of the medical conditions in Health Declaration - Section B / Section C. 如果你就任何問題的回答為「是」, 你須於「健康聲明 - 乙部/丙部」提供有關疾病之詳情。

During the insurance application process, it's important that you act with utmost good faith and disclose all material facts 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, 這將影響你你享有的保障。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。

You do not need to tell us about your history of common cold or flu or upper respiratory tract infections. Female proposed Member does not need to tell us about your history of childbirth. 你無須告知我們傷風、感冒、上呼吸道感染之病史。女性準會員也不用告知我們有關分娩的紀錄。

If there is any change or update on the proposed Member's health conditions at any time after the submission of this Application and before the Critical Illness Benefit Coverage Commencement Date or issue date of the Contract, whichever is the later, you are required to notify Bupa immediately. 如在提交本申請後和危疾保障開始日或合約簽發日(以較後日期為準)之前的任何時間, 準會員的健康狀況有任何改變或更新, 你需要立即通知保柏。

Height 身高#	m 米	cm 厘米/	ft 尺	in 吋	Do you (or the proposed Member) smoke <sup>3</sup> or have you (or the proposed Member) smoked <sup>3</sup> in the last one year <sup>#</sup> ? 你(或準會員)有沒有吸煙 <sup>3</sup> 或在過去一年內曾否吸煙 <sup>3</sup> ? <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
Weight 體重#		kg 公斤/		lb 磅	

<sup>3</sup> 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 Member below 18 years old. 18歲以下之準會員無需填寫。

### Health Declaration - Section A 健康聲明 - 甲部

1. Have you (or the proposed Member) ever been diagnosed with any of the following diseases or medical conditions? 你(或準會員)是否曾被確診下列疾病或健康狀況? - Cancer, carcinoma in situ (pre-cancer), stroke or mini-stroke, heart disease, carotid artery disease, diabetes or impaired glucose tolerance, hypertension, disorder of brain or nervous system, HIV related conditions, AIDS? - 癌症、原位癌(癌症前期)、中風或短暫性腦缺血(俗稱「小中風」)、心臟病、頸動脈疾病、糖尿病或葡萄糖耐量異常、高血壓、腦或神經系統疾病、人類免疫缺陷病毒(HIV)有關的疾病、愛滋病?	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
2. Do you (or the proposed Member) have two or more natural parents or siblings with heart disease, stroke, diabetes, cancer before age 50? 你(或準會員)曾否有兩個或以上親生父母或兄弟姐妹於50歲前患有心臟病、中風、糖尿病或癌症?	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
3. Apart from those you (or the proposed Member) have already disclosed in the above Questions, do you (or the proposed Member) currently have any 你(除你(或準會員)於上述已經披露之健康狀況外, 你(或準會員)現在是否有下列情況: - 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 - Abnormal bleeding (such as vaginal bleeding, rectal bleeding, nose bleeding or coughing up of blood) for at least one month, or 不正常出血(例如陰道出血、便血、流鼻血或咳血)至少一個月, 或 - Any medical condition, disability or symptoms that you (or the proposed Member) intend to seek advice, currently undergoing or due to attend at hospital, clinic or doctor for treatment, medical investigation(s) or test(s) (other than routine body check), such as blood tests, electrocardiogram, ultrasonogram, endoscopy, biopsy or X-ray? 因任何健康狀況、失能或症狀而正在或打算尋求醫療意見; 或現在正或將會接受住院, 門診或醫生的治療、醫療檢查或檢測(恆常身體檢查除外)如血液檢驗, 心電圖, 超聲檢查, 內窺鏡檢查, 活檢或X光?	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
4. Have you (or the proposed Member) ever been declined, postponed or accepted on modified terms for life, critical illness, medical health or accident insurance? 你(或準會員)是否曾被因投保任何人壽、危疾、醫療或意外保險時被拒絕, 延遲或修改條款接納?	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
Only applicable if opts for Extended Major Critical Illness Benefit 只適用於投保嚴重危疾延伸保障	
5. Have you (or the proposed Member) ever been diagnosed with any of the following diseases or medical conditions? 你(或準會員)是否曾被確診下列疾病或健康狀況? - liver disease, kidney disease, lung disease (other than cold or flu), disorder of blood? - 肝臟疾病、腎病、肺部疾病(傷風或感冒除外)、血液疾病?	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
6. Do you (or the proposed Member) have one or more natural parents or siblings with haemochromatosis, Huntington Disease (Huntington's Chorea), polycystic kidney disease or any other hereditary disease(s)? 你(或準會員)曾否有一個或以上親生父母或兄弟姐妹患有鐵質沉着症、亨丁頓舞蹈症、多囊性腎病或任何其他遺傳病?	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否

## Health Declaration (Cont.) 健康聲明 (續)

### Health Declaration – Section B 健康聲明 – 乙部

If you answer Yes to question 1, 3 and 5 in Health Declaration – Section A, you have to provide the details of the medical conditions in Health Declaration – Section B below. 如果你就「健康聲明 - 甲部」問題 1、3 及 5 的回答為「是」，你須於下列「健康聲明 - 乙部」提供有關疾病之詳情。

	Medical condition 病症	Medical condition 病症	Medical condition 病症
Please specify as accurately as possible the name of the illness or medical problem. Where applicable, please state the area of the body affected (e.g. right knee, left eye). 請盡可能準確註明患上何種疾病或病患。如適用，請說明受影響的身體部位 (例如右膝，左眼)。			
When did the symptoms start? 何時開始出現徵狀?			
What investigations did you (or the proposed Member) have? Please include dates, type of investigations (e.g. MRI, blood test) and their results. 你(或準會員)曾接受何種檢查? 請註明日期、檢查種類 (如磁力共振、驗血) 及其結果。			
What treatment did you (or the proposed Member) have? Please include treatment period, type of treatment and their details (e.g. name of medication, name of procedure or surgery) 你(或準會員)曾接受何種治療? 請註明接受治療時期、治療種類及其詳情 (如藥物名稱、治療程序及手術名稱)			
When was the treatment completed? 何時完成治療?			
Have you (or the proposed Member) made a full recovery? (Yes/No) 你(或準會員)是否已完全康復? (是/否)			

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 – Section C 健康聲明 – 丙部

If you answer Yes to question 2 and 6 in Health Declaration – Section A, you have to provide the details of the medical conditions in Health Declaration – Section C below. 如果你就「健康聲明 - 甲部」問題 2 及 6 的回答為「是」，你須於下列「健康聲明 - 丙部」提供有關疾病之詳情。

	Medical condition 病症	Medical condition 病症	Medical condition 病症
a. Which family member(s)? 哪個親屬?			
b. Which disease? 哪個疾病?			
c. Onset age of the disease? 病發年齡?			

If you answer Yes to question 4 in Health Declaration – Section A, you have to provide the details of the medical conditions in Health Declaration – Section C below. 如果你就「健康聲明 - 甲部」問題 4 回答為「是」，你須於下列「健康聲明 - 丙部」提供有關疾病之詳情。

Reason(s) of being declined, postponed or accepted with modified terms for life, critical illness, medical health or accident insurance 因投保任何人壽、危疾、醫療或意外保險時被拒絕，延遲或修改條款接納的原因：
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If you (or the proposed Member) have any medical reports or reports of investigations, please enclose them and put a tick in the box.  
如果你(或準會員)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

### Reminder 提醒你

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

- enclosed payment of the correct subscription and levy and a copy of your HKID Card
- initialled any amendments on this application form, and
- enclosed a copy of the HKID Card or the birth certificate of the proposed Member

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副本
- 於任何更改之處簽署作實 及
- 連同準會員的香港身份證或出生證明副本

## Declaration and Authorisation 聲明及授權

I/We apply for Bupa Safe Critical Illness Insurance Scheme ("Scheme") stated in this application form (the "Application").

The Subscriber and the proposed Member hereby declare and agree that

- (1) I / We have selected this insurance plan of my / our own free will. I / We further confirm that the product features of the Scheme were able to fulfil my / our current medical protection needs, financial situation and premium affordability;
- (2) to the best of my / our knowledge and belief, the statements and answers contained in this Application and any other questionnaires issued by Bupa, and answers given to Bupa's appointed medical examiner, are true and complete;
- (3) all answers to such questions, together with this Application, shall form the basis and become a part of the Contract;
- (4) I / We acknowledge that failure to disclose all relevant information may result in non-payment of a claim and/or all cover under the Contract being cancelled;
- (5) any misrepresentation or non-disclosure of smoking habit will render the Scheme void in case of claims, whether the claim is pertaining to smoking or not;
- (6) the proposed Member has resided in Hong Kong for more than 183 days in the past 12 months;
- (7) Bupa will not pay any Benefit if the proposed Member has any signs or symptoms, receives treatment, medication or investigation for or is diagnosed with, any Critical Illnesses and Covered Cancer (if applicable) within the ninety (90) days' waiting period immediately following the Critical Illness Benefit Coverage Commencement Date, date of last reinstatement or the commencement date of this Contract after upgrade (if applicable), whichever is the later. For circumstances which may require a prolonged underwriting time before the issuance of the Contract, the above ninety (90) days waiting period may be superseded and counted from the issue date as set out in an endorsement. No waiting period is applied if the Critical Illness and Covered Cancer (if applicable) is caused by an Accident; and
- (8) if the Contract is issued after the Critical Illness Benefit Coverage Commencement Date, I am/we are also required to notify Bupa immediately for any change or update on the proposed Member's health conditions before the issuance of the Contract.

本人/我們提出此申請表(「申請」)中列明的「保柏危疾全保」計劃(「計劃」)之申請。

投保人及準會員在此聲明及同意

- (1) 本人/我們所選之保險計劃乃按照本人/我們之獨立意願而決定。本人/我們並確認計劃的產品內容符合本人/我們現時的醫療保障需求、財務狀況及保費承擔能力；
- (2) 本申請表及其他一切由保柏發出的問卷內所作的一切陳述及答案及向受保柏委託的醫生、醫療人員提供的答案，就本人/我們所知所信，均屬實完整；
- (3) 上述問題的所有答案及此申請表，將成為簽發合約的根據；
- (4) 本人/我們明白如未有完全提供所有有關核保的資料，將會引致賠償申索被拒絕及/或此合約之保障被撤銷；
- (5) 任何吸煙習慣的失實陳述，無論索償有關與否，均會導致合約無效；
- (6) 準會員在過去12個月中在香港居住超過183天；
- (7) 於危疾保障開始日、合約最後復效日或於保障提升之合約開始日(如適用)(以較後者為準)後九十(90)日的等候期內，就準會員出現病徵、接受治療、藥物治療或檢查、或確診的任何危疾及受保癌症(如適用)，保柏將不會支付任何保障。在合約簽發之前可能需要較長時間核保的情況下，上述九十(90)日等候期將由背書中註明的簽發日取代及計算。等候期不適用於因意外引致的危疾及受保癌症(如適用)；及
- (8) 如合約在危疾保障開始日之後簽發，有關準會員的健康狀況有任何改變或更新，本人/我們需要在合約簽發日之前立即通知保柏。

I / We agree to be bound by the terms and conditions of the Contract of this Scheme, which I / we understand are available on request and will be provided to me / us if this application is approved. I / We understand that the Subscriber has the right to cancel this Contract within 21 days from the Critical Illness Benefit Coverage Commencement Date or issue date of the Contract, whichever is later and that if the Subscriber does not cancel the Contract within that period, all information in this Application is deemed to be final.

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, the Subscriber will need to inform Bupa in writing at least 10 days before the Contract Anniversary Date.

I / We hereby authorise in this Application that (1) any employer, registered medical practitioner, hospital, clinic, insurance company, bank, government institution, or other organisation, institution or person, that has any records or knowledge of the proposed Member and who has attended or may hereafter attend to the proposed Member to disclose such information to Bupa; (2) Bupa or any of its appointed medical examiners or laboratories to perform the necessary medical assessments and tests to evaluate the health status of the proposed Member in relation to this Application and any claim arising therefrom. I / We acknowledge that Bupa reserves the right to ask for submission of more details of health status or medical reports of the proposed Member as listed in this Application at the Subscriber's own cost. Such authorisation shall survive me / the proposed Member and shall be irrevocable.

本人/我們同意遵守此計劃合約之各條款及細則，並明白可在要求下索取，此外保柏亦會於此申請獲批後提供該些條款及細則予本人/我們。本人/我們同意本申請表內之健康聲明及問卷及回答將作為本人與保柏之間所訂合約之根據。本人/我們明白投保人有權於危疾保障開始日或合約簽發日(以較後者為準)後21日內取消此合約。如投保人沒有於此期間取消合約，此申請內的所有內容將被視為最終資料。

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。如投保人將來想取消合約，須於合約週年日10天前以書面通知保柏。

本人/我們授權(1)任何僱主、註冊西醫、醫院、診所、保險公司、銀行、政府機構、其他組織或人士、凡知道或持有任何有關準會員之紀錄者、及/或曾診驗或可能將會診驗準會員，均可將該等資料提供給保柏；(2)保柏或任何其指定之醫生、醫療人員或化驗所，可就此投保申請表或任何與之有關的賠償申請替準會員進行所需之醫療評估及測試，作為審核會員之健康狀況。本人/我們確認保柏有權要求提供更多有關準會員於本申請表所示之健康狀況及醫療報告，一切費用由投保人支付。此授權將在本人/準會員身故後仍然生效及不可撤回。

I / We acknowledge that Bupa may terminate the cover for the proposed Member with immediate effect if the law of the country in which the proposed Member is located, or the proposed 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 further declare that the proposed Member is not US permanent residents. I understand that I am obliged to immediately notify Bupa in writing if the proposed Member becomes 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/我們確認如準會員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，保柏可終止相關準會員的保障並立即生效。本人此外聲明準會員並非美國永久居民。本人明白如準會員於合約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 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。

**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 customercare@bupa.com.hk or calling the Bupa Customer Care helpdesk on 2517 5333. 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 customercare@bupa.com.hk 或致電 2517 5333），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。

I, as the Subscriber, understand that I declare and sign on behalf of the Member listed in this Application under this Scheme who is under the age of 18.

本人茲申請為投保人，明白本人代表此計劃申請表內列出之18歲以下會員作出聲明及簽署。

**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。

Applicant's Signature 申請人簽署  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 Member's Signature (Age 18 years old or above) 準會員簽署 (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 applicant) 代理人 / 經紀 / 營業代表姓名 (如適用及必須由申請人填寫)		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	

**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, futures 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.

## 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](http://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:  
[customer-care@bupa.com.hk](mailto:customer-care@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 may be amended by the Company from time to time.

Bupa (Asia) Limited 保柏 (亞洲) 有限公司

Address: 6/F, Tower 2, The Quayside, 77 Hoi Bun Road, Kwun Tong, Kowloon, Hong Kong

地址: 香港九龍觀塘海濱道77號海濱匯第2座6樓

Telephone 電話: (852) 2517 5175 Facsimile 傳真: (852) 2548 1848 Website 網址: [www.bupa.com.hk](http://www.bupa.com.hk)



Bupa Hong Kong



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、您的雇員、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。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、您的雇員、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所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的索償，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（包括但不限於電子藥房、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、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分權力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，或是通過過防欺詐組織或本段中指名的其他人士）、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). 任何本公司全部或部分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具有約束力的法律、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. 凡在您的同意下（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、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以達到本私隱通知所列所需的目的為止，或根據你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 政策的更新版本可從我們的網站 [www.bupa.com.hk](http://www.bupa.com.hk) 下載，並可要求提供。
- 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。本私隱通知會本公司不時修訂。

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# Bupa Safe Critical Illness Insurance Scheme Credit Card Authorisation Form

## 保柏危疾全禦保計劃信用卡付款授權書



Subscriber's Name 投保人姓名

Surname

姓

Given Name

名

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

MasterCard

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 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 hereby authorise and direct Bupa (Asia) Limited to automatically debit the subscription 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條款規定，否則合約將會每年自動續保。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 applicant or proposed Member\*, please fill in the following information. 若信用卡持有人並非申請人或準會員\*，請填寫以下資料。

Relationship with the applicant or proposed Member\* 與申請人或準會員\*關係  
(Applicable to spouse, parents or children only 只適用於配偶、父母或子女)

I hereby confirm to pay the subscription and levy due of Bupa Health Insurance Scheme for the applicant or proposed Member\* as listed in this form.  
本人同意及承擔列於此表格上的申請人或準會員\*之全數應繳之保柏醫療保障計劃保費及保費徵費金額。

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

\* Please delete if inappropriate 請刪除不適用者

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# Bupa Safe Critical Illness Insurance Scheme Direct Debit Authorisation Form

## 保柏危疾全禦保計劃直接付款授權書



Subscriber's Name 投保人姓名

Surname

姓

Given Name

名

If autopay is chosen as the payment method, please complete this form, sign where marked "X" and return the original copy to Bupa with a cheque for the subscription and levy amount. 若選擇以自動轉賬付款，請填妥此表格及簽署於「X」位置，並連同此表格正本及繳付保費及保費徵費金額的支票交回保柏。

I 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 hereby authorise and direct Bupa (Asia) Limited to automatically debit the subscription 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條款規定，否則合約將會每年自動續保。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)

**BUPA (ASIA) LIMITED**

Bank No.

銀行編號

0 2 4

Branch No.

分行編號

7 8 7

Account No.

收款戶口號碼

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 applicant or proposed Member\*, please fill in the following information. 若戶口持有人並非申請人或準會員\*，請填寫以下資料。

Relationship with the applicant or proposed Member\* 與申請人或準會員\* 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.  
\* Please delete if inappropriate

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。  
\* 請刪除不適用者

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