# Bupa Hospital Cash Insurance Scheme Registration Variation Form

## 保柏住院現金保障計劃更改登記申請表



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

o protect your interest, please return this original form with your Personal Details of Subscriber 投保人資料	orginatare to Dap	741 My JAP   123   123   125		<b>中</b> 双目区入口	14	
Membership No. (16 digits) 會員號碼(16位數字)						
Subscriber's Name of the existing Contract (same as HKID Card) 現有	合約之投保人姓名(	(與香港身份證相同	)			
Surname 性						
Siven Name 名						
Types of Changes 更改項目 (Please tick the change(s						vill be effective on
■ I. Change of Benefit 更改保障 (Health Declaration must to date of renewal, if approv						
Please tick the NEW plan 請於新計劃之空格內加上「ィ」號						
Plan 計劃 1 🔲 HK\$ 港幣 1,000 / day 日						
Plan 計劃 2  HK\$ 港幣 500 / day 日						
Plan 計劃 4 🗌						
Plan 計劃 5 □ Plan 計劃 6 □						
Note: Plan 1 is not applicable to Members aged 15 days to 17 years, fu	II-time students. I	nousewives. unem	ploved individual	s and retirees.		
注意: 計劃1不適用於年齡為15日至17歲之會員、全日制學生、家庭主婦、待業及						
保障金額表 Schedule of Benefits 2025年1月1日版本 1 January 2025 Edition		每合約年歷	t 食之最高賠償額 Maxii	num Limit per Con	tract Year	
A 每日現金保障 <sup>①②③④⑤</sup>	每合約年度之最高賠償額 Maximum Limit per Contract Year					
Daily Cash Benefit <sup>©©®®</sup>	Plan 4 計劃 4		Plan 5 計劃 5		Plan 6 計劃 6	
	賠償金額 Benefit Amount	每合約年度保障 Benefit Coverage (per Contract Year)	賠償金額 Benefit Amount	每合約年度保障 Benefit Coverage (per Contract Year)	賠償金額 Benefit Amount	每合約年度保障 Benefit Coverage (per Contract Year)
由住院第一天開始支付® Payable from the first day of Hospital Confinement® 住院保障: 限於因癌症 / 急性心肌梗塞 / 中風之住院 Covered Hospitalisation: Due to Cancer / Heart Attack / Stroke only	每日 Each day HK \$500	30 日 30 days	每日 Each day HK \$500	30 日 30 days	每日 Each day HK \$500	30 日 30 days
B 門診保障 (只限指定網絡) <sup>⑦⑧</sup> Clinical Benefit (Designated Network only) <sup>⑦⑧</sup>						
Cililical beliefit (Designated Network Offly)	每次診治之自付費用	每合約年度保障	每次診治之自付費用	每合約年度保障	每次診治之自付費用	每合約年度保障
	Co-payment (per visit)	Benefit Coverage (per Contract Year)	Co-payment (per visit)	Benefit Coverage (per Contract Year)	Co-payment (per visit)	Benefit Coverage (per Contract Year)
每合約年度之總診治灾數上限 <sup>®</sup> Maximum number of visits in aggregate (per Contract Year) <sup>®</sup>	不適用 N/A		共20次診治 20 visits in total		共30次診治 30 visits in total	
普通科醫生保障 <sup>©®</sup> (包括最多5天基本藥物 <sup>®</sup> ) General Practitioner Benefit <sup>©®</sup> (inclusive of up to 5 days basic medication <sup>®</sup> )	HK \$40	30次診治 30 visits	HK \$40	20次診治 20 visits	HK \$20	30次診治 30 visits
專科醫生保障®®(包括最多5天基本藥物®) Specialist Benefit <sup>®®®</sup> (inclusive of up to 5 days basic medication <sup>®</sup> )	HK \$60	10次診治 10 visits	HK \$60	10次診治 10 visits	HK \$40	10次診治 10 visits
物理治療保障 <sup>⑤</sup> ® Physiotherapist Benefit <sup>⑥</sup> ®	HK \$60	20次診治 20 visits	不適用 N/A	不適用 N/A	HK \$40	20次診治 20 visits
中醫師保障 <sup>©®</sup> (包括跌打及針灸治療、最多2天基本中藥 <sup>®</sup> ) Chinese Herbalist Benefit <sup>©®</sup> (inclusive of bonesetting and acupuncture, up to 2 days basic Chinese Medicines <sup>®</sup> )	HK \$40	10次診治 10 visits	HK \$40	10次診治 10 visits	HK \$40	10次診治 10 visits
X光及化驗保障®® X-ray and Laboratory Tests Benefit <sup>®®</sup>	HK \$0	HK \$2,000	不適用 N/A	不適用 N/A	不適用 N/A	不適用 N/A
疫苗服務 Vaccine Service	HK \$0	HK \$200	不適用 N/A	不適用 N/A	不適用 N/A	不適用 N/A
附註 Notes	I	I	I	I	I.	I
① 此保障只適用於香港住院。						
<ul> <li>① 在首次登記當日,會員年齡必須介乎15日至64歲(包括首尾歲數)。</li> <li>① 合約有效期為一年,可於合約週年日再續保一年。每年續保至74歲。</li> <li>① 會員不可同時受保障於多過一份保佑院現金保障。</li> <li>⑤ 每日現金保障受60天的等候期限制,從保障開始日開始計算。</li> <li>⑥ 住院期間必須在同一所醫院內留院連續6個小時或以上,並被收取病房及膳食費</li> </ul>	0					

- 門診保障只可於指正取務供應商使用。請按此堂閱週用於門診保障的元整指定取務供應商名車,此名車可能會不時更改。 門診保障不設等候期。 每一保障項目以每日最多一次為限。 「基本藥物」及「基本中藥」指由指定服務供應商的註冊西醫或註冊中醫於診症時在其基本藥物或基本中藥名單中所處方之醫療必需的西藥或中藥。指定服務供應商有權 按個別情況下處方本計劃不承保的慢性、長期、特定或昂貴藥物並收取額外藥物費用。 保障涵蓋普通科醫生及中醫師門診視像診症服務,會員須支付藥物運送費。
- 豁免所有專科門診之轉介信。



#### 附註 Notes 提供預約特快專線8100 0456,3日內可約見專科門診,而診斷影像服務亦只需在7日內,須視乎每間指定診所的預約餘額而定 物理治療服務、一般X光及化驗服務需由指定服務供應商之普通科醫生或專科醫生建議轉介。由診症日起計,其轉介信有效期為6個月。 ① The Coverage is limited to Hospital Confinement in Hong Kong only. The Member must be between 15 days and 64 years old inclusive on the date of first-time registration. The Contract will be effective for a period of 1 year and may be renewed on the Contract Anniversary Date for a further term of 1 year to maximum renewal age of 74 years. Member shall not register with more than one Bupa Hospital Cash Insurance Contract at one time. (3) Daily Cash Benefit is subject to 60 days of waiting period starting from the Coverage Commencement Date. Hospital Confinement must be 6 consecutive hours or more in the same Hospital whereby room and board charges are incurred. Clinical Benefit can only be used at Designated Service Providers. Please click here for the full list of Designated Service Providers eligible under Clinical Benefit. This list is subject to change from time to time. No waiting period for Clinical Benefit. The Coverage is subject to a maximum of one visit per item per day. "Basic medication" and "basic Chinese Medicines" are Medically Necessary Western Medication or Chinese Medicines prescribed by Registered Medical Practitioner or Registered Chinese Medicine Practitioner of the Designated Service Providers which falls into the list of basic medication or list of Chinese medicines maintained by such Designated Service Providers at the time of the visit. The Designated Service Providers shall have the right to charge extra fee for the medication that is not covered by this insurance plan if, in the opinion of the Designated Service Providers, the prescription of such medication is chronic, long-term, specific or expensive. Virtual consultation of General Practitioner and Chinese Herbalist covered while delivery cost is to be paid by Member. All Specialist referral letter requirement is waived A booking express hotline is available at 8100 0456. Specialist consultations can be scheduled within 3 days and diagnostic imaging services within 7 days, subject to the availability of (13) each designated clinic. Physiotherapy treatment, simple X-ray and laboratory test must be referred by a General Practitioner or Specialist of the Designated Service Providers and the referral letter shall be valid for 6 months since the consultation date. Health Declaration 健康聲明 (Only applicable to Plan 1 & 2 只適用於計劃 1和2) 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. 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. 如果你就任何問題的回答為「是」,你須於「健康聲明 – 乙部」提供有關疾病之詳情。你無須告知我們傷風、感冒、上呼吸道感染的病史。女性準會員也不用告知我們有關分娩的紀錄。 If you do not provide us with information required in the health declaration, we may terminate your cover or it may stop us from paying your claims. 如你在健康聲明部分沒有提供所需資料,你的保障可能會被終止或你可能不獲支付賠償。 kg公斤/ □ Yes是 □ No否 Height 身高\*\* cm公分/ ft R Weight 體重\*\* Ib磅 Smoker 吸煙者\*\* \*\* Not required for Proposed Member(s) 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 In the last 3 years, have you had: a) consultation or medical investigations (e.g. scans or blood tests) for any medical condition(s) or symptoms which have continued for 2 weeks or more, and/or occurred more than once during the period; b) consultation or medical investigations as a result of abnormal findings from medical investigations##; or c) consultation by a specialist for two times or more for the same medical condition(s)? 在過去三年內,你是否曾 a) 因任何持續兩星期或以上,以及/或因任何出現多於一次的病症或症狀而就診或接受醫療檢查(如掃描及血液檢驗); b) 因醫療檢查結果異常而就診或接受醫療檢查##;或 ☐ Yes是 ☐ No否 因同一病症接受兩次或以上的專科醫生診治? In the last 5 years, have you ever taken / been advised to take any medication prescribed by a doctor regularly for a continuous period of longer than 1 month? ☐ Yes是 ☐ No否 在過去五年內,你是否曾定期服用/曾被建議定期服用為期超過一個月的醫生處方藥物? 3. In the last 7 years, have you been admitted to hospital, had an operation or a procedure? ☐ Yes是 ☐ No否 在過去七年內,你是否曾住院,接受手術或治療程序? In the last 6 months, have you had any undiagnosed symptoms, or currently undergoing medical investigations or awaiting results for the said symptoms? 在過去六個月內,你是否曾有任何未被診斷的症狀,或現正因有關症狀進行醫療檢查或等待檢查結果? ☐ Yes是 ☐ No否 Have you had a history of cancer, heart condition, stroke or joint replacement; or are there any medical devices (e.g. shunts for draining fluids from the brain, pins and plates for fixation of broken bones) currently in your body? ☐ Yes是 ☐ No否 你是否曾有癌症、心臟病、中風或關節置換的病史;或現在體內有任何醫療儀器(如導引腦積水的分流器,及固定骨折的骨釘和骨板等)? ## For proposed Members aged 17 and below, this includes abnormalities in growth development (e.g. height and weight) 於十七歲或以下準會員,此包括生長發育異常如身高、體重等 Health Declaration - Section B 健康聲明 - 乙部

	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 have? Please include dates, type of investigations (e.g. MRI, blood test) and their results. 你曾接受何種檢查? 請註明日期、檢查種類 (如磁力共振、驗血) 及其結果。			
What treatment did you have? Please include treatment period, type of treatment and their details (e.g. name of medication, name of procedure or surgery) 你曾接受何種治療? 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 made a full recovery? (Yes/No) 你是否已完全康復? (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, on behalf of myself / the Member, acknowledge that Benefit is not payable under Bupa Hospital Cash Insurance Scheme ("Scheme") for any costs of treatment arising from any existing illnesses, injuries or other conditions presented before the Coverage Commencement Date. I declare that, to the best of my knowledge and belief, the statements contained in this Application are true and complete. I acknowledge that Bupa reserves the right to ask for submission of more details of health status or medical reports of me / the Member at my own cost, I also authorise any medical practitioner, hospital, clinic, by whom or where I have been observed or treated or any insurance company or organization that has any records or health information concerning me for any reason, to give full particulars thereof including prior medical history to Bupa. A copy of this authorization shall be considered as effective and valid as the original. I have read and agreed to be bound by the terms and conditions of the Contract of this Scheme and I agree that this Health Declaration and the answers given in this Application shall be the basis of the Contract between me and Bupa.

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 further authorise Bupa to deduct the subscription payments from my designated bank account / credit card (where applicable) upon renewal. If I want to cancel the Contract in future, I will need to inform Bupa in writing at least 10 days before the Contract Anniversary Date.

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

本人代表本人 / 會員,確認根據「保柏住院現金」保障計劃(「計劃」)規定,凡在保障開始日前因已患之疾病、損傷或其他病況而引致之醫療費用,一律不予賠償。本人聲明,就本人所知 所信,本申請表上填報之一切資料,均屬實完整。本人確認保柏有權要求提供更多有關會員之健康狀況及醫療報告,一切費用由本人支付。本人並且授權任何為本人觀察或治療的醫生、醫 院、診所,或持有本人健康或任何資料之保險公司或機構將本人之全部資料(包括病歷)呈交予保柏,本授權書之副本與正本具同等效力。本人已細讀並同意遵守此計劃之各條款及細則,並 同意本申請表內之健康聲明及回答作為本人與保柏之間所訂合約之根據。

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不獲續保,否則合約將會每年自動續保。本人並授權保柏在續保時於本人指定的銀行賬戶或信用卡(如適用)扣取保費。 如本人將來想取消合約,須於合約週年日10天前以書面通知保柏。

本人確認如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合約適用的法律禁止保柏向當地國民、居民或公民提供醫療保障,保柏可終止 相關會員的保障並立即生效。本人此外聲明會員並非美國永久居民。本人明白如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。

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 (Applicable to the proposed Member aged under 18).

本人作為投保人,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(只適用於年齡為18歲以下的會員)。

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

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

Subscriber's Signature 投保人簽署	Sign Date 簽署日期	Agent's / Broker's / Telesales' Name (if applicable and must be completed by the Subscriber)代理人 / 經紀 / 營業代表姓名(如適用及必須由投保人填寫)
x		Agent's / Broker's / Telesales' Code 代理人 / 經紀 / 營業代表編號
(Full Name ) 姓名	DD 日 MM 月 YYYY 年	Agent's / Broker's / Telesales' Contact Tel. No. 代理人 / 經紀 / 營業代表聯絡電話號碼

Bupa (Asia) Limited 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 5333 Facsimile 傳真: (852) 2548 1848

Website 網址: www.bupa.com.hk

#### Personal Information Collection Statement 個人資料收集聲明

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

#### Introduction

- 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.
  Personal Information We Collect

#### Personal Information We Collect

- 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 hold from time to time may include your personal 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.

## **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

interface; 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; communicating with you regarding the administration, features and renewal of the insurance policy that you subscribe to; operating, maintaining, evaluating, improving, troubleshooting problems, and understanding your preference(s) with our website(s), mobile application(s) or portal(s); provision and design of products and services of the Company; 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

(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-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

fulfilling any other purposes directly related to (a) to (q) above.

- (r). Tulmling any other purposes directly related to (a) to (q) above.

  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

- healthcare professionals and hospitals;
  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;
  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); with your consent, third parties (within or outside the Group Companies) in relation to direct marketing (please see further details in paragraph 5 below); third party reward, loyalty, co-branding and privileges programme providers and co-branding partners of a member of the Group Companies; financial institutions engaged by the Company or you for billing and payment purposes; any actual or proposed assignee, transferee, participant or sub-participant of all or a substantial part of the Company's rights or business; and 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.
  will only disclose personal information limi

- 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.

#### Use of Personal Information in Direct Marketing

- 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.

#### Security and Retention

- 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.
  Data Access and Correction

#### **Data Access and Correction**

- Data Access and Correction

  7.1. Under and in accordance with the terms of the Ordinance, you have the following rights to:
  (a). check whether the Company holds personal information relating to you or the Member and to access such personal information;
  (b). require the Company to correct any personal information relating to you or the Member which is inaccurate;
  (c). ascertain our policies and practices in relation to personal data and to be informed of the kind of personal data held by the Company;
  (d). request the Company to cease using your personal information for direct marketing purposes; and
  (e). change your preference in respect of our use of your personal information.

  7.2. Requests can be made in writing to the Company's Data Protection Officer at the following address:

  Data Privacy Officer/ Customer Service Manager
  6/F, Tower 2, The Quayside, 77 Hoi Bun Road, Kwun Tong, Kowloon, Hong Kong
  Or, by email:
  customercare@bupa.com.hk

- customercare@bupa.com.hk
  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.

  For any enquiries about this Notice, please do not hesitate to contact our Customer Care helpdesk at 2517 5333.

  Nothing in this Notice shall limit the rights of customers under the Ordinance.

  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.

#### Personal Information Collection Statement 個人資料收集聲明

#### 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

#### 簡介 1.

- 附介
  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,我們將在公司收集您的個人資料時或之前向您提供或可供查閱。
  1.2. 本私隱通知语在確保您能夠根據本隱私通知,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。然稱為「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。

#### 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

- 2.2.本公司亦可庇曾在日常業務連作的過程中同您或會員收集更多個人資料,例如富必認為您或代晉員同本公司提出保險索資時。
   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,成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,在某些情况下,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序、日常業務實踐過程中的數據管理軟件或系統等。

#### 收集個人資料之目的

- 7.3.1 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;

  - (C). 豆品总成為田稅則已建入以密達定例如、海側原用在寬東,實現更好的健康管理結果;
    (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、偵測及防止欺詐行爲(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面;
    (h). 向您提供適合的健康、保險管理、保健或其他相關服務(包括但不限於電子票務、預約及診所/醫療專業人員搜索,以及我們管理及/或營運之網站、流動應用程式或門戶平台上的服務及產品兌換功能)或產品;
    (i). 就您的保險產品計劃的管理、保障及續保事項與您溝通;
    (j). 就您的保險產品計劃的管理、保障及續保事項與您溝通;
    (j). 就您的保險產品別服務;
    (k). 提供及設計本公司的產品及服務;
    (l). 行使本公司的產品及服務;
    (l). 行使本公司的應或會員提供保險和服務時有關的權利,例如釐定您拖欠的任何款項的金額,及向您或任何已為您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);
    (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);
    (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);
    (c) 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);
    (c) 管理我們與您、我們的業務之與我們合作向您或會員提供產品或服務的組織之關係(包括但不限於應知本本歷通知的未來變更);
    (c) 管理我們與您、我們的業務之與我們合作向您或會請用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(a) 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

  - (c). 华公山以来國公司成員及原下四向將, (b). 任何由本公司授權的年除理算人、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、
  - 醫護專業人員及醫院; 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; 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 專業務則 (g). 車業顧問)
- 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人、受讓人、參與人或附屬參與人;及
  (l). 為變守任何對本公司有約束力的法律、規則、規例、實務守則、指引資料或指引而有義務向其作出披露的任何人士,包括但不限於任何適用的監管機構、政府部門、受認證的行業組織、法院或其他法律規定的機構。
  4.2. 我們只會向上述名方披露僅限為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、全任地剛於)你的個人資料,他們可接上文第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、全任地剛於)你的個人資料,他們可接上文第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) 您的個人資訊
- 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跟據本私隱通知被處理。

## 在直接促銷中使用個人資料

- 15 日 大阪間子(天代) (12 (12 ) 大阪間 (13 ) 大阪間 (14 ) 大阪間 (14 ) 大阪間 (15 ) 大阪間 (15 ) 大阪間 (16 )
- (C). 华公司的品牌台下移杆疣状的脱粉及摆画;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(在捐款及捐贈的情况下)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 (a) 慈善或非名机職構。
- (Q),蒙善或非年利機構。
  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)作準。
  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該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. 本语令在影響。完全影響。

  5.6. 本语令在影響。

  5.6. 本语令在影響。

  5.6. 本语文音 医
- 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。

#### 個人資料的安全及保留

- 6.1. 除非相關法律另有要求或批准,本公司會保留您的個人資料至達到本私隱通知所列所需的目的爲止,或根據你與我們的另行協定保留您的個人資料

## 查閱及更改個人資料

- 2. 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).要求本公司更工任何有關您或會員的不準確的個人資料;
  (c).查詢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:

- customercare@bupa.com.hk
- 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。 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。
- 10. 本私隱通知不會限制您在條例下所享有的權利。
- 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。