



UniversalHealth 100 is an insurance plan underwritten by Zurich Life Insurance Company Ltd ("**Company**"). GlobalHealth Asia Limited ("**administrator**") is the service provider of the Company in administering the policy. The information you provide in this form will be used by the Company and the administrator in accordance with the "**Notice to Customers relating to the Personal Data (Privacy) Ordinance**" herein below. 全健100醫療保險計劃由Zurich Life Insurance Company Ltd (蘇黎世人壽) (「本公司」)承保。GlobalHealth Asia Limited為本公司就保單行政處理之服務供應者(「處理者」)。本公司及處理者會按下列之「有關個人資料(私隱)條例的客戶通知」使用閣下於此申請表所提供的資料。

Please complete the name(s) and address(es) in the relevant sections of the form in English.

請以英文填寫相關部份的姓名及地址。

Proposer 申請人

Company Name 公司名稱: _____

Employee details 僱員資料

Last Name 姓: _____

First Name 名: _____ Middle Name: _____

ID/Passport No.: _____ Nationality: _____
 身份證/護照號碼 國籍

Date of Birth (dd/mm/yyyy): _____ Height (cm): _____ Weight (kg): _____
 出生日期(日/月/年) 身高(公分) 體重(公斤)

Gender (M/F) 性別(男/女): _____ Smoker 吸煙: Yes 是 No 否

Occupation (specify nature of duties): _____
 職業(說明職務性質)

Usual Country of Residence: _____
 慣常居住國

Location and contact details 地址及聯絡資料

Email 電郵: _____

Telephone (Home) 電話(住宅): _____ (Work)(辦公室): _____

Mobile 手提電話: _____ Fax 傳真: _____

Residential Address 住址:

Line 1 第一行: _____

Line 2 第二行: _____

Line 3 第三行: _____ City 城市: _____

State/Region 省/區: _____ Country 國家: _____

Family members to be insured 準受保家庭成員

Details 資料	Dependant 1 家屬 1	Dependant 2 家屬 2	Dependant 3 家屬 3	Dependant 4 家屬 4
Last Name 姓				
First, Middle Name 名				
Relationship to Employee 與僱員關係	<input type="checkbox"/> Spouse 配偶 <input type="checkbox"/> Child 子女	<input type="checkbox"/> Spouse 配偶 <input type="checkbox"/> Child 子女	<input type="checkbox"/> Spouse 配偶 <input type="checkbox"/> Child 子女	<input type="checkbox"/> Spouse 配偶 <input type="checkbox"/> Child 子女
Marital Status 婚姻狀況				
Nationality 國籍				
Usual Country of Residence 慣常居住國				
ID/Passport Number 身份證/護照號碼				
Date of Birth(dd/mm/yyyy) 出生日期(日/月/年)	/ /	/ /	/ /	/ /
Gender 性別	<input type="checkbox"/> M 男 <input type="checkbox"/> F 女	<input type="checkbox"/> M 男 <input type="checkbox"/> F 女	<input type="checkbox"/> M 男 <input type="checkbox"/> F 女	<input type="checkbox"/> M 男 <input type="checkbox"/> F 女
Height & Weight 身高及體重	_____ cm 公分 _____ kg 公斤	_____ cm 公分 _____ kg 公斤	_____ cm 公分 _____ kg 公斤	_____ cm 公分 _____ kg 公斤
Smoker 吸煙	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
Occupation 職業 (Specify nature of duties 說明職務性質)				

Medical questionnaire 健康問卷

Important Note about filling in this form 關於填寫本表格的重要資料:

The answers you give to the questions contained in this Application will form the basis of any insurance policy issued, and will be incorporated into the contract. It is essential that you give accurate, truthful, and complete information for all persons to be insured, as inaccuracies may jeopardise coverage or invalidate a claim.

閣下在本申請表填報的資料，將構成本公司所訂立任何保單的依據，並將會納入合約的一部份。您必須準確、真實及完整地提供所有準受保險人士的健康狀況資料，如資料失實將會影響保險保障或索償效力。

- Does any of the persons to be insured reside outside the Usual Country of Residence as shown above? If "Yes", please state which country. 是否有任何準申請受保人士居住於上述「慣常居住國」境外其他地區？如屬「是」，請說明現居國家。 Yes 是 No 否
- Does the occupation of any of the persons to be insured include any activities involving offshore, underwater, underground, or manual work, or work in a remote location? If "Yes", please give details. 是否有任何準受保人士的職業涉及任何離岸、水底、地底或體力勞動的工作，或在偏遠地區工作？如屬「是」，請說明詳情。 Yes 是 No 否
- Have any of the persons to be insured previously applied for or held a GlobalHealth policy? If "Yes", provide policy number. 是否有任何準申請受保人士曾經申請或持有 GlobalHealth 保單？如屬「是」，請提供保單編號。 Yes 是 No 否
- Do any of the persons to be insured have health insurance with another company? If "Yes", please attach a copy of the policy and benefit schedules, and indicate if the other coverage will be continued if the GlobalHealth application is approved. 是否有任何準申請受保人士持有其他公司的醫療保單？如屬「是」，請夾附保單及保障附表副本，以及說明如 GlobalHealth 保單獲批，其他保險會否繼續。 Yes 是 No 否
- Have any of the persons to be insured ever had a policy or application for life, sickness, Accident Disability, critical illness or medical insurance refused, postponed, declined, withdrawn, or had any special terms (including extra premium or exclusions) imposed? If "Yes", please provide full details. 是否有任何準申請受保人士持有或申請的人壽、「疾病」、「意外」傷病、「重大」疾病或醫療保險曾遭拒絕、延遲、撤銷或附加特別條款(包括額外保費或不承保事項)? 如屬「是」，請說明詳情。 Yes 是 No 否
- Within the last five years, have any of the persons to be insured experienced, been treated for, sought advice on, or had symptoms relating to any of the following conditions? 任何準申請受保人士過去五年內，是否曾患有以下疾病或因此接受治療、諮詢醫療意見或呈現相關的病徵？ Yes 是 No 否

If the answer is "Yes" to any of the following, please write the medical condition and complete the relevant questionnaire where indicated. For other medical conditions, please provide details in the table on page 4. 如以下任何一項的答案屬「是」，請說明疾病名稱及依照指示填寫相關的問卷。其他疾病請填寫第4頁的附表。

- a) Cancer, leukemia, tumors, cysts or a growth of any kind? (If "Yes", please complete the Tumor/Cyst Questionnaire) 癌症、白血病、腫瘤、囊腫或任何性質的增生物?(如屬「是」, 請填寫腫瘤/囊腫問卷) Yes 是 No 否
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- b) Asthma, persistent cough, coughing of blood, pneumonia, chest or breathing complaints, chronic bronchitis, chronic sinusitis, allergies, deviated nasal septum, tuberculosis, or any disease or disorder of the lungs? (If "Yes", please complete the Respiratory Questionnaire) 哮喘, 持續性咳嗽、咳血、肺炎、胸口或呼吸問題、慢性支氣管炎、慢性鼻竇炎、過敏、鼻中膈彎曲、肺結核或任何肺部疾病或異常?(如屬「是」, 請填寫呼吸系統問卷) Yes 是 No 否
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- c) Chest pain, raised blood pressure, raised cholesterol, heart murmur or heart condition, breathlessness, abnormal heart rate, rheumatic fever, varicose veins, or circulatory disorder? (If "Yes", please complete the Cardiovascular Questionnaire) 胸痛、高血壓、高膽固醇、心臟雜音或心臟病、氣促、心律不正常、風濕熱、靜脈曲張或循環系統疾病?(如屬「是」, 請填寫心血管系統問卷) Yes 是 No 否
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- d) Indigestion, gastritis, gastric or duodenal ulcer, blood in stools, fistula, hernia, haemorrhoids or any disease or disorder of the bowel? 消化不良、胃炎、胃或十二指腸潰瘍、血便、瘻管病、疝氣、痔瘡或任何腸疾病或功能異常? Yes 是 No 否
-
- e) Kidney stones, urinary tract infections or complaint, blood, protein or sugar in urine, or any disease or disorder of the kidney, bladder, prostate or genito-urinary tract? 腎結石、尿道炎或不適、血尿、蛋白尿或糖尿, 或任何膀胱、前列腺或生殖泌尿系統疾病或功能異常? Yes 是 No 否
-
- f) Jaundice, hepatitis of any form or any disease or disorder of the gall bladder, pancreas or liver? 黃膽、任何類型肝炎或任何膽囊、胰臟或肝臟疾病或功能異常? Yes 是 No 否
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- g) Diabetes, thyroid disorders or any other endocrine disorders? 糖尿病、甲狀腺失調或任何其他內分泌失調? Yes 是 No 否
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- h) Anaemia, thalassaemia, haemophilia, or any other disease or disorder of the blood? 貧血、地中海型貧血、血友病或任何其他血液病或血功能異常? Yes 是 No 否
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- i) Disease of the brain or nervous system, stroke, epilepsy, paralysis, weakness of a limb or prolonged headache? (If "Yes", please complete the Cerebrovascular/Nervous System Questionnaire) 腦或神經系統疾病、中風、腦瘤(癲癇)、癱瘓、肢體衰弱或長期頭痛?(如屬「是」, 請填寫腦血管/神經系統問卷) Yes 是 No 否
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- j) Mental health disorder, depression, anxiety, nervous condition, stress, post traumatic stress disorder, behavioural problem, alcohol or drug addiction? 精神障礙、抑鬱、焦慮、神經紊亂、壓力、創傷後壓力失調、行為問題、酗酒或濫藥? Yes 是 No 否
-
- k) Back or neck pain or strain, spinal condition, sciatica, slipped disc, whiplash, gout, arthritis, bone fracture, joint Injury e.g. knee, elbow, wrist, shoulder, hallux valgus (hammer toes) or any symptoms of a muscle disorder? (If "Yes", please complete the Musculo-Skeletal Questionnaire) 背或頸痛或勞損、脊椎不適、坐骨神經痛、椎間盤突出、頸椎傷、痛風、關節炎、骨折、關節「損傷」, 例如膝、肘、腕、肩、拇趾外翻或任何肌肉疾病徵狀?(如屬「是」, 請填寫肌肉骨骼問卷) Yes 是 No 否
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- l) Malaria, dengue fever, typhoid or any other tropical disease? 瘧疾、登革熱、傷寒或任何其他熱帶疾病? Yes 是 No 否
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- m) HIV, AIDS (Acquired Immuno Deficiency Syndrome), AIDS related condition or had any positive blood test for HIV (also called AIDS or HTLV-III) virus? 人類免疫缺陷病毒、愛滋病(後天免疫力缺乏症)、愛滋病相關疾病或人類免疫缺陷病毒(又稱愛滋病或HTLV-III病毒)驗血結果呈陽性? Yes 是 No 否
-
- n) Psoriasis, eczema, dermatitis, acne or any other skin condition? 銀屑病、濕疹、皮膚炎、暗瘡或任何其他皮膚疾病? Yes 是 No 否
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- o) Ear discharge, nose bleeds, double vision, impaired sight, hearing or speech or any other disease or disorder of the ear, eye, nose or throat? 耳分泌物、流鼻血、複視或視力、聽覺或語言能力受損、或任何其他耳、眼、鼻或喉疾病或功能異常? Yes 是 No 否

- p) **(Females only)** Pregnancy or any Complications of Pregnancy, abnormal smear test or any gynaecological disorder e.g. fibroid and/or cyst of the female reproductive system? (If "Yes", please complete the Gynaecological Questionnaire) (只適用於女性)懷孕或「妊娠併發症」、抹片檢查結果異常或任何婦科疾病，例如子宮肌瘤及/或女性生殖系統囊腫？(如屬「是」，請填寫婦科問卷) Yes 是 No 否
- q) Any other ailment, impairment, Injury, Accident, condition(s), medical investigations, or Hospital treatments not mentioned above? 任何其他上述沒有提及的其他疾病、障礙、「損傷」、「意外」、病況、醫療檢查或「住院」治療？ Yes 是 No 否

If you answered "Yes" to any of the above questions that did not require a Medical Questionnaire, please give details of the condition in the table below.
如以上任何一項的答案屬「是」但並不需要填寫健康問卷，請在下表說明詳情。

Applicant concerned 有關申請人	Q.No. 問題編號	Date of first consultation 首次就診日期	Details of Medical condition, including nature of treatment, results and if you have fully recovered? 疾病詳情，包括治療性質、效果及是否已完全康復？	Name & Address of doctor, Hospital or health professional consulted 主診「醫生」、「醫院」或專業醫護人員的姓名/名稱及地址	Do you require any follow up treatment or consultation, if so when? 是否需要後續治療或診治，如屬是，何時進行？

(Please use an extra sheet if more space is required)(如有需要，可另附加紙張說明)

7. Other than for those medical conditions mentioned from Q1 to Q6 (a-q), has this person been admitted to Hospital for treatment or observation or undergone any surgical procedure in their lifetime? If "Yes", please provide full details, including the date, diagnosis and nature of treatment or surgical procedure. 除上述問題 1-6 (a-q) 健康狀況外，準申請受保人士以往(由出生至今)曾否入院接受治療或觀察，或進行任何外科手術？如屬「是」，請說明詳情，包括治療日期、診斷及手術程序。 Yes 是 No 否
8. Is this person taking any medication or receiving any form of treatment at the present time? If "Yes", please provide the medical condition, name of medication and dosage, and/or treatment. 該準申請受保人士現時是否正服用藥物或接受任何治療？如屬「是」，請說明詳情，包括疾病、藥物名稱及劑量，及/或治療方式。 Yes 是 No 否
9. Has this person been advised to have or do they intend to seek any medical advice, test, investigation, surgical procedure, hospitalisation, or treatment in the near future? If "Yes", please provide the medical condition, attending Physician and recommended treatment. 該準申請受保人士曾否被「醫生」囑咐或擬短期內諮詢「醫生」意見、接受檢驗、測試、外科手術、或「住院」治療？如屬「是」，請說明疾病、主診「醫生」資料及「醫生」建議的治療。 Yes 是 No 否
10. Please enter the following details about your usual/family doctor. If you do not have a usual/family doctor, please provide the names, addresses and contact information of any medical provider you have seen in the last 5 years. Use a separate sheet if necessary. 請提供該申請受保人士目前慣常就醫的「醫生」/家庭「醫生」的資料。如果沒有慣常就醫的「醫生」/家庭「醫生」，請提供以往5年內最常就醫的「醫生」資料。如需要，可使用單獨的表。

Name 姓名: _____

Telephone 電話: _____ Fax 傳真: _____

Address 地址: _____

City 城市: _____ Country 國家: _____

How long has this person been under this Physician's care? 上述「醫生」已診療該準申請受保人多久? _____

Date of last attendance & reason: 上次見「醫生」日期及原因: _____

Beneficiary (if applicable) 受益人(如適用) *delete as appropriate *請刪去不適用者

Name in English (as shown on ID card): 英文姓名(與身份證所示相同):

Last Name: First Name: Dr./Mr./Miss/Ms./Mrs.*
姓 名 博士/先生/小姐/女士/太太*

I.D./passport number*: Age:
身份證/護照號碼* 年齡

Relationship to Proposer 與申請人關係:

Spouse Mother/Father Son/Daughter** Others (please specify)
配偶 父/母 子/女** 其他(請說明)

Please attach a completed "Beneficiary Designation Form" where required. 如有需要請夾附填妥的「指定受益人表格」。

** Child under age of 18 should be nominated on a "Beneficiary Designation Form". ** 應把未滿18歲的女子女填寫在「指定受益人表格」內。

Notice to Customers relating to the Personal Data (Privacy) Ordinance ("Ordinance") 有關個人資料(私隱)條例(「私隱條例」)的客戶通知

- The personal information of customers (include policy owners, insured persons, beneficiaries, premium payors, trustees, policy assignees and claimants) collected or held by **Zurich Life Insurance Company Ltd ("Company")** may be used by the Company for the following **obligatory purposes** necessary in providing services to the customers (otherwise the Company is unable to provide services to customers who fail to provide the required information): 由 **Zurich Life Insurance Company Ltd(「本公司」)** 收集或持有的客戶(包括保單持有人、受保人、受益人、保費付款人、信託人、保單受讓人及索償人)個人資料, 均可供本公司使用作以下強制性用途, 以便為客戶提供服務 (否則本公司將無法為未能提供所需資料的客戶提供服務):
 - to process, investigate (and assist others to investigate) and determine insurance applications, insurance claims and provide ongoing insurance services; 辦理, 調查(及協助他人調查)和決定保險申請、保險索償及提供持續的保險服務;
 - to process requests for payment, and for direct debit authorisation; 辦理付款要求及直接付款授權;
 - to manage any claim, action and/or proceedings brought against the customers, and to exercise the Company's rights as more particularly defined in applicable policy wording, including but not limited to the subrogation right; 處理任何對客戶的索償、訴訟及/或司法程序; 以及行使本公司的權利(詳情見適用保單條款所定), 包括但不限於代位權;
 - to compile statistics or use for accounting and actuarial purposes; 編撰統計數字, 或作會計及精算用途;
 - to meet the disclosure requirements of any local or foreign law, regulations, codes or guidelines binding on the Company and/or its group ("**Zurich Insurance Group**") and conduct matching procedures where necessary; 符合對本公司及/或其所屬集團(「蘇黎世保險集團」)具約束力的任何本地或外國法例、規則、守則或指引的披露規定及如需要時進行核對程序;
 - to comply with the legitimate requests or orders of the courts of Hong Kong and regulators including but not limited to the Insurance Authority, Hong Kong Federation of Insurers, auditors, governmental bodies and government-related establishments; 遵循香港法院及監管機構作出的合法要求或指令, 包括但不限於保險業監理處、香港保險業聯會、核數師、政府組織和政府相關機構;
 - to collect debts; 債務追討;
 - to facilitate the Company's authorised service providers to provide services to the Company and/or the customers for the above purposes; and 便利本公司的認可服務供應商, 就上述目的為本公司及/或客戶提供服務; 及
 - to enable an actual or proposed assignee of the Company to evaluate the transaction intended to be the subject of the assignment. 使本公司的實際或建議承讓人能夠評核擬進行涉及有關轉讓的交易。
- The Company may provide any personal information of customers to the following parties, within or outside of Hong Kong, for the **obligatory purposes**:
本公司可就強制性用途, 向以下於香港境內或境外的人士提供任何客戶個人資料:
 - companies within the Zurich Insurance Group, or any other company carrying on insurance or reinsurance related business, or an intermediary; 蘇黎世保險集團成員公司, 或任何進行保險或再保險相關業務的其他公司或中介人;
 - any agent, contractor or third party service provider who provides administrative, telecommunications, computer, payment or other services to the Zurich Insurance Group in connection with the operation of its business; 任何向蘇黎世保險集團提供行政、電訊、電腦、付款或其他與其業務運作有關的服務的代理人、承包商或第三方服務供應商;
 - third party service providers including legal advisors, accountants, investigators, loss adjusters, reinsurers, medical and rehabilitation consultants, surveyors, specialists, repairers, and data processors; 第三方服務供應商, 包括法律顧問、會計師、調查員、理賠師、再保公司、醫護及復康顧問、考察員、專家、維修人員、及資料處理者;
 - credit reference agencies, and, in the event of default, any debt collection agencies or companies carrying on claim or investigation services; 信貸諮詢機構、而在客戶欠賬時, 任何債務追收代理或進行索償或調查服務的公司;
 - any person to whom the Zurich Insurance Group is under an obligation to make disclosure under the requirements of any law binding on the Zurich Insurance Group or any of its associated companies and for the purposes of any regulations, codes or guidelines issued by governmental, regulatory or other authorities with which the Zurich Insurance Group or any of its associated companies are expected to comply; 根據對蘇黎世保險集團或其任何關連機構具約束力的任何法例, 及就任何由政府、監管或其他機關所頒佈且蘇黎世保險集團或其任何關連機構預期須遵守的任何規例、守則或指引而言, 蘇黎世保險集團有責任向其作出披露的任何人士;
 - any person pursuant to any order of a court of competent jurisdiction; 根據主管司法權區的法院的任何頒令的任何人士; 及
 - any actual or proposed assignee of the Zurich Insurance Group or transferee of the Zurich Insurance Group's rights in respect of the policy owners. 蘇黎世保險集團的任何實際或建議承讓人或蘇黎世保險集團對保單持有人的權利的受讓人。
- Certain personal information of policy owners and insured persons collected or held by the Company, in particular, names, contact information, age, gender, identity document reference, marital status, policy information, claim information, and medical history may be used by the Company for the following voluntary purposes**:- 由本公司收集或持有的保單持有人及受保人的某些個人資料, 特別是姓名、聯絡資料、年齡、性別、身份證明文件資料、婚姻狀況、保單資料、索償資料、及醫療紀錄等, 均可供本公司使用作以下自願性用途:
 - to provide marketing materials and conduct direct marketing activities in relation to insurance and/or financial products and services of the Zurich Insurance Group and/or other financial services providers, and/or other related services of business partners, with whom

- the Company maintains business referral or other arrangements*; 為蘇黎世保險集團及/或與本公司維持業務引薦關係或其他安排之其他金融服務供應商的保險及/或金融產品及服務, 及/或其他商業合作伙伴之相關服務, 提供市場推廣資料及進行直接市場推廣活動;
- (2) *to perform customer analysis, profiling and segmentation*; and 進行客戶研究分析及分層; 及
- (3) *to conduct market research and insurance surveys for the Zurich Insurance Group's development of services and insurance products*. 就蘇黎世保險集團的服務及保險產品發展進行市場調查及保險研究。

The Company is not allowed to use the personal information of any customer for the above voluntary purposes without such customer's consent. In the absence of any "opt-out" request, the Company shall treat the insurance application and continuation of the policy(ies) held with the Company as an indication of no objection of such policy owner and insured person to the Company's use of their personal information for the above voluntary purposes. 未經客戶同意, 本公司不得使用任何客戶的個人資料作上述自願性用途。在未有收到任何「反對」要求, 本公司將把有關保險申請及持續投保, 視作有關保單持有人及受保人之不反對本公司使用其個人資料作上述自願性用途。

4. *The Company may provide certain personal information, in particular, name, contact information, age, gender and policy information of a policy owner and an insured person, upon such policy owner's and insured person's written consent, to the following parties, within or outside of Hong Kong, for the voluntary purposes:-* 經保單持有人及受保人書面同意後, 本公司可就上述自願性用途, 向以下於香港境內或境外的人士提供其某些個人資料, 特別是姓名、聯絡資料、年齡、性別、保單持有人及受保人的保單資料等:
- (1) *companies within the Zurich Insurance Group*; 蘇黎世保險集團成員公司;
- (2) *other banking/financial institutions, commercial or charitable organisations with whom the Company maintains business referral or other arrangements*; 與本公司維持業務引薦關係或其他安排的其他銀行/金融機構、商業或慈善組織;
- (3) *third party marketing service providers and insurance intermediaries*. 第三方市場推廣服務供應商及保險中介人。

The Company is not allowed to provide to any third party the personal information of any customer, specifically, policy owners or insured persons, for the above voluntary purposes without their written consent. 未經客戶書面同意, 本公司不得向任何第三方提供有關客戶(特別指保單持有人及受保人)的個人資料作上述自願性用途。

5. All customers have the right to access to, correct, or change any of their own personal information held by the Company, and in the case of policy owners and life insured, opt-out of the Company's use and transfer of their personal information for the voluntary purposes, by request in writing to the Company's Personal Data Privacy Officer at the address below. Requests for opt-out must state clearly the full name, identity document number, policy number, telephone number and address of the person making such request. Policy owners and insured persons may otherwise delete both the above paragraphs 3 and 4 (in italics) to indicate their wish to opt-out altogether. 所有客戶均有權以書面向本公司之個人資料私隱主任(地址如下)要求查閱、修正及/或更改由本公司所持有有關其本身的任何個人資料。如保單持有人及受保人欲反對本公司使用及提供其個人資料作上述自願性用途, 亦可向本公司提出, 並於有關反對要求中清楚註明要求人士之全名、身份證明文件編號、保單編號、電話號碼和地址。保單持有人及受保人亦可同時刪劃以上第3及4段(見斜字)以提出有關所有自願性用途之反對要求。

Personal Data Privacy Officer (re: UniversalHealth 100) — GPO Box 1489, Hong Kong 個人資料私隱主任(就: 全健100醫療保險計劃) — 香港郵政總局信箱1489號

6. In accordance with the Ordinance, the Company has the right to charge a reasonable fee for processing any data access request. 根據私隱條例, 本公司有權收取合理費用, 藉以處理任何資料的查閱要求。
7. In the event of any discrepancy or inconsistencies between the English and Chinese versions of this notice, the English version shall prevail. 本通知的中英文版本如有任何歧異或不一致, 概以英文版為準。

Declaration by Employee 申請人聲明

I/We hereby apply for a Policy to be issued based on the statements contained in this application form and declare that all answers to the foregoing questions are correctly recorded, and that they are full, complete and true. Except as declared herein, all persons to be insured are currently in good health. I/We agree that the Policy as issued including all schedules, endorsements, and this application shall form the whole contract and that no insurance shall be in force until and unless the application has been accepted, and the appropriate premium paid.

本人/我們根據本申請表所載的陳述資料簽發「保單」, 並聲明前文所有問題的答案均填報無誤, 並且完整正確及真實。除本文特別聲明外, 所有申請受保人士目前均健康良好。本人/我們同意將簽發的「保單」包括所有附表, 批單及本申請表, 將構成完整的合約, 任何保險必須待至申請獲正式接納, 並繳受有關保費後, 方始生效。

Printed Name/Title 姓名 / 稱謂

Signature 簽署

Date 日期

Please send completed form to:

GlobalHealth Asia Limited

Policy Administrator 保單行政處理

Suite 1401-3, Chinachem Hollywood Centre, 1-13 Hollywood Road, Hong Kong

香港荷李活道 1-13 號 華懋荷李活中心 1401-3 室

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