中銀集團保險有限公司
BANK OF CHINA GROUP INSURANCE COMPANY LIMITED

公司專用 For office use
經手人 Input By

香港中環德輔道中 71 號永安集團大廈九樓 9/F., Wing On House, 71 Des Voeux Road Central, Hong Kong. 客戶服務熱線 Customer Service Hotline：3187 5100 傳真 Fax：3906 9906

批改申請書 Endorsement Application Form (請選擇現有計劃 Please select the existing plan)

☐ **中銀標準自願醫療保障計劃認可產品 BOC Standard Voluntary Health Insurance Scheme Certified Plan**

☐ **中銀靈活自願醫療保障計劃認可產品 BOC Flexi Voluntary Health Insurance Scheme Certified Plan**

致 To：中銀集團保險有限公司 Bank of China Group Insurance Company Limited

保單號碼 (此資料必須由客戶提供或確認) Policy No (This information must be provided or confirmed by client)	保單持有人名稱 Name of Policy Holder	保單持有人身份證號碼 (只需填寫英文字頭及首 3 位數目字) Policy Holder's HKID Card No. (Fill in the first letter & first 3 digits only)

第一部份 Part 1 更改保單持有人*/受保人個人資料 Change of Policy Holder's*/Insured Person's personal information

(先生 Mr. / 小姐 Miss / 太太 Mrs. / 女士 Ms.) 英文姓名 (請先填寫姓氏) Name in English (Surname first)	中文姓名 Name in Chinese
<< 請提供改名契副本 Please provide a copy of deed poll >>	
聯絡人姓名 Name of contact person	職業 Occupation
聯絡電話(住宅 / 手提) Contact no. (Home / Mobile)	香港身份證 / 護照號碼 HKID card / Passport No.
電郵地址 E-mail address	其他個人資料更改 Other changes on personal particulars
*如更改保單持有人，請列明更改原因 * Please state the reason if change of Policy Holder	

第二部份 Part 2 更改通訊地址 Change of correspondence address

生效日期 Effective Date: ____ / ____ / ____
日 dd / 月 mm / 年 yy

新通訊地址 New correspondence address (請用英文正楷填寫 In block letters):

室 Room/Flat 層數 Floor 座數 Block /Tower 大廈/屋苑名稱 Name of Building/Estate

街道號數及名稱 Name/Number of street/road 地區 District 城市/國家 City/Country

第三部份 Part 3 取消保單/自選保障 Cancellation of Policy/Optional Benefit(s)

注意 Important Notes:

(1) 如要取消整張保單，必須連同原保單、醫療咭(如有)一起退回。
In order to cancel the entire Policy, please return the original Policy, Medical Card (if any) together with Endorsement Application Form.

(2) 保障生效期間中途取消保單/保障，將收取全年保費，已繳保費亦不獲退還。
Full annual premium will be collected and paid premiums shall not be refunded in the event of termination of Policy / Insured Benefits during Period of Insurance.

取消保單 / 自選保障日期 Date of Cancellation of Policy / Optional Benefit(s)	**取消原因 Reason(s)**

第四部份 Part 4 更改計劃/增加自選保障 Change of Plan / Addition Optional Benefit(s)

生效日期 Effective Date : ____ / ____ / ____
日dd / 月 mm / 年yy

請一併填妥此表格第五部份之健康聲明 Please also complete the Health Declaration under Part5 of this form

請在續保日前 30 天遞交。Please submit the application 30 days before renewal date.

		更改至 Change To	
計劃 / 自選保障 Plan / Optional Benefit(s)	☐ 標準計劃 Standard Plan	☐ 靈活計劃 Flexi Plan 基本計劃 (包括第 I 部分基本保障及第 II 部分額外保障) Basic plan (Included Part I Basic benefits and Part II Additional benefits)	
		☐ 附加重症住院保障 Supplementary Major Medical Benefit	☐ 升級保障 Upgrade Benefits ☐ 計劃 Plan 1 ☐ 計劃 Plan 2 ☐ 計劃 Plan 3

第五部份 Part 5　健康聲明 Health Declaration

(只適用於增加保障或提升保障 Only applicable for addition of benefit or enhanced benefit)

個人償款住院保險產品健康相關資料的標準核保問卷
Standardized Underwriting Questionnaire on Health-Related Information for Individual Indemnity Hospital Insurance Plans

陳述項目說明是作為審核，若任何一題答「是」，請提供補充資料。The stated information is for underwriting purpose.
If any answer to question is "YES" , please provide supplementary information.

甲部 Part A ：基本資料 General Information

1.	身高 Height	厘米 CM
2.	體重 Weight	公斤 KG

		是 Yes	否 No
3.	吸煙習慣 Smoking habit 受保人有沒有吸煙或在過去一年內曾否吸煙？Does Insured Person smoke or has Insured Person smoked in the last 1 year? 「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)。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).	☐	☐
	若問題之答案為「是」者，請回答相關的跟進問題。 If your answer is "Yes", please proceed to answer the following follow-up question(s).		
(a)	煙草產品種類 Type of tobacco product ☐ 香煙 Cigarette ☐ 其他，請注明 Other, please specify_____		
(b)	吸食份量 Quantity of consumption 每天_____ per day		
4.	飲酒 Alcohol consumption 在過去一年內，受保人是否平均每週飲用酒精飲品超過三次？In the last 1 year, on average does Insured Person drink alcoholic beverage for more than 3 times in a week?	☐	☐
	若問題之答案為「是」者，請回答相關的跟進問題。 If your answer is "Yes", please proceed to answer the following follow-up question(s).		
(a)	酒精飲品種類 Type of alcoholic beverage ☐ 餐酒 Wine ☐ 啤酒 Beer ☐ 其他，請注明 Other, please specify_____		
(b)	飲用份量 Quantity of Consumption 每星期 per week _____公升 Litre		
5.	服用未經醫生處方之藥物 Taking of drugs not prescribed by doctors 在過去五年內，受保人曾否持續超過一個月使用未經醫生處方之藥物 (包括成癮性或消遣性藥物，例如可卡因、興奮劑、海洛英、美沙酮、同化性類固醇；惟不包括營養補充品) ？In the last 5 years, has Insured Person used any drugs (excluding supplements) which are not prescribed by doctors (including habit-forming or recreational drugs such as cocaine, ecstasy, heroin, methadone, anabolic steroids) for a continuous period of more than 1 month?	☐	☐
	若問題之答案為「是」者，請回答相關的跟進問題。 If your answer is "Yes", please proceed to answer the following follow-up question(s).		
(a)	藥物種類 Type of drugs _____		
(b)	用藥持續時間、頻密度(例如每天、每星期)及份量 Duration, frenquency (e.g per day, per week) and quantity of consumption _____		
6.	受保人曾否在過去十二個月內或會否在未來十二個月內參與以下活動？Has Insured Person engaged in the following activities within the last 12 months or will Insured Person engage / intend to engage in the following activities within the next 12 months?	是 Yes	否 No
	i. 任何危險性運動或活動 (例如：潛水、賽車、攀山或攀石、跳傘、高空跳傘、懸掛滑翔飛行) ？any hazardous sports or activities (such as diving, motor racing, mountaineering or rock climbing, parachuting, sky diving, hang gliding).	☐	☐

ii. 飛行活動（不包括以付費乘客身份乘搭由商業性民航客機提供並獲認可的定期航班服務）flying activities other than as a fare-paying passenger of a licensed air service operating within recognised scheduled routes.	☐	☐
若問題之答案為「是」者，請回答相關的跟進問題。 If your answer is "Yes", please proceed to answer the following follow-up question(s).		
(a) 活動種類 Type of activity _____ (b) 參與活動的持續時間及頻密度 Duration and frequency of engagement in the activity _____		

乙部 Part B ：健康資料 Health Information

申請人須知：無需於乙部問題披露以下健康狀況或治療 Note for applicant(s): Questions of Part B do not require the applicant(s) to disclose information regarding the medical conditions or treatments below :

傷風 / 感冒 / 喉嚨痛、腸胃炎 / 食物中毒（已痊癒）、消化不良（無需檢查）、痤瘡、肌肉扭傷（已痊癒）、鵝口瘡、常規產前掃描 / 血液檢驗（檢驗結果正常）、常規子宮頸細胞塗片檢驗（檢驗結果正常）、常規健康檢查（檢查結果正常）、預防疫苗、荷爾蒙補充治療（更年期）、不育治療或胎兒生長情況正常的懷孕、近視 / 遠視 / 散光 / 老花。Cold / flu / sore throat, gastroenteritis / food poisoning (fully recovered), indigestions (no investigations required), acne, muscle sprained (fully recovered), thrush, routine scan / blood test for pregnancy (normal result), routine cervical smear (normal result), routine health check (normal result), preventive vaccination, Hormonal Replacement Therapy (menopause), infertility treatment or uncomplicated pregnancy, myopia / hyperopia / astigmatism / presbyopia.

若以下第 7 至 14 項任何一項問題之答案為「是」者，請回答相關的跟進問題。

If your answer to any of the questions 7 - 14 below is "Yes", please proceed to answer the relevant follow-up questions.

	Yes 是	**No 否**
7. 受保人是否曾被確診下列疾病或健康狀況？Has Insured Person ever been diagnosed with any of the following diseases or medical conditions?		
i. 癌症或原位癌 Cancer or carcinoma in situ	☐	☐
ii. 腦部腫瘤 Brain tumor	☐	☐
iii. 心臟疾病 Heart disease	☐	☐
iv. 中風（包括短暫性腦缺血，俗稱「小中風」）Stroke (including transient ischemic attack (TIA))	☐	☐
v. 高血壓 Hypertension	☐	☐
vi. 糖尿病或葡萄糖耐量異常 Diabetes mellitus or impaired glucose tolerance	☐	☐
vii. 腎病 Kidney disease	☐	☐
viii. 椎間盤突出或脊椎退化性疾病 Prolapsed intervertebral disc or degenerative spine conditions	☐	☐
ix. 需要植入醫療儀器或義肢的疾病或健康狀況 Diseases or medical conditions requiring a medical device or prosthesis to be implanted within the body	☐	☐
x. 人體免疫力缺乏病毒（愛滋病病毒）感染 Human immunodeficiency virus ("HIV") infection	☐	☐
xi. 先天性疾病（指於出生時或之前已存在的醫學、生理或精神上的異常）Congenital conditions (medical, physical or mental abnormalities that existed at the time of or before birth)	☐	☐
xii. 身體缺陷、不健全、畸形，及 / 或影響活動能力、視力、說話能力或聽力的狀況 Physical defects, impairments, deformities, and / or conditions affecting mobility, sight, speech or hearing	☐	☐
xiii. 精神健康狀況（例如抑鬱、焦慮、精神分裂、飲食失調或躁狂抑鬱症）Mental health conditions (such as depression, anxiety, schizophrenia, eating disorders, or bipolar disorders)	☐	☐
xiv. 高膽固醇症或高血脂症 Hypercholesterolemia or Hyperlipidemia	☐	☐
xv. 肝臟疾病（例如乙型或丙型肝炎（包括測試呈陽性反應）、脂肪肝或肝硬化）Liver disorder (such as hepatitis B or hepatitis C (including tested positive), fatty liver or cirrhosis of liver)	☐	☐
xvi. 多發性硬化症 Multiple sclerosis	☐	☐
8. 受保人目前是否患有下列疾病或健康狀況？Does Insured Person currently have any of the following diseases or medical conditions?	**Yes 是**	**No 否**
i. 疝氣（俗稱「小腸氣」）Hernia	☐	☐
ii. 乳房病變（腫瘤 / 硬塊 / 腫塊 / 囊腫 / 結節 /增生）Breast lesion (tumour / mass / lump / cyst / nodule / growth)	☐	☐
iii. 子宮或卵巢病變（腫瘤 / 硬塊 / 腫塊 / 囊腫 / 瘜肉 / 結節 /增生）Uterine or ovarian lesion (tumour / mass / lump / cyst / polyp / nodule / growth)	☐	☐

iv. 良性前列腺肥大 Benign prostatic hypertrophy	☐	☐
v. 膽結石或泌尿道結石(腎結石、輸尿管結石或膀胱結石)Gall bladder stone or urinary stone (renal stone, ureteric stones or urinary bladder stone)	☐	☐
vi. 白內障、青光眼或視網膜病變 Cataract, glaucoma or retinopathy	☐	☐
vii. 關節炎或其他關節疾病 Arthritis or other joint disorder	☐	☐
9. 在過去五年內，受保人是否曾經或被建議定期或持續（例如每月、每兩個月、每半年、每年）為任何疾病或健康狀況接受專業醫護人員（例如專科醫生、物理治療師、精神科醫生）的跟進診治或醫療護理？In the last 5 years, has Insured Person ever had or been advised to have any regular or ongoing (such as monthly, every 2 months, half-yearly, annually) follow-up consultations or medical care with a healthcare professional (such as specialist doctor, physiotherapist, psychiatrist) for any disease or medical condition?	**Yes 是** ☐	**No 否** ☐
10. 在過去五年內，受保人是否曾被醫生建議定期（例如按醫生指示每日 / 每週一次 / 有需要時）服用為期超過一個月的處方藥物？In the last 5 years, has Insured Person been advised by doctor to take any medications (such as to be taken daily / once per week / as needed as directed by doctor) for a continuous period of more than 1 month?	**Yes 是** ☐	**No 否** ☐
11. 在過去五年內，受保人是否曾入住醫院？In the last 5 years, has Insured Person been admitted into a hospital?	**Yes 是** ☐	**No 否** ☐
12. 在過去五年內，受保人是否曾在非住院情況下接受外科程序(包括內窺鏡檢查或活組織化驗)？In the last 5 years, has Insured Person undergone a surgical procedure(including endoscopy or biopsy) without being admitted into a hospital?	**Yes 是** ☐	**No 否** ☐
13. 在過去五年的時間內，受保人是否曾接受或曾被建議接受檢查（例如驗血、驗尿、心電圖、X 光、超聲波、電腦掃描、磁力共振、正電子掃描、愛滋病測試、乙型肝炎測試、丙型肝炎測試）？In the last 5 years, has Insured Person ever had or been advised to undergo investigations (such as blood or urine test, ECG, X-ray, ultrasound, CT scan, MRI, PET scan, HIV test, Hepatitis B test, Hepatitis C test)?	**Yes 是** ☐	**No 否** ☐
如果答案屬「是」，受保人的檢查結果是否包括下列情況？If the answer is "Yes", does Insured Person's investigation result(s) include the followings?		
i. 檢驗結果正常 Normal test result is advised	☐	☐
ii. 檢驗結果異常 Abnormal test result is advised	☐	☐
iii. 受保人正等候檢驗或檢驗結果 Insured Person is still awaiting test / test result	☐	☐
iv. 檢驗結果無定論或不確定(需要重新或進一步檢驗)Test result is inconclusive or uncertain (retesting or follow up test is required)	☐	☐
v. 就檢驗結果已尋求醫療意見或需要接受治療（例如一些未必需要即時治療的情況如肝囊腫 / 腦囊腫 / 關節退化或鈣化 / 於成像檢測中發現肺部或乳房或甲狀腺出現鈣化）Medical advice has been sought or treatment is required for the test result (such as liver cyst / brain cyst / joint degeneration or calcification / lung or breast or thyroid calcification discovered on imaging test, that may not require immediate treatment).	☐	☐
14. 除了受保人在第 7 至 13 項問題中已披露的資料外，受保人是否有下列情況?Apart from anything Insured Person has already disclosed in Questions 7 - 13, does Insured Person have any of the following conditions ?	**Yes 是**	**No 否**
i. 在過去一年內，體重無故地減少了 5 公斤（11 磅）以上 Unintentional weight loss by more than 5 kg (11 lbs) over past 1 year.	☐	☐
ii. 不正常出血(例如陰道出血、便血、流鼻血或咳血)至少一個月 Abnormal bleeding (such as vaginal bleeding, rectal bleeding, nose bleeding or coughing up of blood) for at least one month.	☐	☐
iii. 在過去一年內，受保人有任何健康狀況或病徵及症狀曾經接受或需要接受專業醫護人員（例如專科醫生、物理治療師、精神科醫生)的跟進診治 In the last 1 year, Insured Person had or have been required to have follow-up consultation with a healthcare professional (such as specialist doctor, physiotherapist, psychiatrist) for any medical condition or sign and symptom.	☐	☐
iv. 其他健康狀況或病徵及症狀(例如腫塊、頭痛、持續咳嗽、胸痛或上腹痛)而正在或打算尋求醫療意見 Other medical conditions or sign and symptom (such as lump, headache, persistent coughing, chest pain or epigastric pain) that Insured Person is seeking or intend to seek medical advice.	☐	☐

若問題第 7-14 任何一項問題之答案為「是」者，請回答相關的跟進問題。如多過一項跟進問題，可使用附頁回答，並一併遞交。

If any answer to question no. 7-14 is "YES", please proceed to answer the relevant follow-up questions below. You can use separate sheet(s) to answer and attached for application if there is more than one follow-up question.

* 請盡量提供齊全資料(例如在未能回憶確實日期的情況下提供年份及月份)以便作出公平核保決定。Please provide information as detailed as possible (e.g. provide year and month if exact date could not be recalled) for the sake of fair assessment in underwriting.		
☐題號 Question No_____		
(a) 疾病 / 健康狀況 / 病徵及症狀 Disease / medical condition / sign and symptom _____		
(b) 首次出現病徵及症狀的日期 Date of first occurrence of sign and symptom _____ 日/月/年 DD/MM/YY		
(c) 已進行的治療 / 檢查 / 測試 / 掃描 Treatment / investigations / tests / scans that have been performed _____ 有關治療 / 檢查 / 測試 / 掃描日期 Date of such treatment / investigation / tests / scan _____ 日/月/年 DD/MM/YY		
(d) 現況 (例如是否已完全康復、有否跟進/ 服用跟進藥物 / 下次覆診日期) Present condition (such as whether fully recovered, follow up action / medication / next follow up date) _____		
(e) 最後覆診 / 治療日期 Date of last follow-up medical consultation / treatment _____ 日/月/年 DD/MM/YY		
(f) 治療有關疾病 / 不適 / 健康狀況 / 病徵及症狀的醫生姓名 Name of doctor who treated the disease / sickness / medical condition / sign and symptom _____		
只適用於女性 For female only 15. 受保人現時是否懷孕？Is Insured Person currently pregnant?	**Yes 是** ☐	**No 否** ☐
若問題之答案為「是」者，請回答相關的跟進問題。 If your answer is "Yes", please proceed to answer the following follow-up question(s).		
(a) 預產日期：Expected date of delivery _____ 日/月/年 DD/MM/YY		

只適用於六歲或以下之受保兒童 **For insured children aged 6 or below only**	**Yes 是**	**No 否**
16. 受保兒童是否於懷孕第 37 週前出生，及 / 或出生時體重少於 2.5 公斤(5.5 磅)？Was the insured child born before 37th week of pregnancy and / or born with body weight less than 2.5 kg (5.5 lbs)?	☐	☐
若問題之答案為「是」者，請回答相關的跟進問題。 If your answer is "Yes", please proceed to answer the following follow-up question(s).		
(a) 受保兒童在孕期哪一週出生？At which week of pregnancy was the insured child born? ☐ 多於 37 週 more than 37 weeks ☐ 32 至 37 週 32 to 37 weeks ☐ 28 至 31 週 28 to 31 weeks ☐ 少於 28 週 less than 28 weeks		
(b) 出生時體重 Body weight at birth ☐ 多於 2.50 公斤 / 5.51 磅 more than 2.50 kg / 5.51 lbs ☐ 1.51 - 2.50 公斤 / 3.32 - 5.51 磅 1.51 - 2.50 kg / 3.32 - 5.51 lbs ☐ 1.00 - 1.50 公斤 / 2.20 - 3.31 磅 1.00 - 1.50 kg / 2.20 - 3.31 lbs ☐少於 1.00 公斤 / 2.20 磅 less than 1.00 kg / 2.20 lbs		
17. 就您所知，受保人的親生父母或兄弟姊妹曾否於六十歲或以前被確診下列疾病或健康狀況：At your best knowledge, has any of Insured Person's parents or siblings by blood been diagnosed with any of the following diseases or medical conditions at or before age 60 :	**Yes 是**	**No 否**
i. 癌症 Cancer	☐	☐
ii. 冠心病 Coronary heart disease	☐	☐
iii. 糖尿病 Diabetes mellitus	☐	☐
iv. 運動神經元疾病 Motor neuron disease	☐	☐
v. 多發性硬化症 Multiple sclerosis	☐	☐
vi. 中風 Stroke	☐	☐
vii. 柏金遜症 Parkinson's disease	☐	☐
viii. 遺傳病 Hereditary diseases : 包括囊性纖維化、家族性大腸腺息肉病、亞茲海默氏症、家族性心肌病、遺傳性血病 (血友病、地中海貧血、鐮刀型貧血)、肌肉萎縮症、多囊性腎病或亨丁頓舞蹈症。including cystic fibrosis, familial adenomatous polyposis, Alzheimer's disease, familial cardiomyopathy, inherited blood disorders (hemophilia, thalassemia, sickle cell disease), muscular dystrophy, polycystic kidney disease or Huntington's disease.	☐	☐
若以上問題 17 之任何一項答案為「是」者，請回答以下的跟進問題。(如多過一個親屬，可使用附頁。) If your answer to question 17 above is "Yes", please proceed to answer the follow-up questions below. (You can use separate sheet(s) attached for more than one family member.)		
(a) 哪個親屬 Which family member? _____ (b) 哪種疾病 Which disease？ _____ (c) 病發年齡 Onset age of disease ☐ 30 歲或以下 age at or below 30 ☐ 31-40 歲 age 31-40 ☐ 41-50 歲 age 41-50 ☐ 51-60 歲 age 51-60		

第六部份 Part 6　更改繳付保費方法 Change of Payment Method

更改項目 Change Items	更改至 Change To
繳費方法 Payment Method	☐ 銀行戶口自動轉賬 Autopay by Bank Account 請填妥第 6 頁的「**直接付款授權書**」，連同年繳保費之劃線支票抬頭寫「中銀集團保險有限公司」交回。 Please attach a crossed cheque for the annual premium made payable to "Bank of China Group Insurance Company Limited" with a completed Direct Debit Authorization Form as in Page 6.
	☐ 信用卡戶口自動轉賬 Autopay by Credit Card 請填妥第 5 頁的「**信用卡付款授權書**」。Please completed Credit Card Authorization Form as in Page 5.

資料收集聲明 Statement for Collection of Information

本人/吾等謹此聲明，以下資料收集聲明闡述核保問卷收集資料之目的，以及本人及/或受保人須盡其所知所信提供完整及準確的資料：I/We declare that the following statement for Collection of Information has stated the purpose of collecting information on the questionnaire and I and/or the Insured Person are required to provide the complete and accurate information to the best of his/her knowledge and belief:

(i) 此問卷收集與健康相關的資料僅作為核保之用途，而核保是中銀集團保險評估本人及/或受保人之健康風險及決定申請結果的程序。中銀集團保險採用的核保程序應為公平合理，並會因應客戶要求解釋申請結果。 This questionnaire collects health-related information solely for the purpose of underwriting which is a process for BOCG Insurance to evaluate the health risk of the applicants and decide the application results. The underwriting process that BOCG Insurance adopts should be fair and reasonable, and BOCG Insurance should explain the application results if requested by the customers.

(ii) 作為投保人，本人及/或受保人需要盡其所知所信，按本問卷中要求向中銀集團保險提供完整及準確的資料。中銀集團保險根據本人及/或受保人提供的資料，可能會提出跟進問題或查詢而需要本人及/或受保人進一步提供資料以作核保之用。 As the proposer, I and/or the Insured Person are required to provide BOCG Insurance with complete and accurate information requested in this questionnaire to the best of my and/or the Insured Person's knowledge and belief. Based on the information provided, BOCG Insurance may have follow-up questions or enquiries that require you to provide further information for underwriting purpose.

(iii) 若本人及/或受保人在提交本申請表後至本人及/或受保人收到保單前的期間就本問卷中提供的資料有任何改變或更新，本人及/或受保人需要及早通知中銀集團保險。If there are any changes to or updates of the information provided in this questionnaire after the time of submission of this application and before I and/or the Insured Person receive the Policy, I and/or the Insured Person are required to notify BOCG Insurance in a timely manner.

(iv) 即使已成功投保並獲簽發保單，若本人及/或受保人未按（ii）所述盡其所知所信向中銀集團保險提供完整及準確的資料，或未按（iii）所述就資料的任何改變或更新而及早通知中銀集團保險，本人及/或受保人的保險保障可能會受到影響，中銀集團保險亦可能因此終止、作廢或撤銷有關保單，或拒絕賠償。Even after an insurance policy has been issued upon successful application, the insurance coverage for I and/or the Insured Person may be affected or the policy may be terminated, voided or rescinded, or claims may be repudiated by BOCG Insurance , if I and/or the Insured Person have not provided BOCG Insurance with complete and accurate information to the best of your knowledge and belief according to (ii), or if I and/or the Insured Person have not notified BOCG Insurance on any changes to or updates of the information in time according to (iii).

保單聲明 Policy Declaration

1. 本人謹此聲明，本人已向上述家屬(如有)取得授權，於本批改申請書之陳述乃真確無訛，可作為簽發保單之根據。本人亦明白如資料錯誤或不詳盡，本人及/或受保人之保障有失效之虞。I declare that I have obtained the necessary authorization from the above mentioned family member (if any), the information stated in this Endorsement Application Form is true and complete and will form the basis of this insurance. I also understand that if any information stated is untrue or incomplete, the cover for myself and/or for the Insured Person may be invalided.
2. 本人謹此聲明，**本批改申請書是在香港特別行政區內簽署**，如有任何訛騙或資料失實，本人及/或受保人之保障有失效之虞。I declare that **this Endorsement Application Form is applied and signed at HKSAR,** in case of fraud or factual misrepresentation, the cover for myself and/or for the Insured Person may be invalidated.
3. 本人在此授權任何醫生、醫院、診所、保險公司及其他人士，均可向中銀集團保險提供本人及/或上述家屬(如有)健康情況及病歷詳細資料。此授權書之影印本與正本有同等效力。I hereby authorize any doctor, hospital, clinic, insurance company or any other person to provide either myself and/or the above mentioned family members' (if any) health condition or detail medical history to BOCG Insurance. Copy of this authorization form will have same effect as of the original copy.
4. 本人同意中銀集團保險保留一切有關批改申請書接納與否之權利。I agree BOCG Insurance reserves the right to accept or decline this endorsement application.
5. 本人明白必須繳付保費與生效後，中銀集團保險對本人及/或受保人之保險責任始行生效。I understand that BOCG Insurance insurance's liability for myself and/or for the Insured Person will only take effect provided that premium has been paid and the policy was put in-force.
6. 本人明白此批改申請書一經批核，在每個保單年度期滿前，若未有接獲中銀集團保險有關修改任何條款的續保通知，本人只須繳交下個保單年度所須的保費，此保單便會每年自動續保。I agree that once this Endorsement Application Form for insurance is accepted, if no notice of amendment of renewal terms is sent to me from BOCG Insurance prior to the expiration of each policy year, the policy will be automatically renewed simply by my/our settling the required premium for the upcoming policy year.

收集個人資料聲明 Personal Information Collection Statement

本人明白本人提供的資料為中銀集團保險提供保險業務所需，並可能使用於下列目的：I understand that the information provided by me to BOCG Insurance is collected to enable BOCG Insurance to carry on insurance business and may be used for the purpose of:

(1) 處理及審批本人的保險申請或本人將來提交的保險申請 processing and evaluating my insurance application and any future insurance application I may make；
(2) 執行本人保單的行政工作及提供與本人保單相關的服務 administering my insurance policy and providing services in relation to my insurance policy;
(3) 分析或調查、處理及支付本人保單有關的索償 analysis or investigating, processing and paying claims made under my insurance policy;
(4) 發出繳交保費通知及向本人收取保費及欠款 invoicing and collecting premiums and outstanding amounts from me;
(5) 任何與保險有關的產品或服務的任何更改、變更、取消或續期 any alterations, variations, cancellation or renewal of any insurance related product or service;
(6) 就以上用途聯絡本人 contacting me for any of the above purposes;
(7) 中銀集團保險行使任何代位權 exercising any right of subrogation by BOCG Insurance;
(8) 其它與上述用途有直接關係的附帶用途 other ancillary purposes which are directly related to the above purposes;及 and
(9) 遵循適用法律，條例及業內守則及指引 complying with applicable laws, regulations or any industry codes or guidelines.

中銀集團保險亦可因應上述用途將本人及/或受保人的個人資料移轉予下列各方(不論在香港特別行政區境內或境外)BOCG Insurance may disclose my and/or the Insured Person(s)'s personal data for the above purposes to the following classes of transferees (whether within or outside the Hong Kong Special Administrative Region):

a. 就上述用途，向中銀集團保險提供行政、通訊、電腦、付款、保安及其它服務的第三方代理、承包商及顧問 (包括：醫療服務供應商、緊急救援服務供應商、電話促銷商、郵寄及印刷服務商、資訊科技服務供應商及數據處理服務商) third party agents, contractors and advisors who provide administrative, communications, computer, payment, security or other services which assist BOCG Insurance to carry out the above purposes (including medical service providers, emergency assistance service providers, telemarketers, mailing houses, IT service providers and data processors);
b. 處理索賠個案的理賠師、理賠調查員及醫療顧問 in the event of a claim, loss adjudicators, claims investigators and medical advisors;
c. 追討欠款的收數公司或索償代理 in the event of default, debt collectors and recovery agents;
d. 保險資料服務公司及信貸資料服務公司 insurance reference bureaus or credit reference bureaus;
e. 再保公司及再保經紀 reinsurers and reinsurance brokers;
f. 本人的保險經紀（若有）my insurance broker (if I have one);
g. 中銀集團保險的法律及專業業務顧問 BOCG Insurance's legal and professional advisors;
h. 中銀集團保險的關連公司(以《公司條例》內的定義為準) BOCG Insurance's related companies (as that term is defined in the Companies Ordinance);
i. 現存或不時成立的任何保險公司協會或聯會或類同組織(「聯會」)及其會員，以達到任何上述或有關目的，或以便「聯會」執行其監管職能，或其他基於保險業或任何「聯會」會員的利益而不時在合理要求下賦予「聯會」的職能 any association, federation or similar organization of insurance companies ("Federation") and its members that exists or is formed from time to time for any of the above or related purposes or to enable the Federation to carry out its regulatory functions or such other functions that may be assigned to the Federation from time to time and are reasonably required in the interest of the insurance industry or any member(s) of the Federation;
j. 透過「聯會」移轉予任何「聯會」的會員，以達到任何上述或有關目的 any member(s) of the "Federation" by the "Federation" for any of the above or related purposes;
k. 任何有關的公司，或任何其他從事與保險或再保險業務有關的公司，或與保險業務有關的中介人或索償或調查或其他服務提供者，以達到任何上述或有關目的 any related company or any other company carrying on insurance or reinsurance related business or an intermediary or a claims or investigation or other service provider providing services relevant to insurance business for any of the above or related purposes;
l. 任何負責處理保險相關投訴及/或爭議之行業或監管機構 any industry or regulatory bodies responsible for handling insurance related complaints and/or disputes;及 and
m. 法例要求或許可的政府機關 government agencies and authorities as required or permitted by law.

本人在此授權中銀集團保險可向「聯會」從保險業內收集的資料中查閱及/或核對本人及/或受保人任何資料 BOCG Insurance is hereby authorized to obtain access to and/or to verify any of my and/or the Insured Person's data with the information collected by the Federation from the insurance industry.

此外，經本人同意，中銀集團保險可能會以其它方式使用及披露本人及/或受保人的個人資料 Moreover, BOCG Insurance may also use and disclose my and/or the Insured Person's personal data otherwise with my consent.

本人有權查閱及要求更正由中銀集團保險持有有關本人及/或受保人的個人資料。如有需要，可向中銀集團保險法律與合規部提出 (地址: 香港中環德輔道中 71 號永安集團大廈 9 樓) I have the right to obtain access to and to request correction of any personal information concerning myself and/or the Insured Person held by BOCG Insurance. Requests for such access can be made to BOCG Insurance's Legal and Compliance Department (Address: 9/F., Wing On House, 71 Des Voeux Road Central, Hong Kong).

接收推廣訊息指示 Receive Direct Marketing Materials Instruction

本人**不欲**中銀集團保險使用本人的個人資料經以下渠道作直銷推廣 (請以 "✓" 選擇渠道) I **do not wish** BOCG Insurance to use my personal data in direct marketing via the following channel(s) (please use"✓"to select the channel(s)):

☐ 電子推廣郵件 Promotion Email ☐ 電話短訊 SMS ☐ 直銷郵件 Direct Mailing ☐ 電話直銷 Telephone Call

如您遞交此投保書而沒有在以上任何方格內以 "✓" 號顯示您的選擇，即代表您並不拒絕中銀集團保險任何形式的直銷推廣。If you return this Proposal Form without ticking any of the above boxes, it means that you do not wish to opt-out from any form of direct marketing of BOCG Insurance.

以上代表您現在對是否接收直銷推廣資料的選擇，亦取代任何您之前已告知中銀集團保險的選擇。請注意，您以上的選擇適用於根據中銀集團保險的「資料政策通告」上所載的產品，服務及/或標的。請您參考該通告上有關中銀集團保險擬用於直銷推廣的個人資料種類。The above represents your present choice whether or not to receive direct marketing materials and replaces any choice communicated by you to BOCG Insurance prior to this application. Please note that your above choice applies to the direct marketing of the classes of products, services and/or subjects as set out in the Data Policy Notice of BOCG Insurance. Please also refer to the said Notice on the kinds of personal data which may be used in direct marketing.

將個人資料披露給本集團公司作直接促銷指示 Instruction to disclose personal data to the Group companies for direct marketing

☐ 為改善及提供更全面的服務予中銀集團保險的客戶，中銀集團保險可能會將您的個人資料提供予「本集團」*其他成員及其他人作其包括財務、保險、信用卡、證券、商品、投資、銀行及相關服務和產品及授信的直銷推廣（請您參考中銀集團保險的「資料政策通告」上有關中銀集團保險擬提供之直銷推廣的個人資料種類，該資料擬提供予甚麼類別的人士，以及該資料擬就甚麼類別的產品，服務及/或標的而使用。）若您不欲中銀集團保險提供您的個人資料予以上人士作以上用途，請您在這方格上以 "✓" 號表示。To improve and provide more comprehensive services to our customers, BOCG Insurance may provide your personal data to other members of the Group* and any other persons for their use in direct marketing of financial, insurance, credit card, securities, commodities, investment, banking and related services and products and facilities and so forth. (Please refer to the Data Policy Notice of BOCG Insurance on the kinds of personal data which may be transferred to in direct marketing, the classes of persons to which your personal data may be provided to, and the classes of products, services and/or subjects in relation to which the data is to be used.）Please tick "✓" this box if you do not wish BOCG Insurance to provide your personal data to the above persons for the above purposes.

*「本集團」指中銀集團保險及其控股公司、分行、附屬公司、代表辦事處及附屬成員，不論其所在地。附屬成員包括中銀集團保險的控股公司之分行、附屬公司、代表辦事處及附屬成員，不論其所在地。The "Group" means BOCG Insurance and its holding companies, branches, subsidiaries, representative offices and affiliates, wherever situated. Affiliates include branches, subsidiaries, representative offices and affiliates of BOCG Insurance holding's companies, wherever situated.

本人確認同意本批改申請書內之所有部份，包括但不限於上列之聲明及收集個人資料聲明。 I confirm my agreement to all sections in this Proposal Form, including but not limited to the above Declaration and Personal Information Collection Statement.

保單持有人
Signature of Policy Holder

簽署地：香港及日期（日/月/年）
Signed Place：Hong Kong and Date (DD/MM/YY)

本批改申請書在未被同意受保前，中銀集團保險不負任何責任。
The BOCG Insurance has no liability whatsoever before the application for insurance in this Proposal Form is accepted.

信用卡付款授權書 **Credit Card Authorization Form**

☐ Visa ☐ Master ☐ 中銀銀聯雙幣信用卡(必需由香港發出) BOC CUP Dual Currency Credit Card (Must be issued in Hong Kong)

持卡人姓名 Cardholder's Name	香港身份證號碼 HKID Card No.	信用卡戶口號碼 Credit Card Account No.	信用卡到期日 (月/年) Credit Card Expiry Date (M/Y)

本人茲授權「中銀集團保險有限公司」從本人的信用卡戶口每年支付「中銀標準自願醫療保障計劃認可產品」或「中銀靈活自願醫療保障計劃認可產品」應繳保費金額，直至另行通知。I hereby authorize and direct "Bank of China Group Insurance Company Limited" to debit the premium due from my credit card account for "BOC Standard Voluntary Health Insurance Scheme Certified Plan" or "BOC Flexi Voluntary Health Insurance Scheme Certified Plan" on a yearly basis until further notice.

若信用卡持有人並非投保人/受保人，請填寫以下資料。If Cardholder is not the Policy Holder/Insured Person, please fill in the following information.

1. 與保單持有人/受保人關係 Relationship with the Policy Holder/Insured Person: _____
2. 代保單持有人/ 受保人支付保費原因 Reason for paying premium on Policy Holder/Insured Person's behalf_____

☐ 本人同意及承擔下述保單持有人/受保人之全數應繳之「中銀標準自願醫療保障計劃認可產品」或「中銀靈活自願醫療保障計劃認可產品」保費金額。I hereby confirm to pay the premium due of "BOC Standard Voluntary Health Insurance Scheme Certified Plan" or "BOC Flexi Voluntary Health Insurance Scheme Certified Plan" for the Policy Holder/Insured Person.

(先生/太太/女士 Mr/Mrs/Ms) _____ 香港身份證號碼 HKID Card No. _____

持卡人簽署 Cardholder's Signature (須與信用卡簽署式樣相同 should be the same as the specimen signature on Credit Card)	X S.V.	聯絡電話號碼 Contact Phone No.	日期 Date (日 DD/月 MM/年 YY)

直接付款授權書 Direct Debit Authorization Form

請依次填寫並將此授權書交給 貴戶之往來銀行 Please complete and return this form to your banker

收款之一方 (受益人) Name of Party to be Credited ("The Beneficiary")	銀行編號 Bank No.	分行編號 Branch No.	收款賬戶號碼 Account No. to be Credited
Bank of China Group Insurance Company Limited	0 3 0	5 5 0	1 0 2 8 2 1 0 8

- 本人/吾等現授權本人/吾等之下述銀行，(根據受益人及/或代理行不時給予本人/吾等銀行之指示)自本人/吾等之賬戶內轉賬至上述賬戶。惟每次轉賬金額不得超過以下指定之限額。I/We hereby authorize my/our below named Bank to effect transfers from my/our account to the above account in accordance with such instructions as my/our Bank may receive from the beneficiary and/or its banker and/or its banker's correspondent from time to time provided always that the amount of any one such transfer shall not exceed the limit indicated below.
- 本人/吾等同意本人/吾等之銀行毋須證實該等轉賬通知是否已交予本人/吾等。I/We agree that my/our Bank shall not be obliged to ascertain whether or not notice of any such transfer has been given to me/us.
- 如因該等轉賬而令本人/吾等之賬戶出現透支(或令現時之透支增加)，本人/吾等願共同及各別承擔全部責任。I/We jointly and severally accept full responsibility for any overdraft (or increase in existing overdraft) on my/our account which may arise as result of any such transfer(s).
- 本人/吾等同意如本人/吾等之賬戶並無足夠款項支付該等授權轉賬，本人/吾等之銀行有權不予轉賬，且銀行可收取慣常之收費，並可隨時以一星期書面通知取消本授權書。I/We agree that should there be insufficient funds in my/our Bank account to meet any transfer hereby authorized, my/our Bank shall be entitled, in it discretion, not to effect such transfer in which event the Bank may make the usual service charge and that it may cancel this authorization at any time on one week's written notice.
- 本授權書將繼續生效直至另行通知為止或直至下列到期日為止 (以兩者中最早之日期為准)。This authorization shall have effect until further notice or until the expiry date written below (whichever shall first occur).
- 本人/吾等同意，本人/吾等取消或更改本授權書之任何通知，須於取消/更改生效日最少兩個工作天(但不包括星期六)之前交予本人/吾等之銀行。 I/We agree that any notice of cancellation or variation of this authorization which I/we may give to my/our Bank shall be given at least two working days (except Saturdays) prior to the date on which such cancellation/variation is to take effect.

本人/吾等之銀行及分行之名稱 My/Our Bank Name and Branch	銀行編號 Bank No.	分行編號 Branch No.	本人/吾等之賬戶號碼 My/Our Account No.

本人/吾等在結單/存摺上所紀錄之名稱 My/Our Name(s) as record on Statement/Passbook	*每次/月付款之限額 *Limit for Each Payment/Month	到期日 (參閱下列附註各點) Expiry Date (See Notes Below) Day 日 Month 月 Year 年

債務人之姓名 (若非賬戶持有人) Name of Debtor (if other than Account Holder)	債務人參考 (必填之欄 – 請參閱下列附註各點) Debtors' Reference (Compulsory Field-See Notes Below)

本人/吾等在結單/存摺上所紀錄之地址 My/Our Address as record on Statement / Passbook	聯絡電話 Telephone No.	本人/吾等之簽名 My/Our Signature(s) 日期 Date

以下由銀行填寫 For Bank Use Only	核對印鑑 Signature(s) Verified

* 請刪去不適用者。Please delete whichever is not appropriate.

\# 請以英文正楷填寫。Please write in block letters.

附註 NOTES：

1. 如 台端付款之數額每次可能不相同，則請將最高者定為每次付款之最高限額。If the amounts of your payments are likely to vary each time, set the Limit for Each Payment at the maximum amount you would expect to pay at any one time.
2. 本直接付款授權書將於「到期日」一欄中所填寫之日期自動撤銷。如 貴戶意欲直接付款授權書無限期有效 (或直至 貴戶予以撤銷為止)，則請將該欄留空。The Direct Debit Authorization will be cancelled automatically on the date included in the box marked "Expiry Date". If you wish the Direct Debit Authorization to have effect indefinitely (or until cancelled by you) please leave box blank.
3. 請保證 貴戶在此授權書內之簽名，與銀行賬戶所簽者完全相同。Please ensure that you sign the form in the usual way that you would sign on your Bank Account.
4. 在債務人之參考欄內，請將 貴戶與受款人一方之關係，略予說明，例如學生編號、抵押合約號碼等。In the box marked "Debtor's Reference" enter the identifying reference between yourself and the party to be credited i.e. Student No., Mortgage Agreement No., Rental Agreement No., etc.
5. 當 "每次/月付款之限額" 一欄未有填上時，債務銀行可酌權就轉賬金額設下一個限額。The debtors' bank may set an internal limit when the "Limit for Each Payment/Month" is not specified.
6. 如果轉賬金額超過債務銀行所定限額，除預先安排外，債務銀行會保留利不予以轉賬。The debtor's bank reserves the right to reject the payment exceeding the maximum limit specified by the debtor's bank unless prior arrangements have been made.