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

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中銀環球醫療保障計劃批改申請書
BOC Worldwide Medical Insurance Plan Endorsement Application Form

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 policyholder's*/Insured's personal information

英文姓名或公司名稱 (先生 / 小姐 / 太太/ 女士/ 公司)* 請先填寫姓氏 Name or Company name in English (Mr. / Miss / Mrs. / Ms. / Co.)* Surname first 請提供改名契副本 Please provide a copy of deed poll	中文姓名或公司名稱 Name or Company Name in Chinese
聯絡人姓名 Name of contact person / 職位 Position (適用於公司戶 For Company Customer)	職業 / 業務性質* Occupation / Nature of business*
聯絡電話(住宅 / 手提)* Contact no. (Home / Mobile)*	香港身份證 / 護照 / 商業登記證*號碼 HKID card / Passport / Business registration*no.
電郵地址 E-mail address	其他個人資料更改 Other changes on personal particulars

居住地 Place of Residence*

☐香港 Hong Kong
☐澳門 Macau
☐中國內地 Mainland China　城市名稱 Name of City
☐其他 Others　國家名稱 Name of Country　城市名稱 Name of City

* 居住地是指受保人在保單年度內居住於同一地區 6 個月或以上，並於投保書或書面更改通知內作出相關聲明
Place of Residence means the place whereby the Insured Person(s) will live for 6 months or above in the same place within the policy year and as declared in the proposal form or written notice of change.

*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 _____ (日 DD) / _____ (月 MM) / _____ (年 YY)
Effective Date

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/保障/受保人 Cancellation of Policy/Insured Benefits/Deletion of Insured Person(s)

*如要取消整張保單，必須連同原保單、醫療咭(如有)一起退回。任何取消或終止保單，本公司將向保單持有人收取年度保費全額，並且不設退費。
In order to cancel the entire Policy, please return the original Policy, Medical Card (if any) together with Endorsement Application Form. No premium refund shall be made for cancellation of policy and full annual premium for the Policy Year shall be paid by the Policyholder.

取消保單日期 Date of Cancellation	取消原因 Reason(s)

受保人姓名 Name of Insured Person	香港身分證號碼 HKID Card No.	與投保人關係 Relationship with Insured	終止保障日期 Deletion Date (日/月/年 dd/mm/yy)	擬終止之保障 Benefit to be deleted
		☐配偶 Spouse ☐子女 Child ☐父母 Father / Mother ☐配偶父母 Father/Mother-in law		
		☐配偶 Spouse ☐子女 Child ☐父母 Father / Mother ☐配偶父母 Father/Mother-in law		
		☐配偶 Spouse ☐子女 Child ☐父母 Father / Mother ☐配偶父母 Father/Mother-in law		
		☐配偶 Spouse ☐子女 Child ☐父母 Father / Mother ☐配偶父母 Father/Mother-in law		

第四部份 Part 4　增加受保人 Addition of Insured Person(s)

如增加受保人，請填妥本公司的中銀環球保障計劃投保書的，「受保人資料」、「投保書陳述項目」及「投保書陳述項目說明」並連同此批改書一併交回。If addition of Insured Person, please complete the "Details of Insured Persons", "Stated Information for this Proposal Form" and "Illustration of Stated Information" of our BOC Worldwide Medical Insurance Plan Proposal Form and send to us with this Endorsement Application Form.

生效日期　Effective Date* : _____ **(日 DD) /** _____ **(月 MM) /** _____ **(年 YYYY)**

*註：增加受保人，若申請成功批核，該受保人之保障將會於保險公司接納後的下一個保單年度起保日生效，請在續保日前 30 天遞交。If the application for addition of Insured person is approved, insurance of such family members will become effective and commence on the effective date of the next policy year.. Please submit the application 30 days before the renewal date .

第五部份 Part 5　更改保障類別 / 增加自選保障 Change of Insured Category / Addition of Benefit(s)

請一併填妥此表格第七部份之健康聲明　Please also complete the Health Declaration under Part 7 of this form

生效日期　Effective Date　: _____ **(日 DD) /** _____ **(月 MM) /** _____ **(年 YYYY)**

受保人姓名 Name of Insured person	保障類別 Insured Category	自付額 Annual Deductible	自選保障 [1] Optional Benefit	請註明選項 [2] Please indicate option
投保人 The Insured	☐ 尊貴計劃 (環球) Noble Plan (Worldwide)	☐ HK$0	☐牙科 Dental ☐門診 Out-patient	
	☐ 卓越計劃 (環球- 美國除外) Elite Plan (Worldwide Excl. USA)	☐ HK$25,000		
	☐ 精選計劃 (亞洲) Essential Plan(Asia) [3]	☐ HK$80,000		
	☐ 尊尚計劃(環球) Premier Plan (Worldwide)	☐ HK$0		
	☐ 優越計劃(環球- 美國除外)Supreme Plan (Worldwide Excl. USA)	☐ HK$15,000		
☐ 配偶 Spouse	☐ 尊貴計劃 (環球) Noble Plan (Worldwide)	☐ HK$0	☐牙科 Dental ☐門診 Out-patient	
	☐ 卓越計劃 (環球- 美國除外) Elite Plan (Worldwide Excl. USA)	☐ HK$25,000		
	☐ 精選計劃 (亞洲) Essential Plan(Asia) [3]	☐ HK$80,000		
	☐ 尊尚計劃(環球) Premier Plan (Worldwide)	☐ HK$0		
	☐ 優越計劃(環球- 美國除外)Supreme Plan (Worldwide Excl. USA)	☐ HK$15,000		
☐ 子女 Child	☐ 尊貴計劃 (環球) Noble Plan (Worldwide)	☐ HK$0	☐牙科 Dental ☐門診 Out-patient	
	☐ 卓越計劃 (環球- 美國除外) Elite Plan (Worldwide Excl. USA)	☐ HK$25,000		
	☐ 精選計劃 (亞洲) Essential Plan(Asia) [3]	☐ HK$80,000		
	☐ 尊尚計劃(環球) Premier Plan (Worldwide)	☐ HK$0		
	☐ 優越計劃(環球- 美國除外)Supreme Plan (Worldwide Excl. USA)	☐ HK$15,000		
☐ 父 / 配偶父 Father / Father-in-law	☐ 尊貴計劃 (環球) Noble Plan (Worldwide)	☐ HK$0	☐牙科 Dental ☐門診 Out-patient	
	☐ 卓越計劃 (環球- 美國除外) Elite Plan (Worldwide Excl. USA)	☐ HK$25,000		
	☐ 精選計劃 (亞洲) Essential Plan(Asia) [3]	☐ HK$80,000		
	☐ 尊尚計劃(環球) Premier Plan (Worldwide)	☐ HK$0		
	☐ 優越計劃(環球- 美國除外)Supreme Plan (Worldwide Excl. USA)	☐ HK$15,000		
☐ 母 / 配偶母 Mother / Mother-in-law	☐ 尊貴計劃 (環球) Noble Plan (Worldwide)	☐ HK$0	☐牙科 Dental ☐門診 Out-patient	
	☐ 卓越計劃 (環球- 美國除外) Elite Plan (Worldwide Excl. USA)	☐ HK$25,000		
	☐ 精選計劃 (亞洲) Essential Plan(Asia) [3]	☐ HK$80,000		
	☐ 尊尚計劃(環球) Premier Plan (Worldwide)	☐ HK$0		
	☐ 優越計劃(環球- 美國除外)Supreme Plan (Worldwide Excl. USA)	☐ HK$15,000		

1. 不適用於精選計劃 (亞洲)。
   Not Applicable to Essential Plan(Asia).

2. 請註明新增(A) 、更改(C) 或取消(X) 受保的保障類別或項目，並在續保日前 30 天遞交。
   Please indicate Addition (A), Change (C) or Cancellation (X) of the insured category or benefits and submit the application 30 days before renewal date

3. 亞洲是指阿富汗、澳洲、孟加拉、不丹、汶萊、柬埔寨、中國、香港、印度、印尼、日本、哈薩克、吉爾吉斯、老撾、澳門、馬來西亞、馬爾代夫、蒙古、緬甸、尼泊爾、新西蘭、北韓、巴基斯坦、菲律賓、新加坡、南韓、斯里蘭卡、台灣、塔吉克、泰國、東帝汶、土庫曼、烏茲別克及越南。
   Asia means Afghanistan, Australia, Bangladesh, Bhutan, Brunei, Cambodia, China, Hong Kong, India, Indonesia, Japan, Kazakhstan, Kyrgyzstan, Laos, Macau, Malaysia, Maldives, Mongolia, Myanmar, Nepal, New Zealand, North Korea, Pakistan, the Philippines, Singapore, South Korea, Sri Lanka, Taiwan, Tajikistan, Thailand, Timor-Leste, Turkmenistan, Uzbekistan, and Vietnam.

第六部份 Part 6　保單復效 Reinstatement

請一併填妥此表格第七部份之健康聲明　Please also complete the Health Declaration under Part 7 of this form

擬復效之生效日期 **Proposed Reinstatement Effective Date*：**	**(日 DD) /** _____ **(月 MM) /** _____ **(年 YY)**

注意事項 Important Notes:

- 保單復效須於保單失效日期起計 90 天內提出。超過 90 天者，請填妥投保書重新投保。Reinstatement must be submitted within 90 days from the Policy Termination Date. Please complete BOC Worldwide Medical Insurance Plan Proposal Form for request raised beyond 90 days.

*以公司批核為準　Subject to Company's approval

第七部份 Part 7　健康聲明 HEALTH DECLARATION

健康聲明 HEALTH DECLARATION (只適用於第五及第六部份的更改情況 Only applicable for changes of Part 5 & Part 6)

請詳閱及回答下列所有問題。Please read the following questions and answer the in full.	**是 YES**	**否 NO**
1. 在過去 5 年閣下/受保人曾否住院或因嚴重疾病/創傷需要向專科醫生尋求醫療諮詢、斷症性之檢查、治療或做手術？ In the past 5 years, have you/Insured Persons been hospitalized or have consulted a specialist for medical advice, diagnostic tests, treatment or operation for a serious illness or injury?	☐	☐
2. 閣下/受保人曾否因任何病徵、疾病、缺陷或身體狀況例如但不限於肝炎帶菌者、糖尿病、腎病、高血壓、關節炎、心臟血管疾病、各類型癌症或腫瘤導致現在或將來急需做手術或接受長期治療？ Do you/Insured Person(s) have any symptoms, illness, defects or conditions such as, but not limited to hepatitis carrier status, diabetes, kidney disease, high blood pressure, arthritis, cardio vascular diseases, any type of cancer or tumor, that may require impending operation, continuous treatment now or in the future?	☐	☐
3. 在過去 5 年閣下/受保人是否曾在醫院或療養院內接受手術、診察或治療或現正接受診察、治療或服用藥物？ In the past 5 years, have you/Insured person(s) ever been in a hospital or sanatorium for surgery, observation or treatment, or currently under observation or taking any treatment or medication?	☐	☐
4. 在過去 5 年閣下/受保人曾否因住院向保險公司索償？ In the past 5 years, have you/Insured person(s) ever filed a claim for hospitalization with an insurance company?	☐	☐
5. 閣下/受保人曾否在投保醫療、住院、意外、或人壽保險時被拒絕、或有關保單被取消、增加保費或附加限制？ Have you/Insured person(s) ever had any medical, hospitalization, accident or life insurance application rejected or policy cancelled, rated or restricted?	☐	☐
如在上述問題答案選擇「是」，請另紙詳述該受保人姓名及健康狀況如疾病性質，症狀，所接受之護理及治療，上一次求診日期以及有關醫療報告，由有關受保人簽署後，連同投保書一併交回本公司核辦。 If any answer to the above question is "Yes", please provide full details in separate sheet which should be duly signed describing Insured Person's name and health condition such as nature or symptoms of disease, diagnosis, care and treatment received, date of last consultation and related medical report and return together with the proposal form to our Company's attention.		

第八部份 Part 8　更改繳付保費方法 Change of Payment Method

1.	☐	以信用卡付款 (只適用於個人投保) **Payment made by Credit Card (Applicable for Individual Enrollment Only)** (請填妥第 5 頁的「信用卡付款授權書」並交回。Please attach a completed Credit Card Authorisation Form in page 5)
2.	☐	以商務信用卡付款 (只適用於公司投保) **Payment made by Business Credit Card** (Applicable for Company Enrollment Only). (請填妥第 5 頁的「信用卡付款授權書」並交回。Please attach a completed Credit Card Authorisation Form in page 5)
3.	☐	以支票付款 (請以劃線支票抬頭寫「中銀集團保險有限公司」並交回) **Payment made by cheque** (Please make a crossed cheque payable to "Bank of China Group Insurance Company Limited")
4.	☐	銀行戶口轉帳 **Payment made by Bank Account** (請填妥第 6 頁的「直接付款授權書」並交回。Please attach a completed Direct Debit Authorization Form in page 6)

聲明 Declaration

1. 本人/本公司接納根據「中銀環球醫療保障計劃」規定，凡在保單起保日前因已患之疾病、損傷或其他病況而引致之醫療需要，一律不予賠償，除非本人/本公司及/或受保人已在此申請表內已詳細列明並獲中銀集團保險接納。 I / Our company acknowledge that benefits are not payable under the BOC Worldwide Medical Insurance Plan for any costs of treatment arising from any existing illness, injuries or other conditions unless complete details are fully disclosed by me/ our company and/ or the Insured Person(s) in the Application Form and accepted by BOCG Insurance.
2. 本人/本公司謹此聲明受保人於申請這份保險時為年齡介乎 15 日至 70 歲的人士，除獲中銀集團保險批准外，在保單年度內受保人必須居住於香港或澳門 6 個月或以上，並於投保書或書面更改通知內作出相關聲明。 I/ Our company declare that upon application, the Insured Person(s) is/are aged between 15 days and 70 years old and except the approval of BOCG Insurance, the Place of Residence of the Insured Person must be in Hong Kong or Macau whereby the Insured Person(s) will live for 6 months or above within the policy year and as declared in the proposal form or written notice of change.
3. 本人/本公司謹此聲明，本人/本公司已向所有家屬/員工家屬取得授權，於本申請書之陳述乃真確無訛，可作為簽發批單之根據。本人/本公司亦明白如資料錯誤或不詳盡，本人/本公司及/或受保人之保障有失效之虞。I/ Our company declare that I/our company have obtained the necessary authorization from my dependent(s)/employee dependent(s), the information stated in this Application Form is true and complete and will form the basis of this insurance. I/Our company also understand that if any information stated is untrue or incomplete, the cover for me and/or for the Insured Person(s) may be invalided.
4. 本人/本公司在此授權任何醫生、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/本公司及/或上述家屬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/ Our company hereby authorize any doctor, hospital, clinic, insurance company or any other person to provide either myself / our company and/or the above mentioned family members' health condition or detail medical history to BOCG Insurance. Copy of this authorization form will have same effect as of the original copy.
5. 本人/本公司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/ Our company understand that BOCG Insurance reserves the right to accept or decline my application.
6. 本人/本公司明白必順繳付全額保費與生效後，中銀集團保險對本人/本公司及/或受保人之保險責任始行生效。I/ Our company understand that BOCG Insurance's insurance liability for myself / our company and/or for the Insured Person(s) will only take effect provided that premium has been fully paid and the policy was put in-force.
7. 本人/本公司明白此批改申請一經批核，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/本公司只順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/ Our company agree that once this application is accepted, if no notice of amendment of renewal terms is sent to me/ our company from BOCG Insurance prior to the expiration of each policy year, the policy will be automatically renewable by my/our settling of the required premium for the upcoming policy year.

收集個人資料聲明 Personal Information Collection Statement

本人/本公司明白本人/本公司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/ Our company understand that the information provided by me/ our company 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/本公司的保險申請或本人/本公司將來提交的保險申請 processing and evaluating my/our insurance application and any future insurance application I/ Our company may make；
(2) 執行本人/本公司保單的行政工作及提供與本人/本公司保單相關的服務 administering my/our insurance policy and providing services in relation to my/our insurance policy;
(3) 分析或調查、處理及支付本人/本公司保單有關的索償 analysis or investigating, processing and paying claims made under my/our insurance policy;
(4) 發出繳交保費通知及向本人/本公司收取保費及欠款 invoicing and collecting premiums and outstanding amounts from me/ our company;
(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/本公司 contacting me/ our company 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/本公司的保險經紀（若有）my/ our company's 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/本公司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/ our company and/or the Insured Person(s)'s data with the information collected by the Federation from the insurance industry.
此外，經本人/本公司同意，中銀集團保險可能會以其它方式使用及披露本人/本公司及/或受保人的個人資料 Moreover, BOCG Insurance may also use and disclose my/ our company and/or the Insured Person(s)'s personal data otherwise with my/ our consent.
本人/本公司有權查閱及要求更正由中銀集團保險持有有關本人/本公司及/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 (電話：2867 0888，傳真：3906 9939) I/ Our company have/has the right to obtain access to and to request correction of any personal information concerning myself / our company and/or the Insured Person(s) held by BOCG Insurance. Requests for such access can be made to BOCG Insurance's Legal and Compliance Department (Tel: 2867 0888 / Fax: 3906 9939).

接收推廣訊息指示 Receive Direct Marketing Materials Instruction (只適用於個人投保 Applicable for Individual Enrolment only)
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 (只適用於個人投保 Applicable for Individual Enrolment only)

□ 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/本公司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/Our Company confirm my agreement to all sections in this Proposal Form, including but not limited to the above Declaration and Personal Information Collection Statement.

保單持有人簽署
Signature of Policyholder

日期 (日/月/年)
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 Authorisation Form (只適用於個人投保 Applicable for Individual Enrollment only)

☐ 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「中銀環球醫療保障計劃」應繳保費金額，直至另行通知。I hereby authorise and direct "Bank of China Group Insurance Company Limited" to debit the premium due from my credit card account for "BOC Worldwide Medical Insurance Plan" on a yearly basis until further notice..

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

1. 與投保人關係 Relationship with the Proposed Insured: _____
2. 代投保人支付保費原因 Reason for paying premium on Proposed Insured's behalf: _____

☐ 本人同意及承擔以下人士之全數應繳之「中銀環球醫療保障計劃」保費金額。
I hereby confirm to pay the premium due of "BOC Worldwide Medical Insurance Plan" for the Proposed Insured

(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 D/月 M/年 Y)

商務信用卡付款授權書 Business Credit Card Authorisation Form (只適用於公司投保 Applicable for Company Enrollment Only)

☐ Visa ☐ Master

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) /

投保公司茲授權「中銀集團保險有限公司」從投保公司的商務信用卡戶口每年支付「中銀環球醫療保障計劃 」應繳保費金額，直至另行通知。The Proposed Insured Company hereby authorise and direct "Bank of China Group Insurance Company Limited" to debit the premium due from the Proposed Insured Company's business credit card account for "BOC Worldwide Medical Insurance Plan "on yearly basis until further notice.

商務信用卡持卡人簽署 Cardholder's Signature (須與商務信用卡簽署式樣相同 should be the same as the specimen signature on Credit Card)	X S.V.	持卡人聯絡電話號碼 Contact Phone No. of Cardholder	日期 Date (日 D/月 M/年 Y)

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") **Bank of China Group Insurance Company Limited**	銀行編號 Bank No. 0 3 0	分行編號 Branch No. 5 5 0	收款賬戶號碼 Account No. to be Credited 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 年 Year
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.