



Blue Cross 藍十字

An AIA Company 友邦保險成員公司



收集個人資料聲明
Personal Information Collection Statement



聯絡我們
Contact Us

Taipan Plan Subscription Form for Extended Check-up Profile (For Renewal Policy Only) 大班計劃延伸健康檢查參加表格（只適用於續保保單）

Please complete this Form in BLOCK LETTERS. 請以英文正楷填寫下列部份。

Name of Policyholder (Surname/First Name)

保單持有人姓名(姓/名)

Policy No.

保單號碼

Name of Insured (Surname/First Name):

受保人姓名(姓/名)

1.

2.

3.

Insured	H.K.I.D. / Passport No. 香港身分證/ 護照號碼	Female Plan A (FA) 婦女健康檢查計劃 A HK\$960	Female Plan B (FB) 婦女健康檢查計劃 B HK\$3,165	Female Plan C (FC) 婦女健康檢查計劃 C HK\$4,290	Male Plan (MP) 男士健康檢查計劃 HK\$580	Cancer Screening HK\$1,400	Subtotal (HK\$) 費用(港元)
1.							
2.							
3.							
TOTAL 總費							

Subscription Rules 申請守則

- The subscriber must be covered under an insurance policy with the free check-up programme
申請人須受保於提供免費健康檢查的保險計劃。
2. The subscription must be submitted together with
a) the signed renewal notice for the eligible insurance policy; and
b) a crossed cheque in the amount of the total subscription fees payable to "Blue Cross (Asia-Pacific) Insurance Limited"
遞交申請時請連同: a)已簽署之續保通知書;及b)支付申請總費的劃線支票,抬頭請付「藍十字(亞太)保險有限公司」
3. All subscription fees are non-refundable.
有關申請之所有費用將不可退回。
4. All check-ups must be completed before the expiry date of the check-up coupon.
所有健康檢查必須於健康檢查服務券到期前完成。
5. The subscription fees for all extended check-up programmes must be paid in full together with the renewal premium.
所有延伸體檢服務之全數費用必須與續保保費一併繳交。

Declaration 聲明

I / We, hereby declare and agree:

- That I / we have obtained the authority to provide the information requested on this application and to deal with, receive or request for information from Blue Cross (Asia-Pacific) Insurance Limited ("the Company") concerning the subscriber(s) in relation to any matters arising from this application. I / We further acknowledge that the subscriber(s) have been explicitly informed that his/her/their personal data would be transferred to the Company for the purpose of this application and his/her/their rights under the Personal Data (Privacy) Ordinance.
- That I / we understand the Company assumes no responsibilities for the services provided by the designated healthcare provider(s) and shall not be held liable for any claims, losses, liabilities, injuries, demands and/or compensation which may arise out of or in connection with such healthcare provider(s). I / we further understand that no warranty, representation, endorsement or recommendation is given by the Company or may be implied from any information provided by the Company about such healthcare provider(s) in relation to their quality or competence.
- I / We confirm having read and understood the Company's Personal Information Collection Statement as accompanied with this form.

本人/我們，謹此聲明並同意：

- 本人/我們已獲參加者授權提供本申請所需之一切資料，並就有關本申請之相關事宜，與藍十字(亞太)保險有限公司(「貴公司」)進行交涉，並向其接收或索取與參加者有關之資料。本人/我們並確認參加者已獲明確通知，其個人資料將會轉介予貴公司作辦理本申請之用，同時亦已知會參加者在有關個人資料(私隱)條例保障下所享有的一切權利。
- 本人/我們明白貴公司概不就有關醫療機構所提供之服務及對於該等醫療機構所引起或有關之任何索償、損失、責任、損害、要求及/或補償承擔任何責任，並且不會就該等醫療機構之質素或勝任能力作出任何保證、聲明、確認或建議，而貴公司提供的任何資料亦不作此默示。本人/我們確認已閱讀及明白隨本表格附上有關貴公司的收集個人資料聲明。

Date (dd / mm / yy)
日期(日/月/年)

Signature of Policyholder
保單持有人簽署

Ref: C04 (07.2023)



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Basic Profile (Free) 基本健康檢查(免費)

Profile No. 項目編號	Description 項目名稱
P1	Medical Advice on Laboratory Reports and General Physical Measurements 醫療顧問分析化驗報告及普通體格評估
	Anaemia & Blood Diseases Screening 預防貧血及血病檢查
	(i) Complete Blood Count 全血計數
	(ii) ESR 紅血球沉降率
	(iii) Platelet 血小板量
	Blood Grouping 血型及血因子類別
	(i) ABO Blood Group & Rh Factor 血型及血因子
	Diabetic Screening 預防糖尿病檢查
	(i) Glucose 血糖
	Gout Screening 預防痛風症檢查
	(i) Uric Acid 尿酸
	Heart & Lung Diseases Screening 預防心肺病檢查
	(i) Chest X-ray with report 胸部X光檢查及報告
	(ii) Electrocardiogram (ECG) with report 心電圖及報告
	Heart Disease and Stroke Risk Factors Screening 預防心臟病及中風檢查
	(i) HDL, LDL 高低密度膽固醇
	Intestinal Diseases Screening 預防腸病檢查
	(i) Stool, Routine Examination 大便常規檢查
	Lipids Pattern Screening 血脂脂肪檢查
	(i) Cholesterol Total 總膽固醇
	(ii) Triglycerides 三酸甘油脂
DT	Liver Function Tests 肝功能試驗
	(i) SGOT (AST) 谷草轉氨酶
	(ii) SGPT (ALT) 谷丙轉氨酶
	Renal Function Tests 腎功能試驗
	(i) Creatinine 肌肝酸
	(ii) Urea 尿素
	(iii) Urine, Routine Examination 小便常規檢查
	Thyroid Function Test 甲狀腺功能試驗
	(i) Thyroxine (T4) 甲狀腺素
	Dental Care 牙齒護理計劃
	(i) Scaling & Prophylaxis Massage Polishing (1 time) 洗牙石及牙漬(一次)
	(ii) Panoramic Radiography at Causeway Bay, Central & Tsimshatsui or 4 intra-oral x-rays 全景X光照片(只限在銅鑼灣、中環及尖沙咀區)或四張口腔內X光片
	(iii) Complete Oral Examination (1 time) 全面性口腔檢查(一次)

Optional Check-up Program 詳盡健康檢查

Profile No. 項目編號	Description 項目名稱
Female Plan A (for age below 35) 婦女健康檢查計劃A (35歲以下)	
FA	Gynaecological examination 婦產科檢查
	(i) Physical pelvic and breasts examination 盆腔及乳房檢查
	Cervix Cancer Screening 子宮頸癌檢查
FB	(i) Pap smear with report 子宮頸抹片檢查及報告
	Breasts Cancer Screening 乳房癌檢查
	(i) Mammography and Ultrasound of Breasts with report 乳房造影及超聲波檢查及報告
Female Plan B (for age 35-49) 婦女健康檢查計劃B (35-49歲)	
FC	Gynaecological examination 婦產科檢查
	(i) Physical pelvic and breasts examination 盆腔及乳房檢查
	Cervix Cancer Screening 子宮頸癌檢查
	(i) Pap smear with report 子宮頸抹片檢查及報告
	Breasts Cancer Screening 乳房癌檢查
	(i) Mammography and Ultrasound of Breasts with report 乳房造影及超聲波檢查及報告
	Osteoporosis Screening 骨質疏鬆症檢查
MP	(i) Bone Density by Ultrasound 超聲波骨質密度檢查
	Male Plan 男士健康檢查計劃
CA	Prostate Cancer Screening 前列腺癌檢查
	(i) Prostate Specific Antigen 前列腺特异性抗原
Cancer Screening 癌病檢查	
CA	Screening for Liver Cancer & Cirrhosis 肝癌及肝硬化檢查
	(i) AFP 甲胎蛋白
	Colorectal Cancer Screening 直腸癌檢查
	(i) CEA 癌胚抗原
	Nasopharyngeal Carcinoma Screening 鼻咽癌檢查
CA	(i) EBV 鼻咽癌過濾性病毒

Note: Pregnant woman is advised to consult her medical doctor prior to receiving the check-ups.

註：藍十字建議懷孕婦女於接受健康檢查前向家庭醫生徵詢意見。

* Prices are subject to change without prior notice.

費用如有更改，恕不另行通知。