

(II) 準受保人資料 Details of Proposed Insured(s)

| | 準受保人姓名 (姓/名) Name of Proposed Insured(s) (Surname/First Name) | 香港身份證/ 護照號碼 HKID Card/ Passport No. | 性別 Sex | 出生日期 (日/月/年) Date of Birth (dd/mm/yy) | 身高 (厘米) Height (cm) | 體重 (千克) Weight (kg) | 準受保人與 投保人之關係* Relationship with the Applicant* | 職業/職責 [‡] Occupation/ Job Duties [‡] | 居住地方及每年平均居港時間 (月) Place of Residence and average stay in HK per year (month(s)) |
|---|---|--|-----------|--|------------------------------|------------------------------|---|---|---|
| 1 | | | | / / | | | | <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No | <input type="checkbox"/> 香港 HK _____ (月month(s)) <input type="checkbox"/> 其他 Others _____ _____ (月month(s)) |
| 2 | | | | / / | | | | <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No | <input type="checkbox"/> 香港 HK _____ (月month(s)) <input type="checkbox"/> 其他 Others _____ _____ (月month(s)) |
| 3 | | | | / / | | | | <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No | <input type="checkbox"/> 香港 HK _____ (月month(s)) <input type="checkbox"/> 其他 Others _____ _____ (月month(s)) |
| 4 | | | | / / | | | | <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No | <input type="checkbox"/> 香港 HK _____ (月month(s)) <input type="checkbox"/> 其他 Others _____ _____ (月month(s)) |
| 5 | | | | / / | | | | <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No | <input type="checkbox"/> 香港 HK _____ (月month(s)) <input type="checkbox"/> 其他 Others _____ _____ (月month(s)) |

* 適用於個人客戶 For individual customer:

只接受投保人之直屬家庭成員。直屬家庭成員指投保人之配偶、子女、父母、兄弟姊妹、祖父母、孫、法定監護人或配偶的父母。Only Immediate Family Member of the applicant is acceptable. Immediate Family Member shall mean spouse, children, parents, brothers or sisters, grandparents, grandchildren, legal guardian or parents-in-law of the applicant.

適用於公司客戶 For entity customer:

只接受投保人之僱員及其配偶與子女。Only employee of the applicant and his/her spouse and child(ren) are acceptable.

‡

請問準受保人是否從事高風險職業包括 (i)於建築地盤內從事體力勞動工作；(ii)於離地面或樓面10米以上工作；(iii)職業拳手；(iv)騎師 或 (v)特技人？

Does the Proposed Insured engage in high-risk occupation including (i) manual works at construction site; (ii) work at a height (exceeding 10 meters above ground or floor level); (iii) professional boxer; (iv) jockey or (v) stuntman?

(III) 保障計劃 Plan Details

附加保障只限於參與基本住院及手術保障的人士參加。Optional Benefits can be chosen only if Basic Hospital and Surgical Benefits Plan has been applied for.

(請於下列合適空格內劃上「✓」號。Please tick the appropriate items below.)

| 準受保人 Proposed Insured(s) | 基本住院及手術保障 Basic Hospital and Surgical Benefits | | 附加保障 Optional Benefits | | |
|--------------------------------|--|------------------------------------|----------------------------------|-------------------------------------|--|
| | 每宗傷病之免賠額 Deductible Amount Per Disability | 病房費用 Room & Board | 外科醫生費用 Surgeon's Fee | 一百萬元保障 One Million Coverage | |
| 1 | <input type="checkbox"/> US\$3,500 | <input type="checkbox"/> US\$7,500 | <input type="checkbox"/> US\$550 | <input type="checkbox"/> US\$40,000 | <input type="checkbox"/> US\$1,000,000 |
| 2 | <input type="checkbox"/> US\$3,500 | <input type="checkbox"/> US\$7,500 | <input type="checkbox"/> US\$550 | <input type="checkbox"/> US\$40,000 | <input type="checkbox"/> US\$1,000,000 |
| 3 | <input type="checkbox"/> US\$3,500 | <input type="checkbox"/> US\$7,500 | <input type="checkbox"/> US\$550 | <input type="checkbox"/> US\$40,000 | <input type="checkbox"/> US\$1,000,000 |
| 4 | <input type="checkbox"/> US\$3,500 | <input type="checkbox"/> US\$7,500 | <input type="checkbox"/> US\$550 | <input type="checkbox"/> US\$40,000 | <input type="checkbox"/> US\$1,000,000 |
| 5 | <input type="checkbox"/> US\$3,500 | <input type="checkbox"/> US\$7,500 | <input type="checkbox"/> US\$550 | <input type="checkbox"/> US\$40,000 | <input type="checkbox"/> US\$1,000,000 |

繳費期 Payment Mode: 年繳 Annual 月繳 Monthly

註：如您下一個生日是在投保日期起計6個月之內，保費將以下一個生日年齡計算，否則以目前年齡計算。如保單生效日期與投保日期不同，即以保單生效日期決定已屆年齡。本公司將根據此計劃之保費表計算應繳金額。
如選擇按月繳款，每月應繳金額等於年繳保費乘0.0875。

Note: If your next birthday falls within the coming 6 months from the application date, the premium rate will be based on your next age attained. Otherwise, it will be based on your current age. Policy effective date will be used to determine the age attained if it is different from the application date. The total amount payable will be calculated according to the premium table of this plan.
If monthly payment mode is chosen, the monthly amount payable is equal to annual premium times 0.0875.

(IV) 健康相關資料問卷 Questionnaire on Health-Related Information

所有包括在本投保申請之準受保人必須回答下列問題。All Proposed Insured(s) included in this application must answer the following questions.

資料收集聲明

- 此問卷收集與健康相關的資料僅作為核保之用途，而核保是本公司評估申請人之健康風險及決定申請結果的程序。本公司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。
- 作為申請人，閣下需要盡其所知所信，按本問卷中要求向本公司提供完整及準確的資料。本公司根據閣下提供的資料，可能會提出跟進問題或查詢而需要閣下進一步提供資料以作核保之用。
- 若閣下在提交本申請表後至閣下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，閣下需要及早通知本公司。
- 即使已成功投保並獲簽發保單，若閣下未按 (ii) 所述盡其所知所信向本公司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本公司，閣下的保險保障可能會受到影響，本公司亦可能因此終止、作廢或撤銷有關保單，或拒絕賠償。

Statement for Collection of Information

- This questionnaire collects health-related information solely for the purpose of underwriting which is a process for the Company to evaluate the health risk of the applicants and decide the application results. The underwriting process that the Company adopts should be fair and reasonable, and the Company should explain the application results if requested by the customers.
- As the applicant, you are required to provide the Company with complete and accurate information requested in this questionnaire to the best of your knowledge and belief. Based on the information provided, the Company may have follow-up questions or enquiries that require you to provide further information for underwriting purpose.
- 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 you receive the Policy, you are required to notify the Company in a timely manner.
- Even after an insurance policy has been issued upon successful application, the insurance coverage for you may be affected or the policy may be terminated, voided or rescinded, or claims may be repudiated by the Company, if you have not provided the Company with complete and accurate information to the best of your knowledge and belief according to (ii), or if you have not notified the Company on any changes to or updates of the information in time according to (iii).

(V) 選擇拒絕在直接促銷中使用個人資料 Opt-out from Use of Personal Data in Direct Marketing

為向你提供最新消息、優惠及推廣活動的資訊，以及進行直接促銷活動，藍十字（亞太）保險有限公司（「藍十字」）可能會按「收集個人資料聲明」（「該聲明」）所述使用你的個人資料作直接促銷及把閣下的個人資料提供予該聲明第(4)(iii)段的聯盟計劃合作夥伴作直接促銷，但在未經你同意的情况下，藍十字不能就此目的使用及提供你的個人資料。若你不希望藍十字在直接促銷中使用及提供你的個人資料，請在下列空格內劃上「✓」號。

1. 使用個人資料直接促銷

- 我不同意藍十字根據該聲明第(4)段使用我的個人資料作直接促銷（例如通過向我提供最新消息、優惠及推廣活動的資訊）。

2. 把個人資料提供聯盟計劃合作夥伴

- 我不同意藍十字根據該聲明第(4)段把我的個人資料提供予聯盟計劃合作夥伴作直接促銷（例如通過向我提供最新消息、優惠及推廣活動的資訊），不論藍十字會否獲得金錢或其他財產的回報。

以上代表你目前是否希望接受藍十字及聯盟計劃合作夥伴直接促銷的聯繫或資訊的選擇，並取代你在本申請前可能曾給予藍十字的任何選擇。請注意，你以上的選擇將適用於在該聲明內作直接促銷的產品、服務、建議及/或標的。請同時參閱該聲明以知悉可能用作直接促銷的個人資料種類以及可能轉移有關個人資料作直接促銷的資料轉承人類別。

In order to provide you with the latest news, offers and promotions and to conduct direct marketing activities, Blue Cross (Asia-Pacific) Insurance Limited (Blue Cross) may use your personal data according to Blue Cross' Personal Information Collection Statement (the "Statement") and provide your personal data to its alliance program partners as set out in paragraph 4(iii) of the Statement for direct marketing but Blue Cross cannot use and provide your personal data for such purpose without your consent. Please tick "✓" in the box below if you do not wish Blue Cross to use and provide your personal data for direct marketing.

1. Use of Personal Data in Direct Marketing

- I do not agree to Blue Cross' use of my personal data for direct marketing (such as by way of providing me updates on latest news, offers and promotions) as set out in paragraph (4) of the Statement.

2. Provision of Personal Data in Direct Marketing to Alliance Program Partners

- I do not agree to Blue Cross' provision of my personal data to its alliance program partners for direct marketing (such as by way of providing me updates on latest news, offers and promotions) as set out in paragraph (4) of the Statement, whether or not for money or other property.

The above represents your present choice of whether or not to receive direct marketing contact or information from Blue Cross and its alliance program partners. This shall replace any choice you may have given to Blue Cross prior to this application. Please note that your above choice shall apply to the direct marketing of the products, services, advice and/or subjects as set out in the Statement. Please also refer to the Statement for the kinds of personal data which may be used for direct marketing and the classes of persons to which your personal data may be provided for them to use in direct marketing.

(VI) 聲明及授權 Declaration and Authorisation

本人/我們，謹此聲明並同意：

- 上述所有問題的答案包括所有資料及細節均是準確無誤，真實及為事實之全部，並且是盡本人/我們所知及所信而作答的。本人/我們並沒有隱瞞任何重要資料及同意此投保書之內容及聲明將成為此項保險合約之承保根據。本人/我們在此確認，如未能提供真實及準確無誤之資料或通知藍十字（亞太）保險有限公司（「貴公司」）任何有關此保險申請之重要資料，將可能導致貴公司不能接受或處理此保險申請或令本保單失效。在本人/我們簽署本申請書後直至收到保單前，本人/我們必須向貴公司披露有關本人/我們（包括準受保人）的健康狀況的任何改變。
- 本人/我們確認貴公司有權要求本人/我們提供更多有關本人/我們的健康狀況，一切費用由本人/我們支付。本人/我們現授權任何知悉或持有本人/我們健康情況資料之註冊醫生、醫療從業員、醫院、診所或其他與醫療有關的機構、保險公司、組織、機構或人士提供本人/我們的健康或個人資料予貴公司及其授權代表/再保險公司，作為審核此投保書或處理根據此投保書所簽發之保單的相關索償之用。此授權書不可撤銷。本授權書之副本與正本具同等效力。
- 一概保險賠償必須在本申請獲接納後並已將首次應付保費繳交予貴公司後始生效。
- 投保人將有權就一切有關於受保人的索償或按本申請所簽發之保單的相關事宜，與貴公司進行交涉，並向其接收或索取與受保人有關之資料。本人/我們並同意所有由貴公司給予保單持有人或受保人之賠償款項將會存入本投保書第一部份所指定之戶口內或於該戶口不存在時以支票支付，並完全解除貴公司就該些索償之一切承保責任。
- 本人/我們明白及確認貴公司會就本人/我們購買及接受貴公司簽發的保單及其後續保該保單，向負責安排有關保單的獲授權保險經紀（如有）支付佣金。本人/我們若在此代表法人團體簽署，即同時確認本人/我們已獲該法人團體授權。本人/我們亦明白貴公司必須取得上述的同意，才可以處理有關保險申請事宜。
- 本人/我們明白及同意當貴公司就本保單提供的保險（包括支付任何賠償或提供任何保障），將使貴公司面臨聯合國決議下或歐盟、英國、美國或適用於貴公司的任何司法管轄區的貿易或經濟制裁、法律或法規項下的任何制裁、禁制或限制，或承受該等風險時，則貴公司不得被視為就本保單提供保險（包括支付任何賠償或提供任何保障）。
- 本人/我們確認已閱讀及明白產品小冊子、產品條款及細則，同意第四部分的資料收集聲明和隨本表格附上有關貴公司的收集個人資料聲明。
- 適用於個人客戶
*在投保此計劃時，投保人正身處香港。（#如不適用，請刪除）
適用於公司客戶
投保人乃#根據《公司條例》（香港法例第32章或第622章）成立或註冊的法人團體/#根據《商業登記條例》（香港法例第310章）登記的法人團體、合類業務、獨資業務或會社，或其分行。（#請刪去不適用者）

I/WE, HEREBY DECLARE AND AGREE THAT:

- The answers to all the above questions including all information and particulars given herein are accurate, true and complete and are given to the best of my/our knowledge and belief. I/We have not withheld any material information and accept that this application and declaration shall form the basis of the contract between Blue Cross (Asia-Pacific) Insurance Limited ("the Company") and me/us. I/We hereby acknowledge that failure to supply true and accurate answers to this application or inform the Company of all material information about my/our application may render the Company unable to accept or process this application or the insurance policy void. I/We shall disclose to the Company any change in my/our/the Proposed Insured's health after signing this application until I/we receive the policy.
- I/We acknowledge that the Company reserves the right to ask for submission of more details of health status of me/us at my/our own cost. I/We hereby authorise any licensed physician, medical practitioner, hospital, clinic or other medical or medically related facility, insurance company or other organisation, institution or person, that has any records, knowledge or health information of me/us, to give to the Company, its authorised representatives/reinsurers any such information for the purpose of assessment of this application or subsequent assessment of any insurance claim under the insurance policy that may be issued pursuant to this application, such authorisation shall be irrevocable. A photographic copy of this authorisation shall be as valid as the original.
- The insurance coverage applied for shall only take effect when this application has been accepted by and the first premium has been paid to the Company.
- The Applicant shall have the authority to deal with, receive or request for information from the Company concerning the insured(s) in relation to any claims or matters arising from the policy issued pursuant to this application. I/We further agree that payment of any benefits hereunder to the policyholder or insured(s) by the Company in relation to all medical claims shall be credited to the bank account as specified in part (I) of this application or made by cheque in the absence of such an account, which shall constitute a full discharge on the part of the Company in relation to such claims.
- I/We understand and acknowledge that the Company shall pay the authorised insurance broker (if any) a commission for arranging the insurance policy, as a result of purchasing and taking up the policy issued by the Company as well as renewing the said policy thereafter. If I/we sign herein on behalf of a body corporate, I/we further confirm that I/we am/are authorised to do so. I/We further understand that the above agreement is necessary for the Company to proceed with the application.
- I/We understand and agree that the Company shall not be deemed to provide cover (including not to pay any claim or provide any benefit), when the provision of such cover would expose the Company to any, or any risk of, sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United Kingdom, United States of America or any jurisdiction applicable to the Company.
- I/We confirm having read and understood the product brochure, terms and conditions of the product, agree Statement for Collection of Information in part (IV) and the Company's Personal Information Collection Statement as accompanied with this form.
- For individual customer
*The applicant is physically present in Hong Kong as at the date of this application. (#delete if not applicable)
For entity customer
The applicant is #a body corporate that is formed or registered under the Companies Ordinance, Cap. 32 or Cap. 622 of the Laws of Hong Kong/#a body corporate, partnership, sole proprietorship or club, or a branch of any of the aforesaid that is registered under the Business Registration Ordinance, Cap. 310 of the Laws of Hong Kong. (#delete as appropriate)

| | | | |
|---|---------------------------------|--|----------|
| 日期（日/月/年） Date at Hong Kong (dd/mm/yy) | 投保人簽署 Signature of Applicant | 所有準受保人簽署 Signature of all Proposed Insured(s) | |
| | | 1. _____ | 4. _____ |
| | | 2. _____ | 5. _____ |
| | | 3. _____ | |

* 本投保書的中文譯本祇供參考之用，如有爭議，應以英文原義為準。

The Chinese copy of this application form is for reference only. In case of any discrepancy between the Chinese and the English versions, the English version shall apply and prevail.

(VII) 代理人/經紀專用 For Agent/Broker Use Only

| | | | |
|-------------------------------|-------------------------------|------------------------------|------------------------------|
| 代理人/經紀姓名 Agent/Broker Name | 代理人/經紀編號 Agent/Broker Code | 代理人/經紀電話 Agent/Broker Tel | 代理人/經紀傳真 Agent/Broker Fax |
|-------------------------------|-------------------------------|------------------------------|------------------------------|

(VIII) 付款方法 Payment Method

請選擇付款方法並且填寫適當部分。Please select a payment method and complete the appropriate section accordingly.

- 支票付款 (劃線支票抬頭「藍十字(亞太)保險有限公司」) (不適用於月繳)
By cheque (please make your crossed cheque payable to **Blue Cross (Asia-Pacific) Insurance Limited**) (Not applicable to monthly payment)
- 信用卡付款 (請填寫以下(a)部分) By credit card (please complete section (a) below)
- 銀行戶口自動轉賬 (請填寫以下(b)部分) By bank account auto-transfer (please complete section (b) below)

(a) 信用卡付款指示及授權書 Credit Card Payment Instruction and Authorisation

(建議使用投保人信用卡。只接受港元信用卡戶口。Payment by the Applicant's credit card is recommended. Accept credit card in HK currency only.)

| | | |
|--|-------------------------------------|---|
| <input type="checkbox"/> Visa | <input type="checkbox"/> Mastercard | 信用卡戶口號碼 Credit Card Account No. |
| 持卡人姓名 (姓/名) Name of Cardholder (Surname/First Name) | 信用卡到期日 (月/年) Expiry Date (mm/yy) | 與投保人之關係 (必須為直屬家庭成員)* Relationship with the Applicant (must be immediate family member)* |
| 聲明: (一) 本人現授權貴公司從本人所指定之信用卡戶口內扣除保單之任何保費 (包括續保保費)、保險業監管局徵費及賠償差額 (如適用), 直至本人另行發出書面通知為止。 (二) 本人明白本人可隨時通知貴公司取消此授權, 並同意該取消或更改本授權書通知, 須於取消/更改生效日最少一個月之前交予貴公司及/或信用卡中心。 (三) 如選擇月繳, 於投保時貴公司將預先收取首兩個月保費及保險業監管局徵費。 (四) 本人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。 | | Declaration: 1. I hereby authorise the Company to effect debit of any premium (including renewal premium), levy to the Insurance Authority and claims charge back (if applicable) from the Credit Card Account specified herewith for the insurance policy, until further written notice is given by me. 2. I understand that I have the right to cancel this authorisation at any time and agree that any notice of cancellation or variation of this authorisation shall be given to the Company and/or Credit Card Centre at least 1 month prior to the effective date of such cancellation/variation. 3. If monthly payment mode is selected, the Company will charge 2-month premium and levy to the Insurance Authority in advance at the time of application. 4. I confirm having read and understood the Company's Personal Information Collection Statement as accompanied with this form. |
| 持卡人簽署 Signature of Cardholder | 日期 (日/月/年) Date (dd/mm/yy) | |

* 直屬家庭成員指投保人之配偶、子女、父母、兄弟姊妹、祖父母、孫、法定監護人或配偶之父母。
Immediate Family Member shall mean spouse, children, parents, brothers or sisters, grandparents, grandchildren, legal guardian or parents-in-law of the Applicant.

(b) 直接付款授權書 Direct Debit Authorisation

| | | | | |
|--|--|---|--|---------------------|
| 收款人名稱 Name of Party to be credited Blue Cross (Asia-Pacific) Insurance Limited | 銀行編號 Bank Code 0 1 5 | 分行編號 Branch Code 5 2 1 | 貸方戶口號碼 Account No. to be credited 4 0 0 5 0 1 2 4 | |
| 聲明: (一) 本人/我們現授權下述銀行, 由本人/我們之賬戶轉賬保單之任何保費 (包括續保保費) 及保險業監管局徵費予貴公司 (根據貴公司不時給予本人/我們銀行之指示), 直至本人/我們另行發出通知為止。 (二) 本人/我們同意本人/我們之銀行毋須證實該等轉賬通知是否已交予本人/我們。 (三) 如因該等轉賬而令本人/我們之戶口出現透支 (或令現時的透支增加), 本人/我們願共同及個別承擔全部責任。 (四) 本人/我們同意如本人/我們之戶口並無足夠款項支付該等授權轉賬, 本人/我們之銀行將有權不予轉賬, 且銀行可收取慣常之收費。 (五) 本人/我們明白本人/我們可隨時通知貴公司取消此授權, 並同意該取消或更改本授權書之通知, 須於取消/更改生效日最少7個工作天之前交予貴公司及/或本人/我們之銀行。 (六) 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。 | | Declaration: 1. I/We hereby authorise the below named Bank to effect transfer of any premium (including renewal premium) and levy to the Insurance Authority from my/our account to the Company (in accordance with such instructions as my/our Bank may receive from the Company from time to time) for the policy, until further written notice is given by me/us. 2. 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. 3. I/We jointly and severally accept full responsibility for any overdraft (or increase in existing overdraft) on my/our account which may arise as a result of any such transfer(s). 4. I/We agree that should there be insufficient funds in my/our account to meet any transfer hereby authorised, my/our Bank shall be entitled, in its discretion, not to effect such transfer and impose usual service charges on me/us. 5. I/We understand that I/we have the right to cancel this authorisation at any time and agree that any notice of cancellation or variation of this authorisation shall be given to the Company and/or my/our Bank at least seven (7) working days prior to the effective date of such cancellation/variation. 6. I/We confirm having read and understood the Company's Personal Information Collection Statement as accompanied with this form. | | |
| 銀行名稱 Bank Name | 分行名稱 Branch Name | 銀行編號 Bank Code | 分行編號 Branch Code | 戶口號碼 Account No. |
| 戶口持有人姓名 Name of Account Holder(s) | 戶口持有人身份證號碼 HKID Card No. of Account Holder(s) | 如戶口持有人並非投保人或任何準受保人請說明與投保人之關係。 Please describe the relationship to the Applicant if account holder is not the Applicant or any of the Proposed Insured(s). | | |
| 戶口持有人簽署 Signature of Account Holder(s) | 日期 (日/月/年) Date (dd/mm/yy) | | | |

請注意:

- (一) 所有款項均以港元作出扣除。如須貨幣轉換, 兌換率將由東亞銀行以該自動轉賬日所釐訂之兌換率為準。
- (二) 此授權書內之簽名必須與閣下銀行戶口之簽名樣式完全相同。
- (三) 設定直接付款授權指示需時, 如選擇年繳, 請以劃線支票方式預先繳交全年之保費及保險業監管局徵費; 如選擇月繳, 請繳交首2個月之保費及保險業監管局徵費。

Please note:

1. All debits will be made in Hong Kong dollars. If currency conversion is required, the exchange rate will be determined by The Bank of East Asia, Limited as at the date of processing the direct debit transaction.
2. Please ensure that your signature(s) on this form is/are the same as the specimen signature(s) on your Bank Account.
3. To allow sufficient time for the set-up of the direct debit authorisation, if the annual payment mode is selected, please arrange for submission of the annual premium and levy to the Insurance Authority in advance by crossed cheque; if the monthly payment mode is selected, please submit the first 2-month premium and levy to the Insurance Authority.