





收集個人資料聲明 Personal Information Collection Statement

藍十字尊悦自願醫保計劃投保書 **Blue Cross Dynasty VHIS Plan Application Form**

請於投保前閱讀產品小冊子及條款及細則。Please read the product brochure and terms and conditions of the product before applying.

請以中文或英文正楷填寫此份投保書,並連同抬頭為**「藍十字(亞太)保險有限公司」**之劃線支票寄回(如適用)或於第八部分選擇其 他付款方法。Please complete this form in Chinese or English BLOCK letters and if applicable, return it together with a crossed cheque payable to **Blue Cross (Asia-Pacific) Insurance Limited** or select other payment methods in part (VIII).



Blue Cross HK App

醫療保險需求分析(只適用於經代理人/經紀投保的客戶)

Medical Insurance Needs Assessment (only applicable to customer who submits application via agent/broker)

為確保醫療保險產品能滿足閣下的需求和目標,請回答以下問題以便繼續申請。 (註:現有藍十字醫療保險產品並不包括危疾保障計劃即在索償危疾保障時提供一筆 過賠償以應付日後健康服務需求和目標。) In order to ensure the medical insurance product can meet your needs and objectives, please answer the following question before proceeding to the application. (Note: Existing Blue Cross' medical insurance products do not include critical illness protection plans which meet any needs and objectives of offering lump sum payment for future healthcare service upon claims of critical illness.) 閣下是否有意為將來的醫療需要購買醫療保險產品? Do you intend to purchase a medical insurance product for better planning of your future healthcare needs? □ 否 No □ 是 (請選一項) Yes (Please select one) □ 本人現正尋找償款型醫療保險產品(例如:報銷醫療開支)以支付醫療費用。 I am looking for an indemnity medical insurance product (e.g. reimbursement of medical expenses) which serves to settle medical expenses. □ 本人現正尋找非償款型醫療保險產品(例如:住院現金)以彌補住院期間之收入損失。 I am looking for a non-indemnity medical insurance product (e.g. hospital cash) which serves to compensate for the loss of income during hospital confinement. □ 本人現正尋找組合型醫療保險產品(償款但包含非償款現金保障)以支付醫療費用和彌補住院期間之收入損失。 I am looking for a combo medical insurance product (i.e. indemnity incorporated with non-indemnity cash benefits) which serves to settle medical expenses and

compensate for the loss of income during hospital			,		•
I) 準保單持有人資料 Details of Proposed Pol 姓名(以香港身份證/護照為準)(姓/名) Name (as shown on HKID Card/Passport) (Surname/First (英文) (English)	·	□ 先生 Mr. □ 太太 Mrs.	□ 小姐 Miss □ 女士 Ms.	香港身份證/護照號碼 HKID Card/Passport No	
出生日期(日/月/年) Date of Birth (dd/mm/yy)	聯絡電話 Contact Telephone No.			個人電郵地址 Personal Email Address	5
屋苑 Estate	大廈 Building By Street Name/Lot By Street By Street	to customer who s	」 □香港 HK □ ubmits applicatic	ovided) will be defaulted a	島 NT/Outlying Islands any) as the delivery method.)
醫療賠償選項 Claims Payment Options 合資格醫療賠償只會支付予保單持有人。 Eligible medic □ 支票付款 By cheque □ 銀行戶口自動轉賬 (請於	. ,		,	e the relevant informatio	n below)
70 13 1110 1130	口號碼 bunt No. osed Policy Holder's bank acc	銀行戶口持 Name of Bank Ac ount with 15 digits or l	count Holder	銀行名稱 Bank Name	分行名稱 Branch Name
家庭折扣(如適用)Family Discount (if applicable) 如合資格家庭成員 [^] 為「藍十字尊悦自願醫保計劃」之準 If the eligible family member [^] is the Proposed Insured P Plan, such member will be counted towards your family 請提供所有合資格家庭成員的保單資	erson (under a separate a discount.	pplication concurre	現有受保人,該 ently) or is an exi 持有人之關係	sting Insured Person of E	D人數內。 Blue Cross Dynasty VHIS 員指您(作為保單持有人)、
	11.1	スールチ	10 IOV /V IN INI	口具俗冰炷队员	3.11心(下向体平均有人)、

Relationship with proposed Policy Holder

(如未能提供保單號碼,請填上合資格家庭成員的姓名及香港身份證/護照號碼

保單號碼 Policy No.:

Please provide the details of ALL policy(ies) of eligible family member

If policy number is not available, please provide eligible family member's name and HKID Card/Passport No.)

您的配偶/子女、您或配偶的父母/(外)祖父母/兄弟/姊妹。

Eligible family members refer to you as the policyholder, your spouse/child, your or your spouse's parent/grandparent/brother/sister.

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

姓名(姓/名) Name (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)	與準保 持有人之關 Relationship v proposed Policy	· Vith the	居住地 [▲] Place of Residence [▲]		
(中文 Chinese)			, ,			□ 香港 HK □ 其他 Others (請註明 Please specify)		
(英文 English)			, ,			(調註明 Please specify)		
準受保人會否在未來12個月內平均於香港或澳門境外地方逗留6個月或以上? 如答案為「是」者,請列明確實地 點及平均逗留時間。Will the Proposed Insured Person stay outside Hong Kong or Macau for 6 months or more in average in the next 12 months? If the answer is 'Yes', please specify the exact location(s) and the average stay time.								
請問準受保人是否從事高風險職業包括(i)於建築地盤內從事情 Does the proposed Insured Person engage in high-risk occupatio (ii)work at a height (exceeding 10 meters above ground or floor	n including (i)manual wo	rks at co	onstruction site;		騎師 或(v)特技人? □ 是Yes □ 否No		
* 口控码淮保留持有人为受益人。受益人是指淮保留持有人的配便、	マケ、淮保留持有人武甘配	田的公母	、油心母、外油心母試	D 全体柱。				

- * 只接受準保單持有人之受養人。受養人是指準保單持有人的配偶、子女、準保單持有人或其配偶的父母、祖父母、外祖父母或兄弟姊妹。
 Only dependant of the proposed Policy Holder is acceptable. Dependant shall mean proposed Policy Holder's spouse, child, proposed Policy Holder's or his/her spouse's parent, grandparent, brother or sister
- ▲ 指某人士在法律上擁有居留權的司法管轄區。為免存疑,某人士若對該司法管轄區只有法律上的入境許可,而非居留權(例如留學、工作或旅遊),該司法管轄區並不可被視為該人士的居住地。 Means the jurisdiction(s) in which a person legally has the right of abode. For the avoidance of doubt, a jurisdiction in which a person legally has the right or permission of access only but without the right of abode, such as for the purpose of study, work or vacation, will not be treated as a Place of Residence.

(III) 保障計劃 Plan Details

	藍十字尊	悦自願醫保	計劃 Blue C	ross Dynast	ty VHIS I	Plan
計劃級別 Plan Level	□ 全球 Worldwide				口亞洲為	及澳紐 Asia & Australia-New Zealand
自付費(每保單年度) Deductible (Per policy year)	港元 HK\$ □ 0	□ 20,000	□ 40,000	□ 80,00	0	
繳費期 Payment Mode	□ 年繳 Annual	□ 半年繳 Se	mi-annual	□ 季繳 [▼] Q	uarterly▼	□ 月繳 ▼ Monthly ▼
	▼有關付款方法,請 Please complete "Ci					[接付款授權書」。 ect Debit Authorisation" in part (VIII) for payment metho

註:如保單生效日與投保日不同,即以保單生效日決定已屆年齡。本公司將根據此計劃之保費表計算應繳金額。

Note: 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.

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

準受保人必須回答下列問題以作核保之用:Proposed Insured Person is required to answer the following questions for underwriting purpose:

資料收集聲明

- (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。
- (ii) 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。
- (iii) 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。
- (iv)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

- (i) 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.
- (ii) 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.
- (iii) 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.
- (iv) 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).

甲部 Part A - 基本資料 General Information

1. 身高 Height	厘米 centimetres (cm)	或OR	呎/吋 feet/inches
2. 體重 Weight	公斤 kilogrammes (kg)	或OR	磅 pounds (lbs)

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1至8項任何一項問題之答案為「是」者,請於丙部回答相關的跟進問題。 If your answer to any of the questions 1 - 8 below is "Yes", please proceed to answer the relevant follow-up questions in Part C.

請征	王適官	當方格上填上「✓」。 Please tick "✓" the appropriate boxes.	是 Yes	否 No
1.		是否曾被確診下列疾病或健康狀況? ve you ever been diagnosed with any of the following diseases or medical conditions?		
	(a)	癌症或原位癌 Cancer or carcinoma in situ		
	(b)	腦部腫瘤 Brain tumor		
	(c)	心臟疾病 Heart disease		
	(d)	中風(包括短暫性腦缺血・俗稱「小中風」) Stroke (including transient ischemic attack (TIA))		
	(e)	高血壓 Hypertension		
	(f)	糖尿病或葡萄糖耐量異常 Diabetes mellitus or impaired glucose tolerance		
	(g)	腎病 Kidney disease		
	(h)	椎間盤突出或脊椎退化性疾病 Prolapsed intervertebral disc or degenerative spine conditions		
	(i)	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		
	(j)	人體免疫力缺乏病毒(愛滋病病毒)感染 Human immunodeficiency virus ("HIV") infection		
	(k)	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)		
	(l)	身體缺陷、不健全、畸形,及/或影響活動能力、視力、説話能力或聽力的狀況 Physical defects, impairments, deformities, and / or conditions affecting mobility, sight, speech or hearing		
	(m)	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)		
	(n)	高膽固醇症或高血脂症 Hypercholesterolemia or Hyperlipidemia		
	(o)	T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)		
	(p)	多發性硬化症 Multiple sclerosis		
2.		目前是否患有下列疾病或健康狀況? you currently have any of the following diseases or medical conditions?		
		/		
	(b)	乳房病變(腫瘤/硬塊/腫塊/囊腫/結節/增生) Breast lesion (tumour / mass / lump / cyst / nodule / growth)		
	(C)	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)		
	(d)	良性前列腺肥大 Benign prostatic hypertrophy		
	(e)	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)		
	(f)	白內障、青光眼或視網膜病變 Cataract, glaucoma or retinopathy		
	(g)	關節炎或其他關節疾病 Arthritis or other joint disorder		
3.		過去五年內,您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 科醫生、物理治療師、精神科醫生)的跟進診治或醫療護理?		
	In t	he last 5 years, have you ever had or been advised to have any regular or ongoing (such as monthly, every 2 months, half-yearly, annually) ow-up consultations or medical care with a healthcare professional (such as specialist doctor, physiotherapist, psychiatrist) for any disease medical condition?		
4.	In t	過去五年內,您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? he last 5 years, have you been advised by your doctor to take any medications (such as to be taken daily / once per week / as needed as ected by doctor) for a continuous period of more than one (1) month?		
5.		過去五年內,您是否曾入住醫院? he last 5 years, have you been admitted into a hospital?		
6.		過去五年內,您是否曾在非住院情况下接受外科程序(包括內窺鏡檢查或活組織化驗)? he last 5 years, have you undergone a surgical procedure (including endoscopy or biopsy) without being admitted into a hospital?		

乙部 Part B – 健康資料 Health Information

請右	適當	當方格上填上「✓」。 Please tick "✓" the appropriate boxes.	是 Yes	否 No
7.	測記 In th	過去五年內,您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 试、乙型肝炎測試、內型肝炎測試)? ne last 5 years, have you ever had or been advised to undergo investigations (such as blood or urine test, ECG, X-ray, ultrasound, CT scan, I, PET scan, HIV test, Hepatitis B test, Hepatitis C test)?		
		是答案屬「是」,您的檢查結果是否包括下列情況? se answer is "Yes", do your investigation result(s) include the followings?		
	(a)	檢驗結果正常 Normal test result is advised		
	(b)	檢驗結果異常 Abnormal test result is advised		
	(c)	您正等候檢驗或檢驗結果 You are still awaiting test / test result		
	(d)	檢驗結果為無定論或不確定(需要重新或進一步檢驗) Test result is inconclusive or uncertain (retesting or follow up test is required)		
	(e)	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)		
8.		ア您在第1至7項問題中已披露的資料外・您是否有下列情況? nt from anything you have already disclosed in Questions 1 - 7, do you have any of the following conditions?		
	(a)	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		
	(b)	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		
	(c)	在過去一年內,您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, you 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		
	(d)	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 you are seeking or intend to seek medical advice		

丙部 Part C - 健康資料補充 Supplementary Health Information 若乙部第1至8項任何一項問題之答案為「是」者,請在適用的問題提供更多資料。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。 If the answer to any of the questions 1-8 in Part B is "Yes", please provide additional information as applicable. 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.

Question No. Disease / medical condition / sign and symptom								
	Q 是 用 F q	Question No. 直號1-8每題適 月之跟進問題 ollow-up uestions to ach of O1-8	Disease / medical condition /	Date of first occurrence of sign	Treatment / investigations / tests / scans that have been performed b) 有關治療/檢查/測試/掃描日期 Date of such treatment /	全康復、有否跟進/ 服用跟進藥物/下次 覆診日期	治療日期 Date of last follow-up medical consultation /	Name of doctor who treated the disease / sickness / medical condition / sign and symptom* 醫院名稱(如適用)* Name of Hospital,

(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況下,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。

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

以上代表你目前就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,你以上的選擇将適用於列 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 "\right" in the box below if you do not wish Blue Cross to use and provide your personal data for direct marketing.

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.

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

- 《人》我们,建国通知业间息。 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,我們確認責公司有權要求本人/我們提供更多有關本人/我們之健康狀況,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。
- 不及人有保險公司,下海苗核此及於青乳處生私屬此及於青別級及之於單的相關素質之用。此及惟青不可賴朝。不及惟貴之即不吳正不吳門守双刀。本人人我們明白就有關本申請所作出的付款,並不保證可立刻批准所申請的承保範圍。承保範圍將於交妥第一期保費並發出有關保單後方能生效。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責公司後始可生效。 保單持有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分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。

- 版本人/我們另有指明外,此乃自願醫保計劃的獨立新申請,並非從本人/我們在貴公司簽發的現有醫療保險計劃(如有)中轉移出來。 接受貴公司醫療卡之條款(如適用),並於要求下即時償還任何不在承保範圍內的醫療費用及超出保障之外的醫療費用<賠償差額>。 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 本人/我们场口及唯的复数引导。1000年代/我们房屋及接受多数1200年代,这个1000年代,我们有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。
- #在投保此計劃時,準保單持有人正身處香港。(#如不適用,請刪除)

I/WE. HEREBY DECLARE AND AGREE THAT:

- WE, HERBY DECLARE AND AGRE 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. IWe 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. IWe 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 and accurate answers to this application or inform the Company of all material information about my/our application may render the Company and accurate answers to this application or inform the Company and considering the company and accurate answers to this application or inform the Company and considering the Company and the Company and considering the Company and the Company and the Company and considering the Company and the Company and the Company and the Company reserves the right to ask for submission of more details of health status of me/su at my/our own cost. IWe 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.

 I've understand that any payment made in connection with this application does not guarante immediate approval of the coverage applied for shall only take effect when the relevant policy is issued and the fir

冷靜期內取消保單的權利及退還保費

本人明白本人有權以書面通知要求藍十字(亞太)保險有限公司取消保單並獲退還所有已繳保費及保費徵費。本人明白為行使這項權利,該取 消保單的通知必須由本人簽署並由藍十字(亞太)保險有限公司在香港灣仔皇后大道東183號合和中心54樓之總辦事處於冷靜期內直接收到。本 人明白冷靜期為緊接保單或冷靜期通知書交付予本人或本人的指定代表之日起計的21天的期間(以較早者為準)。本人明白冷靜期通知書是由 藍十字(亞太)保險有限公司在交付保單時致予本人或本人的指定代表的一份通知書,以就冷靜期一事通知本人。

Cancellation Rights and Refund of Premium(s) within Cooling-off Period

I understand that I have the right to cancel the policy and obtain a refund of any premium(s) and levy paid by giving a written notice to Blue Cross (Asia-Pacific) Insurance Limited. I understand that to exercise this right, the notice of cancellation must be signed by me and received directly by Blue Cross (Asia-Pacific) Insurance Limited at 54/F Hopewell Centre, 183 Queen's Road East, Wanchai, Hong Kong within the cooling-off period. I understand that the cooling-off period is the period of 21 days immediately following either the day of delivery of the policy or the cooling-off notice to me or my nominated representative (whichever is the earlier). I understand that the cooling-off notice is a notice that will be sent to me or my nominated representative by Blue Cross (Asia-Pacific) Insurance Limited to notify me of the cooling-off period around the time the policy is delivered.

日期(日/月/年) Date at Hong Kong (dd/mm/yy)

準保單持有人簽署 Signature of Proposed Policy Holder

Signature of Proposed Insured Person

(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。P	lease select a payment method and	a com	piete the appro	priate s	ection acco	ordingly	•						
		P(亞太)保險有限公司」)(不適 ssed cheque payable to Blue Cross			nce Lim	nited) (Not a	applical	ole to	quart	erly ar	nd mon	thly pa	yment)	
□ 信用卡·	付款 (請填寫以下(a)部分) By credit card (please complete s	ection	n (a) below)										
□ 銀行戶	口自動轉賬 (請填寫以下(b)部分) By bank account autopay	(pleas	se complete sec	tion (b)	below)								
		Credit Card Payment Instrud												
☐ Visa	☐ Maste	· · · · · · · · · · · · · · · · · · ·		信用卡戶[, .								
持卡人姓名				Credit Car 信用卡到										
	rdholder (Surname/First N	ame)		Expiry Da										
聲明: (一) 本人	ロ	能定之信用卡戶口內扣除保單之任		laration:										
何保	費(包括續保保費)、保	除業監管局徵費及賠償差額(如	le	hereby authoris evy to the Insur	ance Au	uthority and	claims	char	ge bad	ck (if a	pplicab	ole) from	n the C	redit Carc
) ,直至本人另行發出書	面通知為止。 公司取消此授權,並同意該取消或		Account specified understand that									_	,
更改	本授權書通知,須於取消	1/更改生效日最少一個月之前交	O	f cancellation of	r variati	on of this a	uthorisa	ation	shall b	e give	n to the	e Comp	any an	
	公司及/或信用卡中心。]將預先收取首兩個月保費及保險		Card Centre at lea fmonthly payme										levy to the
	管局徴費。	加 良儿状状白洲 凹力 杯莫及杯牌	lr	nsurance Author	ity in ad	vance at the	time of	appl	ication			•		•
(四) 本人 料聲		格附上有關貴公司的收集個人資		confirm having s accompanied			the Co	mpar	ıy's Pe	rsonal	Informa	ation Co	llection	Statemen
持卡人簽署						(日/月/								
Signature of	Cardholder				Date	(dd/mm/yy)							
	款授權書 Direct De		osed P	Policy Holder's	Hong K	ong hank a	ccount	with	15 die	oits or l	nelow (only)		
(只接受1		有人之香港銀行戶口。Accept propo	osed P	Policy Holder's 銀行編		ong bank a 分行編		with	15 di <u>ք</u>			only.) 口號碼		
(只接受1 收款人名稱	5位數字或以下準保單持有 Name of Party to be credi	有人之香港銀行戶口。Accept propo	osed P	銀行編 Bank Co	號 ode	分行編 Branch (號 Code		,	Accou	貸方戶 nt No.	口號碼 to be c		2 4
(只接受1 收款人名稱	5位數字或以下準保單持有 Name of Party to be credi	有人之香港銀行戶口。Accept propo ted		銀行編	號	分行編	號	with 4			貸方戶	口號碼		2 4
(只接受1 收款人名稱 聲明: (一)本人/	5位數字或以下準保單持在 Name of Party to be credi Blue Cross (Asia-Pac 我們現授權下述銀行,由	有人之香港銀行戶口。Accept properted cific)Insurance Limited 日本人/我們之賬戶轉賬保單之任	Dec 1. I/	銀行編 Bank Co 0 1 claration: We hereby aut	號 ode 5 horise t	分行編 Branch (5 2 he below n	號 Code 1 amed E	4 Bank	0	Accour 0	貸方戶nt No. 5 sfer of	口號碼 to be co	1 emium	(including
(只接受1 收款人名稱 聲明: (一)本人/ 何保費	5位數字或以下準保單持在 Name of Party to be credi Blue Cross (Asia-Pac 我們現授權下述銀行,由 責(包括續保保費)及保險	有人之香港銀行戶口。Accept prope ted cific) Insurance Limited	Dec 1. l/ re (ii	銀行編 Bank Co 0 1 Ilaration: We hereby aut enewal premiur n accordance v	號 ode 5 horise to and lovith suc	分行編 Branch (5 2 he below nevy to the li h instruction	號 Code 1 amed Ensurance	4 Bank to Aut	0 to effe	Accourt O ct tran from r may r	貸方戶nt No. 5 sfer of ny/our eceive	口號碼 to be come 0 any present account from the	1 emium t to the	(including
(只接受1 收款人名稱 聲明: (一)本人/ 何何司 出通知	5位數字或以下準保單持在 Name of Party to be credital Blue Cross (Asia-Pace) 我們現授權下述銀行,由 責(包括續保保費)及保險 時給予本人/我們銀行之 口為止。	可人之香港銀行戶口。Accept proported cific)Insurance Limited cific)Insurance Limited 由本人/我們之賬戶轉賬保單之任食業監管局徵費予責公司(根據貴之指示),直至本人/我們另行發	Dec 1. I/ re (ii	銀行編 Bank Co 0 1 :laration: We hereby autenewal premiur	號 ode 5 horise to and levith suctive police.	分行編 Branch (5 2 he below n evy to the Ir h instructio icy, until fu	號	4 Bank t e Aut ny/our ritten	oto effe hority Bank notice	Account of transfrom real real real real real real real real	貸方戶nt No. 5 sfer of my/our eceive ren by	口號碼 to be contained any pre- account from the	1 emium t to the	(including Company pany from
(只接受1 收款人名稱 聲明: (一)本(人 何可司 公出通 (二)本人 子	5位數字或以下準保單持在 Name of Party to be credi Blue Cross (Asia-Pac 我們現授權下述銀行,由 費(包括續保保費)及保險 下時給予本人/我們銀行之 力為止。 大我們同意本人/我們之 不本人/我們。	可人之香港銀行戶口。Accept proported cific)Insurance Limited 中本人/我們之賬戶轉賬保單之任 就業監管局徵費予貴公司(根據貴 之指示),直至本人/我們另行發 銀行毋須證實該等轉賬通知是否	Dec 1. I/ re (ii tii 2. I/ tr	銀行編Bank Color of the Bank Col	號 ode 5 horise t n) and levith suc the pol ny/our B given to	分行編 Branch (5 2 he below nevy to the li h instruction icy, until fu ank shall no me/us.	號 Code 1 amed Ensurance ns as m rther w of be ob	4 Bank to Autory/Our ritten liged	o effe hority Bank notice to asce	Account of transfrom ray re is givertain v	貸方戶nt No. 5 sfer of ny/our eceive ren by whether	口號碼 to be come any preaccount from the me/us.	1 emium t to the ne Com	(including Company pany from
(只接受1 收款人名稱 聲明: (一)本人 何勾通人 (二)本已如 (二)如因語	5位數字或以下準保單持在 Name of Party to be credi Blue Cross (Asia-Pac 我們現授權下述銀行,由 費(包括續保保費)及保險 下時給予本人/我們銀行之 力為止。 大我們同意本人/我們之 不本人/我們。	有人之香港銀行戶口。Accept proported cific)Insurance Limited 中本人/我們之賬戶轉賬保單之任食業監管局徵費予貴公司(根據貴之指示),直至本人/我們另行發銀行毋須證實該等轉賬通知是否	Dec 1. I/ re (ii tii 2. I/ tr 3. I/	銀行編Bank Color 1	號 ode 5 horise t horise the polyour B given to several	分行編 Branch 0 5 2 he below n evy to the Ir h instruction icy, until fu ank shall no me/us. ly accept fu	號 Code 1 amed Ensurance ns as m rither w bit be ob	4 Bank to Autory/Our ritten liged	o effectory of Bank notice to ascellity for	Account of training of the count of training of the count	貸方戶nt No. 5 sfer of ny/our eceive ren by whether overdra	口號碼to be company preaccount from the me/us.	1 emium t to the se Commotice of crease	(including Company pany from
(只接受1 收款人名 馨明: 本何公出本已如增人 (二) 之 知增人 (三) 增本人 (四) 本人	5位數字或以下準保單持在 Name of Party to be credital Blue Cross (Asia-Pace 我們現授權下述銀行,由 數(包括續保保費)及保險 工時給予本人/我們銀行之 一為止。 一次我們同意本人/我們之 一次,本人/我們原 ,本人/我們願共同及個 大我們同意如本人/我們之	有人之香港銀行戶口。Accept proported cific)Insurance Limited 中本人/我們之賬戶轉賬保單之任 就業監管局徵費予貴公司(根據貴 之指示),直至本人/我們另行發 銀行毋須證實該等轉賬通知是否 之戶口出現透支(或令現時的透支 因別承擔全部責任。 之戶口並無足夠款項支付該等授權	Dec 1. I/ re (ii tii 2. I/ tr 3. I/ o	銀行編Bank Color of the Bank Col	號ode 5 horise tenter in and levith suctive polyour Begiven to several our accomposite in a composite in a	分行編 Branch (號 Code 1 amed E ssuranc ns as m rther w bt be ob all respondance aris	Bank to e Autory/our ritten liged on sibile as a unds i	to effe hority Bank notice to asce lity for result	Account of training of any coordinates of any coord	貸方戶nt No. 15 sfer of ny/our eceive en by whether overdrasuch traceount to count to	口號碼 to be contained any preaccount from the me/us.	emium t to the ee Com notice o	(including Company pany from of any such in existing
(只接受1 收款人名稱 聲明: (一)本何公出本已如始人人看不致人之子。 (二)也知如如如如如如如如如如如如如如如如如如人子。 (四)本轉收費。	5位數字或以下準保單持在 Name of Party to be credital Blue Cross (Asia-Pace) 我們現授權下述銀行,由 責(包括續保保費)及保險 時給予本人/我們銀行之 大我們同意本人/我們之 一次,本人/我們原 大時間, 大我們同意如本人/我們之 我們同意如本人/我們之 我們同意如本人/我們之	可人之香港銀行戶口。Accept proported cific)Insurance Limited cific)Insurance Limited 由本人/我們之賬戶轉賬保單之任食業監管局徵費予責公司(根據貴之指示),直至本人/我們另行發銀行毋須證實該等轉賬通知是否起戶口出現透支(或令現時的透支超別承擔全部責任。 Z戶口並無足夠款項支付該等授權權不予轉賬,且銀行可收取慣常之	Dec 1. I// re (ii tii 2. I// tr 3. I// o 4. I// au u	銀行編Bank Color laration: We hereby autenewal premiur n accordance version me to time) for mansfer has been to the pointly and werdraft) on my/We agree that sluthorised, my/orisual service challenges.	號ode 5 horise t	分行編 Branch of Branch of 5 2 2 the below nevy to the Inh instruction icy, until fur ank shall no me/us. It accept fur ant which rere be insufficially be entime/us.	amed Ensurance is as me with the object of the color of t	4 Bank to e Autory/our ritten liged on sibile e as a unds its distribution of the control of the	to effe hority r Bank notice to asce lity for result in my/o	Account of training of any count of the count of any coun	貸方戶nt No. 5 sfer of my/our eceive en by whether overdrasuch traction of effect	any preaccount from the me/us. or not ft (or in ansfer(s) or meet at such tr	emium t to the te Com notice of crease	(including Company pany from of any such in existing sfer hereby nd impose
(只接名 名	5位數字或以下準保單持在 Name of Party to be credital Blue Cross (Asia-Pace) 我們現授權下述銀行,時 貨(包括續保保費) 級及保證 時給予本人/我們之 我們同意本人/我們之 多本人/我們。 該等轉賬而令本人/我們之 (我們同意如本人/我們之 ,本人/我們同意如本人/我們之 ,本人/我們可數	有人之香港銀行戶口。Accept proported cific)Insurance Limited 中本人/我們之賬戶轉賬保單之任 就業監管局徵費予貴公司(根據貴 之指示),直至本人/我們另行發 銀行毋須證實該等轉賬通知是否 之戶口出現透支(或令現時的透支 因別承擔全部責任。 之戶口並無足夠款項支付該等授權	Dec 1. I/ re (ii tii 2. I/ tr 3. I/ o 4. I/ au u 5. I/ th	銀行編 Bank Co	號 bode 5 5 horise t n) and levith suctive pol ny/our B given to several our acccomould the rg Bank rg son i that I/v of cane	分行編 Branch 0 5 2 2 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	mamed Ensurance in the substitute of the substit	4 Bank to e Autory/our international dispersion of the control of	to effection to accept the screet to accept the scr	ct tran from r may r e is givertain v of any cour accon, not t	貸方戶nt No. 5 sfer of ny/our eceive en by whether overdra such traccount to o effect orisation orisation.	any preaaccoun from the me/us. r or not ft (or in ansfer(s) or meet at such trop at aron shall	emium t to the e Commotice of crease . ny tranansfer any time be girl be girl	(including Company pany from of any such in existing sfer hereby and impose and agree een to the
(只接受稱 收款人名 等明: 本何公出本已如增本轉收本意何公出本已如增本轉收本意何 (五) 意工	5位數字或以下準保單持在 Name of Party to be credital Blue Cross (Asia-Pace) 我們現授權下述銀行,中 責(包括續保保費)及保稅 之間, 我們同意本人/我們。 我們同意本人/我們之 ,本人/我們之一 ,本人/我們與共同及個 ,本人/我們同意如本人/我們之 我們同意如本人/我們之 我們同意如本人/我們之 我們同意如本人/我們之 我們同意如本人/我們之 我們同意如本人/我們之 我們同意如本人/我們之 我們同意如本人/我們之 我們可以 我們可以 大我們明白本人/我們可以 我們明白本人/我們可以 大我們明白本人/我們可以 我們明白本人/我們可以 大我們明白本人/我們可以 大說一 大說一 大說一 大說一 大說一 大說一 大說一 大說一	有人之香港銀行戶口。Accept proported cific)Insurance Limited cific ci	Dec 1. 1/1 ree (ii titi titi titi titi titi titi tit	銀行編 Bank Co	thorise to the polyour Bigiven to several our accommodal that It was a that It was a factor of cannot may found that It was a factor of cannot may found that It was a factor of cannot may found that It was a factor of cannot may found that It was a factor of cannot may found that It was a factor of cannot may found that It was a factor of cannot may found that It was a factor of cannot may found that It was a factor of cannot may found that It was a factor of cannot may found that It was a factor of the polyone that It was a fac	分行編 Branch (mamed Ensurance in the substitute of the substit	4 Bank to e Autory/our international dispersion of the control of	to effection to accept the screet to accept the scr	ct tran from r may r e is givertain v of any cour accon, not t	貸方戶nt No. 5 sfer of ny/our eceive en by whether overdra such traccount to o effect orisation orisation.	any preaaccoun from the me/us. r or not ft (or in ansfer(s) or meet at such trop at aron shall	emium t to the e Commotice of crease . ny tranansfer any time be girl be girl	(including Company pany from of any such in existing sfer hereby and impose and agree een to the
(只接不) (只要不) (只要不) (只要不) (只要不) (不) (不) (不) (不) (不) (不) (不) (不) (不) (5位數字或以下準保單持在 Name of Party to be credital Blue Cross (Asia-Pace) 我們現授權下述銀行,中 責(包括續保保費)及保稅 之間, 我們同意本人/我們。 我們同意本人/我們之 ,本人/我們之一 ,本人/我們與共同及個 ,本人/我們同意如本人/我們之 我們同意如本人/我們之 我們同意如本人/我們之 我們同意如本人/我們之 我們同意如本人/我們之 我們同意如本人/我們之 我們同意如本人/我們之 我們同意如本人/我們之 我們可以 我們可以 大我們明白本人/我們可以 我們明白本人/我們可以 大我們明白本人/我們可以 我們明白本人/我們可以 大我們明白本人/我們可以 大說一 大說一 大說一 大說一 大說一 大說一 大說一 大說一	有人之香港銀行戶口。Accept proported cific) Insurance Limited a本人/我們之賬戶轉賬保單之任食業監管局徵費予貴公司(根據費登指示),直至本人/我們另行發銀行毋須證實該等轉賬通知是否銀行毋須證實該等轉賬通知是否因別承擔全部責任。 之戶口出現透支(或令現時的透支別別承擔全部責任。 之戶口並無足夠款項支付該等授權之工戶口並無足夠款項支付該等授權之一一一一一一一一一一一一一一一一一一一一一一一一一一一一一一一一一一一一	Decc 1. 1/1 rec (ii ti ti ti ti tr tr tr 3. 1/1 o o 4. 1/1 / a a u u c c sc (6. 1/1)	銀行編 Bank Co	thorise to the polymer of care my/our Bank reges on the control of care my/our according to the polymer of care my/our my/our my/our n/variativing re-	分行編 Branch of Branch of Department of the Internation of the Internation of Internation I	amed Ensurance in a surance in	4 4 A Sank to e Autory/our ritten liged on sibilite as a a unds it its distriction of cantion of ca	0 0 offee hority or Bank notice to ascertification of the same of	Ct tran from n may r e is give rain v r any cof any our according to the company of the company	貸方戶nt No. 1 5 sfer of ny/our eceive en by whether execute traction of effect or is at iconstant of the course of	口號碼to be company preaccount from the me/us. If (or in ansfer(s) or meet at such the property of the property	emium t to the se Commotice of crease In transfer a set of the	(including Company pany from of any such in existing sfer hereby and impose and agreezen to the ve date o
(只接不) (只接不) (只要不) (只要不) (一) (一) (一) (一) (一) (五) (五) (五) (五) (五) (五) (五) (五) (五) (五	5位數字或以下準保單持在 Name of Party to be credit Blue Cross (Asia-Pace 我們現授權下述銀行人 食(包括續保保費)及保行之 口為止。 / 我們同意本人/我們之 分本人/我們之。 / 我們同意本人/我們之 , 本人/我們與共同及假 / 我們同意如本人/我們之 , 本人/我們同意如本人/我們之 我們同意如本人/我們之 我們同意如本人/我們之 我們同意如本人/我們之 我們同意如本人/我們之 我們明的如本授權書之 / 我們明白本大/養書之 / 我們明白本長/ 我們明白四百 / 我們明白本長/ 一、 一、 一、 一、 一、 一、 一、 一、 一、 一、 一、 一、 一、	有人之香港銀行戶口。Accept proported cific)Insurance Limited cific ci	Decc 1. 1/1 rec (ii ti ti ti ti tr tr tr 3. 1/1 o o 4. 1/1 / a a u u c c sc (6. 1/1)	銀行編 Bank Co	thorise to the polar several pur according to the polar several pur according to the polar several pur according to the polar my/out that I/v of camer my/oun/variat ving response	分行編 Branch 0 5 2 2	amed Ensurance in a surance in	4 4 A Sank to e Autory/our ritten liged on sibilite as a a unds it its distriction of cantion of ca	0 0 offee hority or Bank notice to ascertification of the same of	ct tran from r may r r any c of any our according data.	貸方戶 tt No. 1 5 sfer of ny/our ecceive een by 1 whether to o effect or of effect or of effect or isatic prisatic pri	口號碼to be company preaccount from the me/us. If (or in ansfer(s) or meet at such the property of the property	emium t to the se Commotice of crease In transfer a set of the	(including Company pany from of any such in existing sfer hereby and impose and agreezen to the ve date o
(只接不) (只要不) (只要不) (只要不) (只要不) (不) (不) (不) (不) (不) (不) (不) (不) (不) (5位數字或以下準保單持在 Name of Party to be credit Blue Cross (Asia-Pace 我們現授權下述銀行人 食(包括續保保費)及保行之 口為止。 / 我們同意本人/我們之 分本人/我們之。 / 我們同意本人/我們之 , 本人/我們與共同及假 / 我們同意如本人/我們之 , 本人/我們同意如本人/我們之 我們同意如本人/我們之 我們同意如本人/我們之 我們同意如本人/我們之 我們同意如本人/我們之 我們明的如本授權書之 / 我們明白本大/養書之 / 我們明白本長/ 我們明白四百 / 我們明白本長/ 一、 一、 一、 一、 一、 一、 一、 一、 一、 一、 一、 一、 一、	有人之香港銀行戶口。Accept proported cific)Insurance Limited cific ci	Decc 1. 1/1 rec (ii ti ti ti ti tr tr tr 3. 1/1 o o 4. 1/1 / a a u u c c sc (6. 1/1)	銀行編 Bank Co	thorise t in and levith such the policy in the policy in a considerable and the considerable and the policy in a considerable and the policy in a considerable and the cons	分行編 Branch of Branch of Department of the Internation of the Internation of Internation I	amed Ensurance in a surance in	4 4 A Sank to e Autory/our ritten liged on sibilite as a a unds it its distriction of cantion of ca	0 0 offee hority or Bank notice to ascertification of the same of	ct tran from r may r r any c of any court act of any court act author author author author any s f	貸方戶nt No. 1 5 sfer of ny/our eceive en by whether execute traction of effect or is at iconstant of the course of	口號碼to be company preaccount from the me/us. In or not fit (or in ansfer(s) to meet at such the properties of the company and	emium t to the se Commotice of crease In transfer a set of the	(including Company pany from of any such in existing sfer hereby and impose and agreezen to the ve date o
(只接名 名) (只接名 名) (只接名 名) (只接名 名) (一) (二) (三) 如增 本轉收 本意個人賽 7 年人 (五)	5位數字或以下準保單持在 Name of Party to be credital Blue Cross (Asia-Pace) 我們現授權下述銀行人, 後人包括海保保費)的銀行之 一、 一、 一、 一、 一、 一、 一、 一、 一、 一、 一、 一、 一、	有人之香港銀行戶口。Accept proported cific)Insurance Limited cific ci	Dec 1. 1/ re (ii tii ti	銀行編 Bank Co	thorise to the polar several s	分行編 Branch 0 5 2 2 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	amed Ensurance in a surance in	4 4 A Sank to e Autory/our ritten liged on sibilite as a a unds it its distriction of cantion of ca	0 0 offee hority or Bank notice to ascertification of the same of	ct tran from r may r r any c of any court act of any court act author author author author any s f	貸方戶 tt No. 1 5 sfer of ny/our eceive een by 1 whether count to o effect or isatic risatic	口號碼to be company preaccount from the me/us. In or not fit (or in ansfer(s) to meet at such the properties of the company and	emium t to the se Commotice of crease In transfer a set of the	(including Company pany from of any such in existing sfer hereby and impose and agreezen to the ve date o
(只 接 名	5位數字或以下準保單持在 Name of Party to be credital Blue Cross (Asia-Pace) 我們現授權下述銀行人, 後人包括海保保費)的銀行之 一、 一、 一、 一、 一、 一、 一、 一、 一、 一、 一、 一、 一、	有人之香港銀行戶口。Accept proported cific)Insurance Limited cific ci	Decc 1. 1/ rec (ii titi titi titi titi titi titi titi	銀行編 Bank Co	號 bode 5 borise t ban and levith such the polar ban bank accommodate the polar bank accommodate the polar bank accommodate the polar bank accommodate that I/v of came accommodate the polar bank accommodate to the polar bank ac	分行編 Branch of Branch of S 2 2 2 2 2 2 2 2 2	amed Ensurance in a same as merther work be obtaill responding aristicient frittled, in a right to right to right to right to reast severations.	4 4 A Sank to e Autory/our ritten liged on sibilite as a a unds it its distriction of cantion of ca	0 0 offee hority or Bank notice to ascertification of the same of	ct tran from r may r r any c of any court act of any court act author author author author any s f	貸方戶 tt No. 1 5 sfer of ny/our eceive een by 1 whether count to o effect or isatic risatic	口號碼to be company preaccount from the me/us. In or not fit (or in ansfer(s) to meet at such the properties of the company and	emium t to the se Commotice of crease In transfer a set of the	(including Company pany from of any such in existing sfer hereby and impose and agreezen to the ve date o
(只接名	5位數字或以下準保單持在 Name of Party to be credital Blue Cross (Asia-Pace) 我們現授權下述銀行人, 後人包括海体人,我們銀行之一。 我們同意本人人我們之一。 我們同意本人人我們之一。 我們同意本人人我們之一。 我們同意本人人我們之一。 我們同意本人人我們之一。 我們可以一個人,我們可以一個一個一個一個一個一個一個一個一個一個一個一個一個一個一個一個一個一個一個	有人之香港銀行戶口。Accept proported cific)Insurance Limited cific ci	Dec 1. 1/ re (ii tii tii ti	銀行編 Bank Co	sign of According to the policy of the poli	分行編 Branch of Branch of S 2 2 2 2 2 2 2 2 2	amed Ensurance in a same as merther work be obtaill responding aristicient frittled, in a right to right to right to right to reast severations.	4 4 A Sank to e Autory/our ritten liged on sibilite as a a unds it its distriction of cantion of ca	0 0 offee hority or Bank notice to ascertification of the same of	ct tran from r may r r any c of any court act of any court act author author author author any s f	貸方戶 tt No. 1 5 sfer of ny/our eceive een by 1 whether count to o effect or isatic risatic	口號碼to be company preaccount from the me/us. In or not fit (or in ansfer(s) to meet at such the properties of the company and	emium t to the se Commotice of crease In transfer a set of the	(including Company pany from of any such in existing sfer hereby and impose and agreezen to the ve date o
(只接名	5位數字或以下準保單持在 Name of Party to be credital Blue Cross (Asia-Pace) 我們現授權下述銀行人, 後人包括海体人,我們銀行之一。 我們同意本人人我們之一。 我們同意本人人我們之一。 我們同意本人人我們之一。 我們同意本人人我們之一。 我們同意本人人我們之一。 我們可以一個人,我們可以一個一個一個一個一個一個一個一個一個一個一個一個一個一個一個一個一個一個一個	有人之香港銀行戶口。Accept proported cific)Insurance Limited cific ci	Dec 1. 1/ rec (i) it	銀行編 Bank Co O I I I I I I I I I I I I I I I I I I	號 ode 5 horise t horise the policy horise the policy horise h	分行編 Branch of Branch of S 2 2 2 2 2 2 2 2 2	amed Ensurance in a same as merther work be obtaill responding aristicient frittled, in a right to right to right to right to reast severations.	4 4 A Sank to e Autory/our ritten liged on sibilite as a a unds it its distriction of cantion of ca	0 0 offee hority or Bank notice to ascertification of the same of	ct tran from r may r r any c of any court act of any court act author author author author any s f	貸方戶 tt No. 1 5 sfer of ny/our eceive een by 1 whether count to o effect or isatic risatic	口號碼to be company preaccount from the me/us. In or not fit (or in ansfer(s) to meet at such the properties of the company and	emium t to the se Commotice of crease In transfer a set of the	(including Company pany from of any such in existing sfer hereby and impose and agreezen to the ve date o
(只接名	5位數字或以下準保單持有 Name of Party to be credital Blue Cross (Asia-Party to b	有人之香港銀行戶口。Accept proported cific)Insurance Limited cific ci	Dec 1. 1/ rec (i) it	銀行編 Bank Co O I I I I I I I I I I I I I I I I I I	號 ode 5 horise t horise the policy horise the policy horise h	分行編 Branch of Branch of S 2 2 2 2 2 2 2 2 2	amed Ensurance in a same as merther work be obtaill responding aristicient frittled, in a right to right to right to right to reast severations.	4 4 A Sank to e Autory/our ritten liged on sibilite as a a unds it its distriction of cantion of ca	0 0 offee hority or Bank notice to ascertification of the same of	ct tran from r may r r any c of any court act of any court act author author author author any s f	貸方戶 tt No. 1 5 sfer of ny/our eceive een by 1 whether count to o effect or isatic risatic	口號碼to be company preaccount from the me/us. In or not fit (or in ansfer(s) to meet at such the properties of the company and	emium t to the se Commotice of crease In transfer a set of the	(including Company pany from of any such in existing sfer hereby and impose and agreezen to the ve date o
(只	5位數字或以下準保單持在 Name of Party to be credital Blue Cross (Asia-Pace B	可人之香港銀行戶口。Accept proported cific)Insurance Limited cific ci	Decc 1. 1/ rec (ii tii tii tii tii tii tii tii tii tii	銀行編 Bank Co 0 1 1 Blaration: We hereby autenewal premiur n accordance version were to time) for We agree that nowerdraft) on my/w We agree that sluthorised, my/or usual service chat any notice company and/to We confirm hat tatement as according to the same company and th	signature of the second of th	分行編 Branch 0 5 2 2	amed Ensurance in surance in sura	4 4 A A A A A A A A A A A A A A A A A A	o offee hority or Bank notice to ascertification of the first section of	ct tran from r may r e is giv cof any cof and cof any	貸方戶 to No. 1 5 sfer of ony/our eceive een by a whether to our tect on effect or or is at its count to one of the count to o	口號碼to be company preaction of the company pre	emium t to the e Commotice of the common	(including Company pany from of any such in existing sfer hereby nd impose and agreezen to the ve date o
(只接名)	5位數字或以下準保單持在 Name of Party to be credital Blue Cross (Asia-Pace B	可人之香港銀行戶口。Accept proported ciffic)Insurance Limited ciffic ci	Decc 1. 1/ rec (ii tii tii tii tii tii tii tii tii tii	銀行編 Bank Co 0 1 1 claration: We hereby autenewal premiur n accordance vere to time) for We agree that new for the pointly and werdraft) on my/owerdraft) on my/owerdraft any notice company and/owerdraft and company and/owerdraft and company and/owerdraft and company and c	號 ode 5 horise t han and le vith such the pol hand le vith such the pol hand le vith such the pol hand le vith several our acceptance of the pol har Bank ranges on the le ving resonnation of Acceptance of Accep	分行編 Branch of Branch of S 2 he below nevy to the In hinstruction icy, until fur ank shall no me/us. ly accept fur bunt which rere be insuffishall be ent me/us. we have the coellation of Ir Bank at loin on Ir Bank at loin in Bank at	amed Ensurance in a service of the s	4 4 A sank to e Autory/Outuritten liiged on sibilite as a sunds its distriction of een (7) I the	O offee hority Bank notice to ascertion my/vice to the first this in my/vice to the control of this control of	ct tran from r may r r any c of any our according da authorizing da any's F According to Courrence	貸方戶 to No. 5 sfer of ny/our eceive reen by whether werdra such transcount to o effect or isatic risatic rys price.	口號碼 to be company present to be company present to the company present to the company present to the company present to the company to the c	emium t to these Commotice of correase and the second seco	(including Company pany from of any such in existing sfer hereby nd impose and agreeven to the ve date o

- (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、半年繳或季繳, 請以劃線支票方式預先繳交至年、半年或一季之保費及保險 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 ensure that your signature(s) on this authorisation is/are the same as the specimen signature(s) on your Bank Account.
 To allow sufficient time for the set-up of the direct debit authorisation, if annual, semi-annual or quarterly payment mode is selected, please arrange for submission of the annual, semi-annual or quarterly premium and levy to the Insurance Authority in advance by crossed cheque. If monthly payment mode is selected, please submit the first 2-month premium and levy to the Insurance Authority.