

PLEASE COMPLETE IN BLOCK LETTERS 請以正楷填寫

Company Details
公司資料

Company Name (The "Applicant"):
公司名稱 (「投保公司」):

Subsidiary Company Name (if any):
附屬公司名稱 (如適用):

Business Address:
商業地址:

Flat/Room
室

Floor
樓

Block
座

Name of Building
大廈

Street No.
街道號碼

Name of Street
街道

District
地區

Hong Kong / Kowloon / N.T.*
香港 / 九龍 / 新界*

Contact Person:
聯絡人: Mr. / Ms.*
先生 / 女士*

Position:
職位:

Registered Address (If it is different from the Business Address):
註冊地址 (如跟商業地址不同):

Date and Place of Incorporation:
公司成立日期及地點:

Telephone No.:
電話號碼:

Fax No.:
傳真號碼:

Email:
電郵:

Business Registration No. #:
商業登記號碼#:

Nature of Business:
業務性質:

#Please provide a photocopy 請附上影印本

*Please delete as appropriate 請刪去不適用項目

Has the Company provided any medical insurance cover for its employees during the 24 months prior to the Policy Effective Date? Yes 是 No 否

貴公司曾否在參加此計劃前 24 個月內有其他醫療保險計劃?

If yes, please attach benefits schedule, employee member list and claims experience report.

如答“是”，請附上福利計劃表、僱員資料表及醫療賠償記錄。

Plan Details
計劃資料

Policy Effective Date:
保單生效日期:

M M - D D - Y Y Y Y

Eligibility for Employees joining the scheme:
僱員參加計劃資格:

Immediate Cover
即時生效

The immediate day following _____ Months' probation
_____ 個月試用期滿後的首日

Participation:
參加形式:

Contributory Plan
僱員供款計劃

Non-Contributory Plan
僱員免供款計劃

Payment Mode:
繳款方式:

Annual
一年

Semi-annual*
半年*

Quarterly*
每季*

Monthly*
每月*

* Not applicable for MASSHEALTH PLUS EMPLOYEE BENEFITS PLAN 不適用於首選萬康保僱員福利計劃

Claims Reimbursement:
賠償付款方法:

Autopay
自動轉帳

Claims Advice Method:
賠償通知書方法:

By E-mail
電郵方式

GROUP LIFE 團體人壽

Optional Benefits:
附加選擇:

Accidental Death & Disablement:
意外傷亡保障:

Total & Permanent Disability:
完全及永久傷殘保障:

Critical Illness
嚴重疾病

Multiple of Monthly Salary
月薪之倍數

Comprehensive Scale
全面保障

Any Occupation
任何職業

Flat Amount
定額

Short Scale
基本保障

Own or Suitable Occupation
本身或合適職業

Benefits Types:
福利類別:

Benefits 福利保障

Benefits Class 福利類別	Definition of Employees 受保僱員定義	Life 人壽	AD&D 意外傷亡保障	TPD 完全及永久傷殘保障	CI 嚴重疾病
1					
2					
3					

GROUP MEDICAL 團體醫療

Optional Benefits:

附加選擇:

Medical Card Facilities

醫療卡服務

Supplementary/Extended Major Medical
額外醫療/附加醫療

Required
需要

Maternity
產科

Not Required
不需要

Out-patient
門診

Dental
牙科

Benefits Class
福利級別

Definition of Employees
受保僱員定義

Dependent Cover
家屬保障

1	
2	
3	

<input type="checkbox"/> Yes 是	<input type="checkbox"/> No 否
<input type="checkbox"/> Yes 是	<input type="checkbox"/> No 否
<input type="checkbox"/> Yes 是	<input type="checkbox"/> No 否

MASSHEALTH PLUS EMPLOYEE BENEFITS PLAN 首選萬康保僱員福利計劃

Schedule of Benefits 保障計劃內容: (Please put "✓" to complete your choice of plan benefits 請於您所選擇的保障內容加上 "✓" 號)

Benefits Types 福利類別	Benefit Option 福利選擇																
	Hospital and Surgical Benefits 住院醫療保障				Optional Supplementary Major Medical Benefits 自選額外醫療保障	Optional Outpatient Benefits 自選門診保障											
						80% Outpatient Reimbursement 80%門診賠償保障				100% Outpatient Reimbursement 100%門診賠償保障				Outpatient Network 門診網絡			
Plan 1 計劃一	Plan 2 計劃二	Plan 3 計劃三	Plan 4 計劃四	Plan 1 計劃一	Plan 2 計劃二	Plan 3 計劃三	Plan 4 計劃四	Plan 1 計劃一	Plan 2 計劃二	Plan 3 計劃三	Plan 4 計劃四	Plan 1 計劃一	Plan 2 計劃二	Plan 3 計劃三	Plan 4 計劃四		
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employee & Dependent joining the MASSHEALTH PLUS Employee Benefits Plan can join: 參與首選萬康保僱員福利計劃之僱員及其家屬均可選擇。													<input type="checkbox"/>	Voluntary Group Assurance Plan - Dental Care 自選福利計劃 - 牙科保健計劃			

Benefits Class
福利級別

Definition of Employees
受保僱員定義

Dependent Cover
家屬保障

1	
2	
3	

<input type="checkbox"/> Yes 是	<input type="checkbox"/> No 否
<input type="checkbox"/> Yes 是	<input type="checkbox"/> No 否
<input type="checkbox"/> Yes 是	<input type="checkbox"/> No 否

The Applicant 投保公司

- agrees to request individual employees (if necessary) to take part in all underwriting requirements (including health exam) by the Insurer. 同意要求個別僱員 (如有需要) 參與保險公司的核保要求(包括驗身), 以便作為核保之用。
- agrees to pay all the required premiums to the Insurer. 同意支付全部保費予保險公司。
- declares that all eligible employees are actively at work on the Policy Effective Date. 聲明在保單生效日期時, 所有合資格僱員皆為正常在職工作之僱員。
- declares that all statements made in this Application Form and Employees' Addition Form are complete and true. The Applicant understands that this information shall form part of the Policy between the Applicant and the Insurer, and shall be the basis for the Insurer's acceptance. 聲明在此投保申請書及參加員工資料表格內陳述之資料均為完整及真實, 投保公司並明白此資料可作為投保公司與保險公司所定保單的一部份, 亦視為保險公司核保之憑證。
- authorizes the Insurer to arrange the medical credit card facilities for Out-Patient Benefits (if applicable). 授權保險公司安排醫療信用卡服務(如適用)。
- authorizes the Insurer to disclose the employees' data to the related assistance company and medical service providers in carrying out the emergency assistance and medical services. 授權保險公司將員工資料給予有關之緊急救援及醫療服務公司, 以便提供緊急支援及醫療服務。
- agrees and understands that if dependent medical coverage is chosen, all dependents of eligible employees must be enrolled. 同意及明白如選擇家屬醫療保障, 所有合資格僱員之配偶及子女必須參加。
- declares that the Applicant has verified the identification documents of all eligible employees and their dependents upon member enrollment. 聲明投保公司已於成員申請投保時, 核對所有合資格僱員及其家屬的身份證明文件。
- has read the product's Important Information and/or product brochure (if applicable) before signing this application form and fully understood the contents thereof including the key product risks, key exclusions (if applicable), premium adjustment (if applicable) of the insurance plan(s) that are applying in this application. 在簽署本投保申請書前已詳細閱讀有關產品的「重要資料」及/或產品冊子(如適用)及完全明白其內容, 包括適用於本投保計劃的主要產品風險、主要不保事項(如適用)、保費調整(如適用)。
- confirms that all eligible employees and their dependents have been informed and have agreed that their personal information will be released to the Insurer in accordance with the below Personal Information Collection Statement. 確認已知會所有合資格僱員及其家屬, 關於其個人資料將會根據下述之個人資料收集聲明披露予保險公司之事宜; 而僱員亦同意此安排。

Personal Information Collection Statement 個人資料收集聲明

Purposes of Personal Information Collection 收集個人資料的目的

Your personal information (including a record of your image or voice by whatever means and your health information) collected by or held by YF Life Insurance International Ltd. ("YF Life") may be used for the purposes of: 萬通保險國際有限公司 (下稱「萬通保險」) 所收集或持有的閣下的個人資料(包括任何形式的肖像、聲音及與健康有關的資料)可能會被用於下列目的:

- (1) approving, evaluating or processing your insurance application/policy service request; (1) 批核、評審及處理閣下之投保計劃申請/保單服務要求;
- (2) administering, maintaining or reinsuring your policies; (2) 就閣下之保單提供行政、持續或再保險的服務;
- (3) adjudicating your claims, or conducting any investigation or analysis of your claims; (3) 評核閣下索償, 或就閣下之索償進行調查或分析;
- (4) data matching; (4) 資料核對;
- (5) investigation or prevention of crime; or (5) 偵測或防止罪行; 或
- (6) fulfilling legal or regulatory requirements. (6) 符合法律或合規要求。

Please note that failure to provide any information requested by YF Life may result in YF Life not being able to process your insurance application/policy service request. 請注意, 閣下必須提供萬通保險所需的個人資料, 否則, 萬通保險將不能處理閣下之投保申請或就閣下之保單提供服務。

Transfer of Personal Information 轉移個人資料

Your personal information collected by or held by YF Life may be transferred or disclosed by YF Life to any of the following persons (whether within or outside Hong Kong) for the purposes as specified above or to governmental/regulatory bodies (whether within or outside Hong Kong) for them to carry out their governmental/regulatory functions: 萬通保險可能為達到上述目的或讓政府/監管機構 (不論在香港或海外) 執行其職務而向以下任何一方 (不論在香港或海外) 轉移或透露由萬通保險收集或持有屬於閣下的個人資料:

- (1) YF Life group companies and their associated/affiliated companies; (1) 萬通保險集團成員公司及其關聯或相關公司;
- (2) financial institutions, insurance companies, intermediaries and reinsurers; (2) 金融機構、保險公司、中介人或再保險公司;
- (3) claims investigation companies or any companies/persons necessary for claims assessment/investigation; (3) 賠償調查公司及所需有關評核索償之公司及/或人士;
- (4) industry associations/federations and their members; (4) 行業組織/聯會及其成員;
- (5) governmental/regulatory bodies and law enforcement agencies; (5) 政府部門或監管機構和執法機構;
- (6) crime prevention organisations and their members/participants; and (6) 防犯罪組織及其會員/參與者; 及
- (7) service providers and selected persons which are under a duty of confidentiality to YF Life. (7) 與萬通保險有保密協議的服務提供者及其他人士

Access to or Correction of Personal Information 查閱或更改個人資料

You have the right to access to, and to correct, any of your personal information held by YF Life by writing to our Employee Benefits Personal Data Protection Officer. (Address: 27/F, 33 Lockhart Road, Wanchai, Hong Kong). YF Life may charge a reasonable fee for the processing of such request. 閣下有權查閱和更改任何由萬通保險持有屬於閣下的個人資料。如有需要, 閣下可與萬通保險的僱員福利資料保護主任提出有關要求, 並以書面方式呈交至香港灣仔駱克道 33 號 27 樓。處理上述要求時, 萬通保險可能會收取合理費用。

11. declares that the Applicant has read the above PICS and confirms that the Applicant fully understand and consent to the terms above. 聲明投保公司已閱讀個人資料收集聲明的內容，並確認投保公司明白及接受其條款。
12. understands that the Applicant is required to provide documents to the satisfaction of the Insurer for the Insurer to conduct due diligence on the Applicant, the ultimate beneficial owner of the policy (if any) and all authorized signatory(ies) for this insurance application (if applicable) pursuant to the Anti-Money Laundering and Counter-Terrorist Financing (Financial Institutions) Ordinance, Cap. 615. If the Applicant fails or refuses to do so, the Insurer shall have the right to disapprove the application. 明白投保公司必須提供符合保險公司要求之文件予保險公司，讓保險公司能按照於「打擊洗錢及恐怖分子資金籌集(金融機構)條例」第615章所載，對投保公司、保單之最終實益擁有人(如有)及所有於這保險申請之授權簽署人士(如適用)進行客戶盡職審查。如投保公司未符合此要求，保險公司有權不批核上述申請。
13. undertakes to advise the Insurer forthwith upon any change to (i) the Applicant (such as name, registered address and ownership structure); (ii) the Applicant's shareholder(s) holding not less than 10% of its shares/voting rights or his/her personal particulars; or (iii) the Applicant's director(s)/authorized signatory(ies)/ultimate beneficial owner(s) or his/her personal particulars; and to provide documentary proof(s) of such change to the satisfaction of the Insurer forthwith upon its request. 保證會立刻通知保險公司任何有關 (i) 申請人的名字、註冊地址及架構的更改；或(ii)擁有申請人不少於10%的股本或投票權的股東及其個人資料；或 (iii)申請人的董事/獲授權人/最終實益擁有人的更改或其個人資料的更改，及保證如保險公司提出要求，會立刻向保險公司提交與該更改有關及令其滿意的文件。
14. declares that the Applicant understands, acknowledges and agrees that the Insurer will pay the authorized insurance broker commission during the continuance of the policy including renewals, for arranging the said policy (including completion of any of its policy services which results in increase in insurance coverage and/or adjusted premium payment). The authorized person who signs on behalf of the Applicant further confirms to the Insurer that he or she is authorized to do so. The Applicant further understands that this declaration is necessary for the Insurer to proceed with the application. 聲明投保公司明白、確知及同意，保險公司會就投保公司於保單有效期內(包括續保期)，向負責安排有關保單獲授權的保險經紀支付佣金(包括完成其任何保單服務而引致增加保障及/或支付調整保費)。代表投保公司簽署的獲授權人須向保險公司確認他/她已獲法人團體授權簽署。投保公司亦明白保險公司必須取得投保公司同意上述事項後，才可處理有關申請。

_____ Authorized Signature & Company Chop 負責人簽署及公司印章	_____ Name 姓名	_____ Position 職位	Date: _____ / _____ / _____ 日期： MM / DD / YYYY 月 日 年
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