

Annual Premium* 每年保費*(HK\$)(港元\$)	
Plan 1 計劃一	Plan 2 計劃二
2,450	3,400

*For aged 15 days to 65 years on last birthday.
 *適用於初生 15 天至上次生日歲數為 65 歲。

NOTE 註:

If the application form and required premium are received by the Company between 5th and 20th of the month, the coverage will start on the 1st of the following month.
 若本公司於每月的 5 號至 20 號內接獲投保申請書及所需保費，保障將由下個月的 1 號開始生效。

If the application form and required premium are received by the Company between 21st and 4th of the following month, the coverage will start on the 15th of the following month.
 若本公司於每月的 21 號至下個月的 4 號內接獲投保申請書及所需保費，保障將由下個月的 15 號開始生效。

Policy Number 保單號碼
Name of Agent 保險營業員姓名
Broker Code 保險營業員編號

PLEASE COMPLETE IN BLOCK LETTERS 請以正楷填寫

Policy Owner's Particulars 保單持有人資料

English Name : 英文姓名 :	Chinese Name : 中文姓名 :	Gender : 性別 :	Date of Birth : 出生日期 : / / MM 月 DD 日 YY 年	Nationality: 國籍 :
Residential Address (P. O. Box, hotel address and overseas address are not acceptable): 居住地址 (郵政信箱、酒店地址及海外地址恕不接納) :		Phone No. : (Home) 電話 : (住宅)	(Mobile) (手提電話)	HKID Card No. : 香港身份證號碼 : ()
Correspondence Address (If it is different from the Residential Address) (P. O. Box, hotel address and overseas address are not acceptable): 通訊地址 (如跟居住地址不同) (郵政信箱、酒店地址及海外地址恕不接納) :				E-Mail: 電郵 :
Education Level: 教育程度: <input type="checkbox"/> Primary or below 小學或以下 <input type="checkbox"/> Secondary / Post-Secondary 中學		<input type="checkbox"/> Tertiary / University or above 大專程度或以上 <input type="checkbox"/> Vocational / Technical Institute 職業專才教育機構		Occupation: 職業 :

Policy Owner must provide a certified true copy of his/her identification document. For non-permanent Hong Kong resident, please provide a certified true copy of passport.
 保單持有人需提供身份證明文件的認證副本。如非香港永久居民，請提供護照的認證副本。

Proposed Insured's Particulars 準受保人之個人資料 Please list family members to be covered (if applicable) 請列明同時受保之家庭成員 (如適用)

Name of Proposed Insured 準受保人英文姓名	Relationship with Policy Owner 與保單持有人的關係	Nationality 國籍	Date of Birth 出生日期			Gender 性別	HKID Card No. / Birth Cert. No. # 身份證號碼/出世紙號碼#	Please select appropriate Plan <input checked="" type="checkbox"/> 請選擇投保計劃 <input checked="" type="checkbox"/>		Annual Premium (HK\$) 每年保費 (港元\$)
			MM 月	DD 日	YY 年			Plan 1 計劃一	Plan 2 計劃二	
	Policy Owner 保單持有人		As above 同上							
Child below 6 years old must insure with at least one family member aged between 18 and 65. 6 歲以下小童必須與至少一名 18 歲至 65 歲的家庭成員同時投保。 # Please provide a certified true copy of HKID card/Birth Certificate 請提供香港身份證明文件認證副本。 For non-permanent Hong Kong resident, please provide a certified true copy of passport. 如非香港永久居民，請提供護照的認證副本。									Total Premium (HK\$) 保費總額 (港元\$)	

Premium Payment Method 繳付保費方法

- By Cheque 支票** (Cheque payable to "YF Life Insurance International Ltd.". 支票抬頭請寫上「萬通保險國際有限公司」。)
- By Credit Card 信用卡** (Please complete the following "Credit Card Payment Authorization Form" 請填妥以下「信用卡付款授權書」。)

Premium Payment Mode 繳付保費方式 : Annually 年繳

Declaration & Agreement 聲明及同意

- I declare that, to the best of my knowledge and belief, the information contained in this Application are true and complete and that the amount of the premium will be determined by the plan type; and
 本人聲明，就本人所知所信，本申請表上填報之一切資料，均完整屬實，並明白保費將按計劃級別來釐定；及
- I agree that YF Life Insurance International Ltd. ("the Company") will provide out-patient care and treatment subject to the Exclusions as listed in the Policy Provision to me or my dependents to be rendered by the Appointed Panel of Medical Practitioners, subject to the terms and conditions as stated in the Policy; and
 本人同意根據保單所列明的條款，由萬通保險國際有限公司（「貴公司」）透過委任網絡醫生所提供的門診醫療服務，但不包括在保單條款中列明的不保事項予本人或本人已投保之家屬；及
- I understand and agree that any sickness or injury for which all the above insured have received medical or paramedical advice or treatment prior to the effective date of this plan will not be covered; and
 本人明白及同意本計劃的保障範圍並不包括所有投保前，本人或本人已投保之家屬已患有，並曾接受治療的疾病或損傷；及

YF Life Insurance International Ltd. 萬通保險國際有限公司

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香港總公司-香港灣仔駱克道 33 號 27 樓

澳門分公司-澳門南灣大馬路 517 號南通商業大廈 16 樓 E2 座

Tel 電話: (852) 2533 5511 Fax 傳真: (852) 2919 9233

Tel 電話: (853) 2832 2622 Fax 傳真: (853) 2832 2042

4. I understand that this Plan is a one (1) year contract. The Policy will be renewed on an annual basis and paid renewal premium will be non-refundable. The Company reserves the right not to renew the benefits upon each Policy anniversary at its discretion. I also understand that a full description of benefits will be provided in the Certificate of Benefits; and 本人明白此計劃是一份為期一年的合約，保單將按年續保及已繳付的續保保費將不予退還。貴公司亦保留權利於保單週年不予續保。本人同時明白本計劃的保障範圍，將列明於本保單的保障證明書內；及
5. I agree that the Company shall not be held responsible for any damages incurred through tort, negligence, breach of contract or malpractice by the Appointed Panel of Medical Practitioners, or which result from any defective or dangerous condition in or about the medical facility premises. I also agree that the Company does not undertake any obligation with regard to the Appointed Panel of Medical Practitioner's practice or services except to warrant that the Appointed Panel of Medical Practitioners are currently registered Medical Practitioners and Chinese Medical Practitioners for the purposes of rendering medical services in Hong Kong; and 本人同意貴公司不需承擔因委任網絡醫生之疏忽、失職、違約、非法行為、使用不符合標準的診療設施或提供不安全之診療場所等而導致任何人有所損失的一切責任；本人並同意貴公司不會保證委任網絡醫生之專業操守，但可保證委任網絡醫生為現時可在香港執業的註冊西醫及中醫師；及
6. I authorize any medical attendant, hospital, clinic, insurance company or other organization, institution or person, who has any records or knowledge of the Proposed Insured or his/her health or who has been or may in the future be consulted by the Proposed Insured, to divulge to the Company or its reinsurers or any legal tribunal any information he or she may have acquired with regard to the Proposed Insured for the purpose of evaluating the insurance risk of his/her application. The photostatic copies of this authorization shall be as effective and valid as the original. 本人謹此授權任何醫生、醫院、診所、保險公司或其他組織機構或個人，凡知道或擁有有關準受保人資料者或曾診治或可能於未來診治準受保人者，均可將任何資料提供給貴公司，以作為評核此保險申請之用。本授權書的影印本與正本有同等效力。
7. I understand that I am required to provide valid documentation proofs (such as identity document) to the satisfaction of the Company for the Company to conduct due diligence on myself, the ultimate beneficial owner of the policy (if any) and my/our authorized signatory(ies) (if applicable) pursuant to the Anti-Money Laundering and Counter-Terrorist Financing (Financial Institutions) Ordinance, Cap. 615. If I fail or refuse to do so, the Company shall have the right to disapprove the application. 本人明白本人必須提供符合貴公司要求之有效證明文件(例如身份證明)予貴公司，讓貴公司能按照於「打擊洗錢及恐怖分子資金籌集(金融機構)條例」第 615 章所載，對本人、保單之最終實益擁有人(如有)及本人之授權簽署人士(如適用)進行客戶盡職審查。如本人未符合此要求，貴公司有權不批核上述申請。
8. I undertake to inform the Company forthwith of any changes to my information provided to it under this application and shall provide documentary proofs of such changes to the satisfaction of the Company forthwith upon its request. 本人保證會立即通知貴公司本人根據這申請所提供的資料之更新，及於貴公司的要求下，立刻向貴公司提供與更新有關的及符合貴公司要求之證明文件。
9. I, being the ultimate beneficial owner of the Policy, am acting on my behalf to own and control all the rights of the Policy. If this is not the case, I shall put down the relationship and the personal particulars of the ultimate beneficial owner of the Policy in the "Others" of this application and provide valid documentation proofs (such as his/her identity document) to the satisfaction of the Company. 本人作為本保單之實益擁有人，是為本人擁有及控制本保單所賦予的所有權益。若非如此，本人會於本申請書「其他個人資料」項目內提供本保單的實益擁有人的個人資料及與本人之關係，並向貴公司提供其有效的身份證明文件。
10. I have read the product's Important Information and/or product brochure (if applicable) before signing this application form and I fully understood the contents thereof including the key product risks, key exclusions (if applicable), premium adjustment (if applicable) of the insurance plan(s) that I am applying in this application. 本人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)。

Others 其他個人資料

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<p>Personal Information Collection Statement 個人資料收集聲明</p> <p>Purposes of Personal Information Collection 收集個人資料的目的</p> <p>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：</p> <p>(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。</p> <p>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。</p> <p>Transfer of Personal Information 轉移個人資料</p> <p>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：</p> <p>(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</p> <p>Access to or Correction of Personal Information 查閱或更改個人資料</p> <p>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，閣下可向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。</p>
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11. I declare that I have read the above PICS and confirm that I fully understand and consent to the terms above. 本人聲明本人已閱讀個人資料收集聲明的內容，並確認本人明白及接受其條款。

YF Life Insurance International Ltd. 萬通保險國際有限公司

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EB0022A/1903/1

12. **Cancellation Rights & Refund of Premium(s)**

取消保單權益及發還保費

I understand that I have the right to cancel the Policy and obtain a refund of any premium(s) paid*, by giving written request for cancellation with my signature on it and returning original policy and medical card(s) to the Company. Such written request for cancellation must be received directly by the Company (at 27/F, 33 Lockhart Road, Wanchai, Hong Kong.) within 21 days after the delivery of the policy or issue of a notice to me or my representative, whichever is the earlier.

* No refund can be made if any medical treatment under the plan has been obtained.

本人明白本人有權取消保單及取回已繳保費*，惟本人必須以有本人簽署的書面要求，及連同退回保單正本及醫療卡予貴公司。該書面要求必須確保貴公司(香港灣仔駱克道 33 號 27 樓辦事處)於以下時段內直接收到該份函件：保單交付本人或本人代表後或《通知書》發予本人或本人代表後，起計的 21 天，以較先者為準。

*如果本人曾經使用本計劃內的任何醫療服務，保費將不會被發還。

Signature of Policy Owner : _____
保單持有人簽署

Date : / /
日期 MM DD YY
 月 日 年

Credit Card Payment Authorization Form 信用卡付款授權書

I authorize YF Life Insurance International Ltd. to debit the following credit card account for all payments payable to YF Life Insurance International Ltd. in relation to the Out-Patient Insurance Plan.
本人授權萬通保險國際有限公司在以下信用卡戶口扣除有關「個人門診保障計劃」之所有費用。

Credit Card Account Details 信用卡戶口資料 (PLEASE COMPLETE IN BLOCK LETTERS 請以正楷填寫)

VISA MasterCard Name of Credit Card Issuing Bank 發卡銀行名稱: _____

Credit Card Number :

信用卡號碼

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Credit Card Valid Thru

信用卡有效期至

M	M	Y	Y	Y	Y

Name of Participant 參加者姓名 (In English 英文): _____

Credit Cardholder's Name 信用卡持有人姓名 (In English 英文): _____

Credit Cardholder's Relationship with Participant 信用卡持有人與參加者的關係: _____

(If Cardholder is not the Participant 若信用卡持有人並非參加者必須申報)

Hong Kong Identity Card/Passport No. of Credit Cardholder 信用卡持有人的香港身份證/護照號碼: _____

Contact Telephone Number 聯絡電話: _____

In consideration of YF Life Insurance International Ltd. agreeing to the above, I acknowledge and agree that (notwithstanding any terms to the contrary in the relevant cardholder agreement governing the use of my above Credit Card) in the event of any dispute regarding charges aforesaid, I will raise it within 30 days from the program effective date, failing which I hereby waive all my rights against YF Life Insurance International Ltd. or any person in respect of such charges or payments. 有鑑於萬通保險國際有限公司同意上述安排，本人了解及同意(縱然抵觸「信用卡使用守則」)若本人對上述信用卡賬戶支取費用有任何不滿，本人必須在計劃生效後 30 天內提出；否則，本人將放棄向萬通保險國際有限公司或有關人士追究的權利。

Signature 簽名: _____

Date 日期: _____

Signature of Credit Card Holder 信用卡持有人簽名
(same as Credit Card A/C Signature 與信用卡戶口之簽名相同)

(MM/DD/YY) (月/日/年)