



ZURICH®

蘇黎世

Employee Voluntary Critical Illness Insurance Plan enrollment form

僱員自購危疾保險計劃投保表格

For internal use only
只供內部使用

Agent name
代理人姓名: _____

Agent no.
代理人編號: _____

Enquiry no. 查詢電話: +852 2903 9391 Fax 傳真: +852 2968 0639

Please ✓ the appropriate box and * delete where inappropriate. 請 ✓ 適用方格及於*號刪去不適用者。

Please use blue or black ink and write clearly in **BLOCK LETTERS**. Please complete the form in English.

請用藍色或黑色原子筆，用英文大楷清晰填寫資料。請用英文填寫表格。All fields are mandatory. 所有項目必須填報。

1. Applicant's information 投保人資料

Mr 先生 Mrs 太太 Ms 女士

Last name 姓 First name 名 Chinese name 中文姓名

Date of birth 出生日期 Day日 Month月 Year年 HKID card no./Passport no. 香港身份證號碼 / 護照號碼*

Correspondence address 通訊地址 Flat/Room* 室 / 單位* Floor 樓 Block 座 Building 大廈

Estate name/No. & name of street/Lot no.* 屋苑名稱 / 街名及門牌 / 地段* District 地區 HK/KLN/NT* 香港 / 九龍 / 新界*

Name of employer 僱主名稱

Email address 電郵地址 Mobile phone no. 流動電話號碼

Marital status 婚姻狀況 Occupation and position 職業及職位

2. Insured person's information 受保人資料

	Insured person 受保人1	Insured person 受保人2	Insured person 受保人3	Insured person 受保人4
Last name 姓				
First name 名				
Gender 性別	<input type="checkbox"/> Male 男 <input type="checkbox"/> Female 女	<input type="checkbox"/> Male 男 <input type="checkbox"/> Female 女	<input type="checkbox"/> Male 男 <input type="checkbox"/> Female 女	<input type="checkbox"/> Male 男 <input type="checkbox"/> Female 女
HKID card no./Passport no./ Birth certificate no.* 香港身份證號碼 / 護照號碼 / 出世紙號碼*				
Date of birth (dd/mm/yy) 出生日期 (日 / 月 / 年)	日 月 年 DD MM YY YY YY	日 月 年 DD MM YY YY YY	日 月 年 DD MM YY YY YY	日 月 年 DD MM YY YY YY
Relationship with applicant 與投保人關係	<input type="checkbox"/> Self 本人	<input type="checkbox"/> Spouse 配偶 <input type="checkbox"/> Child 子女 ¹	<input type="checkbox"/> Child 子女 ¹	<input type="checkbox"/> Child 子女 ¹
Height (cm) 身高 (厘米)				
Weight (kg) 體重 (公斤)				

2. Insured person's information (continued) 受保人資料 (續)

	Insured person 受保人1	Insured person 受保人2	Insured person 受保人3	Insured person 受保人4
Non-Smoker/Smoker 非吸煙者 / 吸煙者	<input type="checkbox"/> Non-smoker 非吸煙者 <input type="checkbox"/> Smoker 吸煙者	<input type="checkbox"/> Non-smoker 非吸煙者 <input type="checkbox"/> Smoker 吸煙者	<input type="checkbox"/> Non-smoker 非吸煙者 <input type="checkbox"/> Smoker 吸煙者	<input type="checkbox"/> Non-smoker 非吸煙者 <input type="checkbox"/> Smoker 吸煙者
Occupation & Position 職業及職位				
Do you have Group Critical Illness cover? 閣下是否受保於團體危疾保障計劃?	<input type="checkbox"/> Yes 是 - sum insured is 保障額 (HKD港元) <hr/> <input type="checkbox"/> No 否	<input type="checkbox"/> Yes 是 - sum insured is 保障額 (HKD港元) <hr/> <input type="checkbox"/> No 否	<input type="checkbox"/> Yes 是 - sum insured is 保障額 (HKD港元) <hr/> <input type="checkbox"/> No 否	<input type="checkbox"/> Yes 是 - sum insured is 保障額 (HKD港元) <hr/> <input type="checkbox"/> No 否

1 Child(ren) must be aged 15 days to 17 years (attained age) and unmarried.
子女年齡必須為15日至17歲(已屆年齡)及未婚。

3. Choice of sum insured 投保額

Insured person can choose either (A) or (B) only. 投保人只須選擇第(A)節或第(B)節其中一節投保。

	Insured person 受保人1	Insured person 受保人2	Insured person 受保人3	Insured person 受保人4
A) Application for Employee Voluntary Critical Illness Insurance Plan 申請僱員自購危疾保險計劃				
Please specify sum insured (HKD) 請註明保障額 (港元)	<input type="checkbox"/> 150,000 <input type="checkbox"/> 300,000 <input type="checkbox"/> 450,000 <input type="checkbox"/> 600,000	<input type="checkbox"/> 150,000 <input type="checkbox"/> 300,000 <input type="checkbox"/> 450,000 <input type="checkbox"/> 600,000 <input type="checkbox"/> 750,000	<input type="checkbox"/> 150,000 <input type="checkbox"/> 300,000 <input type="checkbox"/> 450,000 <input type="checkbox"/> 600,000 <input type="checkbox"/> 750,000	<input type="checkbox"/> 150,000 <input type="checkbox"/> 300,000 <input type="checkbox"/> 450,000 <input type="checkbox"/> 600,000 <input type="checkbox"/> 750,000

B) Application for converting sum insured of Group Critical Illness Plan to Employee Voluntary Critical Illness Insurance Plan 申請團體危疾保障計劃保障額轉移至僱員自購危疾保險計劃

(i) Please specify converting sum insured ⁽¹⁾ (HKD) (Only applicable for converting sum insured and maximum at HKD 450,000) 請註明轉移保障額 ⁽¹⁾ (港元) (只適用於申請轉移保障計劃及上限為450,000港元)	Converting sum insured (HKD) 轉移保障額 (港元) <input type="checkbox"/> 150,000 <input type="checkbox"/> 300,000 <input type="checkbox"/> 450,000 Employment termination date 僱員離職日期 日 月 年 DD MM YYYY	Converting sum insured (HKD) 轉移保障額 (港元) <input type="checkbox"/> 150,000 <input type="checkbox"/> 300,000 <input type="checkbox"/> 450,000 Employment termination date 僱員離職日期 日 月 年 DD MM YYYY	Converting sum insured (HKD) 轉移保障額 (港元) <input type="checkbox"/> 150,000 <input type="checkbox"/> 300,000 <input type="checkbox"/> 450,000 Employment termination date 僱員離職日期 日 月 年 DD MM YYYY	Converting sum insured (HKD) 轉移保障額 (港元) <input type="checkbox"/> 150,000 <input type="checkbox"/> 300,000 <input type="checkbox"/> 450,000 Employment termination date 僱員離職日期 日 月 年 DD MM YYYY
(ii) If you require additional sum insured of Employee Voluntary Critical Illness Insurance Plan, please specify total sum insured ⁽²⁾ (HKD) 若閣下於僱員自購危疾保險計劃自購額外的保障額，請註明總保障額 ⁽²⁾ (港元)	<input type="checkbox"/> 150,000 <input type="checkbox"/> 300,000 <input type="checkbox"/> 450,000 <input type="checkbox"/> 600,000 <input type="checkbox"/> 750,000	<input type="checkbox"/> 150,000 <input type="checkbox"/> 300,000 <input type="checkbox"/> 450,000 <input type="checkbox"/> 600,000 <input type="checkbox"/> 750,000	<input type="checkbox"/> 150,000 <input type="checkbox"/> 300,000 <input type="checkbox"/> 450,000 <input type="checkbox"/> 600,000 <input type="checkbox"/> 750,000	<input type="checkbox"/> 150,000 <input type="checkbox"/> 300,000 <input type="checkbox"/> 450,000 <input type="checkbox"/> 600,000 <input type="checkbox"/> 750,000

(1) Converting sum insured must be same or less than Group Critical Illness Sum Insured.
轉移受保額必須相等或少於團體危疾保障計劃的保障額。

(2) Total sum insured = Converting Group Critical Illness Sum Insured + Employee Voluntary Sum Insured.
總保障額 = 團體危疾保障計劃轉移額 + 僱員自購危疾保險計劃保障額。

• The total maximum sum insured for both Group Critical Illness Plan and Employee Voluntary Critical Illness Insurance Plan is HKD 750,000.
團體危疾保障計劃及僱員自購危疾保險計劃的合共總保障額最高為750,000港元。

4. Premium payment 保費支付

	Insured person 受保人1	Insured person 受保人2	Insured person 受保人3	Insured person 受保人4
Total premium (HKD) 保費總額 (港元) (Minimum annual premium per policy is HKD 300 每保單每年最低保費為300港元)	<input type="checkbox"/> Annual 每年 <input type="checkbox"/> Monthly 每月	<input type="checkbox"/> Annual 每年 <input type="checkbox"/> Monthly 每月	<input type="checkbox"/> Annual 每年 <input type="checkbox"/> Monthly 每月	<input type="checkbox"/> Annual 每年 <input type="checkbox"/> Monthly 每月
Effective date of insurance cover 保險生效日期				

The following insured person is exempted from answering the Medical Questionnaire in Part V.
以下受保人士可獲豁免第5節的醫療問卷。

1. If B (i) Converting Sum Insured is the same as B (ii) Total Sum Insured;
若受保人士的B(i) 轉移額等同於B(ii)總投保額;

2. If medical questionnaire has been answered and submitted to Zurich Insurance Company Ltd under Group Critical Illness Plan.
如申請團體危疾保障計劃時已遞交填妥之醫療問卷至蘇黎世保險有限公司。

5. Health question 醫療問卷

Each insured person must complete one health questionnaire. If more than one insured person applies for this plan, please photocopy and complete this section for each additional insured person(s). 每一位受保人必須填寫一份醫療問卷。如多於一位受保人申請此計劃，請複印此醫療問卷並為每位額外的受保人填寫。

- | | Yes 是 | No 否 |
|---|--------------------------|--------------------------|
| 1. Have you ever admitted into hospital or sanatorium, or undergone or been recommended to undergo surgery (other than that associated with a full term pregnancy)?
閣下是否曾入住醫院或療養院、或曾接受或被建議接受手術（有關與足月的懷孕除外）？ | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are you currently under or have you been advised to have medical observation, treatment or require medication or follow-ups due to any illness or effects of any accident?
閣下現時是否或曾否被建議接受醫療觀察、治療或因疾病或意外影響而需接受藥物或覆診治療？ | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you ever had or suffered from or been treated for any of the following disorders or diseases?
If yes, please ✓ the appropriate box below.
閣下是否曾患過或就以下任何一種身體功能失調或疾病接受過治療？若「是」，請在以下適用方格加上✓號。 | <input type="checkbox"/> | <input type="checkbox"/> |

- | | | | | | |
|---|--|---|--|--|--|
| <input type="checkbox"/> Tuberculosis
結核病 | <input type="checkbox"/> Bronchitis
支氣管炎 | <input type="checkbox"/> Diabetes
糖尿病 | <input type="checkbox"/> Malaria
瘧疾 | <input type="checkbox"/> Stroke
中風 | <input type="checkbox"/> Epilepsy
癲癇症 |
| <input type="checkbox"/> Chest pain
胸痛 | <input type="checkbox"/> Spinal problem
脊椎問題 | <input type="checkbox"/> Herina
疝 | <input type="checkbox"/> Nasal sinusitis
鼻竇炎 | <input type="checkbox"/> Gout
痛風 | <input type="checkbox"/> Arthritis
關節炎 |
| <input type="checkbox"/> Thyroid disorder
甲狀腺失調 | <input type="checkbox"/> Rheumatic fever
風濕熱 | <input type="checkbox"/> Varicose veins
靜脈曲張 | <input type="checkbox"/> Alcoholism
酗酒 | <input type="checkbox"/> Drug addition
吸毒 | <input type="checkbox"/> Venereal disease
性病 |
| <input type="checkbox"/> Haemorrhoids
痔瘡 | <input type="checkbox"/> Anaemia
貧血 | <input type="checkbox"/> Haemophilia
血友病 | <input type="checkbox"/> Hallux valgus
姆趾外翻 | <input type="checkbox"/> Anal fistulae
肛瘻 | <input type="checkbox"/> Hereditary disease
遺傳病 |
| <input type="checkbox"/> Raised blood pressure
高血壓 | <input type="checkbox"/> Asthma or respiratory diseases
哮喘或呼吸疾病 | | <input type="checkbox"/> Stone of kidney /bladder/gall bladder
腎石 / 膀胱石 / 膽石 | | |
| <input type="checkbox"/> Cancer or tumour(s) of any kind
癌症或任何腫瘤 | <input type="checkbox"/> Gynaecological conditions
婦科病 | | <input type="checkbox"/> Duodenal or ulcer of any kind
十二指腸或各類型潰瘍 | | |
| <input type="checkbox"/> Any form of hepatitis (or is Hepatitis B carrier)
任何種類肝炎 (或乙型肝炎帶菌者) | | | <input type="checkbox"/> Acquired Immune Deficiency Syndrome (AIDS)
愛滋病 | | |
| <input type="checkbox"/> Mental disorder or psychiatric problem/disease
神經失常或精神病 | | | <input type="checkbox"/> Congenital abnormalities and/or disease
先天性缺陷及 / 或疾病 | | |
| <input type="checkbox"/> Any chronic disease
任何慢性疾病 | | | | | |

Disease or disorder of the 疾病或身體功能失調：

- | | | | | | |
|--|--------------------------------------|--|--|--|-----------------------------------|
| <input type="checkbox"/> Eyes 眼 | <input type="checkbox"/> Ears 耳 | <input type="checkbox"/> Kidneys 腎 | <input type="checkbox"/> Bladder 膀胱 | <input type="checkbox"/> Arteries 關節炎 | <input type="checkbox"/> Lung 肺 |
| <input type="checkbox"/> Brain 腦部 | <input type="checkbox"/> Pancreas 胰臟 | <input type="checkbox"/> Liver 肝臟 | <input type="checkbox"/> Genitor-urinary organs 泌尿生殖器官 | | |
| <input type="checkbox"/> Gastro-intestinal tract 胃腸管道 | | <input type="checkbox"/> Central nervous system 中樞神經系統 | | <input type="checkbox"/> Muscular skeletal 肌肉及骨骼 | |
| <input type="checkbox"/> Heart or cardio vascular or circulatory diseases 心臟或心臟血管或循環系統疾病 | | | | | <input type="checkbox"/> Other 其他 |

Please attach complete details for any material health or physical conditions not mentioned above.

如有任何以上未提及之其他健康狀況或身體症狀，請附上詳細資料。

- | | | |
|---|--------------------------|--------------------------|
| 4. Have you gained/lost weight of 5 kg or more in the last 12 months? If yes, please specify the reason and exact figures.
閣下的體重於過去12個月內曾否增加 / 減少5公斤或以上？若是，請註明原因及其增 / 減多少公斤。
Details 詳情 | <input type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|--------------------------|

- | | | |
|---|--------------------------|--------------------------|
| 5. Are you having any critical illness insurance (excluding group critical illness insurance provided by the insured person's employer) with Zurich Insurance Company Ltd or any other insurer? If yes, please state the benefits, the sum insured and the company name of the insurer (including Zurich Insurance Company Ltd).
閣下現時是否擁有蘇黎世保險有限公司或其他保險公司承保之危疾保險（不包括受保人之僱主提供之團體危疾保險）？若「是」，請提供保額及保險公司名稱（包括蘇黎世保險有限公司）。
Details 詳情 | <input type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|--------------------------|

- | | | |
|---|--------------------------|--------------------------|
| 6. Have you ever been refused enrollment, renewal or reinstatement of life insurance, medical insurance, hospital income insurance, or critical illness insurance, or subject to special terms and conditions or additional premium?
閣下是否曾於投保、續保或復效任何人壽、醫療、住院現金或危疾保險時被拒或需附加特別條款或增收保費始被接納？ | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Are you currently making an inpatient claim for medical insurance benefit?
閣下現時是否就醫療住院保險向保險公司要求索償？ | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Have any of your natural parents, brothers or sisters died or suffered from heart disease, stroke, hypertension, diabetes, kidney disease, mental disorder, hepatitis (or is Hepatitis B carrier), cancer or any hereditary disease before the age of 60?
閣下的親生父母、兄弟或姊妹中，是否有成員於60歲前患有心臟病、中風、高血壓、糖尿病、腎病、精神失調、肝炎（或乙型肝炎帶菌者）、癌症或任何遺傳病或因上述疾病而去世？ | <input type="checkbox"/> | <input type="checkbox"/> |

5. Health question (continued) 醫療問卷 (續)

9. Do you smoke or have you ever smoked any cigarettes? If yes, please state details.

Yes 是

No 否

閣下曾否吸煙？若「是」，請註明每日吸煙數量。

_____ pieces per day 支 / 每日 · for 達 _____ years 年。

If you have ceased smoking, please state when and for what reason:

如閣下已停止吸煙，請註明戒煙日期。

Since 自從：_____ ceased and reason 開始戒煙及因為 _____

Have you smoked any cigarettes in the last 12 months?

閣下於過去12個月內是否曾吸煙？

If any answer(s) to the above question(s) is/are "Yes", please give full details below.

若以上問題之答案為「是」，請提供以下詳情。

Reason(s) of being subject to special terms and conditions or additional premium or being refused for enrollment or renewal of life or medical insurance

曾投保或續保任何人壽或醫療保險時被拒或需附加特別條款或增收保費始被接納的原因

Details of diagnosis & treatment received (including any kind of medication treatment)

請說明有關疾病及所接受的治療（包括任何種類藥物治療）

Period of medical treatment

治療期間

Last consultation date and present health condition

最後覆診日期及身體現時狀況

Will you plan to or have you been advised to undergo other treatment or investigation in the future?

閣下是否打算或曾有醫生建議日後進行其他治療或檢查？

Name and address of the medical attendant(s)

主診醫生名稱及地址

6. Payment method 付款方法

By check 以支票繳付
(Only applicable to annual payment mode
只適用於每年繳付方式)

Check no.
支票號碼

Bank name
銀行名稱

Check made payable to "Zurich Insurance Company Ltd" 支票抬頭人請寫「蘇黎世保險有限公司」

If the check issuer is not the applicant, please explain the relationship between the check issuer and the applicant
若支票發出人並非投保人，請列明支票發出人與投保人的關係

By credit card 以信用卡繳付

Annual payment 每年繳付

Monthly payment 每月繳付

(The first 3 months' premium will be debited in the first billing
首次過賬將扣除首三個月之保費)

Credit card type 信用卡類別





Cardholder's name
持卡人姓名

Credit card no.
信用卡號碼

Credit card expiry date
信用卡有效日期至

Month月 Year年

M	M	Y	Y	Y	Y
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The cardholder hereby authorizes Zurich Insurance Company Ltd to charge automatically the premium due from his/her credit card stated above including subsequent premium payment for renewal of this policy and accepts full responsibility for any overdraft on his/her credit card which arises as a result of such transfer. For the continuation of coverage, the cardholder understands that he/she should arrange sufficient credit balance in his/her credit card by the premium due date for the automatic debit of premium.

The insured person(s) will become the policyholder for his/her insurance plan automatically at policy anniversary should the insured person(s) reach the age of 18 and will be charged with the corresponding renewal premium in accordance with the premium table. Zurich Insurance Company Ltd will collect the renewal premium from the same payment account as stated above on due dates, unless informed otherwise.

持卡人茲授權蘇黎世保險有限公司從他 / 她上述之信用卡以直接轉帳自動支付應繳保費金額包括往後續保的各期保費及同意因該等轉帳而令他 / 她信用卡出現透支，持卡人願承擔全部責任。為了持續的保障，持卡人明白他 / 她須於保費到期前安排足夠的信貸餘額於他 / 她的信用卡上作保費自動轉帳之用。

如投保人於保單周年日時已年滿18歲，便會自動成為其保單的保單持有人，並會根據保費表收取相應的續保費用。蘇黎世保險有限公司將繼續於到期日時在以上付款帳戶收取續保保費，直至另行通知。

If credit cardholder is not the applicant, please explain the relationship between the credit cardholder and the applicant:
若信用卡持有人並非投保人，請列明信用卡持有人與投保人的關係：

Signature of credit cardholder
信用卡持卡人簽署

Day日 Month月 Year年
Date
日期

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

7. Declaration 聲明

- I/We declare that to the best of my/our knowledge and belief the information on this enrollment form is true and complete in every respect. I/We understand that this enrollment form and declaration will form the basis of the contract between me/us and Zurich Insurance Company Ltd (the "Company").
本人 / 我們特此聲明此投保表格的資料乃根據本人 / 我們所知及所信為確實及完全而填報，屬實無訛。本人 / 我們明白本人 / 我們與蘇黎世保險有限公司（「貴公司」）的保險合約將照此投保表格及聲明而訂立。
- I/We authorize the Company to obtain medical information from my/our medical practitioner(s) and I/we agree to supply additional information relevant to this Plan at my/our own expense.
本人 / 我們明白本人 / 我們必須填妥授權 貴公司有權向本人 / 我們之醫生索取有關病歷資料，本人 / 我們亦同意提供任何進一步與此計劃有關之資料並自付所需費用。
- I/We understand that I/we shall refer to the Policy for details of the insurance coverage, exclusion clauses and terms and conditions.
本人 / 我們明白所有保障範圍、不承保事項、條款及細則概以此保險計劃保單為準。
- I/We understand I/we must complete and provide all information requested in this form, failing which the Company cannot process my/our application for the Policy.
本人 / 我們明白本人 / 我們必須完成及提供此表格之所有資料， 貴公司將不會受理本人 / 我們資料不全之保單申請。
- I/We hereby authorize any company within the Zurich Insurance Group which is in possession of my/our personal information to release part or all of the information to the Company or its agents.
本人 / 我們特此授權蘇黎世保險集團中任何持有本人 / 我們個人資料的公司提供部分或全部資料予 貴公司或其代理人。

This insurance application will not be in force until the application(s) has been accepted by the Company and the premium has been paid.
此保險申請須待 貴公司覆核，接納投保書及收訖保費後才能生效。

8. Notice to customers relating to the Personal Data (Privacy) Ordinance (“Ordinance”) 有關個人資料 (私隱) 條例 (「私隱條例」) 的客戶通知

The personal information of customers (including policyholders, insured persons, beneficiaries, premium payors, trustees, policy assignees and claimants) collected or held by **Zurich Insurance Company Ltd (“Company”)** from time to time, which also includes data collected or generated in the ordinary course of the Company's business and the continuation of relationship with the customer (such as claim information and medical history received from third parties), may be used by the Company and/or a company within its group (“**Zurich Insurance Group**”) for the purposes **necessary** in providing services to the customers (otherwise the Company is unable to provide services to customers who fail to provide the required information).

由蘇黎世保險有限公司 (「本公司」) 不時收集或持有的客戶 (包括保單持有人、受保人、受益人、保費付款人、信託人、保單受讓人及索償人) 個人資料，其中亦包括在公司日常業務過程中以及就持續與客戶的關係而收集或產生的資料 (例如從第三方收到的索償資料和病歷)，均可供本公司及 / 或其所屬集團 (「蘇黎世保險集團」) 內的公司使用作為向客戶提供服務而**必須**的用途 (否則本公司將無法為未能提供所需資料的客戶提供服務)。

Please read carefully the details of the Company's privacy policy which is made available on our website at www.zurich.com.hk/pics or by scanning the QR code. You may also contact our Customer Care Center at 2968 2288 or insurance intermediaries for enquires. 本公司之私隱政策詳載於www.zurich.com.hk/pics或可透過掃描QR碼細閱。您亦可致電2968 2288與我們的客戶服務中心聯絡又或向保險中介人查詢。



Consent for marketing purposes – Voluntary: 就市場推廣用途之同意 – 自願性：

Certain personal information of policyholders and insured persons collected or held by the Company (which also includes data collected or generated in the ordinary course of the Company's business and the continuation of relationship with the customer), in particular, names, contact information, age, gender, identity document reference, marital status, financial background, demographic data, transaction pattern and behavior, policy information, claim information, and medical history may be used by the Company, **only upon having such policyholders' or insured persons' consent or indication of no objection**, for providing marketing materials and conducting direct marketing activities in relation to insurance and/or financial products and services of the Zurich Insurance Group and/or other financial services providers, and/or other related services of business partners, with whom the Company maintains business referral or other arrangements (such as reward, loyalty, co-branding or privileges programs and related services and products, services and products offered by the Company's business or co-branding partners, donations or contributions for charitable and/or non-profit making purposes). For the avoidance of doubt, the latest instruction (for example, consent or indication of no objection, or request for opt-out) received from a customer shall override any previous instruction given to the Company in this regard in relation to all personal information of the customer collected or held by the Company from time to time.

由本公司收集或持有的保單持有人及受保人的某些個人資料 (其中亦包括在本公司日常業務過程中以及就持續與客戶的關係收集或產生的資料)，特別是姓名、聯絡資料、年齡、性別、身份證明文件資料、婚姻狀況、經濟背景、人口統計數據、交易模式和行為、保單資料、索償資料及醫療紀錄等，**於獲該保單持有人或受保人同意或作不反對指示後**，均可供本公司使用作為蘇黎世保險集團及 / 或與本公司維持業務引薦關係或其他安排之其他金融服務供應商的保險及 / 或金融產品及服務，及 / 或其他商業合作夥伴之相關服務，提供市場推廣資料及進行直接市場推廣活動。(例如獎賞、忠誠獎勵、合作品牌或優惠計劃以及相關服務和產品，由本公司商業合作夥伴或合作品牌夥伴提供的服務和產品，出於慈善及 / 或非牟利目的的捐贈或捐款)。為免生疑問，就本公司不時收集或持有的所有客戶個人資料，本公司將會以從客戶收到的最新指示 (例如同意或表示不反對的指示，或提出反對要求)。

The Company may provide (and may receive money or property in return for providing) certain personal information, in particular, name, contact information, age, gender and policy information of a policyholder and an insured person, **only upon having such policyholder's and insured person's written consent**, to be used by the following parties, within or outside of Hong Kong, for their own and/or the Company's **marketing purposes** set out above:

- (1) companies within the Zurich Insurance Group;
- (2) other banking/financial institutions, commercial or charitable organizations with whom the Company maintains business referral or other arrangements;
- (3) third party reward, loyalty, co-branding or privileges program providers;
- (4) third party marketing service providers and insurance intermediaries.

於獲保單持有人及受保人書面同意後，本公司方可就以下人士本身及 / 或就本公司的**市場推廣用途**，向以下於香港境內或境外的人士提供其某些個人資料 (並可能收到金錢或其他財產作為回報)，特別是姓名、聯絡資料、年齡、性別、保單持有人及受保人的保單資料等，以供其使用：

- (1) 蘇黎世保險集團成員公司；
- (2) 與本公司維持業務引薦關係或其他安排的其他銀行 / 金融機構、商業或慈善組織；
- (3) 第三方獎賞、忠誠獎勵、合作品牌或優惠計劃提供者；
- (4) 第三方市場推廣相關服務供應商及保險中介人。

8. Notice to customers relating to the Personal Data (Privacy) Ordinance (“Ordinance”) (continued) 有關個人資料 (私隱) 條例 (「私隱條例」) 的客戶通知 (續)

I/We understand that I/we can withdraw any consent provided for marketing purposes anytime by notice to the Company.
本人 / 我們明白可隨時通知 貴公司以撤回任何就市場推廣用途所給予之同意。

I/We do not agree to the use or transfer of my/our personal data for marketing purposes as set out above.
本人 / 我們不同意 貴公司使用或向第三方提供本人 / 我們的個人資料作上列市場推廣用途。

I/We confirm that all information provided by me/us in this Enrollment Form is true, correct and accurate. I/We further confirm my/our agreement to all sections in this Enrollment Form, including without limitation, the above Declaration and the Notice to Customers relating to the Personal Data (Privacy) Ordinance.

本人 / 我們確認由本人 / 我們於此投保表格提供之所有資料均為事實正確無誤。本人 / 我們更確認同意本投保表格內之所有部分，包括但不限於上列之聲明及有關個人資料 (私隱) 條例的客戶通知。

Signature of applicant
投保人簽署

Day日 Month月 Year年
Date
日期