FlexiCare Group Medical Insurance Plan – á la carte
Member Enrollment & Benefit Selection Form
「智識揀」僱員醫療保險計劃 — 自選計劃
成員登記及保障選擇表格

ZURICH ®
蘇黎世

Enquiry no. 查詢電話：+852 2903 9352   Fax 傳真：+852 2967 9532
Please √ the appropriate box. Please select **only one choice** under each insurance benefit. 請 √ 適用方格。每項保險保障下只能選擇**一個項目**。

1. Choice of cover 保障選擇

Insurance benefits 保險保障

Total entitled credit points for insurance benefits 所得保險保障總積分 _____ points（分）

Hospitalization & day care treatment benefits 住院及日間護理保障 Room level and maximum benefits (HKD) 住房等級及最高保障額（港元）	☐ IH500 Ward 大房 HKD500 per day 每日 500 港元	☐ IH800 Semi-Private 半私家房 HKD800 per day 每日 800 港元	☐ IH1600 Private 私家房 HKD1,600 per day 每日 1,600 港元
Required points 所需分數	27,100 pts（分）	45,500 pts（分）	77,000 pts（分）
Room level and maximum benefits (HKD) 住房等級及最高保障額（港元）	☐ IHS50 Ward (HKD500 per day) with supplementary major medical benefit (HKD50,000) 大房（每日 500 港元）及附加醫療保障（50,000 港元）	☐ IHS100 Semi-Private (HKD800 per day) with supplementary major medical benefit (HKD100,000) 半私家房（每日 800 港元）及附加醫療保障（100,000港元）	☐ IHS150 Private (HKD1,600 per day) with supplementary major medical benefit (HKD150,000) 私家房（每日 1,600 港元）及附加醫療保障（150,000 港元）
Required points 所需分數	34,100 pts（分）	54,800 pts（分）	93,000 pts（分）

Critical illness benefits 危疾保障 Maximum benefits (HKD) 最高保障額（港元）	☐ CI100 HKD100,000（港元）	☐ CI200 HKD200,000（港元）	☐ CI300 HKD300,000（港元）
Required points 所需分數	24,800 pts（分）	46,800 pts（分）	69,300 pts（分）

Hospital cash (for confinement in any hospital) benefits 住院現金（於任何醫院住院）保障 Maximum benefits (HKD) 最高保障額（港元） Required points 所需分數	☐ HC500 HKD500 per day 每日 500 港元 14,700 pts（分）	☐ HC750 HKD750 per day 每日 750 港元 21,900 pts（分）	☐ HC1000 HKD1,000 per day 每日 1,000 港元 28,000 pts（分）

Outpatient benefits 門診保障 Maximum benefits (HKD) 最高保障額（港元） Required points 所需分數	☐ OP120 HKD120（港元） 28,400 pts（分）	☐ OP220 HKD220（港元） 59,700 pts（分）	☐ OP300 HKD300（港元） 106,000 pts（分）

Personal accident insurance benefits 個人意外保障 Maximum benefits (HKD) 最高保障額（港元）	☐ PA50 HKD500,000（港元） 8,600 pts（分）	☐ PA100 HKD1,000,000（港元） 15,700 pts（分）	☐ PA150 HKD1,500,000（港元） 22,800 pts（分）

Dental benefits 牙科保障 Maximum benefits (HKD) 最高保障額（港元） Required points 所需分數	☐ DEN100 1 time cleaning per year 每年洗牙 1 次 8,700 pts（分）	☐ DEN200 2 times cleaning per year 每年洗牙 2 次 11,600 pts（分）	

Total credit points for insurance benefits used 已用保險保障總積分 _____ points（分）

1. Your above selection is valid only if the aggregate credit points used in selection are at least 70% of your total entitled credit points for Insurance. Otherwise, the above selection will become invalid and your cover will automatically be set to the default plan.
   選擇保障時，您必須使用最少 70% 的所得總保險保障積分，否則，您以上的選擇將會被視為無效並自動重設為預設計劃。

2. Please ensure the aggregate credit points used in selection do not exceed 110% of your total entitlement of credit points.
   請確保已用作選擇之總積分不得超出所得總積分之 110%。

3. Please check to confirm your selection and credit points used are correct before submitting this enrollment form. Otherwise your enrollment will automatically be set to the default plan.
   提交此投保表格時，請先確保您的保障選擇及積分分配正確無誤。否則，您的保障計劃將自動設定為預設計劃。

4. The employees and the insured dependents can have different selections of the insurance benefits.
   僱員及其受保家屬可選擇不同的保險保障。

5. No change can be made to the selection of benefits after submission of this form.
   提交本表格後，保障選項將不能更改。

Please √ the appropriate box and delete at + where inappropriate. 請 √ 適用方格及於 + 號刪去不適用者。 *Please complete in BLOCK LETTERS. 請以英文正楷大寫填報。*

2. Insured member's information 受保成員資料

Name of company (policyholder) 公司名稱（保單持有人）			
Surname 姓		Given name 名	
Name of employee 僱員姓名		Relationship with employee 與僱員關係	☐ Self　本人 ☐ Spouse 配偶 ☐ Child* 子女*
Policy no.# 保單號碼 #		Certificate no.# 保險證號碼 #	
Sex 性別	☐ Male　男 ☐ Female 女	HKID card no./Passport no.+ 香港身份證號碼/護照號碼 +	
Date of birth (dd/mm/yy) 出生日期（日／月／年）	D　日　　M　月　　Y　年	Telephone no. 電話號碼	
Correspondence address 通訊地址			
Email address 電郵地址		Occupation & position 職業及職位	

* 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。
\# If available.
　如有。

3. Wellness benefits (To be filled in ONLY by the insured employee for the whole family)
保健保障（僅由受保僱員為所有家庭成員填寫）

My entitled credit points for wellness benefits 我所得的保健保障積分	_____ points（分）
Number of family members 家庭成員數目	x _____
Total available credit points for wellness benefits 保健保障可用總積分	= _____ points（分）

Health checkup 健康檢查	Wellness points required 所需保健積分	Quantity 數量
1. 3 choices of health checkups 　三項健康檢查	5,000	x _____
2. 3 choices of health checkups with doctor consultation 　三項健康檢查連醫生講解	7,000	x _____
3. 5 choices of health checkups 　五項健康檢查	9,000	x _____
4. 5 choices of health checkup s with doctor consultation 　五項健康檢查連醫生講解	11,000	x _____

3 choices or 5 choices of health checkups include the following items for selection:
三項或五項健康檢查可選項目包括：

1. Bilirubin (total)
　膽紅素（總）

2. Blood Glucose (Fasting)
　血糖（空腹）

3. Calcium + Phosphate
　鈣 + 磷

4. Complete Blood Count (CBC)
　全血球計數（CBC）

5. Creatinine
　肌酐

6. RA Factor (Qualitative)
　風濕病檢查 - 類風濕性關節炎因子
　（性質子）

7. SGPT/ALT
　谷丙轉氨酶

8. T4
　甲狀腺素

9. Total Cholesterol (Fasting)
　總膽固醇（空腹）

10. Uric Acid
　尿酸

11. ABO Grouping + Rh(D)
　ABO 分組 + 的 Rh(D)

12. Urine Routine
　小便常規檢查

Health checkup 健康檢查	Wellness points required 所需保健積分	Quantity 數量
5. Basic health checkups include all of the following: 基本健康檢查包括以下所有項目：	10,000	x _____

1. Physical Examination & Medical History (height, weight, blood pressure and pulse) measurements
   體格檢查及病歷－ 體重，身高，血壓，脈膊及其他器官
2. Vision, Hearing, Other Systems
   聽覺，視力及其他系統
3. Chest X-Ray
   胸部 X 光檢查
4. Urine Routine & Microscopy
   小便常規檢查
5. Complete Blood Picture
   全血球計
6. Glucose
   空腹血糖量
7. Uric Acid
   痛風測試 - 尿酸
8. Medical Report
   驗身報告

Health checkup 健康檢查	Wellness points required 所需保健積分	Quantity 數量
6. Male/ female health checkups include all of the following (as applicable): 男／女健康檢查包括以下所有項目（如適用）：	36,000	x _____

1. Basic checkup
   基本健康檢查
2. Body Mass Index
   體重指數
3. ECG
   靜態心電圖
4. ESR
   炎症 - 血沉降率檢查
5. Blood Grouping
   血型測驗
6. RA Factor (Qualitative)
   風濕病檢查 - 類風濕性關節炎因子(性質子)
7. Creatinine
   肌酸酐
8. Urea
   尿素
9. Sodium, Potassium, Chloride
   鈉、鉀、氯化物
10. SGPT
    谷丙轉氨酶
11. SGOT
    谷草轉氨酶
12. Bilirubin
    膽紅素
13. Alkaline Phosphatase
    鹼性磷酸酶酵素
14. Total Protein
    總蛋白
15. Gamma GT
    丙種谷氨轉酰肽酶
16. Albumin and Globulin
    白蛋白及球蛋白
17. Total Cholesterol
    總膽 固醇
18. Triglycerides
    三酸甘油脂
19. HDL Cholesterol
    高密度脂蛋白膽固醇
20. LDL Cholesterol
    低密度脂蛋白膽固醇
21. T4
    甲狀腺素
22. HBsAg + HBsAb
    乙型肝炎表面抗原及抗體
23. PSA (for Male over age 45)
    前列腺癌抗原 (適用於男性年齡超 45 歲)
24. Pap Smear - For Female
    子宮頸抹片檢查 (適用於女性)

Health checkup 健康檢查	Wellness points required 所需保健積分	Quantity 數量
7. Full health checkups include all of the following (as applicable): 全身檢查包括以下所有項目（如適用）：	60,000	x _____

1. Basic health checkup (including 8 checkups)
   基本健康檢查 (包括八項檢查)
2. Body Mass Index
   體重指數
3. ECG
   靜態心電圖
4. Vitalograph (Lung Function Test)
   肺功能檢查
5. ESR
   炎症 - 血沉降率檢查
6. Blood Grouping
   血型測驗
7. RA Factor (Qualitative)
   風濕病檢查 - 類風濕性關節炎因子(性質子)
8. Creatinine
   肌酸酐
9. Urea
   尿素
10. Sodium, Potassium, Chloride
    鈉、鉀、氯化物
11. SGPT
    谷丙轉氨酶
12. SGOT
    谷草轉氨酶
13. Bilirubin
    膽紅素
14. Alkaline Phosphatase
    鹼性磷酸酶酵素
15. Total Protein
    總蛋白
16. Gamma GT
    丙種谷氨轉酰肽酶
17. Albumin and Globulin
    白蛋白及球蛋
18. Total Cholesterol
    總膽固醇
19. Triglycerides
    三酸甘油脂
20. HDL Cholesterol
    高密度脂蛋白膽固醇
21. LDL Cholesterol
    低密度脂蛋白膽固醇
22. TSH
    促甲狀腺激素
23. HAV-Ab
    甲型肝炎檢查
24. HBsAg + HBsAb
    乙型肝炎表面抗原及抗體
25. CEA
    癌症指標 (腸癌)
26. AFP
    甲種胎兒蛋白 (肝癌)
27. CA125 (Ovary) - For Female
    癌抗原 125 (適用於女性)
28. PSA (for Male over age 45)
    前列腺癌抗原 (適用於男性年齡超 45 歲)
29. Pap Smear - For Female
    子宮頸抹片檢查 (適用於女性)
30. Follow Up Consultation with Doctor (if required)
    醫生跟進會診 (如有需要)

Vaccination 疫苗	Wellness points required 所需保健積分	Quantity 數量
8. Gardasil (HPV 4-in-1) 子宮頸癌疫苗 — 加衛苗	21,200	x _____
9. Hepatitis A Adult – (HAVRIX 1440) 甲型肝炎疫苗 —（成人）	13,200	x _____
10. Hepatitis A Child – (HAVRIX 720) 甲型肝炎疫苗 —（小童）	8,400	x _____
11. Hepatitis B (ENGERIX) 乙型肝炎疫苗	7,200	x _____
12. Pneumo 23 肺炎鏈球菌接合疫苗	6,000	x _____
13. TDaP (Boostrix) 三合一混合疫苗	13,200	x _____
14. Influenza (Fluarix Quadrivalent) Adult 流感（伏適流）—（成人）	4,400	x _____
15. Influenza (Fluarix Quadrivalent) Child 流感（伏適流）—（小童）	6,400	x _____
Total credit points for wellness benefits used 已用保健保障總積分	_____ points（分）	

1. Please ensure the aggregate credit points used in selection do not exceed the total available credit points as above shown.
   請確保已用總積分不得超出以上列明之所得總積分。
2. Please check to confirm your selection and credit points used are correct before submitting this enrollment form. Otherwise your enrollment will automatically be set to the default plan.
   提交此投保表格時，請先確保您的保障選擇及積分分配正確無誤。否則，您的保障計劃將自動設定為預設計劃。
3. No change can be made to the selection of benefits after submission of this form.
   提交本表格後，保障選項將不能更改。
4. Coupons for your selected wellness benefits will be mailed to your correspondence address as provided in this form.
   保健保障使用卷將會郵寄至您在本表格提供的通訊地址。
5. The wellness benefits are rendered by Zurich's designated service providers, which are third party and independent service providers providing such respective services to the insured members upon their request. The Company makes no representation or warranty as to the quality of the goods and services provided by such service providers, and assumes no responsibility or liability in respect of any act, default, negligence, error or omission of the relevant service providers.
   保健保障由蘇黎世指定服務供應商提供，並為第三方及獨立服務供應商，應受保成員要求向彼等提供相關服務。本公司並不就該等服務供應商提供的商品及服務質量作出聲明或保證，且並不就相關服務供應商的任何行動、錯失、疏忽、錯誤或遺漏承擔任何責任或負債。

4. Declaration 聲明

1. I/We declare that to the best of my/our knowledge and belief the information in 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 and/or plan cover between me/us and Zurich Insurance Company Ltd (the "Company").

2. 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.

3. I/We understand that I/we shall refer to the policy for details of the insurance coverage, exclusion clauses and terms and conditions.

4. I/We understand I/we must complete and provide all information requested in this form, failing which the Company cannot process my/our requests made in this form.

5. I/We declare that I/we have full and complete authority from my spouse and child(ren) who are also insured members of this policy to i) disclose any personal information being requested to process the request in this form for the Company to provide insurance services pursuant to the policy, and to ii) provide and receive any information, document or communication on their behalf to and from the Company for all purposes of the policy.

1. 本人/吾等特此聲明此投保表格的資料乃根據本人/吾等所知及所信為確實及完全而填報，屬實無訛。本人/吾等明白本人/吾等與蘇黎世保險有限公司（「貴公司」）的保險合約及／或計劃保障將按照此投保表格及聲明而訂立。

2. 本人/吾等明白本人/吾等授權貴公司有權向本人/吾等之醫生索取有關病歷資料；本人/吾等亦同意提供進一步與此計劃有關之資料並自付所需費用。

3. 本人/吾等明白所有保障範圍、不承保事項、條款及細則概以此保險計劃保單為準。

4. 本人/吾等明白本人/吾等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/吾等於表格提出之申請。

5. 本人/吾等聲明本人/吾等已獲得本保單之受保人包括本人之配偶及子女授予全權，i) 提供任何個人資料以處理本表格申請之事項及按有關保單（如已簽發）提供保險服務，及 ii) 代其提供及收取由貴公司發出的任何資料、文件或通訊，以作一切與本保單相關之用途。

All insurance services requested herein are subject to acceptance by the Company.
所有透過本表格申請之保險服務均須待貴公司覆核及接納方能生效。

5. 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

1. The personal information of customers (include policy owners, insured persons, beneficiaries, premium payors, trustees, policy assignees and claimants) collected or held by **Zurich Insurance Company Ltd ("Company")** may be used by the Company for the following **obligatory 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):

   1) to process, investigate (and assist others to investigate) and determine insurance applications, insurance claims and provide ongoing insurance services;
   2) to process requests for payment, and for direct debit authorization;
   3) to manage any claim, action and/or proceedings brought against the customers, and to exercise the Company's rights as more particularly defined in applicable policy wording, including but not limited to the subrogation right;
   4) to compile statistics or use for accounting and actuarial purposes;
   5) to meet the disclosure requirements of any local or foreign law, regulations, codes or guidelines binding on the Company and/or its group **("Zurich Insurance Group")** and conduct matching procedures where necessary;
   6) to comply with the legitimate requests or orders of the courts of Hong Kong and regulators including but not limited to the Insurance Authority, Hong Kong Federation of Insurers, auditors, governmental bodies and government-related establishments;
   7) to collect debts;
   8) to facilitate the Company's authorized service providers to provide services to the Company and/or the customers for the above purposes; and
   9) to enable an actual or proposed assignee of the Company to evaluate the transaction intended to be the subject of the assignment.

2. The Company may provide any personal information of customers to the following parties, within or outside of Hong Kong, for the obligatory purposes:

   1) companies within the Zurich Insurance Group, or any other company carrying on insurance or reinsurance related business, or an intermediary;
   2) any agent, contractor or third party service provider who provides administrative, telecommunications, computer, payment or other services to the Zurich Insurance Group in connection with the operation of its business;
   3) third party service providers including legal advisors, accountants, investigators, loss adjusters, reinsurers, medical and rehabilitation consultants, surveyors, specialists, repairers, and data processors;
   4) credit reference agencies, and, in the event of default, any debt collection agencies or companies carrying on claim or investigation services;
   5) any person to whom the Zurich Insurance Group is under an obligation to make disclosure under the requirements of any law binding on the Zurich Insurance Group or any of its associated companies and for the purposes of any regulations, codes or guidelines issued by governmental, regulatory or other authorities with which the Zurich Insurance Group or any of its associated companies are expected to comply;
   6) any person pursuant to any order of a court of competent jurisdiction;
   7) any actual or proposed assignee of the Zurich Insurance Group or transferee of the Zurich Insurance Group's rights in respect of the policy owners.

3. *Certain personal information of policy owners and insured persons collected or held by the Company, in particular, names, contact information, age, gender, identity document reference, marital status, policy information, claim information, and medical history may be used by the Company for the following voluntary purposes:*

   1) *to provide marketing materials and conduct 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;*
   2) *to perform customer analysis, profiling and segmentation; and*
   3) *to conduct market research and insurance surveys for the Zurich Insurance Group's development of services and insurance products. The Company is not allowed to use the personal information of any customer for the above voluntary purposes without such customer's consent. In the absence of any "opt-out" request, the Company shall treat the insurance application and continuation of the policy(ies) held with the Company as an indication of no objection of such policy owner and insured person to the Company's use of their personal information for the above voluntary purposes.*

4. *The Company may provide certain personal information, in particular, name, contact information, age, gender and policy information of a policy owner and an insured person, upon such policy owner's and insured person's written consent, to the following parties, within or outside of Hong Kong, for the voluntary purposes:*

   1) *companies within the Zurich Insurance Group;*
   2) *other banking/financial institutions, commercial or charitable organisations with whom the Company maintains business referral or other arrangements;*
   3) *third party marketing service providers and insurance intermediaries.*

5. All customers have the right to access, correct, or change any of their own personal information held by the Company, and in the case of policy owners and life insured, opt-out of the Company's use and transfer of their personal information for the voluntary purposes, by request in writing to the Company's Personal Data Privacy Officer at the address below. Requests for opt-out must state clearly the full name, identity document number, policy number, telephone number and address of the person making such request. Policy owners and insured persons may otherwise delete both the above paragraphs 3 and 4 (in italics) to indicate their wish to opt-out altogether. Personal Data

   > Privacy Officer
   > 26/F, One Island East
   > 18 Westlands Road
   > Island East
   > Hong Kong

6. In accordance with the Ordinance, the Company has the right to charge a reasonable fee for processing any data access request.

7. In the event of any discrepancy or inconsistencies between the English and Chinese versions of this notice, the English version shall prevail.

1. 由 **Zurich Insurance Company Ltd**（「本公司」）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，均可供本公司用 作以下**強制性用途**，以便為客戶提供服務（否則本公司將無法為未能提供所需資料的客戶提供服務）：
   1) 辦理，調查（及協助他人調查）和決定保險申請、保險索償及提供持續的保險服務；
   2) 辦理付款要求及直接付款授權；
   3) 處理任何對客戶的索償、訴訟及/或司法程序；以及行使本公司的權利（詳情見適用保單條款所定），包括但不限於代位權；
   4) 編撰統計數字，或作會計及精算用途；
   5) 符合對本公司及/或其所屬集團（「**蘇黎世保險集團**」）具約束力的任何本地或外國法例、規則、守則或指引的披露規定及如需要時進行核對程序；
   6) 遵循香港法院及監管機構作出的合法要求或指令，包括但不限於保險業監理處、香港保險業聯會、核數師、政府組織和政府相關機構；
   7) 債務追討；
   8) 便利本公司的認可服務供應商，就上述目的為本公司及/或客戶提供服務；及
   9) 使本公司的實際或建議承讓人能夠評核擬進行涉及有關轉讓的交易。

2. 本公司可就強制性用途，向以下於香港境內或境外的人士提供任何客戶個人資料：
   1) 蘇黎世保險集團成員公司，或任何進行保險或再保險相關業務的其他公司或中介人；
   2) 任何向蘇黎世保險集團提供行政、電訊、電腦、付款或其他與其業務運作有關的服務的代理人、承包商或第三方服務供應商；
   3) 第三方服務供應商，包括法律顧問、會計師、調查員、理賠師、再保公司、醫護及復康顧問、考察員、專家、維修人員、及資料處理者；
   4) 信貸諮詢機構、而在客戶欠賬時，任何債務追收代理或進行索償或調查服務的公司；
   5) 根據對蘇黎世保險集團或其任何關連機構具約束力的任何法例，及就任何由政府、監管或其他機關所頒佈且蘇黎世保險集團或其任何關連機構預期須遵守的任何規例、守則或指引而言，蘇黎世保險集團有責任向其作出披露的任何人士；
   6) 根據主管司法權區的法院的任何頒令的任何人士；及
   7) 蘇黎世保險集團的任何實際或建議承讓人或蘇黎世保險集團對保單持有人的權利的受讓人。

3. *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，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、保單資料、索償資料、及醫療紀錄等，均可供本公司使用作以下自願性用途：*
   1) *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/或其他商業合作伙伴之相關服務，提供市場推廣資料及進行直接市場推廣活動；*
   2) *進行客戶研究分析及分層；及*
   3) *就蘇黎世保險集團的服務及保險產品發展進行市場調查及保險研究。未經客戶同意，本公司不得使用任何客戶的個人資料作上述自願性用途。在未有收到任何「反對」要求，本司將把有關保險申請及持續投保，視作有關保單持有人及受保人之不反對本公司使用其個人資料作上述自願性用途。*

4. *經保單持有人及受保人書面同意後，本公司可就上述自願性用途，向以下於香港境內或境外的人士提供其某些個人資料，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：*
   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) *第三方市場推廣服務供應商及保險中介人。未經客戶書面同意，本公司不得向任何第三方提供有關客戶（特別指保單持有人及受保人）的個人資料作上述自願性用途。*

5. 所有客戶均有權以書面向本公司之個人資料私隱主任（地址如下）要求查閱、修正及/或更改由本公司所持有有關其本身的任何個人資料。如保單持有人及受保人欲反對本公司使用及提供其個人資料作上述自願性用途，亦可向本公司提出，並於有關反對要求中清楚註明要求人士之全名、身份證明文件編號、保單編號、電話號碼和地址。保單持有人及受保人亦可同時刪劃以上第 3 及 4 段（見斜字）以提出有關所有自願性用途之反對要求。
   個人資料私隱主任
   香港港島東華蘭路 18 號
   港島東中心 26 樓

6. 根據私隱條例，本公司有權收取合理費用，藉以處理任何資料的查閱要求。

7. 本通知的中英文版本如有任何歧異或不一致，概以英文版為準。

6. Important Notes 重要事項

This product is underwritten by Zurich Insurance Company Ltd ("Zurich"). Zurich has appointed Parkway HealthCare (Hong Kong) Limited ("Parkway"), and will provide all policy information and personal data of the insured members to Parkway for it, to provide plan administration and claims handling for your policy. Zurich is authorized and regulated by the Office of the Commissioner of Insurance to carry on general insurance business in the Hong Kong Special Administrative Region. In the event of any discrepancy or inconsistencies between the English version and the Chinese version, the English version shall prevail.

本產品的承保人為蘇黎世保險有限公司（「蘇黎世」），而蘇黎世委任 Parkway HealthCare (Hong Kong) Limited（"Parkway"）為您提供計劃行政以及索償處理事宜，並會向 Parkway 提供受保成員的所有保單資料及個人資料。蘇黎世乃獲香港保險業監理處授權及受其監管於香港特別行政區經營一般保險業務。中英文版本如有任何歧異或不一致，概以英文版為準。

I/We confirm that all information provided by me/us in this form is true, correct and accurate. I/We further confirm my/our agreement to all sections in this form, including without limitation, the above Declaration and the Notice to Customers relating to the Personal Data (Privacy) Ordinance. 本人/吾等確認由本人/吾等於此表格提供之所有資料均為事實正確無誤。本人/吾等更確認同意本表格內之所有部分，包括但不限於上列之聲明細則及有關個人資料(私隱)條例(「私隱條例」)的客戶通知。	
Signature of insured member (if not employee): 受保成員簽署（如非僱員本人）：	Date日期：　　　　D日　　　　M月　　　　Y年
Signature of insured employee: 受保僱員簽署：	Date日期：　　　　D日　　　　M月　　　　Y年