

Group Critical Illness Insurance Plan enrollment form 團體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 9300 Fax 傳真：+852 2903 9340

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 投保公司資料

Name of applicant 投保公司名稱			Contact person 聯絡人		
Business address 公司地址	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*	
Business nature 業務性質					
Contact tel. no. 聯絡電話號碼			Fax no. 傳真號碼		
Email address 電郵地址			Effective date of insurance cover 保障生效日期		
			日 月 年 DD MM YYYY		

2. Eligibility of membership 參加資格

All present employees (employed on or before Policy Effective Date) shall be eligible for benefit 所有現職員工 (受聘於保單生效日或之前) 的參加資格

☐ Upon Policy Effective Date
於保單生效日生效

☐ Follow the eligibility table as below
保障生效日期將根據下列資料而定

Class 類別	Description (i.e. Manager or above, all staff, etc.) 類別內容 (如：經理或以上，所有員工等)	Spouse Coverage 配偶保障	New Employees (employed after Policy Effective Date) 新聘員工 (受聘於保單生效日之後)	
1.		☐ Yes 是 ☐ No 否	☐ Immediate Coverage 即時生效	Or ☐ After _____ months of Employment 或 受僱滿 _____ 個月後生效
2.		☐ Yes 是 ☐ No 否	☐ Immediate Coverage 即時生效	Or ☐ After _____ months of Employment 或 受僱滿 _____ 個月後生效
3.		☐ Yes 是 ☐ No 否	☐ Immediate Coverage 即時生效	Or ☐ After _____ months of Employment 或 受僱滿 _____ 個月後生效

3. Insured members information 受保成員資料

	Insured member 成員1	Insured member 成員2	Insured member 成員3	Insured member 成員4
Last name 姓				
First name 名				
Gender 性別	☐ Male 男 ☐ Female 女	☐ Male 男 ☐ Female 女	☐ Male 男 ☐ Female 女	☐ Male 男 ☐ 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 [D][D][M][M][Y][Y][Y][Y]	日 月 年 [D][D][M][M][Y][Y][Y][Y]	日 月 年 [D][D][M][M][Y][Y][Y][Y]	日 月 年 [D][D][M][M][Y][Y][Y][Y]
Occupation & Position 職業及職位				
Relationship with company 與受保公司之關係	☐ Employee 僱員 ☐ Spouse 配偶	☐ Employee 僱員 ☐ Spouse 配偶	☐ Employee 僱員 ☐ Spouse 配偶	☐ Employee 僱員 ☐ Spouse 配偶
Class (if applicable) 類別 (如適用)				
Sum Insured (HKD) 投保額 (港元)				

- If more than five employees are to be covered, please provide the above information on a separate sheet. 如受保員工人數超過五名，請另加紙填寫以上資料。
- Health declaration is required for each insured person for sum insured more than HKD 150,000. 如投保額高於150,000港元，每名受保人需額外填寫健康申報表。

4. Payment method 付款方式

☐ **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

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
信用卡有效期至

Month月 Year年
[M][M][Y][Y][Y][Y]

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. 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 / 她須於保費到期日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。

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]

5. Declaration 聲明

1. I/We declare that to the best of my/our knowledge and belief the information given on this enrollment form is true and complete in every respect and all information disclosed have been verified by me/us as true and correct. I/We declare that I/we have full and complete authority from our employee(s) and their spouse(s) to sign the application and disclose any personal information being requested to assess the insurance application and I/we agree that this enrollment form and declaration shall form the basis of the contract between me/us and Zurich Insurance Company Ltd ("the Company").
本公司 / 我們謹此聲明本投保表格所列全部資料乃就本公司 / 我們所知一切據實填報，並經本公司 / 我們核實正確無誤。本公司 / 我們聲明本公司 / 我們已獲受保員工及其配偶授予全權，簽署此項投保申請，並提供任何人個人資料作評核此申請之用。本公司 / 我們明白本投保表格及聲明將構成本公司 / 我們與蘇黎世保險有限公司（「貴公司」）之間的合約依據。
2. I/we hereby declare that all insured employee(s) and their spouse(s) for application shall be in good health and understand that any pre-existing conditions will not be covered under the insurance
本公司 / 我們聲明申請的受保員工及其配偶健康良好並同意任何已存在的損傷或疾病均不在承保之列。
3. I/We authorize the Company to obtain medical information from the medical practitioner(s) of the insured employee(s) and their spouse(s) and I/we agree to supply additional information relevant to this insurance policy at my/our own expense.
本公司 / 我們明白 貴公司有權向受保員工及其配偶之醫生索取有關病歷資料，本公司 / 我們及受保員工亦同意提供任何進一步與此保單有關之資料並自付所需費用。
4. I/We hereby agree and undertake to settle any medical or other expenses that are not payable or covered by this insurance within 14 days after receiving the written notification from the Company. All cover and services attached will be terminated if I/we fail to reimburse the Company within the abovementioned period. Upon termination, I/we have to return this insurance policy to the Company and remain liable to the Company for any outstanding payment in arrears.
本公司 / 我們同意並負責對非保障範圍內之醫療或其他費用於收到 貴公司通知後14天內清繳。如未能於上述時限內清繳，所有保障及附帶的服務將會被終止，本公司 / 我們必須退回此保單予 貴公司，而本公司 / 我們仍必須負責任何尚未向 貴公司清繳的費用。
5. I/We understand that I/we shall refer to the Policy for details of the insurance coverage, exclusion clauses and terms and conditions.
本公司 / 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。
6. 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.
本公司 / 我們明白本公司 / 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公司 / 我們資料不全之保單申請。
7. 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。

6. 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）。

6. 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)

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。

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

D	D	M	M	Y	Y	Y	Y
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