ZURICH®
蘇黎世

Group Medical Insurance Plan Employee Enrollment Form
團體醫療保險僱員參加表格

Please tick the appropriate box and * delete where is 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。

1 Employee information 僱員資料 (To be completed by the Employee and please sign the Declaration overleaf 由僱員填寫及請簽妥背頁聲明)

◯ Mr 先生   ◯ Mrs 太太   ◯ Ms 女士 | HKID card no./Passport no. 香港身份證號碼/護照號碼 *

| English name 英文姓名   (Surname)   (Given name) | Chinese name 中文姓名 |

| Date of birth 出生日期#   D 日   M 月   Y 年 | Sex 性別#   ◯ Male 男   ◯ Female 女 |

Marital status 婚姻狀況#   ◯ Single 未婚   ◯ Married 已婚   ◯ Divorced 離婚   ◯ Widowed 喪偶

Email address 電郵地址

| Occupation & position 職業及職位# | Employment date 受僱日期   D 日   M 月   Y 年 |

Employee bank A/C No. 僱員銀行戶口號碼

| Bank name 銀行名稱 | Branch name 分行名稱 |

| Bank code 銀行編號 | Branch code 分行編號 | Account no. 戶口號碼 |

2 Dependant coverage 家屬保障

Dependant children aged 15 days – 18 years 年齡由 15 日至 18 歲之子女
Full-time student below age 24 (Please attach evidence) 24 歲以下之全日制學生(請附上有效證明文件)

Name of dependant 家屬姓名		Date of birth 出生日期 (D 日 M 月 Y 年)	HKID card no./ Passport no. 香港身份證號碼/護照號碼	Relationship to the insured member 關係	Sex 性別
Surname 姓	Given Name 名				

3 Employer information 僱主資料 (To be completed by the employer 由僱主填寫)

Employer's name (Policyholder) 公司名稱

Affiliated company name 附屬公司名稱

| Policy no 保單編號 | Affiliated code 附屬公司編號 |

| Staff no (If any) 僱員編號(如適用) | Department code (If any) 部門編號(如適用) |

Health 醫療

Class 等級   ◯ 1   ◯ 2   ◯ 3   ◯ Others: _____

Effective date of participation 參加生效日   D 日   M 月   Y 年

④ Health question 醫療問卷

This section should be completed for insured member only. If more than one insured member apply for this plan, please use another enrollment form for each of the additional insured member.
以下部份只供受保人作答。如多於一位受保人申請此計劃時，請每名額外的受保人在另一張申請表 上回答相關問題。

		Yes 是	No 否
1	Please enter your height and weight measurements. 請提供閣下身高及體重資料。　　　　Height 身高：＿＿＿＿＿＿m 米　　Weight 體重：＿＿＿＿＿＿kg 公斤		
2	Have you ever been admitted into hospital or sanitorium, 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）？	○	○
3	Have you ever been or are you currently taking any medication prescribed for more than 14 days or drugs which are not prescribed by a medical practitioner? 閣下是否曾／正在服用任何由醫生處方超過14天之藥物或其他並非由醫生處方的藥物？	○	○
4	Have any of your natural parents, brothers or sisters suffered from heart disease, stroke, hypertension, diabetes, kidney disease, mental disorder, hepatitis (or is a hepatitis carrier), cancer or any hereditary disease? 閣下的親生父母或兄弟姐妹是否曾患上任何心臟病、中風、高血壓、糖尿病、腎病、精神失常、肝炎（或肝炎帶菌者）、癌症或任何遺傳病？	○	○
5	Other than medical test(s) required by an employer or insurer, have you ever been recommended by a medical practitioner any medical test, in the past five years? 除了僱主或保險公司指定之醫療檢查外，閣下是否曾在過去五年內被醫生建議進行任何醫療檢查？	○	○
6	Have you ever suffered from or been treated or do you foresee to consult with a medical practitioner for any of the following disorders or diseases? 閣下是否曾患上、被診斷為或可預見就以下問題或疾病求診？		
(i)	The muscular skeletal system (e.g. muscular or bone disorder, spinal problem, arthritis, gout) or other related symptoms/diseases? 骨骼及肌肉系統（如肌肉或骨骼不適、脊椎問題、關節炎、痛風）或其他有關的徵狀或疾病？	○	○
(ii)	The respiratory system (e.g. tuberculosis, asthma, chronic bronchitis) or other related symptoms/diseases? 呼吸系統（如結核病、哮喘、慢性支氣管炎）或其他有關的徵狀或疾病？	○	○
(iii)	The endocrine system (e.g. diabetes, thyroid disorder) or other related symptoms/diseases? 內分泌系統（如糖尿病、甲狀腺問題）或其他有關的徵狀或疾病？	○	○
(iv)	The gastro-intestinal tract (e.g. any kind of hepatitis or liver disease, gastric or duodenal ulcer or ulcer of any kind, haemorrhoids, hernia, gall bladder, bowel) or other related symptoms/diseases? 腸胃管道（如任何肝炎或肝病、胃或十二指腸潰瘍、任何潰瘍、痔瘡、疝氣、膽囊、腸）或其他有關的徵狀或疾病？	○	○
(v)	Breast or genitor-urinary organs (e.g. any disease of the kidneys or bladder) or other related symptoms/diseases? 乳房或泌尿生殖器官（如任何腎或膀胱疾病）或其他有關的徵狀或疾病？	○	○
(vi)	The heart or cardiovascular or circulatory system (e.g. chest pain, any disorder of the heart or arteries, murmur, raised blood pressure, stroke, varicose veins, rheumatic fever) or blood (e.g. anaemia, haemophilia) or other related symptoms/diseases? 心臟、心血管、循環系統（如心絞痛、心臟或動脈問題、心漏症、高血壓、中風、靜脈曲張、風濕熱）或血液（如貧血、血友病）或其他有關的徵狀或疾病？	○	○
(vii)	The nervous system, mental disorder or psychiatric problem or brain function disorder (e.g. dizziness, epilepsy, paralysis, anxiety) or other related symptoms/diseases? 神經系統、精神失常、精神病或腦功能問題（如暈眩、癲癇、癱瘓、焦慮）或其他有關的徵狀或疾病？	○	○
(viii)	Impairment of the eyes / ears / nose (e.g. cataracts, ear infections, tonsillitis) or other related symptoms/diseases? 眼、耳、鼻的損傷（如白內障、耳道感染、扁桃腺炎）或其他有關的徵狀或疾病？	○	○
(ix)	Tumor, cyst, lump, growth, cancer or malignant tumor or other related symptoms/diseases? 腫瘤、囊腫、腫塊、瘤、癌、惡性腫瘤或其他有關的徵狀或疾病？	○	○
(x)	Venereal disease, AIDS, AIDS related conditions, any blood test for HIV virus? 性病、愛滋病、與愛滋病有關的疾病、或曾接受愛滋病病毒血液測試？ If the answer is yes to any of these questions, please provide medical report. 若上述任何問題之答案為「是」，請提供醫療報告。	○	○
7	Are there any health or physical conditions in the last five years not mentioned above which may affect your well being? 閣下於過去五年內是否曾有任何以上未提及的健康或身體狀況影響閣下的健康？	○	○
8	Are you having any policy of or making any claim for personal accident insurance, individual medical insurance, hospital cash insurance or critical illness insurance with Zurich Insurance Company Ltd or any other insurer(s)? If yes, please state the policy no., benefits type, the sum insured and the company name of the insurer. 閣下現時是否擁有或進行任何蘇黎世保險有限公司或其他保險公司承保之個人意外、個人醫療、住院現金或危疾保單或索償 若「是」，請提供保單號碼、保單項目、保額及保險公司名稱。	○	○
9	Have your enrollment, renewal or reinstatement of life insurance, personal accident insurance, medical insurance, hospital income insurance, or critical illness insurance been rejected, 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、個人意外、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？	○	○

If any answer(s) to Questions 2 - 9 is "Yes", please give full details below.
若問題 2 - 9 之答案為「是」，請提供以下詳情。

Question No. 問題編號				
2-5, 7-9	Details 詳情：			
6	Nature of diagnosis 疾病性質	Full details of care, treatment or surgery received 所接受之護理、治療或手術之詳情	Outcome of treatment e.g.ongoing, complete recovery, recurrent or likely to recur 治療結果，如持續治療、完全康復、已復發或有機會復發	Name and address of the medical attendant(s) 主診醫生名稱及地址

5 Declaration and Authorisation 聲明及授權

1. I/We hereby apply for Zurich Group Medical Insurance Plan ("Plan"). 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 and all information disclosed have been verified by me/us as true and correct. Where applicable, I/we declare that I/we have full and complete authority from the insured member(s) to sign this enrollment form and disclose any personal information being requested to assess this enrollment. I/We understand and agree that this Enrollment Form and declaration will form the basis of the contract between me/us and Zurich Insurance Company Ltd (the "Company").

2. I/We authorize the Company to obtain medical information from the insured person's medical practitioner(s) and I/we agree to supply additional information relevant to the policy of this Plan at my/our own expense.

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

4. I/We understand that I/we must complete and provide all information requested in this Enrollment Form, failing which the Company cannot process my application for this Plan.

1. 本人／吾等現投保申請蘇黎世團體醫療保險計劃（「計劃」）。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，所有已披露的信息已經由本人／吾等核實正確無誤。在適用的情況下，本人／吾等聲明本人／吾等已獲受保人授予全權簽署此投保表格並披露所要求的任何個人資料，以作評估申請之用。本人／吾等明白本人／吾等與蘇黎世保險有限公司（「貴公司」）的保險合約將照此投保表格及聲明而訂立。

2. 本人／吾等授權 貴公司有權向受保人之醫生索取有關病歷資料，本人／吾等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。

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投保表格要求之所有資料，否則貴公司將不會受理本人／吾等資料不全之保單申請。

This insurance enrollment form will not be in force until the enrollment(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

1. The personal information of customers (include policyholders, insured members, 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 <u>any</u> 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 policyholders.
3. *Certain personal information of policyholders and insured members 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 <u>certain</u> 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.*
      The Company is not allowed to provide to any third party the personal information of any customer, specifically, policy owners or insured persons, for the above voluntary purposes without their written consent.
5. All customers have the right to access to, 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.

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）

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，均可供本公司使用作以下**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，本公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。

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／吾等確認由本人／吾等於此投保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 employee
僱員簽署：

	Day 日	Month 月	Year 年
Date 日期			

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⑦ 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") to provide plan administration and claims handling under your policy. Zurich is authorised and regulated by the Office of the Commissioner of Insurance to carry out general insurance business in the Hong Kong Special Administrative Region.
In the event of any inconsistency 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") 為您提供計劃管理以及處理索償申請。
蘇黎世已獲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。
如中英文版本的條款有任何分歧，以英文版本為準。