

Zurich HealthTotal Critical Illness Insurance Plan Enrollment Form

蘇黎世「全護之選」危疾保險計劃投保表格

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

Please tick the appropriate box and * delete 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。

All fields are mandatory, except the fields marked with #. 所有項目必須填報，惟#號之項目除外。

Agent Name

代理人姓名：_____

Agent No

代理人編號：_____

1 Proposer's information 投保人資料

Mr 先生 Mrs 太太 Ms 女士 Company 公司

Full name or Company name in English 英文姓名或英文公司名稱

Full name or Company name in Chinese 中文姓名或中文公司名稱

HKID card no./Passport no./Business registration no. 香港身份證號碼/護照號碼/商業登記號碼*

Date of birth 出生日期

D 日

M 月

Y 年

Sex 性別

Male 男

Female 女

Occupation 職業

Marital Status# 婚姻狀況#

Correspondence address 通訊地址

Contact Number (Please fill in at least one) 聯絡電話 (請填寫最少一項)

Email address#

Mobile phone no.

Day time telephone no.

電郵地址#

流動電話號碼

日間聯絡電話

2 Insured person's information 受保人資料

	Insured person 1 受保人 1	Insured person 2 受保人 2	Insured person 3 受保人 3	Insured person 4 受保人 4
Surname 姓				
Given name 名				
Sex 性別	<input type="radio"/> Male 男 <input type="radio"/> Female 女	<input type="radio"/> Male 男 <input type="radio"/> Female 女	<input type="radio"/> Male 男 <input type="radio"/> Female 女	<input type="radio"/> Male 男 <input type="radio"/> 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)	D 日 M 月 Y 年	D 日 M 月 Y 年	D 日 M 月 Y 年	D 日 M 月 Y 年
Relationship with proposer 與投保人關係	<input type="radio"/> Self 本人 <input type="radio"/> Child^ 子女^ <input type="radio"/> Others 其他：_____	<input type="radio"/> Spouse 配偶 <input type="radio"/> Child^ 子女^ <input type="radio"/> Others 其他：_____	<input type="radio"/> Child^ 子女^ <input type="radio"/> Others 其他：_____	<input type="radio"/> Child^ 子女^ <input type="radio"/> Others 其他：_____

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

	Insured person 1 受保人 1	Insured person 2 受保人 2	Insured person 3 受保人 3	Insured person 4 受保人 4
Usual country of residence 慣常居住地				
Height (m) 身高 (米)				
Weight (kg) 體重 (公斤)				
Smoking habit 吸煙習慣	<input type="radio"/> Non-Smoker 非吸煙者 <input type="radio"/> Smoker 吸煙者	<input type="radio"/> Non-Smoker 非吸煙者 <input type="radio"/> Smoker 吸煙者	<input type="radio"/> Non-Smoker 非吸煙者 <input type="radio"/> Smoker 吸煙者	<input type="radio"/> Non-Smoker 非吸煙者 <input type="radio"/> Smoker 吸煙者
Occupation & Position 職業及職位				

^ Child(ren) must be at the age between 15 days and 17 years old (both inclusive). Please take notice that the insured person(s) from the above will become the policyholder for his/her insurance plan automatically at the policy anniversary should the insured person(s) reached the age of 18. 子女年齡必須介乎 15 日至 17 歲 (包括 15 日及 17 歲)。請注意若上述受保人於保單週年日時已年滿 18 歲，便會自動成為其保單的保單持有人。

3 Choice of plan level 計劃級別

	Insured person 1 受保人 1	Insured person 2 受保人 2	Insured person 3 受保人 3	Insured person 4 受保人 4
Plan level 計劃級別	<input type="radio"/> Platinum Plan 尊尚計劃 <input type="radio"/> Enhanced Plan 優越計劃 <input type="radio"/> Standard Plan 標準計劃	<input type="radio"/> Platinum Plan 尊尚計劃 <input type="radio"/> Enhanced Plan 優越計劃 <input type="radio"/> Standard Plan 標準計劃	<input type="radio"/> Platinum Plan 尊尚計劃 <input type="radio"/> Enhanced Plan 優越計劃 <input type="radio"/> Standard Plan 標準計劃	<input type="radio"/> Platinum Plan 尊尚計劃 <input type="radio"/> Enhanced Plan 優越計劃 <input type="radio"/> Standard Plan 標準計劃

4 Premium payment 保費支付

	Insured person 1 受保人 1	Insured person 2 受保人 2	Insured person 3 受保人 3	Insured person 4 受保人 4
Premium payment schedule 保費類別	Level premium 水平式保費 / Step premium 進階式保費*	Level premium 水平式保費 / Step premium 進階式保費*	Level premium 水平式保費 / Step premium 進階式保費*	Level premium 水平式保費 / Step premium 進階式保費*
Total premium payable (HKD) 應付保費總額 (港元)	Annual 每年 / Monthly 每月 *	Annual 每年 / Monthly 每月 *	Annual 每年 / Monthly 每月 *	Annual 每年 / Monthly 每月 *
Policy inception date 保單首次生效日期	D M Y 日 月 年	D M Y 日 月 年	D M Y 日 月 年	D M Y 日 月 年

5 Health question 醫療問卷

The following questions in Part A, B and C are for insured person 1 only. If more than one insured person apply, please answer the questions on Zurich HealthTotal Critical Illness Insurance Plan Medical Questionnaire which will form part of this enrollment form.

以下甲部、乙部及丙部的問題只供受保人 1 作答。如多於一位受保人申請時，請於蘇黎世「全護之選」危疾保險計劃醫療問卷上回答相關問題，該醫療問卷將成為此投保表格的一部分。

Part A - General medical information 甲部 – 一般醫療資料

1 Please provide details for your family doctor / treating medical practitioner 請提供家庭 / 主診醫生資料

Name 姓名

Address 地址

Telephone 電話

Part A - General medical information (continued) 甲部 – 一般醫療資料 (續)

	Yes 是	No 否
2 Have you gained/lost weight of 10lb (4.5kg) or more in the last 12 months? If yes, please give reason and exact figure. 閣下的體重是否在過去十二個月內增加或減少10磅(4.5公斤)或以上。若「是」, 請說明確實增加或減少之重量及原因。 Exact figure gained/lost* 確實增加/減少*之重量: _____kg公斤/ _____lb磅 Reason 原因 _____	<input type="radio"/>	<input type="radio"/>
3 Do you drink alcohol? If yes, please specify type of drink (e.g. beer, wine, spirit etc.) and your weekly consumption. 閣下是否會飲用酒精飲品? 若「是」, 請註明飲品種類(例如啤酒、葡萄酒、烈酒等)及每週飲用量。 Type of drink 飲品種類 _____ Weekly consumption 每週飲用量 _____ml 毫升	<input type="radio"/>	<input type="radio"/>
4 Do you smoke or have you ever smoked any cigarettes? If yes, please state details. 閣下是否曾吸煙? 若「是」, 請註明每日吸煙數量。 Consumption 吸煙數量 _____pieces/day 支/每天 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。 Date ceased 戒煙日期 _____(DD/MM/YY 日/月/年) and reason 及原因 _____	<input type="radio"/>	<input type="radio"/>

Part B - Medical history 乙部 – 病歷

(I) For all insured persons 適用於所有受保人

	Yes 是	No 否
5 Have you ever been or are you currently taking any medication prescribed for more than 14 days or drugs such as stimulants, hallucinogens, narcotics or other controlled substance other than prescribed by a medical practitioner, or are you currently being or been counselled or treated for excessive use of alcohol or drugs? If yes, please state details. 閣下是否曾/正在服用任何由醫生處方超過十四天之藥物或其他並非由醫生處方的受管制藥物如興奮劑、迷幻藥、麻醉劑等, 或是否曾/正在因酗酒或吸毒而接受輔導或治療? 若「是」, 請提供詳情。 Details 詳情 _____	<input type="radio"/>	<input type="radio"/>
6 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? If yes, please state details. 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? 若「是」, 請提供詳情。 Details 詳情 _____	<input type="radio"/>	<input type="radio"/>
7 Other than medical test(s) required by an employer or insurer, have you ever undergone or been recommended by a medical practitioner any medical test, such as blood test(s), x-ray, electrocardiogram, ultrasonogram, CT scan, biopsy or other investigations in the past 5 years? If yes, please provide details and reports. 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進行或被醫生建議進行任何醫療檢查, 包括血液測試、X光、心電圖、超聲波、電腦掃描、活組織檢驗或其他檢驗? 若「是」, 請提供詳情及報告。 Details 詳情 _____	<input type="radio"/>	<input type="radio"/>
8 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? If yes, please provide details. 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? 若「是」, 請提供詳情。 (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?	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>

- (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、或曾接受愛滋病毒血液測試?

Details
詳情 _____

<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>

- 9 Are there any health or physical conditions in the last 5 years not mentioned above which may affect your well being?
If yes, please state details.

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?若「是」,請提供詳情。

Details
詳情 _____

<input type="radio"/>	<input type="radio"/>
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(II) For insured person under the age of 2 years 只適用於兩歲以下的受保人 :

10 Weight at birth 出生體重 _____ kg/ 公斤 / _____ lb 磅		
	Yes 是	No 否
11 Has the proposed insured person been confined in hospital for more than 5 days? If yes, please state details. 自出生起計,如受保人留院超過五天,請提供詳情。 Details 詳情 _____	<input type="radio"/>	<input type="radio"/>
12 Were there any birth difficulties, congenital deformities, lack of physical or mental development or Down's syndrome? If yes, please state details. 是否曾出現難產、先天性肢體畸形、缺乏正常體格或心智發展或唐氏綜合症等徵狀?若「是」,請提供詳情。 Details 詳情 _____	<input type="radio"/>	<input type="radio"/>

(III) For female insured person only 只適用於女性受保人 :

	Yes 是	No 否
13 Are you now pregnant? If yes, please state the expected delivery date. 閣下是否正在懷孕?若「是」,請註明預產期。 The expected delivery date 預產期為 _____	<input type="radio"/>	<input type="radio"/>
14 Have you ever had any complications during pregnancy or delivery (e.g. ectopic pregnancy, gestational diabetes, hypertension, protein in urine etc.)? If yes, please state details. 閣下是否曾因懷孕或生產而患上任何併發症(如宮外孕、妊娠糖尿、高血壓、蛋白尿等)?若「是」,請提供詳情。 Details 詳情 _____	<input type="radio"/>	<input type="radio"/>
15 Have you ever had or been told to have, or been treated for any disease/disorder of, or are you intending to have any tests/investigations/treatment of the breast (e.g. mammogram, an ultrasound or surgery, etc) or the cervix or uterus (e.g. a pap smear, cone biopsy, colposcopy or ultrasound, etc)? If yes, please state details. 閣下是否曾或被建議或打算就乳房疾病接受治療或檢查(例如乳房X光、超音波或手術等)或就子宮頸或子宮疾病接受治療或檢查(例如柏氏細胞塗片、錐型活體切片檢查、陰道鏡或超音波檢查等)?若「是」,請提供詳情。 Details 詳情 _____	<input type="radio"/>	<input type="radio"/>

Part C - Personal insurance information 丙部 – 個人保單資料

	Yes 是	No 否
16 Are you having any 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 (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個人意外、個人醫療、住院現金或危疾保單?若「是」,請提供保單號碼、保單項目、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="radio"/>	<input type="radio"/>
17 For policies stated in question 16, are you currently making a claim for accident, disability, or medical insurance benefit? If yes, please state details. 對於問題 16 列明的保單,閣下現時是否進行任何意外、傷殘或醫療保險之索償?若「是」,請提供詳情。 Details 詳情 _____	<input type="radio"/>	<input type="radio"/>

18 Have you ever been refused enrollment, renewal or reinstatement of life insurance, personal accident insurance, medical insurance, hospital income insurance, or critical illness insurance, or subject to special terms and conditions or additional premium? If yes, please state details.

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?若「是」,請提供詳情。

Details

詳情 _____



6 Payment Method 付款方法

<input type="radio"/> By cheque 以支票繳付 (Only applicable to annual payment mode 只適用於每年繳付方式)		Cheque no. 支票號碼 :	Bank name 銀行名稱 :
Cheque 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 cheque issuer is not the proposer, please explain the relationship between the cheque issuer and the proposer: 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 :			
<input type="radio"/> By credit card 以信用卡繳付	<input type="radio"/> Annual payment 每年繳付	<input type="radio"/> Monthly payment 每月繳付 (The first 3 months' premium will be debited upon the first payment 首次過賬將扣除首三個月之保費)	
Credit card type 信用卡類別	<input type="radio"/> VISA	<input type="radio"/> 	<input type="radio"/> 
<input type="radio"/> 			
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 : M 月 Y 年	
<p>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.</p> <p>The insured person(s) will become the policyholder for his/her insurance plan automatically at policy anniversary should the insured person(s) reached 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.</p> <p>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賬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賬而令他/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/她需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賬之用。</p> <p>如受保人於保單週年日時已年滿 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賬戶收取續保保費, 直至另行通知。</p>			
If credit cardholder is not the proposer, please explain the relationship between the credit cardholder and the proposer: 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 / 銀行賬戶持有人簽署 :		Date 日期 : D 日 M 月 Y 年	
<input type="radio"/> By bank account transfer 以銀行賬戶繳付 (Please complete the direct debit authorization form 請填寫直接付款授權書)	<input type="radio"/> Annual payment 每年繳付	<input type="radio"/> Monthly payment 每月繳付 (The first 3 months' premium will be debited upon the first payment 首次過賬將扣除首三個月之保費)	

Direct debit authorization 直接付款授權書

I/We hereby authorize my/our below-named Bank to effect transfer from my/our account to that of Zurich Insurance Company Ltd in accordance with such instructions as my/our Bank may receive from Zurich Insurance Company Ltd from time to time provided always that the amount of any one such transfer should not exceed the limit indicated below.

本人(等)現授權本人(等)的上述銀行, 根據蘇黎世保險有限公司不時給予本人(等)銀行的指示, 自本人(等)的戶口內轉賬予蘇黎世保險有限公司, 惟每次轉賬金額不得超過以下的限額。

I/We agree that my/our Bank shall not be obliged to ascertain whether or not notice of any such transfer has been given to me/us.

本人(等)同意本人(等)的銀行毋須證實該等轉賬通知是否已交予本人(等)。

I/We authorize Zurich Insurance Company Ltd to charge automatically the premium due from my/our account including subsequent premium payment for renewal of this policy and accepts full responsibility for any overdraft on my/our account which arises as a result of such transfer. For the continuation of coverage, I/we understand that I/we should arrange sufficient fund in my/our account by the premium due date for the automatic debit of premium.

本人(等)茲授權蘇黎世保險有限公司從本人(等)之戶口以直接轉賬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賬而令本人(等)之戶口出現透支, 本人(等)願承擔全部責任。為了持續的保障, 本人(等)明白本人(等)需於保費到期日前安排足夠的款項於本人(等)的戶口上作保費自動轉賬之用。

Payment Method(continued) 付款方法(續)

The insured person(s) will become the policyholder for his/her insurance plan automatically at policy anniversary should the insured person(s) reached 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 below on due dates, unless informed otherwise.

如受保人於保單週年日時已年滿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下述之付款賬戶收取續保費，直至另行通知。本人(等)茲授權蘇黎世保險有限公司從本人(等)之戶口以直接轉賬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賬而令本人(等)之戶口出現透支，本人(等)願承擔全部責任。為了持續的保障，本人(等)明白本人(等)需於保費到期日前安排足夠的款項於本人(等)的戶口上作保費自動轉賬之用。

I/We confirm that my/our signature(s) on this Enrollment Form is/are the same as that/those for the operation of my/our Savings/Current Account to be debited for the transfer.

本人(等)確認本人(等)在此投保表格上的簽署與本人(等)用以轉賬的儲蓄/往來戶口的簽署相同。

I/We agree to notify Zurich Insurance Company Ltd of any change of bank account or cancellation of payment method and further agree that should there be insufficient funds in my/our Bank account to meet any transfer hereby authorized, the Bank shall be entitled, at its discretion, not to effect such transfer in which event the Bank may make the usual service charge to be paid by me/us.

本人(等)同意會通知蘇黎世保險有限公司任何銀行戶口的變更或取消收費方式，亦同意如本人(等)的戶口並無足夠款項支付該等授權轉賬，本人(等)的銀行有權不予轉賬，且銀行可收取慣常的收費。

This authorization shall have effect until further notice or until the expiry date written below (whichever is the earlier).

本授權書將繼續生效直至另行通知為止或直至下列到期日為止(以兩者中最早的日期為準)。

I/We agree that any notice of cancellation or variation of this authorization which I/we may give to my/our bank and Zurich Insurance Company Ltd shall be given at least two working days prior to the date on which such cancellation/variation is to take effect.

本人(等)同意，本人(等)取消或更改本授權書的任何通知，須於取消/更改生效日最少兩個工作日之前交予本人(等)的銀行及蘇黎世保險有限公司。

Account number 戶口號碼	Bank name 銀行名稱
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Name of account holder(s) 戶口持有人

(As recorded on statement/passbook – Please complete in English) (在結單/存摺上所紀錄的名稱 – 請以英文填寫)

ID no. of account holder(s) 戶口持有人的身份證件	ID type* 身份證件類別*
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Limit for each payment/month* HKD 每次/月付款限額* 港元

Expiry date 到期日	Day 日	Month 月	Year 年
	<input type="text"/>	<input type="text"/>	<input type="text"/>

Signature of account holder(s): 戶口持有人簽署
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Date 日期	Day 日	Month 月	Year 年
	<input type="text"/>	<input type="text"/>	<input type="text"/>

* ID type 身份證件類別: I = HKID 香港身份證 P = Passport 護照

* If limit for each payment/month is not specified, my/our bank will set the limit as "unlimited".
如「每次/月付款的限額」一欄未有填上，本人(等)的銀行會將轉賬限額設定為「不設上限」。

7 Declaration 聲明

1. I/We hereby apply for Zurich HealthTotal Critical Illness Insurance Plan ("this Plan"). I/We declare that to the best of my/our knowledge and belief the information on this enrollment form including the Zurich HealthTotal Critical Illness Insurance Plan Medical Questionnaire (if applicable) ("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 person(s) to sign this application and disclose any personal information being requested to assess this application. 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.

5. Subject to the Company's consent, I/We agree that this policy will be automatically renewed if the premium is paid by credit card or by direct debit from a bank account. I acknowledge and agree that the Company reserves the right to refuse to renew this policy and it will not be obligated to reveal the reasons for such refusal.

1. 本人/吾等現投保申請蘇黎世「全護之選」危疾保險計劃(「此計劃」)。本人/吾等特此聲明此投保表格包括蘇黎世「全護之選」危疾保險計劃醫療問卷(如適用)(「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/吾等明白本人/吾等必須填妥授權 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之所有資料，貴公司將不會受理本人/吾等資料不全之保單申請。

5. 本人/吾等同意，如保費經信用卡或銀行戶口直接付款方式支付，本保單將會自動續保，惟須獲貴公司同意。本人確認及同意貴公司保留拒絕續保本保單之權利，並且毋須透露拒絕續保之原因。

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

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.*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)

- 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):
 - 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;
 - 辦理付款要求及直接付款授權;
 - 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;
 - 編撰統計數字, 或作會計及精算用途;
 - 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;
 - 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;
 - 債務追討;
 - 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
 - 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。
- 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:
 - 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;
 - 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;
 - 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;
 - 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;
 - 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;
 - 根據主管司法權區的法院的任何頒令的任何人士; 及
 - 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。
- 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**:
 - 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;
 - 進行客戶研究分析及分層; 及
 - 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。
- 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:
 - 蘇黎世保險集團成員公司;
 - 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;
 - 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。
- 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
- 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。
- 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 including the Zurich HealthTotal Critical Illness Insurance Plan Medical Questionnaire (if applicable) (“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/吾等於此投保表格包括蘇黎世「全護之選」危疾保險計劃醫療問卷(如適用)(「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細則及有關個人資料(私隱)條例的客戶通知。

Signature of proposer
投保人簽署:

Date Day 日 Month 月 Year 年
日期