

# Voluntary Health Insurance Scheme Certified Plans enrollment form 自願醫療保障計劃認可產品投保表格

For internal use only  
只供內部填寫

Broker name  
經紀人姓名： \_\_\_\_\_  
Broker no.  
經紀人編號： \_\_\_\_\_

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 use blue or black ink and write clearly in CAPITAL letters. Please complete the form in English. All fields are mandatory.

請用藍色或黑色原子筆，用英文大楷清晰填寫資料。所有項目必須填報。

## 1. Applicant 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 日 月 年

D	D	M	M	Y	Y	Y	Y
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HKID card no. /Passport no. 香港身份證號碼 / 護照號碼\*

Mobile phone no. 流動電話號碼

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\*

Usual place of residence 慣常居住地  Hong Kong 香港  Other, please specify: 其他，請註明： \_\_\_\_\_

Marital status 婚姻狀況 Nationality 國籍

Email address 電郵地址

Industry 行業 Occupation and Position 職業及職位

## 2. Application details 投保詳情

Insured person 受保人 1	Insured person 受保人 2	Insured person 受保人 3	Insured person 受保人 4
<input type="checkbox"/> Same as applicant 與投保人相同			

### Insured person's information 受保人資料

Last name 姓	First name 名	Chinese name 中文姓名	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

## 2. Application details (continued) 投保詳情 (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
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 出生日期	日 月 年 DD MM YYYY	日 月 年 DD MM YYYY	日 月 年 DD MM YYYY	日 月 年 DD MM YYYY
Relationship with applicant 與投保人關係	The insured person must be the policyholder him/herself, his/her spouse, child(ren), parent(s) or parent(s)-in-law. 受保人須為保單持有人本人、其配偶、子女、父母或配偶的父母。			
Usual place of residence 慣常居住地				
Industry 行業				
Occupation and position 職業及職位				

### Choice of plan 計劃選擇

(A) HealthSure Voluntary Health Insurance Plan 「智選守護」自願醫療 保障計劃	<input type="checkbox"/> Standard plan標準計劃	<input type="checkbox"/> Standard plan標準計劃	<input type="checkbox"/> Standard plan標準計劃	<input type="checkbox"/> Standard plan標準計劃
(B) HealthFlexi Voluntary Health Insurance Plan 「智選無憂」自願醫療 保障計劃	<input type="checkbox"/> Essential 精選 <input type="checkbox"/> Essential with SMM 精選附帶附加醫療保障 <input type="checkbox"/> Advanced 特選 <input type="checkbox"/> Advanced with SMM 特選附帶附加醫療保障	<input type="checkbox"/> Essential 精選 <input type="checkbox"/> Essential with SMM 精選附帶附加醫療保障 <input type="checkbox"/> Advanced 特選 <input type="checkbox"/> Advanced with SMM 特選附帶附加醫療保障	<input type="checkbox"/> Essential 精選 <input type="checkbox"/> Essential with SMM 精選附帶附加醫療保障 <input type="checkbox"/> Advanced 特選 <input type="checkbox"/> Advanced with SMM 特選附帶附加醫療保障	<input type="checkbox"/> Essential 精選 <input type="checkbox"/> Essential with SMM 精選附帶附加醫療保障 <input type="checkbox"/> Advanced 特選 <input type="checkbox"/> Advanced with SMM 特選附帶附加醫療保障
(C) HealthFlexi Plus Voluntary Health 「智選無憂+」自願醫療 保障計劃	Deductible (HKD) 自付費 (港元)			
	<input type="checkbox"/> 0 <input type="checkbox"/> 60,000 <input type="checkbox"/> 90,000 <input type="checkbox"/> 150,000	<input type="checkbox"/> 0 <input type="checkbox"/> 60,000 <input type="checkbox"/> 90,000 <input type="checkbox"/> 150,000	<input type="checkbox"/> 0 <input type="checkbox"/> 60,000 <input type="checkbox"/> 90,000 <input type="checkbox"/> 150,000	<input type="checkbox"/> 0 <input type="checkbox"/> 60,000 <input type="checkbox"/> 90,000 <input type="checkbox"/> 150,000
	Territorial scope of cover 保障地域範圍			
	<input type="checkbox"/> Asia 亞洲 <input type="checkbox"/> Worldwide excluding US 環球但不包括美國	<input type="checkbox"/> Asia 亞洲 <input type="checkbox"/> Worldwide excluding US 環球但不包括美國	<input type="checkbox"/> Asia 亞洲 <input type="checkbox"/> Worldwide excluding US 環球但不包括美國	<input type="checkbox"/> Asia 亞洲 <input type="checkbox"/> Worldwide excluding US 環球但不包括美國

### Premium payment 保費支付

Payment frequency 繳付保費形式	<input type="checkbox"/> Annual 年繳 <input type="checkbox"/> Monthly 月繳	<input type="checkbox"/> Annual 年繳 <input type="checkbox"/> Monthly 月繳	<input type="checkbox"/> Annual 年繳 <input type="checkbox"/> Monthly 月繳	<input type="checkbox"/> Annual 年繳 <input type="checkbox"/> Monthly 月繳
Premium payable (HKD) (excluding levy collected by the Insurance Authority) 應付保費 (港元) (不包括保險 業監管局徵收的保費徵費)				

#### Remarks 備註

- Separate policy will be issued for each insured person. 每位受保人會各自獲發出一份獨立保單。
- SMM: supplementary major medical 附加醫療保障
- VHIS Certification Number 自願醫保認可產品編號

#### HealthSure Voluntary Health Insurance Plan 「智選守護」自願醫療保障計劃 S00024-01-000-02

#### HealthFlexi Voluntary Health Insurance Plan 「智選無憂」自願醫療保障計劃

Essential 精選	F00044-01-000-02
Essential with supplementary major medical 精選附帶附加醫療保障	F00044-01-001-02
Advanced 特選	F00044-02-000-02
Advanced with supplementary major medical 特選附帶附加醫療保障	F00044-02-001-02

#### HealthFlexi Plus Voluntary Health Insurance Plan 「智選無憂+」自願醫療保障計劃

Asia, Deductible HKD 0 亞洲 · 自付費 0 港元	F00036-01-000-02
Asia, Deductible HKD 60,000 亞洲 · 自付費 60,000 港元	F00036-02-000-02
Asia, Deductible HKD 90,000 亞洲 · 自付費 90,000 港元	F00036-03-000-02
Asia, Deductible HKD 150,000 亞洲 · 自付費 150,000 港元	F00036-04-000-02
Worldwide excluding the United States, Deductible HKD 0 環球但不包括美國 · 自付費 0 港元	F00036-05-000-02
Worldwide excluding the United States, Deductible HKD 60,000 環球但不包括美國 · 自付費 60,000 港元	F00036-06-000-02
Worldwide excluding the United States, Deductible HKD 90,000 環球但不包括美國 · 90,000 港元	F00036-07-000-02
Worldwide excluding the United States, Deductible HKD 150,000 環球但不包括美國 · 150,000 港元	F00036-08-000-02

### 3. Health questionnaire 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。

Insured person name 受保人姓名

- |   | Yes 是                    | No 否                     |
|---|--------------------------|--------------------------|
| 1. Please provide your height and weight measurements. 請提供您的身高及體重資料。<br>Height 身高: _____ m 米                      Weight 體重: _____ kg 公斤                              |                          |                          |
| 2. Have you gained or lost weight of 5kg or more in the last five years? If "Yes", please state further details below.<br>過去五年內，您在有否增加或減少了五公斤或以上的體重？如「有」，請於下面表格中提供詳情。 | <input type="checkbox"/> | <input type="checkbox"/> |

#### Your living habits 您的生活習慣

- |   |                          |                          |
|---|--------------------------|--------------------------|
| 3. Do you smoke or drink alcohol? If "Yes", please state details.<br>您是否有吸煙的習慣或飲用酒精飲品？如「是」，請提供詳情。 | <input type="checkbox"/> | <input type="checkbox"/> |
| Type of tobacco 煙草類別: _____ pieces per day 支 / 每日 · for 達 _____ years 年。                          |                          |                          |
| Type of drink 飲品種類: _____ Weekly consumption 每週數量: _____ ml 毫升                                    |                          |                          |

#### Your medical conditions 您的醫療狀況

- |  |                          |                          |
|--|--------------------------|--------------------------|
| 4. Have you ever suffered from, had any signs, symptoms or received treatment including doctor consultation for any of the following conditions? If "Yes", please give full details below.<br>您是否曾患上、有任何跡象或症狀、或就以下問題 / 疾病情況求診或接受治療？如「是」，請於下面表格中提供詳情。   |                          |                          |
| (a) <b>The head and/or brain related symptoms or diseases</b> , for example cerebrovascular disease, psychological or mental disorder, psychiatric condition, behavioral problems, personality disorder, nervous system, brain function disorder (e.g. dizziness, epilepsy, paralysis, anxiety, stroke, Alzheimer's disease or hereditary dementia), etc.<br><b>頭及 / 或腦部相關症狀或疾病</b> · 如腦血管疾病、心理或精神紊亂、精神疾病、行為問題、人格障礙、神經系統疾病、腦功能障礙 (如頭暈、癲癇、癱瘓、焦慮、中風、阿爾茨海默氏症或遺傳性癡呆) 等 | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) <b>Impairment of the eyes, ears, nose, nasal septum, turbinate, sinus conditions or other related symptoms or diseases</b> , for example cataracts, ear infections, tonsillitis, etc.<br><b>眼、耳、鼻、鼻中隔、鼻甲或鼻竇症狀或其他有關的症狀或疾病</b> · 如白內障、耳道感染、扁桃腺炎等   | <input type="checkbox"/> | <input type="checkbox"/> |
| (c) <b>The endocrine system related symptoms or diseases</b> , for example diabetes, thyroid disorder, etc.<br><b>內分泌系統相關的症狀或疾病</b> · 如糖尿病、甲狀腺問題等 · 如糖尿病、甲狀腺問題等  | <input type="checkbox"/> | <input type="checkbox"/> |
| (d) <b>Breast or genitourinary organs related symptoms or diseases</b> , for example any disease of the kidneys, bladder, reproductive organs disorder, etc.<br><b>乳房或泌尿生殖器官相關的症狀或疾病</b> · 如任何腎、膀胱、生殖器官疾病等   | <input type="checkbox"/> | <input type="checkbox"/> |
| (e) <b>Sexually transmitted diseases, HIV infection, AIDS, AIDS related complex Venereal disease, AIDS related conditions, any blood test for HIV virus or any other related diseases</b><br><b>性病、愛滋病毒感染、愛滋病、與愛滋病有關的複雜性病、與愛滋病有關的狀況、曾接受愛滋病毒血液測試或其他相關疾病</b>   | <input type="checkbox"/> | <input type="checkbox"/> |
| (f) <b>Pregnancy complications</b> , for example gestational hypertension, gestational diabetes, ectopic pregnancy, pre-eclampsia and eclampsia, IVF, fertility treatment, etc.<br><b>妊娠併發症</b> · 如妊娠高血壓、妊娠糖尿、宮外孕、先兆子癇及子癇、體外人工受孕、生育治療等   | <input type="checkbox"/> | <input type="checkbox"/> |
| (g) <b>The heart and/or blood related symptoms, disorder or diseases</b> , for example cardiovascular and/or circulatory disorders, high blood pressure, palpitations, murmurs, diabetes, chest pain, any disorder of the heart or arteries, stroke, varicose veins, rheumatic fever, anemia, hemophilia, etc.<br><b>心臟及 / 或血液相關的症狀或疾病</b> · 如心血管或 / 及循環系統疾病、高血壓、心悸、雜音、糖尿病、胸痛、心臟或動脈疾病、中風、靜脈曲張、風濕熱、貧血、血友病等  | <input type="checkbox"/> | <input type="checkbox"/> |
| (h) <b>Skin and/or Musculoskeletal conditions, related symptoms or diseases</b> , for example muscular or bone disorder, spinal condition, arthritis, gout or fractures requiring surgical implants, muscle or ligament tears, carpal Tunnel syndrome, etc.<br><b>皮膚及 / 或肌肉骨骼症狀或疾病</b> · 如肌肉或骨骼異常、脊椎問題、關節炎、痛風、因骨折需要外科植入物、肌肉或韌帶撕裂、腕管綜合症等  | <input type="checkbox"/> | <input type="checkbox"/> |
| (i) <b>Lung and/or respiratory symptoms, conditions or diseases</b> , for example chest discomfort, chest pain, chest stuffiness, shortness of breath, asthma, tuberculosis, chronic bronchitis, sleep apnea, etc.<br><b>肺及 / 或呼吸症狀或疾病</b> · 如胸部不適、胸痛、胸悶、氣喘、哮喘、肺結核、慢性支氣管炎、睡眠窒息症等   | <input type="checkbox"/> | <input type="checkbox"/> |
| (j) <b>Gastro-intestinal and hepatobiliary system, its conditions, and any symptoms or diseases</b> , for example the gastro-intestinal tract, stomach, bowel, liver, any kind of hepatitis or liver disease, gastric or duodenal ulcer or ulcer of any kind, haemorrhoid, hernia and gall bladder, etc.<br><b>胃腸及肝膽系統相關的症狀或疾病</b> · 如胃腸道、胃、腸、肝、任何類型的肝炎或肝病、胃或十二指腸潰瘍或任何類型的潰瘍、痔瘡、疝氣和膽囊等  | <input type="checkbox"/> | <input type="checkbox"/> |

### 3. Health questionnaire (continued) 醫療問卷 (續)

	Yes 是	No 否
(k) <b>Tumor, cyst, lump, abnormal growth, cancer, malignant tumor or other related symptoms or diseases</b> 腫瘤、囊腫、腫塊、異常增生、癌症、惡性腫瘤或其他有關的症狀或疾病	<input type="checkbox"/>	<input type="checkbox"/>
(l) <b>Other symptoms, diseases or conditions</b> 其他症狀、疾病或狀況	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you ever suffered from or had sign of any conditions or symptoms or diseases that has not been mentioned above or have you received medical treatment requiring more than one day of hospitalization or require ongoing treatments, therapy or medication? If "Yes", please give full details below. 您是否有曾患上或有任何跡象患上上述未提及的任何狀況、症狀或疾病，或者您是否曾住院超過一天或接受了需要的持續治療、治療或藥物治療？如「是」，請於下面表格中提供詳情。	<input type="checkbox"/>	<input type="checkbox"/>
6. Have any of your parents, brothers or sisters been diagnosed any hereditary diseases, illness or medical condition? For example cancer, diabetes, heart disease, Alzheimer's disease, Parkinson's disease, familial hypertension, multiple sclerosis, kidney disease, hepatitis or any other hereditary diseases. If "Yes", please give full details below. 您的父母、兄弟姐妹是否曾被診斷出患有任何遺傳性疾病、疾病或健康狀況？如癌症、糖尿病、心臟病、阿爾茨海默氏症、帕金森病、家族性高血壓、多發性硬化症、腎病、肝炎或任何其他遺傳性疾病。如「是」，請於下面的表格中提供詳情。	<input type="checkbox"/>	<input type="checkbox"/>
7. (Applicable to insured person aged 18 below) Were you born prematurely (before 37 weeks of gestation) or had any conditions or illness that resulted from birth complications, deformities and/or experienced any developmental delays? If "Yes", please give full details below. (適用於18歲以下的受保人) 您是否早產(在懷孕37週之前)或有任何因出生引起的併發症、畸形、及/或經歷任何發育遲緩而導致的任何情況或疾病？如「是」，請於下面表格中提供詳情。	<input type="checkbox"/>	<input type="checkbox"/>
8. Are you currently experiencing any pain or symptoms with which you have not investigated or consulted a doctor for diagnosis including a new or unexplained continuous cough, a high temperature or fever, breathing difficulties or any other symptoms of coronavirus/COVID-19? If "Yes", please state further details below. 您目前是否有任何未經調查或經醫生診斷的疼痛或症狀，包括持續咳嗽、發燒、呼吸困難或其他2019冠狀病毒疾病病徵？如「是」，請於下面表格中提供詳情。	<input type="checkbox"/>	<input type="checkbox"/>
9. Within the last 30 days have you been undergoing self-isolation or been advised to self-isolate for any reason? If "Yes", please state further details below. 過去三十天您是否被要求或進行自我隔離？如「是」，請於下面表格中提供詳情。	<input type="checkbox"/>	<input type="checkbox"/>
10. Do you currently or will you require any assistance with activities of daily living or self-care such as feeding, dressing, grooming, bathing or showering because of a medical condition or disability? If "Yes", please state further details below. 您目前或您可預見的將來之日常生活活動是否會因健康狀況或殘疾而需要任何協助，例如進食、更衣、梳洗、沐浴或淋浴？如「是」，請於下面表格中提供詳情。	<input type="checkbox"/>	<input type="checkbox"/>
11. Do you participate or are you planning to participate in any hazardous sport or activity (e.g. mountaineering or rock-climbing, parachuting, skydiving or hang gliding, private aviation, motor car or motor-cycle racing, diving of any kinds, etc.)? If "Yes", please state further details below. 您是否參加或計劃參加任何危險運動或活動(如登山或攀岩、跳傘、高空跳傘或懸掛式滑翔、駕駛私人飛機、汽車或摩托車比賽、任何類型的潛水等)？如「是」，請於下面表格中提供詳情。	<input type="checkbox"/>	<input type="checkbox"/>
12. Do you undergo an annual check-up? If "Yes", please specify whether it is a general check up for a specific condition and provide the name of your doctor and frequency below. 您是否有接受年度身體檢查？如「是」，請在下面說明是否針對特定情況進行一般性檢查，並提供您的醫生姓名和次數。	<input type="checkbox"/>	<input type="checkbox"/>
13. Have you ever taken any medication for a period longer than 30 days? If "Yes", please list the name of the medication and the dosage below. 您是否曾服用超過30天的藥物？如「是」，請於下面列出藥物名稱及劑量。	<input type="checkbox"/>	<input type="checkbox"/>
14. Have you ever been refused or been subject to any special terms or additional premium for any insurance application, renewal, reinstatement or claim of life insurance, medical insurance, personal accident insurance, hospital income/hospital surgical insurance, critical illness insurance or any other insurance? If "Yes", please state further details below. 您是否曾於投保、續保、復效或索償任何人壽保險、醫療保險、個人意外保險、住院現金或手術現金保險、危疾保險或其他保險時被拒或需附加特別條款或增收保費始被接納？如「是」，請於下面表格中提供詳情。	<input type="checkbox"/>	<input type="checkbox"/>
15. Are you having any policy 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 further details below including the policy number, benefits type, the sum insured, name of the insurer and claims details. 您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？如「是」，請於下面表格中提供保單號數、保單項目、保額、保險公司名稱及理賠詳情。	<input type="checkbox"/>	<input type="checkbox"/>

If any answer(s) to questions 4 to 7 is "Yes", please give full details below and provide all medical documents/information for the consideration of your application. e.g. blood tests and scans, medical records, hospital discharge documents relating to the conditions or treatment mentioned above.  
若問題4至7之答案為「是」，請提供以下詳情及所有與以上狀況或治療相關文件或資料以供考慮您的申請，如血液測試和掃描、醫療記錄、出院文件等。

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

### 3. Health questionnaire (continued) 醫療問卷 (續)

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

If any answer(s) to questions 2, 8 to 15 is "Yes", please give full details below.  
若問題2, 8至15之答案為「是」, 請提供以下詳情。

### 4. Payment method 付款方法

By credit card 以信用卡繳付

Annual payment 每年繳付  Monthly payment 每月繳付

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 月 年  
信用卡有效日期至

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

Date 日 月 年  
日期

### 5. Declaration 聲明

1. I/We hereby apply for HealthSure Voluntary Health Insurance Plan/HealthFlexi Voluntary Health Insurance Plan/HealthFlexi Plus Voluntary Health 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 person(s) to sign this enrollment form 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").

本人 / 我們現投保申請「智選守護」自願醫療保障計劃 / 「智選無憂」自願醫療保障計劃 / 「智選無憂+」自願醫療保障計劃 (「計劃」)。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 · 所有已披露的信息已經由本人 / 我們核實正確無誤。在適用的情況下 · 本人 / 我們聲明本人 / 我們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 / 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。

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.

本人 / 我們授權 貴公司有權向受保人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。

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.

本人 / 我們明白所有保障範圍 · 不承保事項 · 條款及細則概以此計劃保單為準。

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/our application for this Plan.

本人 / 我們明白本人 / 我們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 / 我們資料不全之保單申請。



## 5. Declaration (continued) 聲明 (續)

5. I/We agree that this policy will be automatically renewed according to the Terms and Conditions and Supplement (if applicable) of this policy.  
本人 / 我們同意 · 本保單將會按條款及細則及補充文件 (如適用) 自動續保。
6. I/We understand and acknowledge that the Company has the right to request the policyholder to transfer the ownership of the policy to the insured person who has reached the age of 18.  
本人 / 我們明白並確認 貴公司有權要求保單持有人將保單的所有權轉讓給年滿18歲之受保人。
7. I/We acknowledge that the premium paid under this Plan shall not be automatically entitled to tax deduction even if this application is approved by the Company. I/We understand that I/We am/are required to fulfill the conditions and assessment criteria imposed by the Inland Revenue Department and any applicable laws (which may amend from time to time), which include but not limited to allowable relationship for dependent, age/disability/full-time education requirement, date and amount of qualifying premium paid, in order to enjoy any tax deduction.  
本人 / 我們明白即使此申請已獲 貴公司接納 · 本計劃下已繳付的保費並不會自動享有稅務扣減。本人 / 我們明白本人 / 我們須符合稅務局及任何適用的法律 (可不時修改) 所規定的條件及評估標準方可享有稅務扣減 · 包括但不限於認可的受供養人、年齡 / 殘疾 / 全日制學生資格 · 以及支付合資格保費的金額及日期。
8. 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。
9. I/We understand, acknowledge and agree that, as a result of my/our purchasing and taking up the policy to be issued by the Company, the Company will pay the authorized insurance broker commission during the continuance of the policy including for renewals, for arranging the said policy. I/We further understand that the above consent is necessary for the Company to proceed with the application.  
本人 / 我們明白、確知及同意 · 貴公司會就本人 / 我們購買及接受其簽發的保單 · 於保單有效期內 (包括續保期) 向負責安排有關保單的獲授權保險經紀支付佣金。本人 / 我們亦明白 貴公司必須取得申請人同意 · 方可以處理其保險申請。

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](http://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](http://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。

Policy effective date Date 日 月 年  
保單生效日 日期

The policy effective date is subject to the final approval by Zurich Insurance Company Ltd.  
保單生效日最終由蘇黎世保險有限公司決定。

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。

### Cancellation Rights and Refund of Premium(s) 取消保單權益及發還保費

I understand that I have the right to cancel and obtain a refund of any premium(s) paid (less any market value adjustments, if any) and any levy by giving written notice. Such notice must be signed by me and received directly by Zurich Insurance Company Ltd at 25-26/F, One Island East, 18 Westlands Road, Island East, Hong Kong within 21 days after the delivery of the policy or issuance of a notice to the Policy Holder or the Policy Holder's representative, whichever is the earlier.

本人明白本人有權以書面通知要求取消保單及取回所有已繳保費(扣除市場價值調整，如適用)及保費徵費；但是本人必須簽署該通知，並確保蘇黎世保險有限公司(地址：香港島東華蘭路18號港島東中心25-26樓)於以下時段內直接收到該通知，保單交付本人或本人的代表後或《通知書》發予本人或本人的代表後，起計的21天，以較先者為準。

Signature of applicant  
投保人簽署

Date 日 月 年  
日期