



Please complete this application form IN ENGLISH AND BLOCK LETTERS 請以英文正楷填寫此申請表。

**1. Particulars of applicant 申請人資料 (also known as Subscriber 亦稱作投保人)**

Company name 公司名稱 :	Business nature 業務性質* :	Name and job title of contact person 聯絡人姓名及職位 :		
		<input type="radio"/> Mr 先生 <input type="radio"/> Mrs 女士 <input type="radio"/> Miss 小姐		
Correspondence address 通訊地址 :	Flat / Room 單位 / 室	Floor 層數	Block 座	Bldg. / Mansion / House 大廈 / 樓
	Court / Estate / Street 閣 / 屋苑 / 街道	District 地區	Kln / HK / NT 九龍 / 香港 / 新界	
Telephone no. 電話號碼 :	Fax no. 傳真號碼 :	Contact Email address 聯絡電郵地址 :		
Associated company participating (if any) 參與聯營公司 (如有) :		Total no. of Employees 公司僱員總人數 :		

\* Please submit a copy of the Business Registration Certificate with this Application 請連同商業登記證之副本與本申請表一併遞交

**2. Particulars of insurance applied for (minimum 5 Employees) 投保資料 (最少5位僱員)**

Contract Effective Date 合約生效日 :	01 / / (dd/mm/yyyy 日 / 月 / 年)
Coverage Commencement Date (For new Employees) : 保障生效日 (適用於新僱員) :	on the later of the Contract Effective Date or 於合約生效日後或以下日期，以後者為準 <input type="radio"/> the first day of employment 受僱第一天 <input type="radio"/> the first day following _____ months' service 受僱 _____ 月後的第一天 <input type="radio"/> other (please specify) 其他 (請註明) _____

Plan <sup>①</sup> 計劃 <sup>①</sup>	Eligibility <sup>②</sup> (All full time Employees of applicant and their Dependants, if chosen, as defined below subject to the terms and conditions of the Contract) 資格 <sup>②</sup> (所有根據以下定義及合約條款所指的全職僱員及其家屬)	With Dependant cover <sup>②</sup> 包括家屬保障 <sup>②</sup>	No. of person <sup>③</sup> 人數 <sup>③</sup>				Annual Subscription per person <sup>③</sup> (HK\$) 每人 <sup>③</sup> 年費 (港幣) (b)	Total annual Subscription (HK\$) 總年費 (港幣) (a) x (b)
			Employee 僱員	spouse 配偶	child(ren) <sup>③</sup> 子女 <sup>③</sup>	Sub-total 合共 (a)		

**Hospital and Surgical Benefit + free Top-up Medical Benefit, Hospital Cash Benefit and Bupa Worldwide Assistance Programme**  
住院及手術保障 + 免費附加醫療保障、住院現金保障及保柏國際援助計劃 (Please tick as appropriate 請選擇並加 [✓] 號)

<input checked="" type="radio"/> 1	(eg 例子) All Staff	<input checked="" type="radio"/>	8	3	2	13	\$ 4,619	\$ 60,047
<input type="radio"/> 1		<input type="radio"/>					\$ 4,619	
<input type="radio"/> 2		<input type="radio"/>					\$ 2,275	
<input type="radio"/> 3		<input type="radio"/>					\$ 1,389	

**Hospital and Surgical Benefit + free Top-up Medical Benefit, Hospital Cash Benefit and Bupa Worldwide Assistance Programme + Clinical Benefit (100% reimbursement) + free Dental Benefit**  
住院及手術保障 + 免費附加醫療保障、住院現金保障及保柏國際援助計劃 + 門診保障 (100%賠償) + 免費牙科保障 (請選擇並加 [✓] 號)

<input type="radio"/> 4		<input type="radio"/>					\$ 8,380	
<input type="radio"/> 5		<input type="radio"/>					\$ 4,736	
<input type="radio"/> 6		<input type="radio"/>					\$ 3,203	

**Hospital and Surgical Benefit + free Top-up Medical Benefit, Hospital Cash Benefit and Bupa Worldwide Assistance Programme + Clinical Benefit (80% reimbursement) + free Dental Benefit**  
住院及手術保障 + 免費附加醫療保障、住院現金保障及保柏國際援助計劃 + 門診保障 (80%賠償) + 免費牙科保障 (請選擇並加 [✓] 號)

<input type="radio"/> 7		<input type="radio"/>					\$ 7,817	
<input type="radio"/> 8		<input type="radio"/>					\$ 4,369	
<input type="radio"/> 9		<input type="radio"/>					\$ 2,950	

Notes 附註 :  
 ① Dependant (spouse and children) must join the same plan as that of the relevant Employee 家屬 (配偶及子女) 必須跟相關僱員參加同一計劃  
 ② If one Employee enrolls in the plan, all Employees in such plan as defined, if eligible, must be enrolled; and if one Dependant (spouse and children) enrolls in the plan, all Dependants (spouse and children) of the same family, if eligible, must be enrolled 如一名僱員參加某一計劃，所有合資格的僱員須同時參加該計劃；又如一名家屬 (配偶及子女) 參加某一計劃，則同一家庭的所有合資格家屬 (配偶及子女) 須同時參加該計劃  
 ③ All eligible children in the same family will be considered as one person for Subscription calculation 同一家庭的所有合資格子女在計算保費時將視作一人計算

Total annual Subscription (HK\$)  
總年費 (港幣)



3. Subscription payment mode 繳付保費方法：

All Subscription should be paid by cheque ANNUALLY and made payable to 'Bupa (Asia) Limited'  
所有保費請以支票每年繳付及抬頭請註明「保柏(亞洲)有限公司」

4. Claims settlement method 賠償方法：

- by autopay to Employee's bank account 以自動轉賬存入僱員銀行戶口
- by cheque to Employee 以支票給僱員
- by cheque to insured company 以支票給投保公司

5. Application for e-Service 申請電子服務

Part I : Application for e-Statement Service (Please tick as appropriate)

第一部分：申請電子結算表服務 (請選擇並加「✓」號)

- We agree to receive an e-Statement notification to access the document type(s) indicated below (if applicable). We understand that no printed copy of the below document type(s) will be issued to our Employees or us thereafter.  
我們現同意收取電子結算表通知以接收以下文件(如適用)。我們明白其後將不會再獲發下列的書面形式文件予我們及我們的員工。

- Consolidated Claims Statement 綜合賠償單
- Consolidated Shortfall Invoice 綜合差額通知書
- Individual Member Claims Statement (applicable only if claim payment is via autopay)  
個別會員賠償單 (只適用於以自動轉賬收取賠償的會員)
- Individual Member Shortfall Invoice  
會員差額通知書

Remarks 備註：

Please fill in the Application for "Bupa Active" Service (an online service) in Part II if you apply for e-Statement Service.  
如申請電子結算表服務，請一併填妥第二部分的申請保柏互動網服務(保柏網上服務)。

Part II : Application for "Bupa Active" Service (an online service) (Please tick as appropriate)

第二部分：申請保柏互動網服務(保柏網上服務) (請選擇並加「✓」號)

- We would like to apply for Bupa Active Service (an online service). Please email the HR administration number to our email address stated in Part III of Contact Information.  
我們現申請保柏互動網服務(保柏網上服務)。請將人事管理編號電郵至第三部分聯絡資料上所列的電郵地址。

Part III : Contact Information

第三部分：聯絡資料

Contact person 聯絡人	Company name / Associated company name 公司名稱 / 附屬公司名稱	Job title 職位	Contact phone no. 聯絡人電話	Contact email address 聯絡電郵地址

Remarks 備註：

Please be reminded that only ONE contact person can be assigned for EACH company / associated company.  
請注意每一公司 / 附屬公司只可安排一位聯絡人。

The applicant hereby declares and agrees:

申請人謹此聲明及同意：

- (1) that the health insurance applied for will be governed by the terms and conditions of the Contract issued by Bupa (Asia) Ltd. ("Bupa");  
此醫療保障申請將受保柏（亞洲）有限公司（「保柏」）合約中之各項條款及細則所限制；
- (2) to insure 100% of eligible persons as defined and submit all required personal information of Members to Bupa within 31 days after the Member's Coverage Commencement Date;  
替所有合資格人士投保，並於會員保障生效日後31日內向保柏提交所有所需的會員個人資料；
- (3) that all statements in the Member Enrolment Form, Member census (if any), and the information received by Bupa as to the Member's subsequent changes shall form a part of this Application and shall be the basis for underwriting thereof;  
於會員登記表或會員資料表（如有）內的聲明，以及日後保柏收到更改會員資料的更改通知，均為本申請的一部份，將會作為核保的基礎；
- (4) that if a Member is hospitalised or disabled on the date on or from which he/she would otherwise has been entitled to the Benefits under this Contract, he / she shall not be entitled to such Benefits until the day that the Member returns to full time employment or study;  
如會員於保障生效日當日或之前已入院或染有殘疾，在本合約下他 / 她將不能享有保障，直至他 / 她返回全職工作或全日制課程當日，保障計劃才正式生效；
- (5) that if there is any untruth in the Application or any other statement in connection with the insurance of the Members, Bupa has the right to reject all claims for the amount insured;  
倘若與會員有關的保障申請或其他任何聲明有失實之處，保柏有權拒絕接受所有就投保金額作出的索償申請；
- (6) that according to the Personal Data (Privacy) Ordinance, any personal information collected or held by Bupa is provided and may be held, used, and disclosed by Bupa or individuals / organisations associated with Bupa, appointed agent / broker, if applicable, or any selected third party (within or outside of Hong Kong, including reinsurance and claims investigation companies and industry associations / federations) for the purposes of processing this Application and providing subsequent services and claims analysis for this or providing any other insurance products and services, direct marketing, and data matching, and to communicate with the applicant for such purposes. The applicant understands that (i) it is duly authorised to release the information of its Employees (and their Dependents, if opted for) and will fully indemnify Bupa for any losses, damages, or claims that might result from the release of such information; (ii) Bupa may be unable to process this Application if it fails to provide any information requested in this Application; and (iii) it has the right to obtain access to and to request correction of any personal information held by Bupa concerning the covered Members;  
根據個人資料（私隱）條例下，保柏可保留、使用或透露保柏所收集或持有之所有關於會員的個人資料，及給予與保柏有關的人士 / 機構、獲委任之保險代理人 / 經紀（如適用）或任何被揀選的第三者（在香港境內或境外，包括再保險、賠償調查公司，及有關的行業協會或聯會），用作處理本申請及索償分析用途或提供售後服務或任何其他保險產品及服務、直接促銷及資料核對等用途，及因此等用途與申請人聯絡。申請人明白(i)申請人獲得正式授權，可以提供其僱員（及其家屬，如選擇參加）的資料予保柏，並全面保障保柏免因透露該資料而遭受任何損失、損害或索償；(ii)倘若申請人未能提供本申請所需的資料，保柏可能不能處理本申請；及(iii)申請人有權查閱及要求更正保柏所持有有關會員的所有個人資料；
- (7) to appoint and authorise Bupa to act on its (and Members') behalf to (i) arrange for Registered Medical Practitioners and other health and care providers ('HealthNet Service Providers') to provide health and care services to the Members; (ii) issue Bupa HealthNet Card ('BHN Card') to Members to obtain health services from HealthNet Service Providers; (iii) accept direct billing from HealthNet Service Providers for health services rendered to the Members; (iv) establish, terminate or suspend relationship with HealthNet Service Providers as necessary; and (v) recover from Members amounts for any ineligible medical expenses (i.e. those excluded from or exceeded the benefit limits under the Contract) by direct billing. The applicant shall be fully liable to all Shortfalls due to such ineligible expenses incurred by any Members using the BHN Card and reimburse Bupa in full for such Shortfall within 14 days of receipt of invoice. In the event of loss of the BHN Card, the applicant will inform Bupa of full details within 48 hours. Bupa will assume no responsibility and shall not be held liable or accountable for any further claim which may arise against the HealthNet Service Providers; and  
委任及授權保柏代其（及會員）(i) 安排註冊西醫及其他醫療供應商（「網絡服務供應商」）為會員提供醫療服務；(ii) 發放保柏網絡醫療卡（「醫療卡」）給會員，讓會員享用網絡服務供應商的醫療服務；(iii) 接受網絡供應商就向會員所提供的醫療服務而直接發出的賬單；(iv) 在需要時建立、終止或暫停與網絡服務供應商的關係；及(v) 直接向會員發出賬單收回所有不合資格的醫療費用（即該等超出合約內訂明之範圍或保障上限）。申請人須全力承擔所有由於會員使用醫療卡所涉及的不合資格差額費用，並須於接獲通知書的14天內，就該差額全數賠償。如遺失醫療卡，申請人必須於48小時內通知保柏有關詳情。保柏不會及無須就任何對網絡服務供應商提出的索償承擔任何責任；及
- (8) to inform all the Members about this Contract before transferring their personal information to Bupa. Bupa shall not accept any liability for Members not been informed.  
在遞交所需之個人資料予保柏前，須就有關合約通知所有會員。保柏不會就會員未獲通知而負上任何責任。

Authorised signature of applicant with company chop: 申請人的授權簽署及公司印章：	Printed name and position of applicant: 申請人姓名及職位：
	Date of signature: 簽署日期：
Agent's / Broker's / Sales' name (if applicable and must be completed by applicant): 代理人 / 顧問 / 營業代表姓名（如適用及必須由申請人填寫）：	Agent's / Broker's / Sales' code 代理人 / 顧問 / 營業代表編號：

Office Use Only 只供內部使用

Contract no. 合約號碼：	Remarks 備註：
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