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Subscriber's Name 投保人姓名	Day Time Contact Tel. No. 日間聯絡電話號碼
Membership No. (16 digits) 會員編號 (16 位數字)	Fax No. 傳真號碼
	Email Address 電郵地址

Types of Changes 更改項目 (Please tick the changes) and fill in the details as required) (請選擇更改部份並填妥所需資料)

● I. Reduction of Sum Insured 調低保額

New Sum Insured 新申請之保額 (A)	Annual/Monthly Subscription Rate 按年/按月保費率 (B)	New Annual/Monthly Subscription 新的按年/按月保費 (C) (C) = [(A) ÷ 1,000] x (B)
HKS 港幣	Subscription Rate 保費率	HKS 港幣

Note 備註:

- The reduced sum insured is subject to a minimum of HK\$200,000 調低後的保額最低為港幣\$200,000元
- The new reduced sum insured will be effective on the Contract Anniversary Date 調低後的新保額將於合約週年日生效
- If you wish to increase your sum insured, please complete a new application form 如您希望增加保障額，請填寫一份新申請表

Subscription amount submitted with this form HK\$ _____
連同此申請表附上之保費港幣

by Cheque 以支票繳付 Cheque no.: _____
支票號碼

If the cheque issuer is not the Subscriber, please fill in the following information. 若支票發出人並非投保人，請填寫以下資料。

Relationship with the Subscriber 與投保人關係 _____ Reason for paying Subscription on behalf of the Subscriber
代投保人支付保費的原因 _____

by Credit Card - Please attach a completed Credit Card Authorisation Form
以信用卡繳付 - 請附上已填妥之信用卡付款授權書

by Citibank Credit Card 12-Month interest free Monthly Installment - Please attach a completed 12-month Interest-free Monthly Installment Plan Agreement
以花旗銀行信用卡十二個月免息月供分期付款 - 請附上已填妥之十二個月免息月供分期付款計劃同意書

● II. Change of Correspondence Address / Telephone No. / Email Address 更改通訊地址 / 電話號碼 / 電郵地址

New Address : 新地址	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. / H.K. / N.T. 九龍 / 香港 / 新界	
New Telephone No. : 新電話號碼	Home : 住宅	Office : 公司	Mobile Phone : 手提電話
New Email Address : 新電郵地址	Personal : 個人	Office : 公司	Fax No. : 傳真號碼

● III. Change of Member Details 更改會員資料

Please submit a copy of HKID Card to Bupa 請連同香港身份證副本交回保柏

Surname (same as HKID Card) 姓 與香港身份證相同	Given Name (same as HKID Card) 名 與香港身份證相同	Sex 性別	HKID Card No. 香港身份證號碼	Date of Birth 出生日期		
				DD 日	MM 月	YY 年

● IV. Change of Smoking Status 更改吸煙習慣

Smoker 吸煙者 Non-smoker 非吸煙者

When did you change your smoking status?
您何時起更改吸煙習慣 _____

Before change 更改前

a. Average no. of cigarettes daily?
每日平均吸煙的支數 _____

b. For how many years have you smoked?
閣下已吸煙多少年 _____

c. What are your reasons to quit smoking?
請說明因何停止吸煙 _____ Reason 原因 _____

After change 更改後

a. Average no. of cigarettes daily?
每日平均吸煙的支數 _____

b. For how many years have you smoked?
閣下已吸煙多少年 _____



● V. Change of Ownership 持有權變更

I agree with the automatic release of ownership of the Contract detailed below to the Member on the coming Contract Anniversary Date. I understand the coverage and any other terms and conditions of this Contract will be the same as a continuous contract after the release of ownership.

本人同意由下一個合約週年日起將下列合約之持有權自動歸還予會員，並明白此合約的保障範圍及條款於持有權歸還後維持不變。

Contract No. 合約編號

Existing Member/New Subscriber's Name 現有會員/新投保人姓名

Existing Subscriber's Name 現有投保人姓名

Signed in Hong Kong on 簽署於香港

Existing Subscriber's Signature 現有投保人簽署

X

DD 日 / MM 月 / YY 年

● VI. Other Changes 其他更改 (please specify 請列明)

Declaration and Authorisation 聲明及授權

I hereby declare and agree on behalf of myself and/or the Member in this Application that (1) to the best of my knowledge and belief, the statements and answers contained in this Application Form and any other questionnaires issued by Bupa, and answers given to Bupa's appointed medical examiner are true and complete; (2) all answers to such questions, together with this Application, shall form the basis and become a part of the Contract; (3) failure to disclose all relevant information may result in non-payment of a claim and/or all cover under the policy being cancelled; (4) any misrepresentation or non-disclosure of smoking habit will render the Contract void in case of claims, whether the claim is pertaining to smoking or not.

I, as the Subscriber, understand that I declare and sign on behalf of the Member of this Application who is aged below 18, if applicable.

本人謹此代表本人及/或此申請的會員在此聲明及同意(1)本申請表及其他一切由保柏發出的問卷內所作的一切陳述及答案及向保柏受委託的醫生、醫療人員提供的答案，就本人所知所信，均屬真實完整；(2)上述問題的所有答案及此申請表，將成為簽發合約的根據；(3)如未有完全提供所有有關核保的資料，將會引致賠償申索被拒賠及/或此合約之保障被撤銷；(4)任何吸煙習慣的失實陳述，無論與索償有關與否，均會導致合約無效。

本人茲申請為投保人並明白本人代表申請表內列出之18歲以下會員(如適用)作出聲明及簽署。

Subscriber's Signature 投保人簽署

Signed in Hong Kong on 簽署於香港

X

DD 日 / MM 月 / YY 年

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Agent's / Broker's / Telesales' Name (if applicable and must be completed by Subscriber) 代理人 / 顧問 / 營業代表姓名 (如適用及必須由投保人填寫)	Agent's / Broker's / Telesales' Code 代理人 / 顧問 / 營業代表編號
	Agent's / Broker's / Telesales' Contact Tel. No. 代理人 / 顧問 / 營業代表聯絡電話號碼