

To protect your interest, please return this original form with your signature to Bupa. 為保障閣下的權益，請將本表格正本簽署然後交回保柏。

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

by Interest-Free Instalment Payment 免息分期付款 Please attach a completed Interest-Free Instalment Plan Application Form
請連同填妥之免息分期付款計劃申請表格寄回

● 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 : Flat / Room 新地址 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. : Home : 新電話號碼 住宅	Office : 公司	Mobile Phone : 手提電話
		Fax No. : 傳真號碼
New Email Address : Personal : 新電郵地址 個人	Office : 公司	

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

Declaration 聲明

I hereby declare and agree on behalf of myself / the Member in this application that (1) to the best of my knowledge and belief, the statements and answers contained in this application 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.

本人謹此代表本人 / 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。

Personal Information Collection Statement 個人資料收集聲明

Purposes: I understand and agree that all personal information relating to me / the Member collected or held by Bupa, whether contained in this application or during previous applications, or obtained in any claim processing procedure or otherwise from time to time, may be used by Bupa for the purposes of (1) processing this application and providing subsequent services; (2) processing any claims analysis and/or medical or other insurance-related checks; (3) provision and design of products and services of Bupa or any of its group companies; (4) marketing of products and services of Bupa or any of its group companies (but not other persons or organisations); (5) data matching, statistics and research; (6) communication with me / the Member in relation to any of the purposes set out in this statement; and (7) satisfying any applicable legal or regulatory requirements.

Classes of data transferees: I further agree that such personal information may be transferred for the purposes as specified above to any of the following parties (within or outside Hong Kong): any group company of Bupa, any insurance intermediary as authorised by myself, any reinsurance company, any claims investigation company, any service provider providing services to Bupa, any association or federation relating to the insurance industry or any person or organisation as required by law.

Consequences of non-provision of personal information: I understand that Bupa may be unable to process this application; or maintain the insurance under this application; if I fail to provide any information requested in this application or otherwise by Bupa.

My rights in respect of my personal information: I further understand that (1) under the Personal Data (Privacy) Ordinance, I shall have the right to request access to and correction of any personal information concerning me / the Member provided to Bupa; and that all such requests can be made in writing and addressed to the Personal Data Privacy Officer of Bupa at 18/F, DCH Commercial Centre, 25 Westlands Road, Quarry Bay, Hong Kong or by other means as Bupa may notify me from time to time; and (2) I can contact Bupa's Customer Care helpdesk on 2517 5333 for any enquiries about the Personal Information Collection Statement.

用途: 本人明白及同意保柏透過此申請或以前的申請、任何索償程序或其他途徑不時收集或持有之所有有關本人/會員的個人資料，可供保柏作以下用途(1)處理此申請及提供售後服務；(2)處理任何索償分析及/或與醫療或其他保險有關的查核；(3)提供及設計保柏或其集團機構的產品及服務；(4)推廣保柏或其集團機構的產品及服務(但不會包括其他人士或機構)；(5)資料核對、統計及研究；(6)就任何本聲明中所述的用途與本人/會員聯絡；及(7)遵守法律或監管要求。

資料承讓人的類別: 本人亦同意該等個人資料可因上述用途提供予以下機構(在香港境內或境外)：任何保柏的集團機構、本人委任的保險中介人、再保險公司、賠償調查公司，為保柏提供服務的供應商機構、保險業協會或聯會、或法律要求的任何人士或團體。

未能提供個人資料的後果: 本人明白若本人不能提供此申請或保柏要求的其他資料，保柏不能處理此申請；及繼續提供此申請內的保險。

有關個人資料的權利: 本人明白(1)根據個人資料(私隱)條例，本人有權查閱及修正保柏所持有關於本人/會員的任何個人資料。有關要求請致函保柏個人資料私隱主任收，地址為香港鰂魚涌華蘭路25號大昌行商業中心18樓，或按保柏不時通知本人的其他途徑遞交；及(2)本人如對個人資料收集聲明有任何查詢，可致電保柏的客戶服務專線2517 5333。

I, as the Subscriber, understand that I declare and sign on behalf of the Member under this Scheme who is under the age of 18.

本人作為投保人，明白本人代表此計劃18歲以下會員作出聲明及簽署。

Subscriber's Signature 投保人簽署

Signed in Hong Kong on 簽署於香港

X _____ 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