

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 of the existing Contract 現有合約之投保人姓名	Day Time Contact Tel. No. 日間聯絡電話號碼
Subscriber's Name of the new Contract (if different from the Subscriber of the existing Contract). 新合約之投保人姓名 (如非現有合約之投保人)	Fax No. 傳真號碼

Subscriber of the new Contract must be the Member if Member's age is 18 or above. 若會員年齡為18歲或以上，新合約之投保人必須為會員本人。
Subscriber of the new Contract must be the Parent or Legal Guardian of the Member if Member's age is below 18. 若會員年齡為18歲以下，新合約之投保人必須為會員之父母或合法監護人。

Conversion Option 轉保權

I hereby apply to exercise the conversion option for the below Member under my existing Bupa Wise Choice Health Insurance Contract. I understand that the Benefit Level in the new contract shall not be higher than that of my current contract.
本人現申請為下列會員行使本人現有之保柏智康健醫療保障合約之轉保權。本人明白新合約下之保障等級將不會高於現有合約之保障等級。

Membership No.(16 digits 位) 會員編號	Member's Name 會員姓名	Country of Residence* (if not HK) 居住國家* (如非香港)
-------------------------------------	-----------------------	--

Unless otherwise specified by Member in writing, Inter Partner Assistance Hong Kong Limited will consider Hong Kong as the Country of Residence of all Members and repatriate relevant Members to Hong Kong when Medically Necessary. 除非會員特別以書面通知，國際救援(亞洲)有限公司將設定香港為所有會員之居住國家，於有醫療需要時送返有關會員回香港。

Conversion Details 轉保詳情 Please "✓" as appropriate 請選擇並加「✓」號。

Choice of Scheme 計劃選擇	Benefit Level 保障等級
<input type="radio"/> Bupa CarePro Health Insurance Scheme 保柏卓康健醫療保障計劃 Hospital and Surgical Benefit 住院及手術保障	<input type="radio"/> Plan 1 計劃 1 Private 私家房
<input type="radio"/> Bupa Care Kid Health Insurance Scheme 保柏童康健醫療保障計劃 Hospital and Surgical Benefit 住院及手術保障 (For Member age below 18. 只適用於18歲以下之會員。)	<input type="radio"/> Plan 2 計劃 2 Semi-private 半私家房
	<input type="radio"/> Plan 3 計劃 3 Ward 大房

Note: For conversion to the same or lower benefit level only
附註：轉保權只適於選擇相同或較低之保障等級

Application for e-statement Service 申請電子結算表服務

I hereby agree to receive an e-statement notification to access my electronic claims statement / shortfall invoice. I understand that no printed copy of claims statement / shortfall invoice will be issued thereafter.
本人現同意收取電子結算表通知以取得本人之電子賠償單 / 差額通知書。本人明白其後將不會再獲發書面形式之賠償單 / 差額通知書。

e-statement notification send to (choose one) 以此電郵地址收取電子結算表通知 (任選其一)

Office e-mail address 公司電郵地址

Home e-mail address 住宅電郵地址

Method of Payment 繳付保費方法

<input type="radio"/> Yearly by Cheque / PPS / Cash 以支票 / 繳費靈 / 現金年繳 <i>(If cheque payment is chosen, please attach a cheque made payable to "Bupa (Asia) Limited") (若選擇以支票付款，請連同保費支票寄回，支票抬頭人為「保柏(亞洲)有限公司」)</i>	<input type="radio"/> Yearly by Credit Card 以信用卡年繳 <i>(please attach a completed Credit Card Authorisation Form) (請連同填妥之信用卡付款授權書寄回)</i>		
Bank Name <input type="text"/> 銀行名稱	Cheque No. <input type="text"/> 支票號碼		
<input type="radio"/> Yearly by Autopay 以自動轉賬年繳 <i>(please attach a cheque made payable to "Bupa (Asia) Limited" for this year's Subscription with a completed Direct Debit Authorisation Form) (請連同本年之保費支票及填妥之直接付款授權書寄回，支票抬頭人為「保柏(亞洲)有限公司」)</i>	<input type="radio"/> Monthly by Autopay 以自動轉賬月繳 <i>(please attach a cheque made payable to "Bupa (Asia) Limited" for 2 months' Subscription with a completed Direct Debit Authorisation Form) (請連同兩個月之保費支票及填妥之直接付款授權書寄回，支票抬頭人為「保柏(亞洲)有限公司」)</i>		
Bank Name <input type="text"/> 銀行名稱	Cheque No. <input type="text"/> 支票號碼	Bank Name <input type="text"/> 銀行名稱	Cheque No. <input type="text"/> 支票號碼

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

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

Subscription submitted with this form HKS 港幣
連同此申請表附上之保費



PAMVT



Declaration 聲明

I/We declare that, to the best of my/our knowledge and belief, the statements contained in this form are true and complete. I/We have read and agreed to be bound by the terms and conditions of the Contract of Bupa CarePro / Bupa Care Kid Health Insurance Scheme (as appropriate) after transfer was approved by Bupa. I / We agree that the answers given in this form shall be the basis of the new Contract between me / us and Bupa.

本人 / 吾等聲明，就本人 / 吾等所知所信，本申請表上填報之一切資料，均屬真實完整。本人 / 吾等已細讀並同意於保柏已批准轉保後遵守保柏卓康健 / 保柏童康健醫療保障計劃(視乎情況而定)之各條款及細則，並同意以本申請表內之回答作為本人 / 吾等與保柏之間所訂立新合約之根據。

Personal Information Collection Statement 個人資料收集聲明

Purposes: I/We understand and agree that all personal information relating to me / any Member collected or held by Bupa, whether contained in this application, 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 / any 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/We 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/We understand that Bupa may be unable to process 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/We further understand that (1) under the Personal Data (Privacy) Ordinance, I/we shall have the right to request access to and correction of any personal information concerning me / any 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/us from time to time; and (2) I/we can contact Bupa's Customer Care helpdesk on 2517 5333 for any enquiries about the Personal Information Collection Statement.

用途: 本人/吾等明白及同意保柏透過此申請、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/任何會員的個人資料，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/任何會員聯絡；及(7)遵守法律或監管要求。

資料承讓人的類別: 本人/吾等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/吾等明白若本人/吾等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。

有關個人資料的權利: 本人/吾等明白(1)根據個人資料(私隱)條例，本人/吾等有權查閱及修正保柏所持有關於本人/任何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/吾等的其他途徑遞交；及(2)本人/吾等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 proposed Member(s) listed in this application under this Scheme who is/are under the age of 18.
本人作為投保人，明白本人代表此計劃申請表內列出之18歲以下會員作出聲明及簽署。

Subscriber's Signature of the existing Contract
現有合約之投保人簽署

Subscriber's Signature of the new Contract
(if different from the Subscriber of the existing Contract)
新合約之投保人簽署 (如非現有合約之投保人)

X

(Name 姓名: _____)

Date 日期 (DD / MM / YY 日 / 月 / 年)

X

(Name 姓名: _____)

X

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。

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' Name and Contact Tel. No. 代理人 / 顧問 / 營業代表聯絡電話號碼			
For Bupa use only 保柏專用				
Approved by 批核人 _____	Date 日期 _____	Restriction (Y/N) 限制 (有/無) _____	Input by 輸入者 _____	Date 日期 _____