

**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

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

#### I. Change of Payment Method 更改繳付保費方法 Application must be made 3 weeks before the Contract Effective Date 必須於合約生效日三星期前申請

Payment Mode 繳付保費形式	Payment Method 繳付保費方法	Remarks 備註
<input type="radio"/> Yearly 年繳	<input type="radio"/> Autopay 自動轉賬	Please attach a cheque made payable to "Bupa (Asia) Limited" for 1st year's Subscription with a completed Direct Debit Authorisation Form (請填妥直接付款授權書，連同有關保費之支票交回本公司，支票抬頭人為「保柏(亞洲)有限公司」)
	<input type="radio"/> Cheque 支票 Bank Name 銀行名稱 _____ Cheque No. 支票號碼 _____	Please attach a cheque made payable to "Bupa (Asia) Limited" (請將支票交回本公司，支票抬頭人為「保柏(亞洲)有限公司」)
	<input type="radio"/> Credit Card 信用卡	Please attach a completed Credit Card Authorisation Form (請連同填妥之信用卡付款授權書寄回)
<input type="radio"/> Monthly 月繳	<input type="radio"/> Autopay 自動轉賬	Please attach a cheque made payable to "Bupa (Asia) Limited" for first 2 months' Subscription with a completed Direct Debit Authorisation Form (請填妥直接付款授權書，連同首兩個月保費之支票交回本公司，支票抬頭人為「保柏(亞洲)有限公司」)

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 _____
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#### II. Change of Benefit 更改保障 (Applicable to lower benefit level only 只適用於選擇較低之保障等級)

**\*Please tick the NEW benefit level 請於新保障等級之空格內加上「✓」號**

Plan 計劃 2 (Semi-private 半私家房)       Plan 計劃 3 (Ward 大房)

#### III. 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
			Fax No. : 傳真號碼
New E-mail Address : 新電郵地址	Personal : 個人	Office : 公司	

#### IV. Change of Member(s) Details 更改會員資料

**\*\* For spouse, please submit the copy of HKID Card / Passport; for child, please submit the copy of birth certificate to Bupa 請連同配偶之香港身份證 / 護照副本及子女出生證明書副本交回保柏**

	Surname 姓 (Same as HKID Card / Birth Certificate 與香港身份證 / 出生證明書相同)	Given Name 名	Membership No. 會員編號	Sex 性別	HKID Card No. / Birth Certificate No.** 香港身份證號碼 / 出生證明書號碼**	Date of Birth 出生日期 DD / MM / YY 日 / 月 / 年	Country of Residence 居住國家
Subscriber 投保人							
Spouse 配偶							
Child 子女							
Child 子女							

#### V. Change of Bank Account for Reimbursement 更改支付賠償之銀行戶口

**I hereby agree and authorise Bupa (Asia) Limited to reimburse claims payment to the account below. 本人同意及授權保柏(亞洲)有限公司轉賬賠償款項於以下戶口。**

Account Holder's Name 戶口持有人姓名	Personal local savings / current account number (HK\$ only) 個人本地儲蓄 / 往來銀行戶口號碼 (只限港幣) Bank No. 銀行編號   Account No. 戶口號碼
Bank Name 銀行名稱	

If the above account holder is not the Subscriber or Member, please fill in the following information. 若上述之戶口持有人並非投保人或會員，請填寫以下資料。

Relationship with the Subscriber 與投保人關係 _____	Reason for receiving claims payment on behalf of the Subscriber 代投保人收取賠款的原因 _____
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**VI. Change of Bank Account Number for Autopay Payment 更改自動轉賬付款銀行戶口號碼**

<input type="radio"/> <b>Yearly by Autopay</b> 以自動轉賬年繳	(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」)	<input type="radio"/> <b>Monthly by Autopay</b> 以自動轉賬月繳	(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」)
Bank Name 銀行名稱 _____	Cheque No. 支票號碼 _____	Bank Name 銀行名稱 _____	Cheque No. 支票號碼 _____

**VII. Other Changes 其他更改 (Please specify the details 請詳細列明)**


**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 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、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 \_\_\_\_\_ Date 日期 (DD / MM / YY 日 / 月 / 年) \_\_\_\_\_

X \_\_\_\_\_ X \_\_\_\_\_  
(Name 姓名 : \_\_\_\_\_ )

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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' Name and Contact Tel. No. 代理人 / 顧問 / 營業代表聯絡電話號碼