Bupa Care Health Insurance Scheme
Change of Payment Method and Account Number Form
保柏樂康健醫療保障計劃更改繳付保費方法及戶口號碼表

Please complete this form in **ENGLISH AND BLOCK LETTERS**. Please tick as appropriate. 請以**英文正楷**填妥本表格，並於適用地方加「✓」號。
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。

Personal Details of Subscriber 投保人資料

Membership No. 會員號碼

Tel No.
電話號碼

Subscriber's Name 投保人姓名
Surname 姓

Given Name 名

Email Address
電郵地址

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

☐ 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 Frequency 繳付保費形式	Payment Method 繳付保費方法	Remarks 備註
☐ Yearly 年繳	☐ 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
	☐ Autopay 自動轉賬	Please attach a cheque made payable to 'Bupa (Asia) Limited' for the 1st year's subscription and levy with a completed Direct Debit Authorisation Form 請填妥直接付款授權書，連同首年保費及徵費之支票交回本公司，支票抬頭人為「保柏（亞洲）有限公司」
	☐ 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」
☐ Monthly 月繳	☐ Autopay 自動轉賬	Please attach a cheque made payable to "Bupa (Asia) Limited" for the first 2 months' subscription and levy with a completed Direct Debit Authorisation Form 請填妥直接付款授權書，連同首兩個月保費及徵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 (Applicable to spouse, parents or children only)
與投保人關係（只適用於配偶、父母或子女）

Reason for paying subscription and levy on behalf of the Subscriber
代投保人支付保費及徵費的原因

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

Claims payment will be reimbursed by autopay only. 賠償款項只以自動轉賬方式支付。
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

HKID Card No.
香港身份證號碼

Personal Hong Kong savings / current account number (HK$ only) 個人香港儲蓄 / 往來銀行戶口號碼（只限港幣）

Bank Name
銀行名稱

Bank No.
銀行編號

Account No.
戶口號碼

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 (Applicable to spouse, parents or children only)
與投保人關係（只適用於配偶、父母或子女）

Reason for receiving claims payment on behalf of the Subscriber
代投保人收取賠款的原因

☐ III. Change of Bank Account Number for Autopay Payment 更改自動轉賬付款銀行戶口號碼
(Direct Debit Authorisation Form must be completed 請填寫直接付款授權書)

☐ Yearly by Autopay 以自動轉賬年繳 — please attach a cheque made payable to 'Bupa (Asia) Limited' for this year's subscription and levy with a completed Direct Debit Authorisation Form
請連同本年之保費及徵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

☐ Monthly by Autopay 以自動轉賬月繳 — please attach a cheque made payable to 'Bupa (Asia) Limited' for 2 months' subscription and levy with a completed Direct Debit Authorisation Form
請連同兩個月之保費及徵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

☐ IV. Change of Account Number for Credit Card Payment 更改信用卡付款戶口號碼
(Credit Card Authorisation Form must be completed)
(請填寫信用卡付款授權書)

☐ Yearly by Credit Card 以信用卡年繳 — please attach a newly completed Credit Card Authorisation Form
請連同新填妥之信用卡付款授權書寄回

PAMVT

OP/BCCP/0418

Personal Information Collection Statement 個人資料收集聲明

I understand and agree that all personal information relating to me contained in this form will be used by Bupa (Asia) Limited ("Bupa") for the purpose of (1) processing any applications for insurance products and services; (2) making or receiving any payments in connection with my insurance; (3) communication with me about this form; (4) exercising the right to determine indebtedness, collecting and recovering amounts owing by me or any person who has provided any security or undertaking for my liabilities; and (5) satisfying any applicable legal or regulatory requirements.
I agree that such information may be transferred for the above purposes to any of the following parties (within or outside Hong Kong): Bupa's group companies, any insurance intermediaries as authorised by myself and Bupa, any service providers providing services to Bupa, any association or federation relating to the insurance industry, and any person or organisation as required by law.

Consequences of non-provision of personal information: I understand that Bupa may be unable to process my Application for insurance products and services if I fail to provide any information requested in this form or otherwise by Bupa.

My rights in respect of my personal information: I 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 provided to Bupa, by writing to Bupa's Data Protection Officer at 18/F, Berkshire House, 25 Westlands Road, Quarry Bay, Hong Kong. (2) I also have the right to request Bupa to cease using my Personal Information for direct marketing purposes by writing to Bupa's Data Protection Officer, by registering online at http://www.bupa.com.hk/unsubscribe.asp or by calling the Customer Care helpdesk.
The detailed version of Bupa "Personal Information Collection Statement" may be obtained on Bupa's website at
http://www.bupa.com.hk/eng/Others/legal-notices.aspx

本人明白及同意保柏(亞洲)有限公司(「保柏」)透過此表格收集之本人之個人資料,可供保柏用作以下用途 (1) 處理任何申請及提供保險有關服務;(2) 就本人的保險繳付及收取賬項;(3) 就此表格與本人聯絡;(4) 行使向本人提供保險和相關服務及產品而享有的權利,例如釐定欠付本人拖欠的任何款項的金額,及向本人或任何已為本人的債務提供任何擔保或承諾的人士,追收和收回拖欠的任何款項;及 (5) 遵守任何法例或監管要求。
本人同意該等資料可因上述用途提供予下述任何各方 (不論在香港境內或境外):保柏的集團公司、任何由本人及保柏授權的保險代理人、任何向保柏提供服務的供應商機構、與保險業相關之團體及任何法律要求的任何人士及團體。

未能提供個人資料的後果:本人明白若本人不能提供此表格或保柏要求的其他資料,保柏不能處理對保險產品及服務作出的申請。

有關個人資料的權利:本人明白(1)根據個人資料(私隱)條例,本人有權就查閱及修正保柏所持有關於本人的任何個人資料致函保柏之保障資料主任,地址為:香港鰂魚涌華蘭路25號栢克大廈18樓。(2) 本人亦可透過網站 http://www.bupa.com.hk/unsubscribe.asp 進行登記或致電保柏客戶服務專線,以要求保柏停止將本人的個人資料作直接市場推廣用途。

有關個人資料收集聲明之詳情,請參閱保柏之網站 http://www.bupa.com.hk/chi/Others/legal-notices.aspx

I, as the Subscriber, understand that I declare and sign on behalf of the dependant(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歲以下受供養人作出聲明及簽署。

Subscriber's Signature 投保人簽署 X (Full Name 姓名)	Signed Date 簽署之日期 DD 日 / MM 月 / YYYY 年	Agent's / Broker's / Telesales' Name (If applicable and must be completed by the Subscriber) 代理人 / 經紀 / 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 / 經紀 / 營業代表編號 Agent's / Broker's / Telesales' Contact Tel. No. 代理人 / 經紀 / 營業代表聯絡電話號碼

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