

Bupa Safe Critical Illness Insurance Scheme

Application for Reinstatement Form

保柏危疾全禦保保障計劃復效申請表



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。

Please complete and return this Application together with outstanding subscription to Bupa. 請填妥此表格連同未繳付之保費交回保柏。

Membership No. (16 digits) 會員號碼 (16位數字)

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Subscriber's Name of the existing Contract (same as HKID Card) 現有合約之投保人姓名 (與香港身份證相同)

Surname

姓

Given Name

名

Condition of Reinstatement 復效申請條件

Applicant can apply for the reinstatement of the lapsed membership(s) within three (3) months from the due date of the unpaid subscription. Approval of Reinstatement is subject to evidence of insurability and/or financial and medical information of the (proposed) Member(s) that is satisfactory to Bupa. Bupa will refund the paid subscription for the lapsed period if the Application for Reinstatement is not approved. Please note that all claims incurred during the lapsed period shall not be covered.

Even if your application for reinstatement is accepted by Bupa, the waiting period under this Contract will count afresh from the date of last reinstatement. It means that Bupa will not pay any Benefit if the Member has any signs or symptoms, receive treatment, medication or investigation for or is diagnosed with, any Critical Illnesses and Covered Cancer (if applicable) within the ninety (90) days immediately following the date of last reinstatement. No waiting period is applied if the Critical Illness and Covered Cancer (if applicable) is caused by an Accident.

申請人可於保費到期日起計3個月內申請將已失效之合約復效。合約復效須遞交保柏滿意的投保健康證明及/或(準)會員的財政及身體狀況資料，並須經保柏批核。如合約復效之申請不獲批准，保柏將退還於合約失效期間已付之保費。請閣下留意，在合約失效期間之索償將不獲賠償。

即使您的復效申請獲保柏批准，此合約的等候期將由最後復效日起重新計算。言之下意，於合約最後復效日後九十(90)日的等候期內，就會員出現病徵、接受治療、藥物治療或檢查、或確診的任何危疾或確診的任何危疾或受保癌症(如適用)，保柏將不會支付任何保障。等候期不適用於因意外引致的危疾或受保癌症(如適用)。

Health Declaration 健康聲明

Important notes 重要資料：

Please ensure you have answered all the questions below before signing this Application. Please note that Member will not be eligible for claims resulting from the non-disclosure of health information. 簽署本申請表前，請回答以下所有問題。任何未經填報的健康狀況而引致的索償申請，將不獲接納。

HEALTH DECLARATION - SECTION A 健康聲明 — 甲部

| | |
|---|--|
| 1. Have you (or the proposed Member) ever been diagnosed with any of the following diseases or medical conditions? - Cancer, carcinoma in situ (pre-cancer), Stroke or mini-stroke, heart disease, carotid artery disease, diabetes or impaired glucose tolerance, hypertension, disorder of brain or nervous system, HIV related conditions, AIDS? 您(或準會員)是否曾被確診下列疾病或健康狀況? - 癌症或原位癌(癌症前期)、中風或短暫性腦缺血(俗稱「小中風」)、心臟病、頸動脈疾病、糖尿病或葡萄糖耐量異常、高血壓、腦或神經系統疾病、人類免疫力缺乏病毒(HIV)有關的疾病、愛滋病? | <input type="checkbox"/> Yes是 <input type="checkbox"/> No否 |
| 2. Do you (or the proposed Member) have two or more natural parents or siblings with heart disease, stroke, diabetes, cancer before aged 50? 您(或準會員)曾否有兩個或以上親生父母或兄弟姐妹於50歲前患有心臟病、中風、糖尿病或癌症? | <input type="checkbox"/> Yes是 <input type="checkbox"/> No否 |
| 3. Apart from those you (or the proposed Member) have already disclosed in the above Questions, do you (or the proposed Member) currently have any - Unintentional weight loss by more than 5 kg (11 lbs) over past 1 year, - Abnormal bleeding (such as vaginal bleeding, rectal bleeding, nose bleeding or coughing up of blood) for at least one month, or - Any medical condition, disability or symptoms that you (or the proposed Member) intend to seek advice, currently undergoing or due to attend at hospital, clinic or doctor for treatment, medical investigation(s) or test(s) (other than routine body check), such as blood tests, electrocardiogram, ultrasonogram, endoscopy, biopsy or X-ray? 除您(或準會員)於上述已經披露之健康狀況外，您(或準會員)現在是否有下列情況： - 在過去一年內，體重無故地減少了5公斤(11磅)以上 - 不正常出血(例如陰道出血、便血、流鼻血或咳血)至少一個月 - 因任何健康狀況、失能或症狀而正在或打算尋求醫療意見；或現在正或將會接受住院，門診或醫生的治療、醫療檢查或檢測 (恆常身體檢查除外) 如血液檢驗，心電圖，超聲檢查，內窺鏡檢查，活檢或X光? | <input type="checkbox"/> Yes是 <input type="checkbox"/> No否 |
| 4. Have you (or the proposed Member) ever been declined, postponed or accepted on modified terms for life, critical illness, medical health or accident insurance? 您(或準會員)是否曾被因投保任何人壽、危疾、醫療或意外保險時被拒絕，延遲或修改條款接納? | <input type="checkbox"/> Yes是 <input type="checkbox"/> No否 |

Only applicable if opts for Extended Major Critical Illness Benefit 只適用於投保嚴重危疾延伸保障

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| 5. Have you (or the proposed Member) ever been diagnosed with any of the following diseases or medical conditions? - liver disease, kidney disease, lung disease (other than cold or flu), disorder of blood? 您(或準會員)是否曾被確診下列疾病或健康狀況? - 肝臟疾病、腎病、肺部疾病(傷風或感冒除外)、血液疾病? | <input type="checkbox"/> Yes是 <input type="checkbox"/> No否 |
| 6. Do you (or the proposed Member) have one or more natural parents or siblings with haemochromatosis, Huntington Disease (Huntington's Chorea), polycystic kidney disease or any other hereditary disease(s)? 您(或準會員)曾否有一個或以上親生父母或兄弟姐妹患有鐵質沉著症、亨丁頓舞蹈症、多囊性腎病或任何其他遺傳病? | <input type="checkbox"/> Yes是 <input type="checkbox"/> No否 |



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Health Declaration 健康聲明

HEALTH DECLARATION - SECTION B 健康聲明 — 乙部

If you answer Yes to questions 1,3 and 5 in Health Declaration - Section A, you have to provide the details of the medical conditions in Health Declaration - Section B below.

如果您就「健康聲明 - 甲部」問題1、3及5回答為「是」，您須於下列「健康聲明 - 乙部」提供有關疾病之詳情。

| | Medical condition 病症 | Medical condition 病症 | Medical condition 病症 |
|---|----------------------|----------------------|----------------------|
| Please specify as accurately as possible the name of the illness or medical problem. Where applicable, please state the area of the body affected (e.g. right knee, left eye). 請盡可能準確註明患上何種疾病或病患。如適用，請說明受影響的身體部位(例如右膝、左眼)。 | | | |
| When did the symptoms start? 何時開始出現徵狀? | | | |
| What investigations did you (or the Insured Person) have? Please include dates, type of investigations (e.g. MRI, blood test) and their results. 您(或受保人)曾接受何種檢查?請註明日期、檢查種類(如磁力共振、驗血)及其結果。 | | | |
| What treatment did you (or the Insured Person) have? Please include treatment period, type of treatment and their details (e.g. name of medication, name of procedure or surgery) 您(或受保人)曾接受何種治療? 請註明接受治療時期、治療種類及其詳情(如藥物名稱、治療程序及手術名稱) | | | |
| When was the treatment completed? 何時完成治療? | | | |
| Have you (or the Insured Person) made a full recovery? (Yes/No) 您(或受保人)是否已完全康復?(是/否) | | | |

HEALTH DECLARATION - SECTION C 健康聲明 — 丙部

If you answer Yes to questions 2 and 6 in Health Declaration - Section A, please provide additional information as applicable.

如果您就「健康聲明 - 甲部」問題2及6回答為「是」，請提供適用的補充資料。

| | Medical condition 病症 | Medical condition 病症 | Medical condition 病症 |
|---------------------------------------|----------------------|----------------------|----------------------|
| a. Which family member(s)? 哪個親屬? | | | |
| b. Which disease? 哪種疾病? | | | |
| c. Onset age of the disease? 病發年齡? | | | |

If you answer Yes to questions 4 in Health Declaration - Section A, please provide additional information as applicable.

如果您就「健康聲明 - 甲部」問題4回答為「是」，請提供適用的補充資料。

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| Reason(s) of being declined, postponed or accepted with modified terms for life, critical illness, medical health or accident insurance 因投保任何人壽、危疾、醫療或意外保險時被拒絕、延遲或修改條款接納的原因: |
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If you (or the Insured Person) have any medical reports or reports of investigations, please enclose them and put a tick in the box.
如您(或受保人)有任何醫療報告或醫療檢查報告，請隨此表格同時附上，並請於空格加「✓」號。

With attachment
另有附頁

Declaration and Authorisation 聲明及授權

I / We hereby request that my above membership with Bupa be reinstated and I / we understand and agree to the Condition of Reinstatement as stipulated at the beginning of this Application.

I / We declare that, to the best of my / our knowledge and belief, the statements contained in this Application are true and complete.

I / We acknowledge that Bupa reserves the right to ask for submission of more details of health status or medical reports of me / us and the dependant(s) at my / our own cost.

I / We have read and agreed to be bound by the terms and conditions of the relevant Contract of Bupa Health Insurance Scheme.

I / We agree that this Health Declaration and the answers given in this Application shall be the basis of the Contract between me / us and Bupa.

本人 / 吾等謹此要求將本人 / 吾等上述保柏會籍登記復效，本人 / 吾等清楚及同意此申請表上列出之復效申請條件。

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，均屬實完整。

本人 / 吾等確認保柏有權要求提供更多有關本人 / 吾等及受供養人之健康狀況及醫療報告，一切費用由本人 / 吾等支付。

本人 / 吾等已細讀並同意遵守保柏之醫療保障計劃之各條款及細則。

本人 / 吾等同意本申請表內之健康聲明及回答作為本人 / 吾等與保柏之間所訂合約之根據。

Applicable to Application through authorised insurance broker 適用於透過獲授權保險經紀進行之申請

I / We understand, acknowledge and agree that, as a result of me / us purchasing and taking up the policy to be issued by Bupa, Bupa will pay the authorised insurance broker commission during the continuance of the policy including renewals, for arranging the said policy. I / We further understand that the above agreement is necessary for Bupa to proceed with the Application.

本人 / 吾等明白、確知及同意，保柏會就本人 / 吾等購買及接受其簽發的保單，於保單有效期內（包括續保期）向負責安排有關保單的獲授權保險經紀支付佣金。本人 / 吾等亦明白保柏必須取得本人 / 吾等以上的同意，才可以處理其保險申請。

I, as the Subscriber, understand that I declare and sign on behalf of the Member(s) / 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歲以下會員 / 受供養人作出聲明及簽署。

Applicant's Signature 申請人簽署

X

(Full Name)
姓名

Signed in Hong Kong on 於香港簽署之日期

DD 日 MM 月 YYYY 年

Please submit this Application form to Bupa within 14 days of the above signature date. 請確保此申請表能於上述簽署日期的14天內交回保柏。

Agent's / Broker's / Telesales' Name (if applicable and must be completed by 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

Personal Information Collection Statement 個人資料收集聲明

Bupa (Asia) Limited (the "Company")

Personal Information Collection Statement ("Statement") relating to the Personal Data (Privacy) Ordinance (the "Ordinance")

In compliance with the Ordinance, the Company would like to inform you of the following:

- From time to time, it is necessary for you, or other members covered under your policy (each a "Member"), to supply the Company with certain personal information (including where relevant, credit information and claims history) relating to you, or the Member, when you apply for insurance or financial products and services from the Company, or when you apply to make changes to your policy, or when you renew a policy.
- Failure to supply personal information requested by the Company may result in the Company being unable to process your Application and/or provide products, services and other related services to you, or the Member.**
- During the course of your relationship with the Company, further personal information relating to you, or the Member, may also be collected in the ordinary course of our business, for example, when you lodge insurance claims with the Company in relation to yourself or the Member.
- The Company may collect, use or disclose personal information relating to you, or the Member, for the following purposes:**
 - processing, assessing and determining any Applications for insurance products and services;
 - offering and providing products and services to you, or the Member, and processing requests made by you, or the Member, from time to time, including but not limited to requests for addition, alteration, deletion, maintenance, management and operation of insurance benefits or insured Members;
 - any purposes in connection with any claims made by or against or otherwise involving you, or the Member, in respect of any products and/or services provided by the Company including, without limitation, making, defending, analysing, investigating, detecting and preventing fraud (whether or not relating to the policy issued in respect of any application or claim) processing, assessing, determining, settling or responding to such claims;
 - performing any functions and activities related to the products and/or services provided by the Company including, without limitation, audit, reporting, market research, general servicing, maintenance of online and other services, identity verification, data matching, research and statistical analysis, and reinsurance arrangements;
 - provision and design of products and services of the Company;
 - exercising the Company's rights in connection with provision of insurance products and services to you, or the Member, from time to time, for example, to determine any amount of indebtedness from you, and collecting and recovering owing from you or any person who has provided any security or undertaking for your liabilities;
 - communication with you or the Member (or with you on behalf of the Member) in relation to any of the purposes set out in this Statement;
 - enabling an actual or proposed assignee, transferee, participant or sub-participant of all or a substantial part of the Company's rights or business to evaluate the transaction intended to be the subject of the assignment, transfer, participation or sub-participation; and
 - making disclosure to satisfy the requirements of any laws, rules and regulations, codes of practice, guidance notes or guidelines binding on the Company.
- Personal information collected or held by the Company relating to you, or the Member, will be kept confidential but the Company may transfer such personal information inside or outside the Hong Kong Special Administrative Region, for the purposes specified in paragraph (4) and (6) to the following classes of transferees:**
 - the Company's group companies ("Group Company");
 - any insurance adjusters, agents and brokers;
 - any re-insurance companies authorised by the Company;
 - employers (for members of corporate policy only);
 - healthcare professionals and hospitals;
 - any agent, contractor or third party service providers who provide administrative, telecommunications, computer, payment, data processing or storage, printing, research or other services to the Company in connection with the operation of business, (including without limitation insurers; banks; lawyers; accountants; claims investigators; fraud prevention organisations; other insurance companies (whether directly or through fraud prevention organisations or other persons named in this paragraph); organisations that consolidate claims and underwriting information for the insurance industry; the police and databases or registers (and their operators) used by the insurance industry to analyse and check information provided against existing information; debt collection agencies; data processing companies; research agencies and professional advisors);
 - any actual or proposed assignee, transferee, participant or sub-participant of all or a substantial part of the Company's rights or business; and
 - any person to whom the Company is under an obligation to make disclosure under the requirements of any law, rules, regulations, codes of practice or guidelines binding on the Company including, without limitation, any applicable regulators, governmental bodies, industry recognised bodies, credit reference agencies, the Courts, and where otherwise required by law.
- Only with your consent or with your indication of no objection, the Company may use your personal information collected from time to time, including name, contact details, gender, health and family status, to provide you with marketing communications (including by email, SMS or instant messenger) relating to the following products and services:
 - insurance, medical, healthcare, wellness, personal development, beauty, lifestyle, entertainment, financial, and related services and products;
 - rewards, benefits, discounts, member activities, loyalty or privileges programmes and related services and products; and
 - donations and contributions for charitable and/or non-profit making purposes.The Company will not disclose personal information relating to you, to third parties for them to use for their own direct marketing purposes without your consent.

For the avoidance of doubt, whether or not you consent to receive marketing communications of the type described in this paragraph 6, the Company may still communicate with you regarding the administration, features and renewal of your insurance policy.

7. Under and in accordance with the terms of the Ordinance, you have the following rights:

- to check whether the Company holds personal information relating to you or the Member and to access such personal information;
- to require the Company to correct any personal information relating to you or the Member which is inaccurate;
- to ascertain our policies and practices in relation to personal data and to be informed of the kind of personal data held by the Company, and
- to request the Company to cease using your personal information for direct marketing purposes.

Requests can be made in writing to the Company's Data Protection Officer at the following address:

Data Protection Officer
18/F, Berkshire House
25 Westlands Road, Quarry Bay, Hong Kong

- In accordance with the terms of the Ordinance, the Company has the right to charge a reasonable fee for the processing of any personal information access or correction request.
- For any enquiries about this Statement, please do not hesitate to contact our Customer Care helpdesk at 2517 5333.
- Nothing in this Statement shall limit the rights of customers under the Ordinance.
- In case of discrepancies between the English and Chinese versions of this Statement, the English version shall prevail.

保柏(亞洲)有限公司(「本公司」)

有關個人資料(私隱)條例(「條例」)之個人資料收集聲明(「本聲明」)

遵照條例,本公司特通知閣下以下事項:

- 閣下或受保於閣下保單的其他會員(每位「會員」)向本公司申請保險或金融產品及服務,或當閣下更改保單或續保時,必須不時向本公司提供閣下或會員的個人資料(包括信用資料和以往申索紀錄,如適用)。
- 如閣下未能提供本公司所要求的個人資料,本公司可能無法處理閣下之申請及/或向閣下或會員提供保險產品、服務或其他相關服務。
- 本公司亦可能會在日常業務運作的過程中向閣下或會員收集更多個人資料,例如當閣下為本人或代會員向本公司提出保險索償時。
- 本公司可能會收集、使用或披露閣下或會員的個人資料作下列用途:
 - 處理、評估、決定任何保險產品及服務之申請;
 - 為閣下或會員提供保險產品及服務及處理閣下或會員不時提出的要求,包括但不限於要求增加、更改、刪除、維持及管理保障項目或受保會員;
 - 任何有關閣下或會員對本公司所提供之保險產品及服務提出之索償,包括但不限於賠償、辯護、分析、調查、偵測及防止欺詐行為(無論是否與就此申請而簽發之保單及相關的任何申請或索償)、處理、評估、決定、解決或回應該等索償;
 - 執行與本公司所提供的保險產品及/或服務相關的功能及活動,包括但不限於審計、報告、市場調查、一般服務和維持網上及其他服務、核實身份、資料配對、研究及統計分析及再保險之安排;
 - 提供及設計本公司的產品及服務;
 - 行使本公司向閣下或會員提供保險和服務時有關的權利,例如釐定閣下拖欠的任何款項的金額,及向閣下或任何已為閣下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;
 - 就任何本聲明中所述的用途與閣下或會員(或與代表會員的閣下)聯絡;
 - 允許本公司全部或部份的權益或業務的實際或建議承讓人、受讓人、參與人或次參與人,就涉及的轉讓、出讓、參與或次參與的交易進行評估;及
 - 為遵守任何法例之要求,或根據監管或其他機關所發出對本公司具有約束力或要求其遵守的規則、規例、實務守則、須知或指引,而作出披露。
- 有關閣下或會員被本公司收集或持有的個人資料將會保密,但本公司可能會向以下不論在香港特別行政區境內或境外之資料承讓人轉移該等個人資料作第(4)及第(6)段列出的用途:
 - 本公司的集團公司(「集團公司」);
 - 任何由本公司授權的保險理人、代理及經紀;
 - 任何由本公司授權的再保險公司;
 - 僱主(只適用於團體保單之會員);
 - 醫護專業人員及醫院;
 - 任何代理人、承包商、或向本公司提供行政、電訊、電腦、付款、資料處理或儲存、印刷、研究或其他向本公司提供服務的第三方服務供應商(包括但不限於保險公司、銀行、理財顧問、律師、會計師、理賠調查員、防欺詐組織、其他保險公司(無論是直接地,或是通過防欺詐組織或本段中指名的其他人士)、為保險業界整合申索及承保資料之組織、警察、供保險業界用作分析及核對所提供的資料與既有資料的資料庫及登記冊(及其運營者)、收數公司、資料處理公司、研究服務機構及專業顧問);
 - 本公司的任何全部或部份的權益或業務的實際或建議承讓人、受讓人、參與人或次參與人;及
 - 為遵守任何法例之要求,或根據監管或其他機關所發出對本公司具有約束力或要求其遵守的規則、規例、實務守則或指引,而作出披露,包括但不限於適用監管機構、政府機構、相關行業認可機構、信貸資料服務機構或法院,及在其他情況下,法律規定本公司必向其披露的人士或機構。
- 本公司只會在得到閣下同意或表示不反對的情況下,使用閣下的個人資料如姓名、聯絡方法、性別、健康及家庭狀況,向閣下提供有關以下產品和服務的市場推廣資訊(包括以電郵、手機短訊或即時通訊):
 - 保險、醫療、康健、健康、個人發展、美容、生活消閒、娛樂、財務及其相關的服務及產品;
 - 獎賞、權益、折扣、會員活動、會員忠誠或優惠計劃及其相關的服務及產品;及
 - 為慈善及/或非牟利用途的捐款及捐贈。本公司將不會在沒有閣下的同意及許可下將閣下的個人資料向第三方透露,用作他們的市場推廣用途。為避免有疑慮,不論閣下是否同意接收以上第六點所述的市場推廣資訊類別,本公司仍然可能就閣下保單相關的行政、保障及續保事宜與閣下聯絡。
- 根據有關條例中的條款,閣下有權:
 - 查核本公司是否持有閣下或會員的個人資料及查閱該等個人資料;
 - 要求本公司改正任何有關閣下或會員的不準確的個人資料;
 - 查明本公司對於資料的政策及處理方法和獲告知本公司持有的個人資料種類;及
 - 要求本公司停止將閣下的個人資料作直接市場推廣用途。有關要求請致函本公司保障資料主任,地址如下:
香港鰂魚涌華蘭路25號柏克大廈18樓
保柏(亞洲)有限公司
保障資料主任
- 根據有關條例之條款,本公司有權就任何處理個人資料查閱或更改的要求收取合理費用。
- 如閣下對本聲明有任何查詢,請隨時致電本公司的客戶服務專線2517 5333。
- 本聲明不會限制客戶在條例下所享有之權利。
- 中英文本如有歧義,概以英文為準。