

# Bupa Care Bridge Health Insurance Scheme Application Form

## 保柏連繫醫療保障計劃申請表



The Policy shall only take effect on the first day of a month. To ensure your cover will start immediately in the following month, please send us the completed application form and all required documents at least 5 working days prior to the end of this month. Applications are subject to underwriting.

保單僅在每個月的第一天生效。為確保你的保障能夠在下一個月立即開始，請將填妥的申請表及所有必需文件於本月底最少5個工作天寄回保柏。所有申請必須通過核保始能生效。

If there is insufficient space provided for your answer or information given in this Application form, please continue on a separate sheet of paper, specifying the section to which your answer relates, and add your signature with date.

如本申請表未能提供足夠空間填寫，請另加紙張提供說明所涉部份並附加簽署與日期。

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

For Bupa  
use only  
保柏專用

Reference No. :  
參考編號

Policy Effective  
Date 生效日期:

DD 日 MM 月 YYYY 年

All Ages described in this form refer to the Age as at the Policy Effective Date. 本申請表內所有歲數以保單生效日之歲數計算。

### Medical Protection Needs Assessment 醫療保障需要評估

(Please note: The following questions are to evaluate the suitability of the insurance product(s) under this application based on your needs and circumstances. Application can be suspended or rejected in case of suitability mismatch. 請注意：以下問題旨在評估此投保申請下的保險產品的適合性，以滿足閣下的需要及情況。如出現保險產品與閣下保障需要錯誤的情況，投保申請可被暫緩或拒絕。)

**Question 問題 1** What is/are your objective(s) for purchasing the medical insurance policy? (tick one or more) 請問你投保此醫療保單的目的是? (可選一項或多項)

Option 選擇1: For the expenses of hospitalisation 為應付住院開支

Option 選擇2: For the financial need when suffer from critical illness 為應付患上危疾時的經濟需要

Option 選擇3: For the long term care and financial needs in case of permanent total disability 為永久完全傷殘時的長期醫療保健及經濟需要

Option 選擇4: For the expenses of outpatient visits and other medical needs (such as dental, vision benefit, etc) 為應付門診或其他醫療所需 (例如牙醫、眼科等)

**Question 問題 2** Which type(s) of medical insurance you are looking for? (tick one or more) 請問你會考慮投保哪一類型的醫療保單呢? (可選一項或多項)

Option 選擇1: Indemnity (cover the eligible expenses by the policy) 彌償式賠償 (即按保單規定之合資格開支提供實報實銷式的賠償)

Option 選擇2: Non-indemnity (a payment based on a sum insured amount by the policy) 非彌償式賠償 (即按保單訂明的保額作出賠償)

### Personal Details of Policy Holder 保單持有人資料 (Policy Holder's Age must be 18 years or above 保單持有人年齡必須為18歲或以上)

Title 稱謂 Name of Policy Holder (same as HKID Card) 保單持有人姓名 (與香港身份證相同)

Mr 先生 Surname 姓

Mrs 太太

Ms 女士 Given Name 名

Miss 小姐

HKID Card No. / Passport No.<sup>^</sup>  
香港身份證號碼 / 護照號碼<sup>^</sup>

Sex 性別  M 男  F 女

Date of Birth 出生日期 DD 日 MM 月 YYYY 年

### Contact Details of Policy Holder 保單持有人聯絡資料

Correspondence Address\* 通訊地址\* (Please complete in ENGLISH and BLOCK LETTERS 請以英文正楷填寫)

Flat 單位 / Room 室 / Floor 層數

Block 座 / Building 大廈 / Mansion 閣 / House 樓 / Estate 屋苑

Street 街 / Road 道

District 地區

HK 香港  Kln 九龍  NT 新界

Country 國家

Email Address<sup>#</sup> 電郵地址<sup>#</sup>

Contact No. 聯絡電話

Fax No. 傳真號碼

Mobile No. 流動電話號碼

### Successive Policy Holder (Optional) 繼任的保單持有人 (可選擇填寫)

Please state the successive Policy Holder in case you pass away 請列明在你身故的情況下繼任的保單持有人

Surname 姓

Given Name 名

HKID Card No. / Passport No.<sup>^</sup>  
香港身份證號碼 / 護照號碼<sup>^</sup>

Relationship with Proposed Insured Person<sup>^^</sup>  
與準受保人關係<sup>^^</sup>

I confirm that I am making this application in Hong Kong\*\*. 本人在香港作出此申請\*\*。

\* P. O. Box is not acceptable. 郵政信箱恕不接納。

<sup>#</sup> You can access our e-Services using the "myBupa" features in Blue Health\*, our mobile application, to view and download your policy-related documents. To access these e-documents, you need to download and register for Blue Health\* and provide us with your email address. You will receive an email notification when a document is ready for you to access on the "myBupa" page of Blue Health\*. Please note that you will no longer receive hard copies of these documents by post.

To help save our planet, Bupa encourages communications through electronic means. This will be the default option for our future communications with you after your insurance policy has been set up. However, if you wish to receive a hard copy of all documents by post, please contact your insurance consultant to let us know your preference.



# 你可透過我們的手機應用程式 Blua Health\* 內的「myBupa」功能使用電子服務，並查閱及下載與你保單相關文件。要查閱這些電子文件，你須下載及登記 Blua Health\*，並提供你的電郵地址給我們。當文件已上載於 Blua Health\*「myBupa」分頁後，你便會收到電郵通知。請注意，你將不會以郵寄方式收到這些保單文件的印刷本。

為了拯救我們的地球，保柏鼓勵通過電子方式進行溝通。這將會是我們未來在設立你的保單時與你溝通的默許選擇。但是，如果你希望通過郵寄方式收到所有文件的列印本，請聯絡你的保險顧問讓我們了解你的選擇。

^ You must be a HKID Card holder to subscribe the Basic Plan.

^ 基本計劃僅限香港身份證持有人投保。

^^ Applicable to spouse/child/parents/parents-in-law/siblings/spouse's siblings/grandparents/grandparents-in-law/grandchild/domestic partner/domestic partner's child/domestic partner's parents

^^ 適用於配偶/子女/父母/配偶的父母/兄弟姊妹/配偶的兄弟姊妹/祖父母/配偶的祖父母/孫子女/同居伴侶/同居伴侶的子女/同居伴侶的父母

\*\* The insurance sales process and signing of the application form must be conducted in Hong Kong.

\*\* 保險銷售及保單申請簽署必須在香港進行。

## Details of Proposed Insured Person 準受保人資料 (Age must be between 15 days - 80 years inclusive 年齡必須為15日至80歲(包括首尾歲數))

Myself 本人

(Details as page 1 資料如同第一頁)

Place of Residence<sup>1</sup>

居住地<sup>1</sup> \_\_\_\_\_

Or

Proposed Insured Person 準受保人

Proposed Insured Person's Name (same as HKID Card/Passport/Birth Certificate) 準受保人姓名 (與香港身份證/護照/出生證明書相同)

Surname

姓 \_\_\_\_\_

Given Name

名 \_\_\_\_\_

HKID Card No./Passport No./Birth Certificate No.

香港身份證號碼/護照號碼/出生證明書號碼 \_\_\_\_\_

Sex

性別

M 男

F 女

Date of Birth

出生日期

DD 日

MM 月

YYYY 年

Relationship with Policy Holder^^

與保單持有人關係^^ \_\_\_\_\_

Place of Residence<sup>1</sup>

居住地<sup>1</sup> \_\_\_\_\_

^^ Applicable to spouse/child/parents/parents-in-law/siblings/spouse's siblings/grandparents/grandparents-in-law/grandchild/domestic partner/domestic partner's child/domestic partner's parents

^^ 適用於配偶/子女/父母/配偶的父母/兄弟姊妹/配偶的兄弟姊妹/祖父母/配偶的祖父母/孫子女/同居伴侶/同居伴侶的子女/同居伴侶的父母

<sup>1</sup> The above Place of Residence will be used to determine the validity and coverage of the Policy. Please inform Bupa immediately in writing if the proposed Insured Person has changed the Place of Residence.

<sup>1</sup> 上述居住地將用於確定保單的有效性和保障範圍。如任何準受保人已更改居住地，請立即以書面通知保柏。

## Choice of Cover 投保項目

### Bupa Care Bridge Health Insurance Scheme 保柏連繫醫療保障計劃

#### Plan Options 計劃選項

(Choose one plan only)

(請選擇一項計劃)

**Basic 基本** (Area of cover: Mainland China only) (You must be a HKID Card holder to subscribe the Basic Plan.)  
(保障地域範圍：只限中國大陸) (基本計劃僅限香港身份證持有人投保。)

HKD0 Deductible 港元0自付費

HKD5,000 Deductible 港元5,000自付費

HKD10,000 Deductible 港元10,000自付費

**Plus 升級** (Area of cover: Greater China<sup>3</sup>)  
(保障地域範圍：大中華<sup>3</sup>)

HKD0 Deductible 港元0自付費

HKD10,000 Deductible 港元10,000自付費

HKD30,000 Deductible 港元30,000自付費

HKD60,000 Deductible 港元60,000自付費

Please tick this box if you would like to receive coverage for Pre-existing Conditions with Premium Loading.<sup>2</sup>

請剔取此項，如你需要以附加保費獲得投保前已有病症的保障。<sup>2</sup>

<sup>2</sup> We may have to exclude some medical conditions from your cover because of the medical history declared. We may be able to offer you an option to cover some of these excluded medical conditions with Premium Loading. If you choose this option, we may contact you to collect additional information for assessment.

<sup>2</sup> 我們可能會因你所申報的病歷而將一些病症列為不獲保障項目。我們或能讓你以繳付附加保費將某些不獲保障病症納入保障範圍。如你選擇此項，我們或會聯絡你以索取額外資料以作審核。

<sup>3</sup> "Greater China" shall mean Hong Kong, Macau, Mainland China and Taiwan.

<sup>3</sup> "大中華"是指香港、澳門、中國大陸及台灣。

## Family Discount (if applicable) 家庭折扣優惠 (如適用)

If your eligible family member has submitted an application separately or is insured under a policy of Bupa Care Bridge Health Insurance Scheme, they will be counted towards your family discount. Please provide their information below:

如合資格家庭成員為「保柏連繫醫療保障計劃」之準受保人（現正另外遞交申請）或是現有受保人，他們將計入你的家庭折扣人數內。請提供他們的資料如下：

Name (same as HKID Card/Birth Certificate) 姓名 (與香港身份證/出生證明書相同)

Surname 姓 \_\_\_\_\_

Given Name 名 \_\_\_\_\_

HKID Card No. / Birth Certificate No. 香港身份證號碼 / 出生證明書號碼 \_\_\_\_\_

Relationship with Policy Holder 與保單持有人關係 \_\_\_\_\_

Insured Person Policy No. 受保人保單號碼 \_\_\_\_\_

Name (same as HKID Card/Birth Certificate) 姓名 (與香港身份證/出生證明書相同)

Surname 姓 \_\_\_\_\_

Given Name 名 \_\_\_\_\_

HKID Card No. / Birth Certificate No. 香港身份證號碼 / 出生證明書號碼 \_\_\_\_\_

Relationship with Policy Holder 與保單持有人關係 \_\_\_\_\_

Insured Person Policy No. 受保人保單號碼 \_\_\_\_\_

Name (same as HKID Card/Birth Certificate) 姓名 (與香港身份證/出生證明書相同)

Surname 姓 \_\_\_\_\_

Given Name 名 \_\_\_\_\_

HKID Card No. / Birth Certificate No. 香港身份證號碼 / 出生證明書號碼 \_\_\_\_\_

Relationship with Policy Holder 與保單持有人關係 \_\_\_\_\_

Insured Person Policy No. 受保人保單號碼 \_\_\_\_\_

## Premium Payment Method 繳付保費方法

Payment Frequency 繳付保費形式	Payment Method 繳付保費方法	Remarks 備註
<input type="checkbox"/> Yearly 年繳	<input type="checkbox"/> Credit Card 信用卡	Please attach a completed <b>Credit Card Authorisation Form</b> 請連同填妥之 <b>信用卡付款授權書</b> 寄回
	<input type="checkbox"/> Autopay from Bank 銀行自動轉賬 (From renewal payment only 續保繳費起適用)	Please attach a cheque made payable to "Bupa (Asia) Limited" for the 1st year's premium and levy with a completed <b>Direct Debit Authorisation Form</b> 請填妥 <b>直接付款授權書</b> ，連同首年保費及保費徵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="checkbox"/> Monthly 月繳	<input type="checkbox"/> Credit Card 信用卡	Please attach a completed <b>Credit Card Authorisation Form</b> 請連同填妥之 <b>信用卡付款授權書</b> 寄回
	<input type="checkbox"/> Autopay from Bank 銀行自動轉賬	Please attach a cheque made payable to "Bupa (Asia) Limited" for the first 2 months' premium and levy with a completed <b>Direct Debit Authorisation Form</b> 請填妥 <b>直接付款授權書</b> ，連同首兩個月保費及保費徵費之支票交回本公司，支票抬頭人為「保柏（亞洲）有限公司」

## Bank Account for Reimbursement 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 (Same as recorded on bank account statement/passbook)

戶口持有人姓名 (與銀行結單/存摺相同)

HKID Card No.

香港身份證號碼

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

Bank Name

銀行名稱

Bank No.

銀行編號

Branch Code

分行編號

Account No.

戶口號碼

If the above account holder is not the Policy Holder/Insured Person\*, please fill in the following information. 若上述之戶口持有人並非保單持有人/受保人\*，請填寫以下資料。

Relationship with the Policy Holder/Insured Person\* 與保單持有人/受保人\*關係

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

I acknowledge that I will need to provide a valid Hong Kong bank account details later for Bupa (Asia) Limited to avoid any delay on claims reimbursement if I do not provide my bank account details at this time. 本人明白如現選擇不提供銀行戶口資料，稍後需要向保柏（亞洲）有限公司提供有效的香港銀行戶口資料，以免延誤賠償。

Also, I may update the bank account details later on the "myBupa" page of Bluea Health\* mobile application. 此外，本人稍後亦可透過 Bluea Health\* 手機應用程式內的「myBupa」分頁更新自己的銀行戶口資料。

\* Bluea Health is offered, distributed and operated by Horizon Health and Care Limited. myBupa is offered, distributed and operated by Bupa (Asia) Limited. Horizon Health and Care Limited and Bupa (Asia) Limited are companies registered in Hong Kong under the Bupa Group. Terms and Conditions apply.

\* Bluea Health 由 Horizon Health and Care Limited 提供、發佈及營運。myBupa 由保柏(亞洲)有限公司提供、發佈及營運。Horizon Health and Care Limited 及保柏(亞洲)有限公司同為保柏集團旗下在香港註冊的公司。受條款及細則約束。

\* Please delete if inappropriate 請刪除不適用者

**Important Note 重要事項**

During the insurance application process, it's important that you act with utmost good faith and disclose all material facts related to the proposed Insured Person to Bupa. If you are uncertain as to whether a fact is material, then it should be disclosed. If you fail to disclose or misrepresent a material fact and this causes Bupa to accept the risk, this will raise questions about your entitlement to insurance benefits. Consequences may include termination of your policy or reduction of entitlement to claims payments in all or part.

在保險申請過程中，務必以至高誠信向保柏披露有關準受保人所有重要事實。如果你不確定某個事實是否重要，則應將其披露。如你未能披露或錯誤陳述重要事實，而導致保柏承擔有關風險，這將影響你所享有的保障。其結果可能包括終止你的保單；或減少全部或部分你所獲得的賠償。

- (i) This questionnaire collects health-related information solely for the purpose of underwriting which is a process for Bupa to evaluate the health risk of the applicants and decide the application results. The underwriting process that Bupa adopts should be fair and reasonable, and Bupa should explain the application results if requested by the customers. 此問卷收集與健康相關的資料僅作為核保之用途，而核保是保柏評估申請人之健康風險及決定申請結果的程序。保柏採用的核保程序應為公平合理，並會因應客戶要求解釋申請結果。
- (ii) As the applicant, you are required to provide Bupa with complete and accurate information requested in this questionnaire to the best of your knowledge and belief. Based on the information provided, Bupa may have follow-up questions or enquiries that require you to provide further information for underwriting purpose. 作為申請人，你需要盡其所知所信，按本問卷中要求向保柏提供完整及準確的資料。保柏根據你提供的資料，可能會提出跟進問題或查詢而需要你進一步提供資料以作核保之用。
- (iii) If there are any changes to or updates of the information provided in this questionnaire after the time of submission of this application and before you receive the Policy, you are required to notify Bupa in a timely manner. 若你在提交本申請表後至你收到保單前的期間就本問卷中提供的資料有任何改變或更新，你需要及早通知保柏。
- (iv) Even after an insurance policy has been issued upon successful application, the insurance coverage for the proposed Insured Person may be affected or the policy may be terminated, voided or rescinded, or claims may be repudiated by Bupa, if you have not provided Bupa with complete and accurate information to the best of your knowledge and belief according to (ii), or if you have not notified Bupa on any changes to or updates of the information in time according to (iii). 即使已成功投保並獲簽發保單，若你未按(ii)所述盡其所知所信向保柏提供完整及準確的資料，或未按(iii)所述就資料的任何改變或更新而及早通知保柏，準受保人的保險保障可能會受到影響，保柏亦可能因此終止、作廢或撤銷有關保單，或拒絕賠償。

**Guidance Note in completing the questionnaire 填寫問卷指引**

If your answer to any of the Questions 1-5 in Section A below is "Yes", please proceed to answer the relevant follow-up questions in Health Questionnaire - Section B. 如果你就以下甲部第1至5項任何一項問題之答案為「是」者，請於健康問卷-乙部回答相關的跟進問題。

You do not need to disclose information regarding the medical conditions or treatments below - Cold / flu / sore throat, gastroenteritis / food poisoning (fully recovered), indigestions (no investigations required), acne, muscle sprained (fully recovered), thrush, routine scan / blood test for pregnancy (normal result), routine cervical smear (normal result), routine health check (normal result), preventive vaccination, Hormonal Replacement Therapy (menopause), infertility treatment or uncomplicated pregnancy, myopia / hyperopia / astigmatism / presbyopia.

你無需披露以下健康狀況或治療 - 傷風/感冒/喉嚨痛、腸胃炎/食物中毒(已痊癒)、消化不良(無需檢查)、瘡瘡、肌肉扭傷(已痊癒)、鵝口瘡、常規產前掃描/血液檢驗(檢驗結果正常)、常規子宮頸細胞塗片檢驗(檢驗結果正常)、常規健康檢查(檢查結果正常)、預防疫苗、荷爾蒙補充治療(更年期)、不育治療或胎兒生長情況正常的懷孕、近視/遠視/散光/老花。

You are required to provide Bupa with complete and accurate information requested in this questionnaire to the best of your knowledge and belief, including any and all medical information which are known or ought to be known by Bupa in any previous insurance application and medical claims.

你需要盡其所知所信，按本問卷中要求向保柏提供完整及準確的資料，包括在之前的任何保險申請和醫療索償中保柏已知或應該知道的任何及所有醫療資料。

**Health Questionnaire – Section A 健康問卷 – 甲部**

Height 身高# _____ cm 厘米 OR 或 _____ feet 呎 _____ inches 吋  Weight 體重# _____ kg 公斤 OR 或 _____ pounds(lbs) 磅	
Do you (or proposed Insured Person) smoke <sup>3</sup> or have you (or proposed Insured Person) smoked <sup>3</sup> in the last one year <sup>#</sup> ? 你(或準受保人)有沒有吸煙 <sup>3</sup> 或在過去一年內曾否吸煙 <sup>3#</sup> ?	<input type="checkbox"/> Yes是 <input type="checkbox"/> No否
3 For the purpose of this question, the meaning of "smoking" includes but is not limited to cigarettes, cigars, tobacco pipes, chewing tobacco and the use of nicotine replacement products (such as e-cigarettes). 「吸煙」在此問題的含義包括但不限於香煙、雪茄、煙斗、嚼煙及使用尼古丁補充劑產品(例如電子煙)。 # Not required for proposed Insured Person below 18 years old. 18歲以下之準受保人無需填寫。	
1. In the last 3 years, have you (or proposed Insured Person) ever had or been advised to undergo investigations (such as blood or urine test, ECG, X-ray, ultrasound, CT scan, MRI, PET scan, HIV test, Hepatitis B test, Hepatitis C test)? 在過去三年內，你(或準受保人)是否曾接受或曾被建議接受檢查(例如驗血、驗尿、心电图、X光、超聲波、電腦掃描、磁力共振、正電子掃描、愛滋病測試、乙型肝炎測試、丙型肝炎測試)?	<input type="checkbox"/> Yes是 <input type="checkbox"/> No否
If the answer is "Yes", do your (or proposed Insured Person) investigation result(s) include the followings? 如果答案屬「是」，你(或準受保人)的檢查結果是否包括下列情況？	
(a) Abnormal test result is advised 檢驗結果異常	<input type="checkbox"/> Yes是 <input type="checkbox"/> No否
(b) You (or proposed Insured Person) are still awaiting test / test result 你(或準受保人)正等候檢驗或檢驗結果	<input type="checkbox"/> Yes是 <input type="checkbox"/> No否
(c) Medical advice has been sought or treatment is required for the test result (such as liver cyst / brain cyst / joint degeneration or calcification / lung or breast or thyroid calcification discovered on imaging test, that may not require immediate treatment) 就檢驗結果已尋求醫療意見或需要接受治療(例如一些未必需要即時治療的情況如肝囊腫/腦囊腫/關節退化或鈣化/於成像檢測中發現肺部或乳房或甲狀腺出現鈣化)	<input type="checkbox"/> Yes是 <input type="checkbox"/> No否
2. In the last 5 years, have you (or proposed Insured Person) been advised by your doctor to take any medications (such as to be taken daily / once per week / as needed as directed by doctor) for a continuous period of more than 1 month? 在過去五年內，你(或準受保人)是否曾被醫生建議定期(例如按醫生指示每日/每週一次/有需要時)服用為期超過一個月的處方藥物？	<input type="checkbox"/> Yes是 <input type="checkbox"/> No否
3. In the last 5 years, have you (or proposed Insured Person) been admitted into a hospital? 在過去五年內，你(或準受保人)是否曾入住醫院？	<input type="checkbox"/> Yes是 <input type="checkbox"/> No否

4. Have you (or proposed Insured Person) ever been diagnosed with any of the following diseases or medical conditions?  
 你(或準受保人) 是否曾被確診下列疾病或健康狀況?
- (a) Cancer or carcinoma in situ 癌症或原位癌  Yes是  No否
  - (b) Brain tumor 腦部腫瘤  Yes是  No否
  - (c) Heart disease 心臟疾病  Yes是  No否
  - (d) Stroke (including transient ischemic attack (TIA)) 中風 (包括短暫性腦缺血, 俗稱「小中風」)  Yes是  No否
  - (e) Prolapsed intervertebral disc or degenerative spine conditions 椎間盤突出或脊椎退化性疾病  Yes是  No否
  - (f) Diseases or medical conditions requiring a medical device or prosthesis to be implanted within the body 需要植入醫療儀器或義肢的疾病或健康狀況  Yes是  No否
  - (g) Mental health conditions (such as depression, anxiety, schizophrenia, eating disorders, or bipolar disorders) 精神健康狀況(例如抑鬱、焦慮、精神分裂、飲食失調或躁狂抑鬱症)  Yes是  No否
  - (h) Multiple sclerosis 多發性硬化症  Yes是  No否
  - (i) Congenital conditions (medical, physical or mental abnormalities that existed at the time of or before birth) 先天性疾病 (指於出生時或之前已存在的醫學、生理或精神上的異常)  Yes是  No否

5. Apart from anything you (or proposed Insured Person) have already disclosed in Questions 1 - 4, do you (or proposed Insured Person) have any of the following conditions?  Yes是  No否  
 除了你(或準受保人) 在第1至4項問題中已披露的資料外, 你(或準受保人) 是否有下列情況?
- In the last 6 months, you (or proposed Insured Person) had or have been required to have follow-up consultation with a healthcare professional (such as specialist doctor, physiotherapist, psychiatrist) for any medical condition or sign and symptom  
 在過去六個月內, 你(或準受保人) 有任何健康狀況或病徵及症狀曾經接受或需要接受專業醫護人員(例如專科醫生、物理治療師、精神科醫生) 的跟進診治

**Health Questionnaire - Section B 健康問卷 - 乙部**

If you answer Yes to any of the Questions 1-5 in Section A above, please provide additional information as applicable below.  
 如果你就以上甲部第1至5項任何一項問題之答案為「是」者, 請在以下適用的問題提供更多資料。

	Question No. 題號 _____ Medical condition 病症	Question No. 題號 _____ Medical condition 病症	Question No. 題號 _____ Medical condition 病症
1. Disease / medical condition / sign and symptom 疾病 / 健康狀況 / 病徵及症狀			
2. Date of first occurrence of sign and symptom 首次出現病徵及症狀的日期			
3a. Treatment / investigations / tests / scans that have been performed 已進行的治療 / 檢查 / 測試 / 掃描			
3b. Date of such treatment / investigation / tests / scan 有關治療 / 檢查 / 測試 / 掃描日期			
4. Present condition (such as whether fully recovered, follow up action / medication / next follow up date) 現況 (例如是否已完全康復、有否跟進 / 服用跟進藥物 / 下次覆診日期)			
5. Date of last follow-up medical consultation / treatment 最後覆診 / 治療日期			

If you have any medical reports or reports of investigations, please enclose them and put a tick in the box.  
 如果你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

The Policy Holder and the proposed Insured Person hereby declare that:

I apply for the health insurance plan (the "Plan") stated in this application form (the "Application"). If I am making an Application for a proposed Insured Person under the Age of 18, I have been duly authorised by the guardian of the proposed Insured Person to make this Application.

I confirm that I have selected this insurance plan of my own free will. I further confirm that the product features of the Plan were able to fulfil my/ proposed Insured Person's current medical protection needs, financial situation and premium affordability.

保單持有人和準受保人謹此聲明：

本人提出此申請表（「此申請」）中列明之醫療保障計劃（「計劃」）之申請。如準受保人年齡未滿18歲，本人已獲準受保人的監護人正式授權為準受保人提出此申請。

本人確認本人所選之保險計劃乃按照本人之獨立意願而決定。本人並確認計劃的產品內容符合本人/準受保人現時的醫療保障需求、財務狀況及保費承擔能力。

### Coverage and Pre-existing Conditions 保障及已有病症

I declare that, to the best of my knowledge and belief the information provided in this Application or in support of this Application (including to any Bupa appointed Medical Examiner) ("Information") is true, accurate and complete. I understand that (1) all Information forms the basis and becomes a part of the Policy; (2) failure to provide Bupa with full, complete and accurate Information may result in Bupa having the right to treat the Policy as if it had not existed, or refusing to pay all or part of a claim; and (3) failure to provide full, complete and accurate Information in respect of the Insured Person may affect the cover for that Insured Person.

I/we hereby explicitly consent to the receipt, transfer, and processing of my/our personal information (including sensitive personal information) in locations outside the People's Republic of China and/or the Macau Special Administrative Region, as applicable, for the purposes and to the types of transferees as set out in the Statement.

If I am making this Application on behalf of the proposed Insured Person under the Age of 18, all Information disclosed on behalf of the proposed Insured Person has been verified by me as true and correct. I acknowledge that the knowledge of proposed Insured Person is imputed to my knowledge.

I acknowledge that benefit is not payable under the Plan for any costs of treatment arising from any existing illnesses, injuries or other conditions which has been treated or diagnosed or manifested with signs and symptoms that should be reasonably aware before the Policy Effective Date of the Plan unless complete details are fully disclosed in this Application and accepted by Bupa. I understand that I am required to notify Bupa immediately if the health condition of the proposed Insured Person has changed at any time after the submission of this Application and before the issuance of the Policy (as according to the Policy Issuance Date).

In the event the pre-existing medical conditions have been disclosed in the Application and accepted by Bupa, Bupa may apply a Premium Loading to cover that specific condition(s) and the percentage of Premium Loading shall be notified to me in writing. Bupa may apply Case-based Exclusion(s) due to a pre-existing condition or any other factor that may affect the insurability of the proposed Insured Person.

I acknowledge that Bupa may terminate the cover for the proposed Insured Person with immediate effect if the law of the country in which the proposed Insured Person is located, or the proposed Insured Person's Place of Residence or nationality, including but not limited to USA and Japan, or any other law which applies to Bupa or the Contract, prohibits the provision of healthcare cover by Bupa to local nationals, residents or citizens. I further declare that the proposed Insured Person is not a US permanent resident. I understand that I am obliged to immediately notify Bupa in writing if the proposed Insured Person becomes a permanent resident of USA or has changed the Place of Residence or nationality during the Contract year. For the above purpose, 'permanent resident' shall mean a person residing in a country who is a citizen of or who is permitted under applicable laws to live and work, on a permanent basis, in that country.

本人聲明，就本人所知所信，本申請表上（包括向任何保柏委託的醫護人士）提供或予以支持有關申請的一切資料（「資料」），均屬屬真實、準確及完整。本人明白(1)所有資料將成為簽發保單的基礎並成為保單一部分；(2)如未有向保柏提供真實、準確及完整的資料，保柏有權將本人的保單視為不存在或拒絕支付全部或部分的索償；及(3)如未有為準受保人提供真實、準確及完整的資料，將會影響該準受保人之保障。

本人/我們特此明確同意，根據「個人資料收集聲明」所載的目的及資料承讓入，本人/我們的個人資料（包括敏感個人資料）可在中華人民共和國及/或澳門特別行政區以外地區接收、轉移、使用、儲存、處理、公開及分享（如適用）。

如本人代表年齡未滿18歲的準受保人提出此申請，所有代表準受保人透露的所有資料已經本人核實為真實及正確。本人確認準受保人所知之事被視為本人所知之事。

本人確認凡在保單生效日前因已接受治療或被確診或已察覺或理應察覺病徵或症狀的已有病症、損傷或其他病況而引致之醫療費用，除非本人在本申請表內已詳細列出並獲得保柏接納，有關費用一律不予賠償。本人明白如在提交本申請後和本計劃保單簽發前（以保單簽發日為準）的任何時間，準受保人的健康狀況有任何改變，本人需要立即通知保柏。如已有病症已於申請表內披露並獲得保柏接納承保，保柏會徵收附加保費以保障有關個別病況，將徵收的附加保費率將會以書面通知本人。保柏亦可按已有病症或任何其他影響準受保人可保性的因素而加設的個別不保項目。

本人確認如準受保人的所在國家或其居住地或國籍所屬國家的法律(包括但不限於美國和日本)或任何其他對保柏或本保單適用的法律禁止保柏向當地國民、居民或公民提供醫療保障，保柏可終止相關準受保人的保障並立即生效。本人此外聲明準受保人並非美國永久居民。本人明白如準受保人於合約年度期間成為美國永久居民或其居住地或國籍有所改變，本人有責任立即以書面通知保柏。「永久居民」指居於某國家並且身為該國公民或根據適用法律獲許在該國永久性居留及工作的人士。

### Personal Data and Information Disclosure 個人資料及資訊披露

I consent to Bupa using and disclosing the personal data provided in this Application and other personal data it collects about me, for the purposes set out in and in accordance with the Personal Information Collection Statement on the last page of this Application.

The Policy Holder further confirms to have obtained consent from the proposed Insured Person (or the guardian, if applicable) for me to provide Bupa, and for Bupa to provide me, with health and medical information and other personal data regarding the proposed Insured Person for the purposes of this Application, and the continuance of the Policy, including renewal.

I acknowledge that Bupa reserves the right to ask for submission of more details of health status or medical reports of the proposed Insured Person at my own cost. I also authorise any medical practitioner, hospital, clinic, by whom or where the proposed Insured Person has been observed or treated or any insurance company or organisation that has any records or health information concerning the proposed Insured Person for any reason, to give full particulars thereof including prior medical history to Bupa. A copy of this authorisation shall be considered as effective and valid as the original.

I acknowledge that Bupa has discretion to appoint Registered Medical Practitioners, Hospitals, Qualified Nurses, cancer centres, day-case centres, diabetic centres, wellness centres and other service providers to provide health and care services, credit facilities for Eligible Expenses and to do all things and acts incidental to such appointment for the proposed Insured Person. I acknowledge and agree that such appointment shall be made on such terms and conditions as Bupa shall think fit at its absolute discretion. Bupa shall not be liable for any claim whatsoever which may be made by me against any such service provider appointed by Bupa.

本人同意保柏可以使用並披露此申請表內或其他途徑所收集關於本人的個人資料，用作根據本申請表最後一頁的「個人資料收集聲明」內所陳述的用途。

保單持有人此外確認，本人已向準受保人（或其監護人，如適用）取得同意，本人可向保柏以及保柏可向本人於申請及延續（包括續保）此保單時提供有關準受保人的健康醫療資訊及其他個人資料。

本人確認保柏有權要求提供更多有關準受保人之健康狀況及醫療報告，一切費用由本人支付。本人並且授權任何為準受保人觀察或治療的醫生、醫院、診所，或持有準受保人健康或任何資料之保險公司或機構將準受保人之全部資料（包括病歷）呈交予保柏，本授權書之副本與正本具同等效力。

本人確認保柏可酌情委任註冊西醫、醫院、合資格護士、癌症中心、日症中心、糖尿病中心、保健中心及其他服務供應商以提供醫療服務、合資格醫療費用之墊支服務及有關該委任所需之服務予準受保人。本人確認並同意有關此委任之條款及細則決定乃基於保柏以其認為合適的情況下而作出。就準受保人向有關保柏所委任的服務供應商所作出之申索，保柏一概不會負責。

### Policy 保單

I agree to be bound by the terms and conditions of the Policy of this Plan, which will be provided to me if this Application is approved.

I acknowledge that the Policy shall be renewed automatically on a yearly basis unless it is not renewed by giving notice to Bupa or according to the terms of the Policy. I further authorise Bupa to deduct the premium payments from my designated bank account / credit card (where applicable) upon renewal. If I want to cancel the Policy in future, I will need to inform Bupa in writing at least 30 days before the renewal date.

本人同意遵守計劃保單之各條款及細則，該保單將會於此申請獲批後提供予本人。

本人明白除非收到本人給予保柏的通知不再續保或因根據保單條款規定，否則保單將會每年自動續保。本人並授權保柏在續保時於本人指定的銀行賬戶/信用卡(如適用)扣取保費。如本人將來想取消保單，須於續保日30天前以書面通知保柏。

(P.T.O.)

## Declaration and Authorisation (Cont.) 聲明及授權 (續)

### 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 understand, acknowledge and agree that, as a result of me 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 further understand that the above agreement is necessary for Bupa to proceed with the Application.

本人明白、確知及同意，保柏會就本人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。

本人亦明白保柏必須取得本人以上的同意，才可以處理其保險申請。

### Personal Information Collection Statement 個人資料收集聲明

By signing this application form, I confirm that I have read and understood the Personal Information Collection Statement ("Statement") in this application form. I have also brought the Statement to the attention of all proposed Insured Person(s)/ Member(s) (or their guardians if applicable) and confirmed the understanding and agreement to it. I/We consent to the transfer of my/our personal data within or outside of Hong Kong for the purposes and to the types of transferees as set out in the Statement. I/We have understood the Statement's effect in respect of my/our personal information collected or held by Bupa (Asia) Limited, including the use, storage, processing, transfer, disclosure and/ or sharing of part of or all of my/our personal information within the Group Companies in accordance with the Statement. The updated version of Statement is available for download from [www.bupa.com.hk](http://www.bupa.com.hk) or Bupa's mobile applications.

I/we hereby give explicit consent to the receipt, transfer, use, storage, processing, disclosure and sharing of my/our personal information (including sensitive personal information) in locations outside the People's Republic of China and/or the Macau Special Administrative Region, as applicable, for the purposes and to the types of transferees as set out in the Statement. 通過簽署本申請表，本人確認已細閱並明白本申請表所述的「個人資料收集聲明」。本人亦已促使準受保人/會員（或其監護人，如適用）留意「個人資料收集聲明」並確認明白及同意有關內容。本人/我們同意就「個人資料收集聲明」所述用途視乎情況提供本人/我們的個人資料至香港境內外予「個人資料收集聲明」所載的資料承讓人。本人/我們明白個人資料收集聲明對保柏（亞洲）有限公司收集或持有的本人/我們的個人資料的效力及影響，包括按照個人資料收集聲明使用、儲存、處理、轉移、公開或分享本人的部分或全部個人資料致任何集團公司之成員。該個人資料收集聲明最新的版本可於 [www.bupa.com.hk](http://www.bupa.com.hk) 或保柏應用程式下載。

本人/我們特此明確同意，根據「個人資料收集聲明」所載的目的及資料承讓人，本人/我們的個人資料（包括敏感個人資料）可在中華人民共和國及/或澳門特別行政區以外地區接收、轉移、使用、儲存、處理、公開及分享（如適用）。

### Use of Personal Information in Direct Marketing 在直接促銷中使用個人資料

With my/our consent, Bupa may use my/our personal data in direct marketing and provide my/our personal data to any member within the Group Companies and selected third parties, which may contact me/us with promotional material (including by email, SMS, mobile application, social media, instant messenger or other means that become available from time to time) as referred to in the section entitled "Use of Personal Information in Direct Marketing" in the Statement, including in relation to insurance (such as premium discounts), wellness, rewards, loyalty or privileges programmes and related products and services. I/we understand that I/we have the right to request Bupa to cease using my/our personal data for direct marketing purposes by emailing [customer-care@bupa.com.hk](mailto:customer-care@bupa.com.hk) or calling the Bupa Customer Care helpdesk on 2517 5333. Tick the box below if I/we wish to receive such direct marketing communications.

只有在本人/我們的同意下，保柏可使用不時向本人/我們收集的個人資料，包括本人/我們的姓名、聯絡方法、性別、健康及家庭狀況，並根據個人資料收集聲明第5段「在直接促銷中使用個人資料」所述，提供本人/我們的個人資料予任何集團公司成員、旗下品牌及/或所述的第三方，為本人/我們提供服務或產品有關的促銷信息包括保險（例如保費折扣）、健康、獎賞、會員忠誠或優惠計劃及其相關的產品及服務的市場推廣資訊（包括通過電郵、短訊、流動應用程式通知、社交媒體、即時通訊工具、或其他隨時可用的聯絡方法）。本人/我們明白有權透過聯絡保柏的客戶服務專線（電郵至 [customer-care@bupa.com.hk](mailto:customer-care@bupa.com.hk) 或致電 2517 5333），要求停止將本人/我們的個人資料用作直接市場推廣用途。如果本人/我們希望收到此類直接業務推廣通訊，請在以下空格填上(✓)號。

By checking this box, I/we wish my/our personal information to be used and disclosed by Bupa related to direct marketing purposes as set out above and in accordance with the Statement.

本人/我們在此空格填上(✓)號，以表示願意保柏使用及披露本人/我們個人資料用作根據個人資料收集聲明和以上所述之直銷業務推廣用途。

### Cancellation Rights and Refund of Premium(s) within Cooling-off Period 冷靜期內取消保單的權利及退還保費

I understand that I have the right to cancel the policy and obtain a refund of any premium(s) and levy paid by giving a written notice to Bupa (Asia) Limited. I understand that to exercise this right, the notice of cancellation must be signed by me and received directly by Bupa (Asia) Limited at 6/F, Tower 2, The Quayside, 77 Hoi Bun Road, Kwun Tong, Kowloon, Hong Kong within the cooling-off period. I understand that the cooling-off period is the period of 21 days immediately following either the day of delivery of the policy or the cooling-off notice to me or my nominated representative (whichever is the earlier). I understand that the cooling-off notice is a notice that will be sent to me or my nominated representative by Bupa (Asia) Limited to notify me of the cooling-off period around the time the policy is delivered.

本人明白本人有權以書面通知要求保柏（亞洲）有限公司取消保單並獲退還所有已繳保費及保費徵費。本人明白為行使這項權利，該取消保單的通知必須由本人簽署並由保柏（亞洲）有限公司在香港九龍觀塘海濱道77號海濱匯第2座6樓於冷靜期內直接收到。本人明白冷靜期為緊接保單或冷靜期通知書交付予本人或本人的指定代表之日起計的21天的期間（以較早者為準）。本人明白冷靜期通知書是由保柏（亞洲）有限公司在交付保單時致予本人或本人的指定代表的一份通知書，以就冷靜期一事通知本人。

I, as the Policy Holder, understand that I declare and sign on behalf of the proposed Insured Person listed in this Application under this Plan who is under the Age of 18. 本人茲申請為保單持有人，明白本人代表此計劃申請表內列出之18歲以下準受保人作出聲明及簽署。

I understand that no cover will be payable under the Policy unless and until all required documents are submitted and processed, this application is approved and the Premium is received by Bupa.

本人明白除非及直至此申請所需的文件已經交妥及處理，並且此申請已獲保柏接納及保柏已經收到所有保費後，此保單下的保障方能生效。

In the event of any inconsistency between the English and Chinese versions in this application form, the English version shall prevail.

如本申請表的英文版本與中文版本存有差異時，將以英文版本為準。

Policy Holder's Signature 保單持有人簽署          X (Full Name 姓名 )	Signed in Hong Kong on 於香港簽署之日期       DD 日 MM 月 YYYY 年	Proposed Insured Person's Signature (Age 18 years old or above) 準受保人簽署 (18歲或以上)       X (Full Name 姓名 )	Signed in Hong Kong on 於香港簽署之日期       DD 日 MM 月 YYYY 年
Agent's / Broker's / Telesales' Name (If applicable and must be completed by the Policy Holder) 代理人 / 經紀 / 營業代表姓名 (如適用及必須由保單持有人填寫)		Agent's / Broker's / Telesales' Contact Tel No. 代理人 / 經紀 / 營業代表聯絡電話號碼	
Agent's / Broker's / Telesales' Code 代理人 / 經紀 / 營業代表編號		Agent's / Broker's / Telesales' Email Address 代理人 / 經紀 / 營業代表電郵地址	

### Reminder 提醒你

To help us process your Application quickly, please ensure that you have:

- enclosed payment of the correct premium and levy and a copy of your HKID Card or Passport
- initialled any amendments on this application form

我們想更快地助你完成申請，因此請你在遞交申請表時謹記：

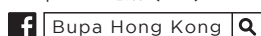
- 連同正確之保費及保費徵費與你的香港身份證或護照副本
- 於任何更改之處簽署作實

Bupa (Asia) Limited 保柏（亞洲）有限公司

Address: 6/F, Tower 2, The Quayside, 77 Hoi Bun Road, Kwun Tong, Kowloon, Hong Kong

地址: 香港九龍觀塘海濱道77號海濱匯第2座6樓

Telephone 電話: (852) 2517 5175 Facsimile 傳真: (852) 2548 1848 Website 網址: [www.bupa.com.hk](http://www.bupa.com.hk)



**Privacy Notice  
Relating to the Personal Data (Privacy) Ordinance (the “Ordinance”)**

**1. Introduction**

- 1.1. Your privacy and security of your personal information is important to Bupa. This Notice is prepared in accordance with the Ordinance and also operates as the Personal Information Collection Statement which we will provide, or make available, to you on or before the collection of your personal information by Bupa. When you become a Bupa customer, you agree that we will handle your personal information as described in this Notice. Please be aware that this Notice replaces any notice or statement of similar nature that may have been provided to you previously.
- 1.2. In this Notice, “we”, “us”, “our” and “Bupa” refers to Bupa (Asia) Limited and its affiliated entities (each a “Company”) including:
  - Horizon Health and Care Limited
  - Bluea (Asia) Services Limited
  - Quality Healthcare Group
- 1.3. For the purposes of this Notice, “Group Company” means the Company and its holding companies, branches, subsidiaries, representative offices and affiliates, wherever situated, and any one of them. Affiliates include branches, subsidiaries, representative offices and affiliates of the Company’s holding companies, wherever situated (collectively, the “Group”).
- 1.4. If you provide us with the personal information about other individuals, you confirm that you have their consent and let them know where they can find a copy of this Notice.
- 1.5. Bupa is working hard to become the world’s most customer-centric healthcare company. To do that, we provide more than just health insurance, we are developing programs and offering services which collectively look after our customer’s health. In any interaction with Bupa, you might deal with more than one Bupa company. Where necessary or appropriate, we will tell you when you are dealing with different Bupa companies.

**2. Personal Information We Collect**

- 2.1 From time to time, it is necessary for you, or other persons covered by your policy or subscription plan (each a “Member”), to supply the Company with certain personal information (including where relevant, credit information and claims history) when you interact with us, apply for and use our products and services.
- 2.2 **Failure to supply personal information requested by the Company may result in the Company being unable to process your application, request for information or services, enquiries and/or provide services or products to you, or the Member.**
- 2.3 The personal information we collect and/or hold from time to time may include your personal identification information, contact information, transaction records, financial background, medical and health records, biometric data and your location and activities when you access or browse our website(s) or use our mobile application(s) or portal(s) (including any diagnostic or health-monitoring tools thereon and the Bluetooth and/or wearable device that are used to collect data for the purposes of such tools).
- 2.4 We will always try to collect your personal information from you through the course of your relationship with us and in a range of ways. However, there may be instances where we will need to collect your personal information from third parties or sources in certain circumstances, such as a family member or someone else acting on your behalf, your employers, medical personnel, business/asset acquisition transactions of the Company, business partners, or public databases. Data may also be generated or combined with other information, available to the Company or any member of the Group Company.
- 2.5 If you are under the age of 18, you should obtain consent from your parent or guardian before you provide the Company with your personal information.
- 2.6 Storage of personal information may be in various forms including, physical (paper) form, digital customer systems or applications, data management software or systems in the usual course of business practices, depending on your engagement with the Company.
- 2.7 Separate privacy notices apply for recruitment or employment purposes.

**3. Purposes of Collection**

- 3.1 Your personal information collected may be used, stored, processed, transferred, disclosed or shared by the Company for the following purposes from time to time:
  - (a) processing, assessing and determining any applications for products and services;
  - (b) 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 benefits or membership;
  - (c) registering you, or the Member, as a user or a member of services or information provided or to be provided by us on the website(s), mobile application(s) or portal(s) managed and/or operated by us;
  - (d) coordinating your care, or the Members’, within Group Companies to achieve better health management outcomes;
  - (e) 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;
  - (f) 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, automated decision-making processes, including profiling, for risk assessment and claims management, research, data analytics, statistical analysis, and reinsurance arrangements;
  - (g) providing you with personalised health information and information about our services or products, and personalised website, mobile application or portal interface;
  - (h) providing you with appropriate health, product administration, wellness or other related services (including, without limitation, e-ticketing, appointment booking and clinic / medical professional search and service and product redemption functions on the website(s), mobile application(s) or portal(s)) managed and/or operated by us) or products;
  - (i) communicating with you regarding the administration, features and renewal of your policy, subscription plan, membership or any other service plan that you subscribe to;
  - (j) operating, maintaining, evaluating, improving, troubleshooting problems, and understanding your preference(s) with our website(s), mobile application(s) or portal(s);
  - (k) provision and design of products and services of the Company;
  - (l) exercising the Company’s rights in connection with provision of any 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;
  - (m) 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 Notice;
  - (n) with your consent, marketing services, products and other subjects by us, any member and/or brand of the Group Companies (such as Quality HealthCare Group and/or our affiliates) and/or other third parties (please see further details in **paragraph 5** below);
  - (o) managing our relationship with you, our business and organisations who work with us in relation to providing our products or services to you, or the Member (including, with limitation, futures changes to this Notice);
  - (p) 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;
  - (q) making disclosure to satisfy the requirements of any laws, rules and regulations, codes of practice, guidance notes or guidelines binding on the Company; and
  - (r) fulfilling any other purposes directly related to (a) to (q) above.

**4. Transfer of Personal Information**

- 4.1 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 of the People’s Republic of China, for the purposes specified in **paragraph 3** to the following classes of transferees:
  - (a) any member and/or brand of the Group Companies;
  - (b) any insurance adjusters, agents and brokers;
  - (c) any re-insurance companies authorised by the Company;
  - (d) any relevant policyholders or main member of the subscription plan (including your employer and the relevant employee enrolling the dependant under a group plan);
  - (e) any funders who arrange products or services on your behalf;
  - (f) any payment recipients, or anyone whose data is provided for receiving benefits under the plan or otherwise;
  - (g) healthcare professionals and hospitals;
  - (h) any third parties engaged in connection with a member of the Group Company’s business who provides medical, health, insurance, wellness or other related services or products;
  - (i) any agent, contractor or third party service providers who provide administrative, telecommunications, computer, payment, data processing, storage of analytics, cloud, printing, research, advertising, distribution 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 (including the Hong Kong Federation of Insurers or any similar insurance industry bodies); 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);
  - (j) with your consent, third parties (within or outside the Group Companies) in relation to direct marketing (please see further details in **paragraph 5** below);
  - (k) third party reward, loyalty, co-branding and privileges programme providers and co-branding partners of a member of the Group Companies;
  - (l) financial institutions engaged by the Company or you for billing and payment purposes;
  - (m) any actual or proposed assignee, transferee, participant or sub-participant of all or a substantial part of the Company’s rights or business; and
  - (n) 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.
- 4.2 We will only disclose personal information limited to that which is necessary to the above parties for the relevant purposes, who may process (including, without limitation, by recording, organising, structuring, storing, adapting, altering, retrieving, using, aligning, combining or erasing) your personal information for the relevant purposes set out in **paragraph 3** above.
- 4.3 In the event that we complete the acquisition of a new business or brand, we shall communicate with you through the communication channels you provided to us, and any personal information shall be treated in accordance with this Notice if it is practicable and permissible to do so.

**5. Use of Personal Information in Direct Marketing**

- 5.1 Only with your consent (which includes an indication of no objection), the Company, any member and/or brand of the Group Companies and/or the third parties stated under paragraphs 3.1 (n) and 5.2 (b) to (e) may use your personal information (including your name, contact details, products and services portfolio, transaction pattern and behaviour) collected from time to time to provide you with marketing communications (including by email, SMS, mobile application, social media, instant messenger or other means that become available from time to time) relating to the following products and services:
- (a) insurance, medical, dental, healthcare, wellness, personal development, beauty, sporting activities and membership, lifestyle, entertainment, financial, and related services and products;
  - (b) rewards, benefits, discounts, member activities, loyalty or privileges programmes and related services and products;
  - (c) services and products offered by the Company's co-branding partners; and
  - (d) donations and contributions for charitable and/or non-profit making purposes.
- 5.2 The above services, products and subjects may be provided or (in the case of donations and contributions) solicited by the Company and/or:
- (a) any member and/or brand of the Group Companies;
  - (b) third party service providers;
  - (c) third party reward, loyalty, co-branding or privileges programme providers;
  - (d) co-branding partners of a member of the Group Companies; and
  - (e) charitable or non-profit making organisations.
- 5.3 We will not use your personal information for direct marketing purposes unless we have received your consent. For the avoidance of doubt, the latest instruction (for example, consent or indication of no objection, or request for opt-out) received from you shall override any previous instruction given to the Company in this regard in relation to all of your personal information collected or held by the Company from time to time.
- 5.4 If you choose to personalise your services where such options are available, we will use personal information that we collect so that we can offer you those personalised services or communications. If you do not wish to accept those personalised services or communications, you can unsubscribe from those services at any time and we will cease to offer such services to you.
- 5.5 For the avoidance of doubt, whether or not you consent to receive marketing communications of the type described in this **paragraph 5**, the Company may still communicate with you regarding the administration, features and renewal of your service plan.

**6. Security and Retention**

- 6.1 The Company retains your personal information for as long as necessary for the purposes set out in this Notice, or otherwise agreed between you and us, unless otherwise required or permitted under applicable law.
- 6.2 Where the Company no longer requires your personal information for the purposes under this Notice, or otherwise required under law, we will take appropriate steps to securely delete or destroy your personal information.
- 6.3 We will take all practicable steps to protect your personal information against unauthorised or accidental access, processing, erasure, loss or use. This includes implementing a range of digital and physical security measures. In addition, we will restrict access to your personal information to those properly authorised to have access.
- 6.4 When you use our sites, we and third-party companies collect information by using cookies and other technologies such as pixel tags (for simplicity we refer to all such technologies as "cookies"). The updated version of the Cookies Policy is available for download from our website: [www.bupa.com.hk](http://www.bupa.com.hk) and is available upon request.
- 6.5 Our websites, mobile applications or portals may incorporate the software development toolkit ("SDK") provided by technology partners. We conduct security assessments on these third parties and the deployed SDK to protect your personal information. If you choose not to agree to the SDK service providers, certain services may not be accessible, but you can still access other digital services. Please visit our corporate website for the latest list of the SDK service providers.
- 6.6 Our online portals may have links to other external websites over which we do not have control. You are advised to refer to the privacy policies of these websites for more information.

**7. Data Access and Correction**

- 7.1 Under and in accordance with the terms of the Ordinance, you have the following rights to:
- (a) check whether the Company holds personal information relating to you or the Member and to access such personal information;
  - (b) require the Company to correct any personal information relating to you or the Member which is inaccurate;
  - (c) ascertain our policies and practices in relation to personal data and to be informed of the kind of personal data held by the Company;
  - (d) request the Company to cease using your personal information for direct marketing purposes; and
  - (e) change your preference in respect of our use of your personal information.
- 7.2 Requests can be made in writing to the Company's Data Protection Officer at the following address:  
Data Privacy Officer/ Customer Service Manager  
6/F, Tower 2, The Quayside, 77 Hoi Bun Road, Kwun Tong, Kowloon, Hong Kong  
Or, by email:
- Bupa (Asia) Limited: [customercare@bupa.com.hk](mailto:customercare@bupa.com.hk)
  - Horizon Health & Care Limited: [cs@bluahealth.com.hk](mailto:cs@bluahealth.com.hk)
  - Blua (Asia) Services Limited: [hkprivacy@bupa.com.hk](mailto:hkprivacy@bupa.com.hk)
  - Quality Healthcare Group: [info@qhms.com](mailto:info@qhms.com)

8. 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.

9. Nothing in this Notice shall limit the rights of customers under the Ordinance.

10. In the event of any inconsistency between the English and Chinese versions of this Notice, the English version shall prevail. This Notice may be amended by the Company from time to time. You may access and obtain a copy of this Notice, as amended from time to time, at [www.bupa.com.hk](http://www.bupa.com.hk).

**有關個人資料 (私隱) 條例 (「條例」) 之私隱通知**

**1. 簡介**

- 1.1 保柏十分重視您的個人資料的私隱及安全。本私隱通知按照條例所編製和作為收集個人資料聲明，我們將在保柏收集您的個人資料時或之前向您提供或可供查閱。當您成為保柏的客戶時，即表示您同意我們依照本私隱通知所述處理您的個人資料。請注意，本私隱通知取代之前可能已提供給您的任何類似性質的私隱通知或聲明。
- 1.2 就本私隱通知中，「我們」、「我們的」及「保柏」是指保柏 (亞洲) 有限公司及其關聯公司 (每一家為「本公司」)，包括：
  - Horizon Health and Care Limited
  - Blua (Asia) Services Limited
  - 卓健醫療集團
- 1.3 就本私隱通知而言，「集團公司」是指本公司及其母公司、分行、子公司、代表處及關聯公司，無論其位於何處，以及其中的任何一家。關聯公司包括母公司的分行、子公司、代表處及關聯公司，無論其位於何處 (統稱為「本集團」)。
- 1.4 如果您向我們提供其他人的個人資料，您確認已獲得他們的同意，並已告知他們本私隱通知。
- 1.5 保柏正努力成為全球最以客户為中心的醫療保險保健公司。為了實現這一目標，我們提供的不僅僅是醫療保險，還設計了多項計劃並提供各類服務，全面照顧我們客戶的健康。當您與保柏互動時，可能會與多家保柏旗下公司接觸。當必要或適當時，我們會告知您正在與哪一家保柏公司進行聯繫。

**2. 我們收集的個人資料**

- 2.1 當與本公司進行聯繫、或申請及使用我們的產品及服務時，您、保單或通行證中的其他會員 (每位「會員」) 必須不時向本公司提供您或會員的個人資料 (包括信用資料和以往索賠記錄，如適用)。
- 2.2 如您未能提供本公司所要求的個人資料，本公司可能無法處理您的申請及/或向您或會員提供產品、服務或其他相關服務。
- 2.3 我們不時收集及/或持有的個人資料可能包括您的個人身份證明資料、聯絡資料、交易記錄、財務背景、醫療及健康記錄、生物辨識資料及您在訪問或瀏覽我們的網站或使用我們的流動應用程式或門戶平台時的位置及活動 (包括其上的任何診斷或健康監測工具及此類工具用於收集數據的藍牙及/或可穿戴設備)。
- 2.4 在您與我們的互動關係過程中，我們可通過多種方式從您那裡收集您的個人資料。但是，在某些情況下，我們可能需要從第三方或來源收集您的個人資料，例如代表您的家庭成員或其他人、您的僱主、醫務人員、本公司的業務/資產收購交易、業務合作夥伴或公共數據庫。資料亦可能與本公司或任何本集團成員可獲取的其他資料組合或產生。
- 2.5 如您未滿18歲，您向本公司提供您的個人資料前，應徵得您父母或監護人的同意。
- 2.6 根據您與我們的互動關係，個人資料的存儲可以採用不同形式，包括實體 (紙張) 形式、數碼化客戶系統或應用程式、日常業務實踐過程中的數據管理軟件或系統等。
- 2.7 本私隱通知不適用於我們為招聘或就業相關目的。

**3. 收集個人資料之目的**

- 3.1 本公司將就以下目的不時使用、儲存、處理、轉移、公開或分享您的個人資料：
  - (a) 處理、評估、決定任何產品及服務之申請；
  - (b) 為您或會員提供產品及服務及處理您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會員會籍；
  - (c) 登記您或為由我們管理及/或營運之網站、流動應用程式或門戶平台的用戶或其提供或將提供的資訊或服務的會員；
  - (d) 在本集團公司旗下協調您或會員的護理，實現更好的健康管理結果；
  - (e) 任何有關您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；
  - (f) 執行與本公司提供的服務或產品有關的任何功能及活動，包括但不限於審計、匯報、市場研究、一般服務、在線及其他服務的維護、身份核實、資料核對、風險評估和索償管理的自動化決策過程 (包括分析、研究、數據分析、統計分析及再保險之安排)；
  - (g) 向您提供個人化的健康資訊及有關我們的產品或服務的資訊，及個人化的網站、流動應用程式或門戶平台介紹；
  - (h) 向您提供適合的健康、產品管理、保健或其他相關服務 (包括但不限於電子票務、預約及診所/醫療專業人員搜索，以及我們管理及/或營運之網站、流動應用程式或門戶平台上的服務及產品兌換功能) 或產品；
  - (i) 就您的保險計劃、通行證、會員會籍、或其他服務計劃的管理、保障及續約事項與您溝通；
  - (j) 就我們的網站、流動應用程式或門戶平台進行營運、維護、評估、改善、問題排解，以及瞭解您的偏好；
  - (k) 提供及設計本公司的產品及服務；
  - (l) 行使本公司向您或會員提供產品和服務時有關的權利，例如釐定您拖欠的任何款項的金額，及向您或任何已為您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；
  - (m) 就本私隱通知中所述的任何用途與您或會員 (或與代表會員的您) 聯絡；
  - (n) 在您同意的情况下促銷我們、任何集團公司成員及/或旗下品牌 (例如卓健醫療集團及/或我們的關聯公司) 及/或第三方的服務、產品及其他主題 (詳情請參閱下文第5段)；
  - (o) 管理我們與您、我們的業務及與我們合作向您或會員提供產品或服務的組織之關係 (包括但不限於通知本私隱通知的未來變更)；
  - (p) 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；
  - (q) 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；及
  - (r) 達到與上述 (a) 至 (q) 直接有關的其他目的。

**4. 個人資料的轉移**

- 4.1 本公司所收集或持有與您或會員有關的個人資料將會保密，但本公司可在中華人民共和國香港特別行政區境內或境外，為上文第3段規定的目的，將這些個人資料轉移予下列類別的承轉人：
  - (a) 本公司的集團公司成員及旗下品牌；
  - (b) 任何由本公司授權的保險理算人、代理及經紀；
  - (c) 任何由本公司授權的再保險公司；
  - (d) 任何相關的保單持有人或通行證的主要成員 (包括您的僱主及在團體計劃下為家屬投保的相關僱員)；
  - (e) 任何代表您安排產品或服務的資助者；
  - (f) 任何收款人，或任何為收取賠償或為其他目的而資料被提供的人；
  - (g) 醫護專業人員及醫院；
  - (h) 任何就集團公司的業務被聘用提供醫療、健康、保險、保健或其他相關服務或產品的第三方；
  - (i) 任何代理人、承包商或其他就本公司之業務運作，向本公司提供行政、電訊、電腦、付款、資料處理、數據儲存及分析、雲端、印刷、廣告、研究、分銷或其他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 (包括香港保險業協會或任何類似的保險業組織)、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)；
  - (j) 在您的同意下，任何參與直接促銷的第三方 (無論在集團公司內或外) (詳情請參閱下文第5段)；
  - (k) 獎賞、會員忠誠、品牌合作或優惠計劃之第三方供應商，及集團公司成員；
  - (l) 本公司或您為處理帳單及付款之目的而聘用的金融機構；
  - (m) 任何本公司全部或重要部分權益或業務的任何實際或建議承讓人、受讓人、參與人或附屬參與人；及
  - (n) 為遵守任何對本公司有約束力的法律、規則、規例、實務守則、指引資料或指引而有義務向其作出披露的任何人士，包括但不限於任何適用的監管機構、政府部門、受認證的行業組織、法院或其他法律規定的機構。
- 4.2 我們只會向上述各方披露僅限於該相關目的必需的個人資料，他們可按上文第3段所述的相關目的處理 (包括但不限於記錄、組織、構建、儲存、調整、修改、檢索、使用、達到一致、合併或刪除) 您的個人資料。
- 4.3 假若我們完成收購新公司或品牌的業務，我們會透過您提供給我們的通訊渠道向您溝通，而任何我們在得到您同意下獲取的個人資料將會在可行或許可的情況下跟據本私隱通知被處理。

**5. 在直接促銷中使用個人資料**

- 5.1 只有在您的同意下 (包括不反對的表示)，本公司、任何集團公司成員、旗下品牌及/或第3.1 (n) 項及第5.2 (b) 至 (e) 項所述的第三方可使用不時向您收集的個人資料 (包括姓名、聯絡資料、產品及服務組合資料、交易模式及行為)，為您提供與下列服務或產品有關的促銷信息 (包括通過電郵、短訊、流動應用程式通知、社交媒體、即時通訊工具、或其他隨時可用的聯絡方法)：
  - (a) 保險、醫療、牙科、康復、健康、個人發展、美容、體育運動及會員服務、生活時尚、娛樂、金融及相關服務及產品；
  - (b) 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；
  - (c) 本公司的品牌合作夥伴提供的服務及產品；及
  - (d) 為慈善及/或非牟利用途的捐款及捐贈。
- 5.2 上述服務、產品及主題可能由本公司及/或下列人士提供或 (在捐款及捐贈的情況下) 徵集：
  - (a) 任何集團公司成員及/或旗下品牌；
  - (b) 第三方服務供應商；
  - (c) 獎賞、會員忠誠、品牌合作或優惠計劃之第三方供應商；
  - (d) 集團公司成員的品牌合作夥伴；及
  - (e) 慈善或非牟利機構。
- 5.3 除非我們已取得您的同意，否則本公司不會使用您的個人資料作直接促銷用途。為免生疑問，就本公司不時收集或持有的所有您的個人資料，本公司將會以從您收到的最新指示 (例如同意或不反對的指示，或提出反對要求) 為準。
- 5.4 如果我們有提供服務個人化的選項時，而您選擇將您的服務個人化，我們將使用向您收集的個人資料為您提供這些個人化的服務或通訊。如果您不希望接受這些個人化的服務或通訊，您可以隨時取消訂閱這些服務，我們將停止向您提供這些服務。
- 5.5 為避免有疑慮，不論您是否同意接收以上第五段所述的市場推廣資訊類別，本公司仍然可能就您服務計劃相關的行政、保障及續保事宜與您聯絡。

**6. 個人資料的安全及保留**

- 6.1 除非相關法律另有要求或批准，本公司會保留您的個人資料以達到本私隱通知所列所需的目的為止，或根據你與我們的另行協議保留您的個人資料。
- 6.2 如果本公司不再需要您的個人資料以用於本私隱通知規定的目的，或法律規定的其他目的，我們將採取適當的步驟，安全地刪除或銷毀您的個人資料。
- 6.3 本公司會採取一切可行措施安全存儲和保護您的個人資料，避免未經授權或意外的存取、處理、刪除、遺失或使用。這包括實施一系列安全措施。此外，我們會將對您的個人資料的訪問權限，限制為獲得適當授權的人員。
- 6.4 當您瀏覽我們的網站時，我們和我們合作的第三方公司通過使用 cookies 和其他技術 (如像素標籤 - pixel tag) 收集信息 (為簡單起見，我們將所有此類技術稱為「cookies」)。Cookies 政策的更新版本可從我們的網站www.bupa.com.hk下載，並應要求提供。
- 6.5 我們的網站、流動應用程式或門戶平台介面可能會包含科技合作夥伴所提供的軟件服務工具包 (「SDK」)。我們會對這些第三方及所使用的SDK進行安全評估，以保障您的個人資料安全。如果您選擇不同意SDK服務供應商，您可能無法使用某些服務，但您仍然可以使用其他數碼服務。請瀏覽我們的公司網站以獲取最新的SDK服務供應商名單。
- 6.6 我們的平台介面可能載有第三方網站的連結，我們對該等其他網站並無控制權。我們建議細閱該等網站的私隱聲明。

7. 查閱及更改個人資料

7.1 根據有關條例中的條款，您有權：

- (a) 查詢本公司是否持有與您或會員相關的個人資料，並查閱該等資料；
- (b) 要求本公司更正任何有關您或會員的不準確的個人資料；
- (c) 查明本公司對於個人資料的政策及處理方法及獲告知本公司持有的個人資料類別；
- (d) 要求本公司停止將您的個人資料作直接市場推廣用途；及
- (e) 更改您對我們使用您的個人資料的偏好。

7.2 如您需行使上述權利，請以書面形式將您的要求：

郵寄：香港九龍觀塘海濱道77號海濱匯第2座6樓

保障資料主任/客戶服務經理

或電郵：

- 保柏（亞洲）有限公司: [customercare@bupa.com.hk](mailto:customercare@bupa.com.hk)
- Horizon Health and Care Limited: [cs@bluahealth.com.hk](mailto:cs@bluahealth.com.hk)
- Blua (Asia) Services Limited: [hkprivacy@bupa.com.hk](mailto:hkprivacy@bupa.com.hk)
- 卓健醫療集團: [info@qhms.com](mailto:info@qhms.com)

8. 根據有關條例之條款，本公司有權就處理您的查閱或更改的資料要求收取合理費用。

9. 本私隱通知不會限制您在條例下所享有的權利。

10. 如本私隱通知的英文版本與中文版本存有差異時，將以英文版本為準。本私隱通知會被本公司不時修訂。您可於[www.bupa.com.hk](http://www.bupa.com.hk) 閱覽及取得不時修訂的本私隱通知。

# Bupa Care Bridge Health Insurance Scheme Credit Card Authorisation Form

## 保柏連繫醫療保障計劃信用卡付款授權書



Policy Holder's Name 保單持有人姓名

Surname

姓


Given Name

名

If credit card payment is chosen as the payment method, please complete this form, sign where marked "X" and return this form to Bupa by mail or by fax. If you have faxed this form to Bupa, please do not return it to us by mail again.

若選擇以信用卡付款，請填妥此表格及簽署於「X」位置，並交回保柏。若你已傳真此表格給我們，請無須寄回此表格。

Visa 

Mastercard 

Cardholder's Name 持卡人姓名

HKID Card No. 香港身份證號碼

Credit Card Account No. 信用卡戶口號碼

Credit Card  
Expiry Date  
信用卡到期日

MM月 YY年

I acknowledge that the Policy shall be renewed automatically on a yearly basis unless it is not renewed by giving notice to Bupa or according to the terms of the Policy. I hereby authorise and direct Bupa (Asia) Limited to automatically debit the premium and levy due from my credit card account on an annual / monthly basis until further notice.

本人明白除非收到本人給予保柏的通知不再續保或因根據保單條款規定，否則保單將會每年自動續保。本人茲授權保柏(亞洲)有限公司自動從本人的信用卡戶口每年/每月支付應繳保費及保費徵費金額，直至另行通知。

If the Cardholder is not the Policy Holder/Insured Person\*, please fill in the following information. 若信用卡持有人並非保單持有人/受保人\*，請填寫以下資料。

Relationship with the Policy Holder/Insured Person\* 與保單持有人/受保人\*關係

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

I hereby confirm to pay the premium and levy due of Bupa Care Bridge Health Insurance Scheme for the Policy Holder as listed in this form.

本人同意及承擔列於此表格上的保單持有人之全數應繳之保柏連繫醫療保障計劃保費及保費徵費金額。

Cardholder's Signature 持卡人簽署

Contact Phone No. 聯絡電話號碼

Date 日期

X

DD日 MM月 YYYY年

\*Please delete if inappropriate 請刪除不適用者

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# Bupa Care Bridge Health Insurance Scheme Direct Debit Authorisation Form

## 保柏連繫醫療保障計劃直接付款授權書



Policy Holder's Name 保單持有人姓名

Surname

姓

Given Name

名

If autopay is chosen as the payment method, please complete this form, sign where marked "X" and return the original copy to Bupa with a cheque for the premium and levy amount. 若選擇以自動轉賬付款，請填妥此表格及簽署於「X」位置，並連同此表格正本及繳付保費及保費徵費金額的支票交回保柏。

I acknowledge that the Policy shall be renewed automatically on a yearly basis unless it is not renewed by giving notice to Bupa or according to the terms of the Policy. I hereby authorise and direct Bupa (Asia) Limited to automatically debit the premium and levy due from my account on an annual / monthly basis until further notice. 本人明白除非收到本人給予保柏的通知不再續保或因根據保單條款規定，否則保單將會每年自動續保。本人茲授權保柏(亞洲)有限公司自動從本人的戶口每年/每月支付應繳保費及保費徵費金額，直至另行通知。

Name of party to be credited (The beneficiary)

收款之一方 (受益人)

**BUPA (ASIA) LIMITED**

Bank No.

銀行編號

Branch No.

分行編號

Account No.

收款戶口號碼

**0 2 4 7 8 7 6 2 1 7 8 8 0 0 1**

I/We hereby authorise my/our above-named bank (the "Bank") to effect transfer from my/our above-mentioned account to the above-named beneficiary in accordance with such instructions as the Bank may receive from the beneficiary from time to time, provided always that the amount of any one such transfer shall not exceed the limit indicated above (if applicable).

本人(等)現授權上述之銀行(「該銀行」)，根據收款人不時給予該銀行之指示，自本人(等)上述戶口轉賬予收款人。但每次轉賬金額不得超過以上指定之限額(如適用)。

I/We agree that the Bank shall not be obliged to ascertain whether or not notice of any such transfer has been given to me/us.

本人(等)同意該銀行毋須證實該等轉賬是否已通知本人(等)。

I/We jointly and severally accept full responsibility for any overdraft (or increase in existing overdraft) on my/our above-mentioned account which may arise as a result of any such transfer(s).

如因該等轉賬而令本人(等)之上述戶口出現透支(或令現時之透支增加)，本人(等)會共同及各別承擔全部責任。

I/We confirm that my/our signature(s) on this authorisation is/are the same as filed with the Bank for the operation of my/our above-mentioned account to be debited for the transfer.

本人(等)確證在本授權書內之簽名，與本人(等)上述戶口於該銀行簽署紀錄完全相同。

I/We agree that should there be insufficient funds in my/our above-mentioned account to meet any transfer hereby authorised, the Bank shall be entitled, at its discretion, not to effect such transfer in which event the Bank may make the usual service charge to be paid by me/us.

本人(等)同意如上述戶口並無足夠款項支付有關轉賬，該銀行有權不予辦理且可收取有關之手續費用，該等費用一概由本人(等)支付。

I/We agree that any notice of cancellation or variation of this authorisation which I/we may give to the Bank shall be given at least two working days prior to the date on which such cancellation or variation is to take effect.

本人(等)同意取消或更改本授權書之任何通知，須於取消或更改生效日最少兩個工作日之前交予該銀行。

This authorisation shall have effect until further notice or until the above given expiry date (whichever first occurs).

本授權書將繼續生效直至另行通知為止或直至上列到期日為止(以兩者中最早之日期為準)。

My / Our Bank and Branch Name

本人 / 吾等之銀行及分行名稱

Bank No.

銀行編號

Branch Code

分行編號

My / Our Account No.

本人 / 吾等之戶口號碼

My / Our name as recorded on Statement / Passbook 本人 / 吾等在結單 / 存摺上之姓名

HKID Card No. /  
Passport No.  
香港身份證號碼 /  
護照號碼

My / Our signature(s) 本人 / 吾等之簽署

X

Date of signing 簽署日期

DD 日 MM 月 YYYY 年

My / Our address as recorded on Statement / Passbook 本人 / 吾等在結單 / 存摺上之地址

Debtor's Name (If other than account holder) 債務人之姓名 (若非戶口持有人)

Insured Person's Policy No. (Debtor's Reference) 受保人保單號碼(債務人備註)

If the account holder is not the Policy Holder / Insured Person\*, please fill in the following information. 若戶口持有人並非保單持有人/受保人\*，請填寫以下資料。

Relationship with the Policy Holder/Insured Person\* 與保單持有人/受保人\*關係

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

For bank use only  
銀行專用

Signature Verified  
核實簽署

Notes: 1. The box marked "Insured Person's Policy No." is to be completed by Bupa.  
2. The signature on this authorisation form must be the same as the signature of your Bank Account.  
\* Please delete if inappropriate

附註: 1. 受保人保單號碼一欄由保柏填寫。  
2. 在此授權書內之簽署模式必須與閣下之銀行戶口內之簽署相符。  
\* 請刪除不適用者

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