

Bupa Civil Servants Health Insurance Scheme Application Form

保柏公務員醫療保障計劃申請表



To ensure your cover can take effect on the first day of the following month, please send us the completed application form at least 5 working days prior to the end of the month.

如欲合約在下月一號生效，請將填妥的申請表於月底前最少5個工作天寄回保柏。

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	_____		
	Effective Date : 生效日期	DD 日	MM 月	YYYY 年

Personal Details of Applicant 申請人資料 (Applicant must be aged 18 or above 申請人年齡必須為18歲或以上)

You are a 您是 civil servant 公務員 non-civil service contract staff 非公務員合約僱員 staff of the Legislative Council Secretariat 立法會秘書處職員

Title 稱謂 Name of Applicant (same as HKID Card) 申請人姓名 (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. 香港身份證號碼 / 護照號碼 _____ Sex 性別 M 男 F 女 Date of Birth 出生日期 _____
DD 日 MM 月 YYYY 年

(Optional 可選擇填寫)

Height 身高 _____ m 米 cm 厘米 / ft 尺 in 吋 Weight 體重 _____ kg 公斤 / lb 磅 Smoker 吸煙者 Yes 是 No 否

Contact Details of Applicant 申請人聯絡資料

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

_____ HK 香港 Kln 九龍 NT 新界

District 地區

Email Address# 電郵地址#

Contact No. 聯絡電話

Fax No. 傳真號碼

Mobile No. 流動電話號碼

Country of Residence 居住國家^
(If not in Hong Kong 如非香港)

* P. O. Box, hotel address and overseas address are not acceptable. 郵政信箱、酒店地址及海外地址恕不接納。

You can access our e-Services through **myBupa**, our online and mobile platform, to view and download some of your policy-related documents. To access these e-documents**, you are required to register for a **myBupa** account and provide an email address where you will receive email notifications when a document is ready for you to access from your **myBupa** account. You will no longer receive hard copy of these documents by post.

If you wish to receive a hard copy of all documents by post, please tick the box below. If you do not tick the box, we will consider that you have agreed to register for and use **myBupa** to access these e-documents.

I request to receive hard copy of all documents by post.

Please refer to <https://www.bupa.com.hk/en/customer-care/mybupa/> for the latest list of e-documents available on **myBupa. This list is subject to change.

您可透過 **myBupa** 網上及手機的電子服務查閱及下載與您保單相關的部分文件。要查閱這些電子文件**，您須登記 **myBupa** 帳戶，並提供電郵地址。當文件已上載於您的 **myBupa** 帳戶後，您便會收到電郵通知。您將不會以郵寄方式收到這些保單文件的印刷本。

如您想以郵寄方式收取所有文件的印刷本，請於以下方格內加上剔號。如您沒有剔選以下方格，我們將認為您已同意登記及使用 **myBupa** 以瀏覽這些電子文件。

我要求以郵寄方式收取所有文件的印刷本。

有關上載於 **myBupa 的最新電子文件清單，請參考 <https://www.bupa.com.hk/tc/customer-care/mybupa/>，此清單會不時更改。

^ Unless otherwise specified by Member in writing, Inter Partner Assistance Hong Kong Limited will consider Hong Kong as the Country of Residence of all Members and repatriate relevant Members to Hong Kong when Medically Necessary.

除非會員特別以書面通知，國際救援（亞洲）有限公司將設定香港為所有會員之居住國家，於有醫療需要時送返有關會員回香港。



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Details of Proposed Member(s) 準會員資料

<input type="checkbox"/> Myself 本人	(Details as page 1 資料如同第一頁)
<input type="checkbox"/> Spouse 配偶	(must be aged 18 to 64. 年齡必須介乎18至64歲。)
Spouse's Name (same as HKID Card) 配偶姓名 (與香港身份證相同)	
Surname 姓 _____	
Given Name 名 _____	
HKID Card No. 香港身份證號碼 _____	Sex 性別 <input type="checkbox"/> M 男 <input type="checkbox"/> F 女
Date of Birth 出生日期 _____ DD 日 _____ MM 月 _____ YYYY 年	
Height 身高 _____ m 米 _____ cm 厘米/ _____ ft 尺 _____ in 吋	Weight 體重 _____ kg 公斤/ _____ lb 磅
Smoker 吸煙者 <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否	
Country of Residence 居住國家^ _____ (If not in Hong Kong 如非香港)	

<input type="checkbox"/> Child 子女 1	(unmarried children must be aged below 18 or below 25 if in full-time education. 未婚子女年齡必須為18歲以下或25歲以下之全日制學生。)
Child's Name (same as HKID Card/Birth Certificate) 子女姓名 (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 _____	Sex 性別 <input type="checkbox"/> M 男 <input type="checkbox"/> F 女
Date of Birth 出生日期 _____ DD 日 _____ MM 月 _____ YYYY 年	
Country of Residence 居住國家^ _____ (If not in Hong Kong 如非香港)	

<input type="checkbox"/> Child 子女 2	(unmarried children must be aged below 18 or below 25 if in full-time education. 未婚子女年齡必須為18歲以下或25歲以下之全日制學生。)
Child's Name (same as HKID Card/Birth Certificate) 子女姓名 (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 _____	Sex 性別 <input type="checkbox"/> M 男 <input type="checkbox"/> F 女
Date of Birth 出生日期 _____ DD 日 _____ MM 月 _____ YYYY 年	
Country of Residence 居住國家^ _____ (If not in Hong Kong 如非香港)	

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

Choice of Cover 投保項目 (The choice of cover for the applicant and all dependant(s) must be the same 申請人及其受供養人的投保項目必須相同)

Core Benefit 主要保障 <input checked="" type="checkbox"/> Hospital and Surgical Benefit 住院及手術保障			Optional Benefit 自選額外保障
Plan 計劃 1 Private 私家房 <input type="checkbox"/> Option 選擇 1 100% reimbursement 賠償100%費用 <input type="checkbox"/> Option 選擇 2 80% reimbursement 賠償80%費用	Plan 計劃 2 Semi-private 半私家房 <input type="checkbox"/> Option 選擇 1 100% reimbursement 賠償100%費用 <input type="checkbox"/> Option 選擇 2 80% reimbursement 賠償80%費用	Plan 計劃 3 Ward 大房 <input type="checkbox"/> Option 選擇 1 100% reimbursement 賠償100%費用 <input type="checkbox"/> Option 選擇 2 80% reimbursement 賠償80%費用	<input type="checkbox"/> Supplementary Major Medical Benefit 附加醫療保障 <input type="checkbox"/> Clinical Benefit 門診保障 <input type="checkbox"/> Bupa Worldwide Assistance Programme 保柏國際援助計劃

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 checked="" type="checkbox"/> Yearly 年繳	<input type="checkbox"/> Credit Card 信用卡	Please attach a completed Credit Card Authorisation Form 請連同填妥之 信用卡付款授權書 寄回
	<input type="checkbox"/> 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」

If the cheque issuer is not the applicant or proposed Member*, please fill in the following information. 若支票發出人並非申請人或準會員*，請填寫以下資料。
Relationship with the applicant/proposed Member* 與申請人/準會員*關係 (Applicable to spouse, parents or children only 只適用於配偶、父母或子女) Reason for paying subscription and levy on behalf of the applicant/proposed Member* 代申請人/準會員*支付保費及徵費的原因

Bank Account for Reimbursement 支付賠償之銀行戶口

Claims payment will be reimbursed by autopay only. If the correct bank account information is not provided, we may not be able to reimburse your claim in a timely manner.
賠償款項只以自動轉賬方式支付。如您未能提供正確的銀行戶口資料，我們可能會因此未能準時支付您的賠償款項。

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 (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 applicant or proposed Member*, please fill in the following information. 若上述之戶口持有人並非申請人或準會員*，請填寫以下資料。

Relationship with the applicant/proposed Member* 與申請人/準會員*關係
(Applicable to spouse, parents or children only 只適用於配偶、父母或子女)

Reason for receiving claims payment on behalf of the applicant/proposed Member*
代申請人/準會員*收取賠款的原因

*Please delete if inappropriate 請刪除不適用者

Employment Declaration 受僱聲明

Employment Details of Applicant 申請人受僱資料

Rank Code 職級編號 :

Department Code 部門編號 :

Department Name 部門名稱 :

Pay Point 薪酬點 :

Pay Scale 薪酬級別 :

Eligible civil servants please submit 合資格公務員請提供 :

Either the employment declaration completed and signed by your Department Head, or one copy of your salary statement issued within 3 months before the Contract Effective Date by The Treasury Branch of the Government of the Hong Kong Special Administrative Region
由部門主管填寫並簽署的受僱聲明，或一份由香港特別行政區庫務科於合約生效日前三個月內發出之薪酬單副本。

Eligible non-civil service contract staff, please submit: 合資格非公務員合約僱員請提供 :

The employment declaration completed and signed by your Department Head.
由部門主管填寫並簽署的受僱聲明。

Eligible staff of the Legislative Council Secretariat please submit: 合資格立法會秘書處職員請提供 :

One copy of your earnings statement issued within 3 months before the Contract Anniversary Date by The Legislative Council Commission.
一份由立法會秘書處於合約生效日前三個月內發出之薪酬單副本。

Employment Declaration (to be completed by the applicant's Department Head) 受僱聲明 (由申請人之部門主管填寫)

I, as the Department Head of the applicant, declare that the applicant is an existing civil servant of the Hong Kong government.

本人為申請人之部門主管，茲證明申請人是香港政府現職公務員。

I, as the Department Head of the applicant, declare that the applicant is an existing non-civil service contract staff of the Hong Kong government with a minimum of one (1) year uninterrupted employment history and contract term.

本人為申請人之部門主管，茲證明申請人是香港政府之現職非公務員合約僱員，其受僱年資及合約期合共連續一年或以上。

Department Head's Signature 部門主管簽署

X

(Full Name
姓名)

Date 日期

DD 日 MM 月 YY 年

Department Chop 部門蓋章

X

Declaration 聲明

I hereby apply to be enrolled as a Subscriber and enrol the dependant(s) listed in this Application for Bupa Civil Servants Health Insurance Scheme ("Scheme"). I / We confirm that I / we have selected this insurance plan of my / our own free will. I / We further confirm that the product features of the Scheme were able to fulfil my / our medical protection needs, financial situation and premium affordability.

I / We understand and agree that no Hospital and Surgical Benefit nor Supplementary Major Medical Benefit will be paid for (i) any illnesses (except for accidental injury) sustained within 180 days from the Coverage Commencement Date of the Member(s); and (ii) the following conditions that occur during the first 12 months from the Coverage Commencement Date: cataracts, endometriosis, diseased tonsils requiring surgery, hemorrhoids, hyperthyroidism, pathological abnormalities of nasal septum or turbinates, sinus conditions requiring surgery and tumours (except skin). 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 agree to be bound by the terms and conditions of the Contract of this Scheme, which I / we understand are available on request and will be provided to me / us if this application is approved. 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. I understand that I have the right to cancel this Contract within 21 days from the Coverage Commencement Date and that if I do not cancel the Contract within that period, all information in this Application is deemed to be final. The Scheme is only eligible for enrolment by civil servants of the Hong Kong government, non-civil service contract staff with a minimum of one year of uninterrupted employment history and contract term with the Hong Kong government, and staff of the Legislative Council Secretariat ("Eligible Persons"). Bupa shall have the right to request Eligible Persons to provide a valid employment proof from time to time. If the Subscriber is no longer an Eligible Person, this Contract shall automatically terminate on the Contract Anniversary Date immediately following the termination of employment. The Subscriber shall immediately repay all benefits paid by Bupa under a cancelled contract.

本人茲申請為投保人並為本人及此申請表內列出之受供養人投保於「保柏公務員」醫療保障計劃(「計劃」)。本人 / 吾等確認本人 / 吾等所選之保險計劃乃按照本人 / 吾等之獨立意願而決定。本人 / 吾等並確認計劃的產品內容符合本人 / 吾等現時的醫療保障需求、財務狀況及保費承擔能力。

本人 / 吾等明白亦同意(i)於保障開始日後首180天內患上之任何疾病(意外除外);及(ii)保障開始日後首12個月發生之下列疾病:白內障、子宮內膜組織形成異位、扁桃體切除手術、痔瘡、甲狀腺功能亢進、鼻中隔或鼻甲之病理異常、須動手術之實病症及腫瘤(皮膚除外)。將不獲住院及手術與附加醫療保障之賠償。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 / 吾等同意遵守此計劃合約之各條款及細則,並明白可在要求下索取,此外保柏亦會於此申請獲批後提供該些條款及細則予本人 / 吾等。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。本人明白本人有權於合約生效日後21日內取消此合約。如本人沒有於此期間取消合約,此申請內的所有內容將被視為最終資料。

本計劃僅適用於申請時為香港政府公務員、香港政府之現職非公務員合約僱員(其受僱年資及合約期合共連續一年或以上)及立法會秘書處職員(「合資格人士」)。保柏有權要求合資格人士不時提供有效的就業證明。如投保人不再是合資格人士,則本合約將在其僱傭合約終止後緊隨之合約週年日自動終止。投保人需立即向保柏繳還就已取消合約支付的所有保障。

Personal Information Collection Statement 個人資料收集聲明

(i) I / We have read and understood the Personal Information Collection Statement on the last page of this form.

本人 / 吾等已細閱並明白本申請表最後一頁所述的《個人資料收集聲明》;及

(ii) I consent to receive marketing communications from Bupa as described in the Personal Information Collection Statement, such as information in relation to member benefits, rewards or subscription discount. I understand that I have the right to request Bupa to cease using my personal data for direct marketing purposes by emailing customercare@bupa.com.hk or calling the Bupa Customer Care helpdesk on 2517 5333.

本人同意接收保柏於《個人資料收集聲明》中所述的市場推廣資訊,包括會員尊享權益、獎賞或保費折扣等的資訊,並明白本人有權透過聯絡保柏的客戶服務專線(電郵至 customercare@bupa.com.hk或致電2517 5333),要求保柏停止將本人的個人資料用作直接市場推廣用途。

If you do not agree with the statement in (ii) above, please tick the box below:

如您不同意上述聲明第(ii)項,請剔取以下方格:

I understand that by ticking this box, I am opting-out from receiving marketing communications from Bupa and Bupa will not be able to provide me with member exclusive information in relation to member benefits, rewards or subscription discount.

本人明白剔取此項後,本人拒絕接收由保柏提供的市場推廣資訊,而保柏將無法向本人提供有關保柏會員尊享權益、獎賞或保費折扣等的資訊。

Declaration of residency 居民身份聲明

By ticking this box, I solemnly declare myself (the "Applicant") and other proposed Member(s) listed in this Application are **NOT** US permanent resident*. I further acknowledge that Bupa may terminate the cover of relevant Members with immediate effect if the law of the country in which any of the proposed Member is located, or the Member's country 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. Equivalently, I understand that I am obliged to immediately notify Bupa in writing if any of the Members become a permanent resident of USA during the Contract Year.

本人確認剔取此項即代表本人聲明本人(投保人)及列於此申請表的其他準會員**並非**美國永久居民*。本人明白如準會員的所在國家或準會員的原居國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合約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,保柏可終止相關會員的保障並立即生效。本人明白如本人如於合約年度期間成為美國永久居民,本人有責任立即以書面通知保柏。

* "Permanent resident" 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. US for this purpose shall include USA, United States Minor Outlying Islands, Virgin Islands, U.S. and Commonwealth of Puerto Rico.

「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。美國為此包括美國本土、美國本土外小島嶼、美屬維京群島及波多黎各自由邦。

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. US for this purpose shall include USA, United States Minor Outlying Islands, Virgin Islands, U.S. and Commonwealth of Puerto Rico.

I understand that no cover will be payable under the Contract unless this Application is approved and subscription is received in full by Bupa (Asia) Limited ("Bupa"). 本人明白此申請表被保柏(亞洲)有限公司(「保柏」)批核及保費全額收妥後,保柏方按合約支付保障。

<p>Applicant's Signature 申請人簽署</p> <p>X</p> <p>(Full Name 姓名)</p>	<p>Signed in Hong Kong on 於香港簽署之日期</p> <p>DD 日 MM 月 YY 年</p>	<p>Proposed Member's Signature (Aged 18 or above) 年滿18歲或以上之準會員簽署</p> <p>X</p> <p>(Full Name 姓名)</p>	<p>Signed in Hong Kong on 於香港簽署之日期</p> <p>DD 日 MM 月 YY 年</p>
<p>Proposed Member's Signature (Aged 18 or above) 年滿18歲或以上之準會員簽署</p> <p>X</p> <p>(Full Name 姓名)</p>	<p>Signed in Hong Kong on 於香港簽署之日期</p> <p>DD 日 MM 月 YY 年</p>	<p>Telesales' Name (If applicable and must be completed by the applicant) 營業代表姓名(如適用及必須由申請人填寫)</p> <p>Telesales' Code 營業代表編號</p> <p>Telesales' Contact Tel. No. 營業代表聯絡電話號碼</p> <p>Telesales' Email Address 營業代表電郵地址</p>	

For transfer existing Bupa Civil Servant membership to another separate Bupa Civil Servant Contract only (If applicable)
只供從現有保柏公務員會籍轉移至另一獨立的保柏公務員合約之用 (如適用)

If there is any change in room levels and optional benefits, please also complete and return the Registration Variation Form for Bupa Civil Servants Health Insurance Scheme which can be downloaded from Bupa's website and **myBupa**.

如需在住房和保障項目上作出任何轉變，亦請填妥並交回保柏公務員醫療保障計劃更改登記申請表，表格可於保柏或 **myBupa** 網站下載。

If existing members are transferred to the new Contract, please provide the following details.

如現行合約的會員將轉移會籍至新合約，請提供下列資料。

Member 會員 1

Member Name (same as HKID Card) 會員姓名 (與香港身份證相同)

Surname

姓

Given Name

名

Previous Bupa Membership No.

前保柏會員編號

Member 會員 2

Member Name (same as HKID Card) 會員姓名 (與香港身份證相同)

Surname

姓

Given Name

名

Previous Bupa Membership No.

前保柏會員編號

Member 會員 3

Member Name (same as HKID Card) 會員姓名 (與香港身份證相同)

Surname

姓

Given Name

名

Previous Bupa Membership No.

前保柏會員編號

Member 會員 4

Member Name (same as HKID Card) 會員姓名 (與香港身份證相同)

Surname

姓

Given Name

名

Previous Bupa Membership No.

前保柏會員編號

If there will be new member(s) joining the new contract, please complete the section of "Details of Proposed Member(s)" on the second page of this application form.

如將有新會員加入新合約，請填寫此申請表第二頁的「準會員資料」部分。

Applicant's Signature 申請人簽署

Date 日期

X

(Full Name

姓名

)

DD 日

MM 月

YY 年

Reminder 提醒您

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

- enclosed payment of the correct subscription and levy and a copy of your HKID Card or Passport
- enclosed a copy of your spouse's HKID Card or Passport if your spouse enrolls
- enclosed a copy of the HKID Card or the birth certificate for each of your children who you would like to enrol
- enclosed the student proof for each of your children who is an unmarried full-time student aged between 18 - 24 that you would like to enrol
- enclosed the Supplementary Health Declaration Form (If this is not your first-time Application)
- enclosed one copy of your salary statement issued within 3 months before the Contract Effective Date by The Treasury Branch of the Government of the Hong Kong Special Administrative Region (Applicable to eligible civil servants who use salary statement as employment proof)
- enclosed one copy of your earnings statement issued within 3 months before the Contract Anniversary Date by The Legislative Council Commission (Applicable to eligible staff of the legislative Council Secretariat)
- initialled any amendments on this application form

我們想更快地助您完成申請，因此請您在遞交申請表時謹記一併附上：

- 正確之保費及徵費與您的香港身份證或護照副本
- 您配偶之香港身份證或護照副本 (如配偶一同投保)
- 您子女之香港身份證或出生證明書副本 (如子女一同投保)
- 您子女之學生證明 (如18歲至24歲之全職在學未婚子女一同投保)
- 補充健康聲明表 (如您並非首次申請本計劃)
- 一份由香港特別行政區庫務科於合約生效日前三個月內發出之薪酬單副本 (如您是合資格公務員並選擇以薪酬單作受僱證明)
- 一份由立法會秘書處於合約生效日前三個月內發出之薪酬單副本 (如您是合資格立法會秘書處職員)
- 及於任何更改之處簽署作實

Bupa (Asia) Limited 保柏 (亞洲) 有限公司

Address 地址: 18/F, Berkshire House, 25 Westlands Road, Quarry Bay, Hong Kong 香港鯉魚涌華蘭路25號栢克大廈18樓

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



Bupa Hong Kong



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,本公司特此通知閣下以下事項:

- 在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。
- 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的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算人、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;
 - 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;及
 - 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之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。

7. 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。

Bupa Civil Servants Health Insurance Scheme Credit Card Authorisation Form

保柏公務員醫療保障計劃信用卡付款授權書



Subscriber's Name 投保人姓名

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。若您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 hereby authorise and direct Bupa (Asia) Limited to debit the subscription and levy due from my credit card account on a yearly basis until further notice.

本人茲授權保柏(亞洲)有限公司從本人的信用卡戶口每年支付應繳保費及徵費金額，直至另行通知。

If the Cardholder is not the applicant / Subscriber / proposed Member*, please fill in the following information. 若信用卡持有人並非申請人/投保人/準會員*，請填寫以下資料。

Relationship with the applicant/proposed Member* 與申請人/準會員*關係
(Applicable to spouse, parents or children only 只適用於配偶、父母或子女)

Reason for paying subscription and levy on behalf of the applicant/proposed Member*
代申請人/準會員*支付保費及徵費的原因

I hereby confirm to pay the subscription and levy due of Bupa Health Insurance Scheme for the applicant as listed in this form.

本人同意及承擔列於此表格上的申請人之全數應繳之保柏醫療保障計劃保費及徵費金額。

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 YY 年

For Bupa use only
保柏專用

Bupa Civil Servants Membership No.
「保柏公務員」會員編號：

Date
日期

DD 日 MM 月 YY 年

Authorised Code :
授權代碼

*Please delete if inappropriate 請刪除不適用者

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