

# Bupa CarePro Health Insurance Scheme Membership Transfer and Ownership Release Form - Civil Servants

## 保柏卓康健醫療保障計劃會籍轉移及歸還持有權表格 - 公務員



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

**To protect your interest, please return this original form with your signature to Bupa.** 為保障閣下的權益，請將本表格正本簽署然後交回保柏。

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

Surname 姓 \_\_\_\_\_

Given Name 名 \_\_\_\_\_

### I. Membership Transfer and Ownership Release 會籍轉移及歸還持有權

I hereby apply to transfer my existing membership to Bupa CarePro Health Insurance Scheme as a new Subscriber of the Scheme.  
本人現申請將現有會籍轉移至保柏卓康健醫療保障計劃，並為該計劃之新投保人。

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

Title 稱謂 New Subscriber's Name (same as HKID Card) 新投保人姓名 (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 \_\_\_\_\_

### II. Personal Details of New Subscriber 新投保人資料 (New Subscriber must be the Member 新投保人必須為會員本人)

HKID Card No. / Passport No. (Please enclose a copy of your HKID/ Passport)  
香港身份證號碼 / 護照號碼 (請寄回香港身份證 / 護照副本) \_\_\_\_\_

Smoker 吸煙者  Yes 是  No 否

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

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 to 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別號。如您沒有別選以下方格，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 the Member and repatriate the Member 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會員之居住國家，於有醫療需要時送返會員回香港。



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### III. 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 (HK\$ only) 個人香港儲蓄 / 往來銀行戶口號碼(只限港幣)

Bank Name

銀行名稱

Bank No.

銀行編號

Account No.

戶口號碼

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

Relationship with the Subscriber (Applicable to spouse, parents or children only)

與投保人關係(只適用於配偶、父母或子女)

Reason for receiving claims payment on behalf of the Subscriber

代投保人收取賠款的原因

### IV. Method of Payment 繳付保費方法 Please tick as appropriate. 請於適用地方加「✓」號。

Payment Frequency 繳付保費形式	Subscription 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 Credit Card Authorisation Form 請連同填妥之信用卡付款授權書寄回
	<input type="checkbox"/> Autopay 自動轉賬	Please attach a cheque made payable to 'Bupa (Asia) Limited' for a full year's subscription and levy with a completed Direct Debit Authorisation Form 請填妥直接付款授權書,連同全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"/> Cheque 支票 Bank Name 銀行名稱 _____ Cheque No. 支票號碼 _____	Please attach a cheque# made payable to 'Bupa (Asia) Limited' 請將支票#交回本公司,支票抬頭人為「保柏(亞洲)有限公司」
<input type="checkbox"/> Monthly 月繳	<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"/> Autopay 自動轉賬	Please attach a cheque made payable to 'Bupa (Asia) Limited' for the first 2 months' subscription and levy with a completed Direct Debit Authorisation Form 請填妥直接付款授權書,連同首兩個月保費及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」

# If the cheque issuer is not the Subscriber, please fill in the following information. 若支票發出人並非投保人,請填寫以下資料。

Relationship with the Subscriber (Applicable to spouse, parents or children only)

與投保人關係(只適用於配偶、父母或子女)

Reason for paying subscription and levy on behalf of the Subscriber

代投保人付保費及保費徵費的原因

### V. Choice of Cover 投保項目

Application for upgrade to a benefit level which is higher than your eligible benefit level for transfer, and Application for optional Full Cover Benefit, SMM, Hospital Cash or Clinical Benefit, are subject to underwriting approvals. Please complete Part VI Health Declaration of this application from. 選擇較合資格級別更高的保障級別及選擇自選保障包括「全數賠償保障」、「附加醫療保障」、「住院現金保障」或「門診保障」,均須經保柏核保,請填寫本申請表第VI部健康聲明部份。

#### Core Benefit 主要保障

Hospitalisation and Surgical Benefit 住院及手術保障計劃

Please tick the NEW plan 請於新計劃之空格內加上「✓」號

Private 私家房  Plan 計劃 1 / 4

Semi-private 半私家房  Plan 計劃 2 / 5

Ward 大房  Plan 計劃 3 / 6

#### Optional Benefit 自選保障項目

Full Cover Benefit 全數賠償保障† (applicable to Plan 4, 5 and 6 適用於計劃4, 5及6)

Supplementary Major Medical Benefit 附加醫療保障 (issue age must be below 60 投保年齡必須為60歲以下)

Hospital Cash Benefit 住院現金保障

Clinical Benefit 門診保障

Maternity Benefit 產科保障 (issue age must be below 50 投保年齡必須為50歲以下)

Dental Benefit (Plan A) 牙科保障(計劃A) /  Dental Benefit (Plan B) 牙科保障(計劃B)

† The Full Cover Benefit is payable up to the Maximum Limit per Contract Year. 全數賠償保障以每合約年度最高賠償額為上限。

#### Note 註:

Please refer to Bupa Civil Servants Membership Transfer Arrangement for further details regarding your eligible benefit level for transfer and claims reimbursement after transfer.

請參閱「保柏公務員會籍轉移安排」了解您的合資格轉移級別及關於會籍轉移後的賠償詳情。

## VI. Health Declaration 健康聲明

### Important Note 重要事項

Please Answer Yes or No to every question in Health Declaration – Section A. 請於所有「健康聲明 - 甲部」中問題回答「是」或「否」。

If you answer Yes to any of the questions, you have to provide the details of the medical conditions in Health Declaration – Section B. You do not need to tell us about your history of common cold or flu or upper respiratory tract infections. Female proposed Member does not need to tell us about your history of childbirth.

如果您就任何問題的回答為「是」，您須於「健康聲明 - 乙部」提供有關疾病之詳情。您無須告知我們傷風、感冒、上呼吸道感染之病史。女性準會員也不用告知我們有關分娩的紀錄。

If you do not provide us with information required in the health declaration, we may terminate your cover or it may stop us from paying your claims.

如您在健康聲明部分沒有提供所需資料，您的保障可能會被終止或您可能不獲支付賠償。

Height 身高**	cm公分/	ft尺	Weight 體重**	kg公斤/	lb磅
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\*\* Not required for Proposed Member(s) below 18 years old. 18歲以下之準會員無需填寫。

### Health Declaration – Section A 健康聲明 — 甲部

- In the last 3 years, have you had:
    - consultation or medical investigations (e.g. scans or blood tests) for any medical condition(s) or symptoms which have continued for 2 weeks or more, and/or occurred more than once during the period;
    - consultation or medical investigations as a result of abnormal findings from medical investigations##; or
    - consultation by a specialist for two times or more for the same medical condition(s)?

在過去三年內，您是否曾：

    - 因任何持續兩星期或以上，以及 / 或因任何出現多於一次的病症或症狀而就診或接受醫療檢查 (如掃描及血液檢驗)；
    - 因醫療檢查結果異常而就診或接受醫療檢查##；或
    - 因同一病症接受兩次或以上的專科醫生診治？

Yes是  No否
  - In the last 5 years, have you ever taken / been advised to take any medication prescribed by a doctor regularly for a continuous period of longer than 1 month?
 

在過去五年內，您是否曾定期服用 / 曾被建議定期服用為期超過一個月的醫生處方藥物？

Yes是  No否
  - In the last 7 years, have you been admitted to hospital, had an operation or a procedure?
 

在過去七年內，您是否曾住院，接受手術或治療程序？

Yes是  No否
  - In the last 6 months, have you had any undiagnosed symptoms, or currently undergoing medical investigations or awaiting results for the said symptoms?
 

在過去六個月內，您是否曾有任何未被診斷的症狀，或現正因有關症狀進行醫療檢查或等待檢查結果？

Yes是  No否
  - Have you had a history of cancer, heart condition, stroke or joint replacement; or are there any medical devices (e.g. shunts for draining fluids from the brain, pins and plates for fixation of broken bones) currently in your body?
 

您是否曾有癌症、心臟病、中風或關節置換的病史；或現在體內有任何醫療儀器(如導引腦積水的分流器，及固定骨折的骨釘和骨板等)?

Yes是  No否
- Applicable for optional clinical benefit only. 此問題只適用於自選附加門診保障。**
- Apart from the above information which you may have already disclosed, in the last 3 years, have you had consultation by Psychiatrist for two times or more for mental health conditions (e.g. depression, anxiety, schizophrenia, mood disorder etc.)?
 

除您於上述已經披露之健康狀況外，在過去三年內，您是否曾因關於精神健康狀況(例如抑鬱症、焦慮症、精神分裂症、情緒障礙等)，接受兩次或以上的精神科醫生診治？

Yes是  No否

## For proposed Members aged 17 and below, this includes abnormalities in growth development (e.g. height and weight) 於十七歲或以下準會員，此包括生長發育異常(如身高、體重等)

### Health Declaration – Section B 健康聲明 — 乙部

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

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

如您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

## VII. Declaration 聲明

I acknowledge that in respect of the medical conditions existing before the effective date of Bupa CarePro Health Insurance Scheme (the New Contract):

- the maximum limits payable shall be the lower of the maximum limits of the New Contract and Bupa Civil Servants Health Insurance Scheme (except for the Hospital and Surgical Benefit payable to those members who have been enrolled in Bupa Civil Servants Health Insurance Scheme for a minimum of two years immediately prior to this membership transfer); and
- If I have been enrolled in Bupa Civil Servants Health Insurance Scheme for a minimum of two years immediately prior to this membership transfer, and the benefit level I applied for and which is approved by Bupa under the New Contract, is different to the eligible benefit level for transfer provided under the Bupa Civil Servants Health Insurance Scheme, the maximum limit for the Hospital and Surgical Benefit payable will be the maximum limit under the New Contract at the lower of the benefit level of the New Contract and the eligible benefit level for transfer under the Bupa Civil Servants Health Insurance Scheme.

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

I acknowledge that Bupa reserves the right to ask for submission of more details of health status or medical reports of me at my own cost.

I also authorise any medical practitioner, hospital, clinic, by whom or where I have been observed or treated or any insurance company or organization that has any records or health information concerning me for any reason, to give full particulars thereof including prior medical history to Bupa. A copy of this authorization shall be considered as effective and valid as the original.

I understand I shall become the new Subscriber of Bupa CarePro Health Insurance Scheme (the New Contract) after the Application for this membership transfer and release of ownership is processed.

I have read and agreed to be bound by the terms and conditions of the New Contract and I agree that the answers given in this form shall be the basis of the New Contract between me and Bupa.

I acknowledge that Bupa has discretion to appoint Registered Medical Practitioners, Hospitals, cancer centres, day case centres, diabetic centres and other service providers to provide Full Cover Benefit (if applicable) and to do all things and acts incidental to such appointment for me. 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 against Bupa CarePro Appointed Service Providers by me.

本人確認於保柏卓康健醫療保障計劃（新合約）生效前的已存在傷病：

- 將會按新合約及保柏公務員醫療保障計劃，兩項計劃中保障最高賠償金額較低者賠償（會籍轉移前已連續受保於保柏公務員醫療保障計劃最少兩年的會員之「住院及手術保障」除外）；及
- 如本人在會籍轉移前已連續受保於保柏公務員醫療保障計劃最少兩年並申請及獲保柏批准的新合約的保障級別，與保柏公務員醫療保障計劃下合資格轉移的保障級別不同，「住院及手術保障」之最高賠償額將會按新合約及保柏公務員醫療保障計劃下合資格轉移的保障級別，取較低的保障級別按照新合約的最高賠償金額者作出賠償。

本人聲明，就本人所知所信，本申請表上填報之一切資料，均屬完整。

本人確認保柏有權要求提供更多有關本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本人觀察或治療的醫生、醫院、診所，或持有本人健康或任何資料之保險公司或機構將本人之全部資料（包括病歷）呈交予保柏，本授權書之副本與正本具同等效力。

本人明白於會籍轉移及歸還持有權申請手續完成後，本人將成為保柏卓康健醫療保障計劃之新投保人（新合約）。

本人已細讀並同意遵守新合約之各條款及細則，並同意本申請表內之回答作為本人與保柏之間所訂合約之根據。

本人確認保柏可酌情委任註冊西醫、醫院、癌症中心、日症中心、糖尿病中心及其他服務供應商以提供全數賠償保障（如適用）及有關該委任所需之服務予本人。本人確認並同意有關該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。就本人向有關保柏卓康健特選服務供應商所作出之申索，保柏一概不會負責。

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

(i) I have read and understood the Personal Information Collection Statement included in this application form.

本人已細閱並明白本申請表所述的「個人資料收集聲明」；及

(ii) I consent to Bupa using my personal data, including my name, contact details, gender, health and family status, to send me marketing communications (including by email, SMS or instant messenger) as described in the Personal Information Collection Statement, including in relation to insurance (such as subscription discounts), wellness, rewards, loyalty or privileges programmes and related products and services. I understand that I have the right to request Bupa to cease using my personal data for direct marketing purposes by emailing [customer@bupa.com.hk](mailto:customer@bupa.com.hk) or calling the Bupa Customer Care helpdesk on 2517 5333.

本人同意保柏使用本人之個人資料，包括本人的姓名、聯絡方法、性別、健康及家庭狀況，向本人傳送根據「個人資料收集聲明」所述包括保險（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（包括以電郵、手機短訊或即時通訊），並明白本人有權透過聯絡保柏的客戶服務專線（電郵至 [customer@bupa.com.hk](mailto:customer@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，請劃取以下方格：

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 information on subscription discounts in relation to my insurance policy and other marketing offers.

本人明白劃取此項後，本人拒絕接收由保柏提供的市場推廣資訊，而保柏將無法提供與本人保單相關的保費折扣資訊及其他推廣優惠。

### 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.

本人確認劃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 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>New Subscriber's Signature 新投保人簽署</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>____/____/____</p> <p>DD 日 MM 月 YYYY 年</p>	<p>Telesales' Name (If applicable and must be completed by the Subscriber) 營業代表姓名（如適用及必須由投保人填寫）</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>
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# Bupa CarePro Health Insurance Scheme Direct Debit Authorisation Form

## 保柏卓康健醫療保障計劃直接付款授權書



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

Subscriber's Name 投保人姓名  
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 subscription and levy. 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的支票交回保柏。

Name of party to be credited (The beneficiary) 收款之一方 (受益人)	Bank No. 銀行編號	Branch No. 分行編號	Account No. 收款戶口號碼
<b>BUPA (ASIA) LIMITED</b>	<b>0 2 4</b>	<b>7 8 7</b>	<b>6 2 1 7 8 8 0 0 1</b>

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)同意取銷或更改本授權書之任何通知，須於取銷或更改生效日最少兩個工作天之前交予該銀行。

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	My / Our Account No. 本人 / 吾等之戶口號碼
<input type="text"/>	<input type="text"/>	<input type="text"/>

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	Date of signing 簽署日期
<input type="text"/>	X	<input type="text"/>

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)	Membership No. (Debtor's Reference) 會員編號 (債務人備註)
<input type="text"/>	<input type="text"/>

If the account holder is not the applicant / Subscriber, please fill in the following information. 若戶口持有人並非申請人 / 投保人，請填寫以下資料。  
Relationship with the applicant / Subscriber (Applicable to spouse, parents or children only) 與申請人 / 投保人關係 (只適用於配偶、父母或子女)  
Reason for paying subscription and levy on behalf of the applicant / Subscriber 代申請人 / 投保人支付保費及保費徵費的原因

For bank use only 銀行專用	Signature Verified 核實簽署
<input type="text"/>	<input type="text"/>

Notes: 1. The box marked "Membership No." is to be completed by Bupa. 附註: 1. 會員編號一欄由保柏填寫。  
2. The signature on this authorisation form must be the same as the signature of your Bank Account. 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。

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# Bupa CarePro Health Insurance Scheme Credit Card Authorisation Form

## 保柏卓康健醫療保障計劃信用卡付款授權書

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

Subscriber's Name 投保人姓名  
Surname 姓

Given Name 名

If you choose to return this form by mail, please photocopy the 'Personal Information Collection Statement' on the back of this page for your reference. This information can also be found on our website.  
若您選擇郵寄此表格，請複印背頁的「個人資料收集聲明」以作將來參考之用。您亦可於我們的網頁隨時瀏覽有關資料。  
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 an annual / monthly 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/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 applicant / Subscriber, please fill in the following information.  
若信用卡持有人並非申請人 / 投保人，請填寫以下資料。

Relationship with the applicant / Subscriber 與申請人 / 投保人關係 (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 / Subscriber 代申請人 / 投保人支付保費及保費徵費的原因

I hereby confirm to pay the subscription and levy due of Bupa Health Insurance Scheme for the applicant / Subscriber as listed in this form.  
本人同意及承擔列於此表格上的申請人 / 投保人之全數應繳之保柏醫療保障計劃保費及保費徵費金額。

Cardholder's Signature 持卡人簽署  X  
Contact Phone No. 聯絡電話號碼   
Date 日期     
DD 日 MM 月 YY 年

**For Bupa use only** 保柏專用  
Bupa CarePro Membership No. 「保柏卓康健」會員編號:   
Date 日期    DD 日 MM 月 YY 年  
Authorised Code: 授權代碼



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

Bupa (Asia) Limited (the "Company")

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

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

- From time to time, it is necessary for you, or other members covered under your policy (each a "Member"), to supply the Company with certain personal information (including where relevant, credit information and claims history) relating to you, or the Member, when you apply for insurance or financial products and services from the Company, or when you apply to make changes to your policy, or when you renew a policy.
- Failure to supply personal information requested by the Company may result in the Company being unable to process your Application and/or provide products, services and other related services to you, or the Member.
- During the course of your relationship with the Company, further personal information relating to you, or the Member, may also be collected in the ordinary course of our business, for example, when you lodge insurance claims with the Company in relation to yourself or the Member.
- The Company may collect, use or disclose personal information relating to you, or the Member, for the following purposes:
  - processing, assessing and determining any Applications for insurance products and services;
  - offering and providing products and services to you, or the Member, and processing requests made by you, or the Member, from time to time, including but not limited to requests for addition, alteration, deletion, maintenance, management and operation of insurance benefits or insured Members;
  - any purposes in connection with any claims made by or against or otherwise involving you, or the Member, in respect of any products and/or services provided by the Company including, without limitation, making, defending, analysing, investigating, detecting and preventing fraud (whether or not relating to the policy issued in respect of any application or claim) processing, assessing, determining, settling or responding to such claims;
  - performing any functions and activities related to the products and/or services provided by the Company including, without limitation, audit, reporting, market research, general servicing, maintenance of online and other services, identity verification, data matching, research and statistical analysis, and reinsurance arrangements;
  - provision and design of products and services of the Company;
  - exercising the Company's rights in connection with provision of insurance products and services to you, or the Member, from time to time, for example, to determine any amount of indebtedness from you, and collecting and recovering owing from you or any person who has provided any security or undertaking for your liabilities;
  - any 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,本公司特意通知閣下以下事項:

- 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)。
- 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出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、實務守則或指引,而作出披露。
- 有關閣下或會員被本公司收集或持有的個人資料將會保密,但本公司可能會向以下不論在香港特別行政區境內或境外之資料承讓人轉移該等個人資料作第(4)及第(6)段列出的用途:
  - 本公司的集團公司(「集團公司」);
  - 任何由本公司授權的保險理算人、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,或是通過防欺詐組織或本段中指定的其他人士)、為保險業界整合申索及承保資料之組織、警察、供保險業界用作分析及核對所提供的資料與既有資料的資料庫及登記冊(及其運營者)、收數公司、資料處理公司、研究服務機構及專業顧問);
  - 本公司的任何全部或部份的權益或業務的實際或建議承讓人、受讓人、參與人或次參與人;及
  - 為遵守任何法例之要求,或根據監管或其他機關所發出對本公司具有約束力或要求其遵守的規則、規例、實務守則或指引,而作出披露,包括但不限於適用監管機構、政府機構、相關行業認可機構、信貸資料服務機構或法院,及在其他情況下,法律規定本公司必向其披露的人士或機構。
- 本公司只會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、康復、健康、個人發展、美容、生活消閒、娛樂、財務及其相關的服務及產品;
  - 獎賞、權益、折扣、會員活動、會員忠誠或優惠計劃及其相關的服務及產品;及
  - 為慈善及/或非牟利用途的捐款及捐贈。本公司將不會在沒有閣下的同意及許可下將閣下的個人資料向第三方透露,用作他們的市場推廣用途。

為避免有疑慮,不論閣下是否同意接收以上第六點所述的市場推廣資訊類別,本公司仍然可能就閣下保單相關的行政、保障及續保事宜與閣下聯絡。

### 7. 根據有關條例中的條款,閣下有權:

- 查核本公司是否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。