

Bupa Civil Servants Health Insurance Scheme Change of Payment Method and Account Number Form 保柏公務員醫療保障計劃更改繳付保費方法及戶口號碼表



Please complete this form in **ENGLISH AND BLOCK LETTERS**. Please tick as appropriate. 請以**英文正楷**填妥本表格，並於適用地方加「✓」號。
To protect your interest, please return this original form with your signature to Bupa. 為保障閣下的權益，請將本表格正本簽署然後交回保柏。

Personal Details of Subscriber 投保人資料

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

Subscriber's Name (same as HKID Card) 投保人姓名 (與香港身份證相同)

Surname 姓

Given Name 名

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

I. Change of Payment Method 更改繳付保費方法 (Application must be made 3 weeks before the contract anniversary date 必須於合約週年日三星期前申請)

Payment Method 繳付保費方法	Remarks 備註
<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

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

Claims payment will be reimbursed by autopay only. 賠償款項只以自動轉賬方式支付。
I hereby agree and authorise Bupa (Asia) Limited to reimburse claims payment to the account below. 本人同意及授權保柏(亞洲)有限公司轉賬賠償款項於以下戶口。
Account Holder's Name (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
<input type="text"/>	<input type="text"/>	<input type="text"/>

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)

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

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



