

Bupa Critical Essential Care Application for Reinstatement Form 保柏智安保危疾保障計劃復效申請表



Please complete this form in **ENGLISH AND BLOCK LETTERS**. Please tick as appropriate. 請以**英文正楷**填寫本表格，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。

Condition of Reinstatement 復效申請條件

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

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

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

Applicant's Name 申請人姓名	Tel No. 電話號碼
Membership No. (16 digits) 會員編號 (16位數字)	Fax No. 傳真號碼
	Email Address 電郵地址

Health Declaration 健康聲明

Important notes 重要資料：

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

1. Last consultation 最近一次求診資料：

Date 日期 _____ Reason 原因 _____
Result 結果 _____
Name and address of the doctor 醫生姓名及地址 _____

2. Have your natural parents or siblings had diabetes; breast, cervical, ovarian, colon, or other cancer(s); high blood pressure, heart problems, stroke, haemochromatosis, Huntington Disease (Huntington's Chorea), polycystic kidney disease or any other hereditary disease(s)? Please provide relationship, condition, age at onset and/or age at death (if applicable). Yes 是 No 否
閣下的父母或兄弟姊妹有否患有糖尿病；乳癌、子宮頸癌、卵巢癌、腸癌、或其他癌症；高血壓、心臟疾病、中風、色素沉着症、亨廷頓舞蹈病、多囊腎症或其他遺傳病？請提供關係、狀況、病發年齡及/或死亡年齡（如適用）。

3. So far as you know have you ever had and/or been treated for and/or been told you had any of the following diseases or disturbance?
就閣下所知，閣下曾否患有及/或被提及患有以下疾病或機能失調及/或因此接受治療？

- 3.1 Any chest pain*, heart disease or problems of the blood vessels (e.g. rheumatic fever, raised blood pressure, high blood cholesterol, angina, irregular heart beat, murmur, heart attack, etc.)? Yes 是 No 否
任何胸痛*、心臟病或其它血管疾病（例如：風濕性熱、高血壓、膽固醇高、心絞痛、心律不整、心臟雜音、心臟病發作等）？
- 3.2 Any chest or breathing complaint* (e.g. asthma, bronchitis, tuberculosis, persistent hoarseness or cough or other respiratory problems, etc.)? Yes 是 No 否
任何胸部或呼吸問題*（例如哮喘、支氣管炎、結核、持久沙啞或咳嗽、或其他呼吸器官疾病）？
- 3.3 Any complaint of the digestive system* (e.g. hepatitis or hepatitis carrier, gallstones, gastric ulcer, esophageal reflux, polyps, bowel or rectal bleeding, etc.)? Yes* 是 No 否
任何消化系統問題*（例如肝炎或肝炎帶菌者、膽石、消化道潰瘍、胃酸倒流、息肉、腸或直腸出血等）？
- 3.4 Any diseases of the genital urinary system (e.g. blood or protein in urine, kidney stones, nephritis or nephropathy, renal failure, prostate disorders, ovarian cysts, endometriosis, etc.)? Yes 是 No 否
任何泌尿生殖系統疾病（例如血尿或蛋白尿、腎石、腎炎或腎病、腎功能衰竭、前列腺疾病、卵巢囊腫、子宮內膜異位等）？
- 3.5 Any neurological or mental disorders* (e.g. epilepsy*, impairments of hearing, speech, or vision, prolonged headache, convulsions, depression, stroke, paralysis, multiple sclerosis, Parkinson's disease, Alzheimer's disease, etc.)? Yes 是 No 否
任何神經或精神性疾病*（例如癲癇*、聽力/語言/視力受損、長期頭痛、癱瘓、抑鬱、中風、癱瘓、多發性硬化、帕金森氏病、老年癡呆症等）？
- 3.6 Any endocrine disorders (e.g. diabetes*, pituitary disorder, thyroid disorder, etc.)? Yes 是 No 否
任何內分泌疾病（例如糖尿病*、腦垂體疾病、甲狀腺疾病等）？
- 3.7 Chronic pain or other problem in your neck or back*, ankylosing spondylitis*, sciatica*, muscle or joint disorders, gout, rheumatism, systemic lupus erythematosus, or other physical disability? Yes 是 No 否
慢性頸腰痛或脊椎病變*、強直性脊椎炎*、坐骨神經痛*、肌肉關節病變、痛風、類風濕、紅斑狼瘡、或其它身體殘疾？
- 3.8 Cancer, tumour, lumps, cyst, disorder of lymph gland, anaemia, leukaemia, other disorder of blood? Yes 是 No 否
癌症、腫瘤、腫塊、囊腫、皮膚病變、淋巴腺的疾病、貧血、白血血、其他與血有關的疾病？
- 3.9 Venereal disease, AIDS, AIDS-related conditions, any blood test for HIV virus? Yes 是 No 否
性病、愛滋病、與愛滋病有關的疾病、曾接受愛滋病毒的血液測試？

4. Have you ever used drugs such as stimulants, hallucinogens, narcotics or other controlled substance other than prescribed by a physician, or been counselled, treated or arrested for excessive use of alcohol or drugs? Yes* 是 No 否
您曾否服用藥物如興奮劑、迷幻藥、麻醉藥或其他並非由醫生處方的受管制藥物，或因酗酒或吸毒而接受輔導、治療或被捕？

5. Within the past seven years have you had any:

- 過去七年內閣下曾否：
- 5.1 diagnostic test such as X-ray, electrocardiogram, genetic test or blood test, biopsies, ultrasonogram? Yes 是 No 否
接受診斷檢驗如X光、心電圖、遺傳基因檢驗、血液檢驗、活體切片檢查或超音波檢查？
- 5.2 illness, operation, medical advice or hospital treatment not mentioned above? Yes 是 No 否
患有上文並未提及的疾病、並需接受手術、醫療建議或留院治療？
- 5.3 pension and/or claimed payment for any sickness, accident or injury? Yes 是 No 否
因疾病、意外或受傷而取得賠償及/或退休金？

6. Has your weight changed more than 11 lbs/5kgs in the past year? Yes 是 No 否
過去一年內，閣下的體重曾否有11磅或5公斤以上的增減？

7. Are you currently taking any medication? Yes 是 No 否
閣下目前是否有服用任何藥物？

8. Have you smoked cigarettes within the past 12 months? If Yes, please state: Yes 是 No 否
閣下在過去十二個月內曾否吸煙？如「有」，請註明：

- a. Average no. of cigarettes daily?
每日平均吸煙的支數？ _____
- b. For how many years have you smoked?
閣下已吸煙多少年？ _____



9. Do you take alcohol on a regular basis? Yes 是 No 否
閣下有否飲用酒精的習慣?
10. For juvenile Member under the age of 2 years 只適用於兩歲以下的兒童會員 Yes 是 No 否
- a. Weight at birth 出生體重 lbs 磅 / ozs 安士 / kgs 公斤 _____
- b. Had the Member been confined in hospital for more than 5 days since birth? If Yes, please give reason:
自出生日起計，如留院超過五天，請說明原因：_____
- c. Were there any birth difficulties, RH problem, congenital deformed limbs, "blue baby", lack of mental development or Down's syndrome?
曾否出現難產，因子問題，先天性肢體畸形，青紫嬰兒，缺乏正常心智發展或唐氏綜合症等徵狀？

Questions 11 to 15 are to be completed for female Member 第11至15題只適用於女性會員

11. Have you ever had or been told to have, or been treated for any disease /disorder of the cervix, uterus or the breast?
閣下曾否或被建議就子宮頸、子宮、乳房疾病接受治療？ Yes 是 No 否
12. Have you ever had or have been advised to have, or are you intending to have tests or treatment of the breast such as mammogram, an ultrasound or surgery, etc?
閣下曾否或被建議或打算就乳房接受檢查或治療如乳房X光、超音波或手術？ Yes 是 No 否
13. Have you ever had, or have been advised to have, or are you intending to have investigations and /or treatment of the cervix or uterus, such as a pap smear, cone biopsy, colposcopy or ultrasound, etc?
閣下曾否或被建議或打算就子宮頸、子宮疾病接受檢查或治療如柏氏細胞塗片、錐形活體切片檢查、陰道鏡或超音波檢查？ Yes 是 No 否
14. Are you now pregnant? If yes, please state week(s) of pregnancy:
閣下現在是否懷孕？若是，請列明懷孕週數：_____ Yes 是 No 否
15. Have you been informed by a doctor or is there any reason to believe that your pregnancy may be abnormal?
閣下曾否被醫生告知或因任何原因懷疑懷孕不正常？ Yes 是 No 否

For each "YES" answer for Questions 1 to 15, please identify question number and give full details, conditions, dates, duration and result. Please give full names and address of doctors, hospitals and clinics.

如第1至15題的答案為「是」，請註明題號並列出詳情，如求診日期、持續時間、診斷結果、醫生、醫院、診所全名及地址等。

If you answer "YES" to questions or illnesses marked with an "*", please fill in relevant health questionnaires. 如標示 * 號的問題或疾病的答案為「是」，請填寫有關健康問卷。

Declaration and Authorisation 聲明及授權

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

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

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

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

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

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

本人 / 吾等聲明，就本人 / 吾等所知所信，本申請表上填報之一切資料，均屬實完整。

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

本人 / 吾等已細讀並同意遵守保柏之醫療保障計劃之各條款及細則。

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

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

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

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

Personal Information Collection Statement 個人資料收集聲明

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

本人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」。

(ii) I consent to receive marketing communications from Bupa as described in the Personal Information Collection Statement, such as information on subscription discount in relation to my insurance policy and other marketing offers. 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 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，包括與本人保單相關的保費折扣資訊及其他推廣優惠，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 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 information on subscription discount in relation to my insurance policy and other marketing offers.

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，而保柏將無法提供與本人保單相關的保費折扣資訊及其他推廣優惠。

I, as the Subscriber, understand that I declare and sign on behalf of the Member(s) / dependant(s) listed in this Application under this Scheme who is / are under the age of 18. 本人作為投保人，明白本人代表此計劃申請表內列出之18歲以下會員 / 受供養人作出聲明及簽署。

Applicant's Signature 申請人簽署

Signed in Hong Kong on 於香港簽署之日期

X

X

(Full Name
姓名

) DD 日 / MM 月 / YY 年

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

Agent's / Broker's / Telesales' Name (if applicable and must be completed by Subscriber)
代理人 / 經紀 / 營業代表姓名（如適用及必須由投保人填寫）

Agent's / Broker's / Telesales' Code 代理人 / 經紀 / 營業代表編號

Agent's / Broker's / Telesales' Contact Tel. No. 代理人 / 經紀 / 營業代表聯絡電話號碼

Personal Information Collection Statement 個人資料收集聲明

Bupa (Asia) Limited (the "Company")

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

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

- From time to time, it is necessary for you, or the Member, to supply the Company with certain personal information 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.
- Personal information relating to you, or the Member, may be used 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, investigating, processing, assessing, determining 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 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 provide 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 intermediaries authorized by you and the Company;
 - any re-insurance companies authorized by the Company;
 - 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, 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;
 - 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 recognized 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, or the Member's personal information collected from time to time, including name, contact details, gender, health and family status, to provide you, or the Member with marketing communications relating to the following of the Company, Group Company, or co-brand partner or business partner of the Company, including:
 - Insurance, medical, healthcare, financial 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, or the Member to third parties for marketing purposes without your consent.
- 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個人資料;
- 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,例如當閣下向本公司提出保險索償時。
- 閣下或會員的個人資料可能會用作下列用途:
 - 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、處理、評估、決定或回應該等索償;
 - 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
 - 為遵守任何法律之要求,或根據監管或其他機關所發出對本公司具有約束力或要求其遵守的規則、規例、實務守則、須知或指引,而作出披露。
- 有關閣下或會員被本公司收集或持有的個人資料將會保密,但本公司可能會向以下不論在香港特別行政區境內或境外之資料承讓人提供該等個人資料作第(4)及第(6)段列出的用途:
 - 本公司的集團公司(「集團公司」);
 - 任何由閣下及本公司授權的保險代理人;
 - 任何由本公司授權的再保險公司;
 - 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、律師、會計師、理賠調查員、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;
 - 為遵守任何法律之要求,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,使用閣下或會員的個人資料如姓名、聯絡方法、性別、健康及家庭狀況,向閣下或會員提供本公司、集團公司、聯營品牌合作夥伴或業務夥伴有關以下的市場推廣資訊,包括:
 - 保險、醫療、康復、財務和相關服務及產品;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或會員之個人資料向第三方透露以作市場推廣用途。
- 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:
香港鯉魚涌華蘭路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。