

Bupa Crystal Health Insurance Scheme Change of Payment Method Form 保柏晶彩寶醫療保障計劃更改繳付保費方法表



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

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 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

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

Personal Information Collection Statement 個人資料收集聲明

I understand and agree that all personal information relating to me contained in this form will be used by Bupa (Asia) Limited ("Bupa") for the purpose of (1) processing any applications for insurance products and services; (2) making or receiving any payments in connection with my insurance; (3) communication with me about this form; (4) exercising the right to determine indebtedness, collecting and recovering amounts owing by me or any person who has provided any security or undertaking for my liabilities; and (5) satisfying any applicable legal or regulatory requirements.

I agree that such information may be transferred for the above purposes to any of the following parties (within or outside Hong Kong): Bupa's group companies, any insurance adjusters, agents and brokers, any service providers providing services to Bupa, any association or federation relating to the insurance industry, and any person or organisation as required by law.

Consequences of non-provision of personal information: I understand that Bupa may be unable to process my Application for insurance products and services if I fail to provide any information requested in this form or otherwise by Bupa.

My rights in respect of my personal information: I understand that (1) under the Personal Data (Privacy) Ordinance, I shall have the right to request access to and correction of any personal information concerning me provided to Bupa, by writing to Bupa's Data Protection Officer at 6/F, Tower 2, The Quayside, 77 Hoi Bun Road, Kwun Tong, Kowloon, Hong Kong. (2) I also have the right to request Bupa to cease using my Personal Information for direct marketing purposes by writing to Bupa's Data Protection Officer, by registering online at <http://www.bupa.com.hk/unsubscribe.asp> or by calling the Customer Care helpdesk.

The detailed version of Bupa "Personal Information Collection Statement" may be obtained on Bupa's website at <http://www.bupa.com.hk/eng/Others/legal-notices.aspx>

本人明白及同意保柏(亞洲)有限公司(「保柏」)透過此表格收集之本人之個人資料，可供保柏用作以下用途(1)處理任何申請及提供保險有關服務；(2)就本人的保險繳付及收取賬項；(3)就此表格與本人聯絡；(4)行使向本人提供保險和相關服務及產品而享有的權利，例如釐定欠付本人拖欠的任何款項的金額，及向本人或任何已為本人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；及(5)遵守任何法例或監管要求。

本人同意該等資料可因上述用途提供予下述任何各方(不論在香港境內或境外)：保柏的集團公司、任何保險評估員、代理人、經紀人、任何向保柏提供服務的供應商機構、與保險業相關之團體及任何法律要求的任何人士及團體。

未能提供個人資料的後果：本人明白若本人不能提供此表格或保柏要求的其他資料，保柏不能處理對保險產品及服務作出的申請。

有關個人資料的權利：本人明白(1)根據個人資料(私隱)條例，本人有權就查閱及修正保柏所持有關於本人的任何個人資料致函保柏之保障資料主任，地址為：香港九龍觀塘海濱道77號海濱匯第2座6樓。(2)本人亦可透過網站 <http://www.bupa.com.hk/unsubscribe.asp> 進行登記或致電保柏客戶服務專線，以要求保柏停止將本人的個人資料作直接市場推廣用途。

有關個人資料收集聲明之詳情，請參閱保柏之網站 <http://www.bupa.com.hk/chi/Others/legal-notices.aspx>

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. 本人作為投保人，明白本人代表此計劃申請表內列出之18歲以下受供養人作出聲明及簽署。

Subscriber's Signature 投保人簽署	Signed Date 簽署之日期	Agent's / Broker's / Telesales' Name (If applicable and must be completed by the Subscriber) 代理人 / 經紀 / 營業代表姓名 (如適用及必須由投保人填寫)
X		Agent's / Broker's / Telesales' Code 代理人 / 經紀 / 營業代表編號
(Full Name 姓名)	DD 日 MM 月 YYYY 年	Agent's / Broker's / Telesales' Contact Tel. No. 代理人 / 經紀 / 營業代表聯絡電話號碼

