

Bupa Hospital Cash Insurance Scheme Application for Reinstatement Form

保柏住院現金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。

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

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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 _____

Condition of Reinstatement 復效申請條件

- Applicant can apply for reinstatement of the lapsed membership(s) within three (3) months from the due date of the unpaid subscription (contract termination date).
申請人可於保費到期日 (合約失效日) 起計三個月內申請將已失效之合約復效。
- Applications are subject to underwriting; coverage shall not take effect until this Application is approved by Bupa.
申請須通過核保; 復效申請在保柏批核前, 保障均未生效。
- Applicant has to submit the outstanding subscription together with this application to Bupa; if Application for reinstatement is unsuccessful, Bupa will refund the subscription paid for the lapsed period.
申請人須將未繳付保費連同本申請表交回保柏; 如申請不獲接納, 保柏將退還於合約失效期間已付之保費。
- All claims incurred during the lapsed period shall not be covered.
在合約失效期間之索償將不獲賠償。

Subscription and levy 保費及徵費

Important notes: We will not be able to process your Application for reinstatement if payment for outstanding subscription is not submitted together with this Application.
重要事項: 如未繳付保費未有連同本申請表交回, 我們將不能處理您的申請。

Health Declaration 健康聲明

IMPORTANT NOTE 重要事項

Please answer Yes or No to the question in Health Declaration - Section A.

請於「健康聲明 - 甲部」中問題回答「是」或「否」。

If you answer Yes to the question, 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.

如果您就該問題的回答為「是」, 您須於「健康聲明 - 乙部」提供有關疾病之詳情。你無須告知我們傷風、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。

HEALTH DECLARATION - SECTION A 健康聲明 - 甲部

	Name of proposed Member 會員姓名	
Since the lapse date of the Contract, has the proposed Member under this Contract: a) been diagnosed with or exhibited symptoms of the following conditions: i. Malignancy ii. Diabetes mellitus iii. Liver cirrhosis / end-stage liver disease iv. Renal insufficiency / renal failure v. Deteriorated cardiac function / heart failure vi. Cerebrovascular disease including stroke and vasculitis, tumor of brain or spinal cord, myelitis and Parkinson's disease vii. Rheumatoid arthritis, ankylosing spondylitis, lupus erythmatosus and inflammatory bowel diseases including Crohn's disease and ulcerative colitis viii. Recipient of organ transplant ix. Paralysis of limbs b) been recommended to receive or received medical investigation / examination / treatment; or c) had any undiagnosed symptoms, or currently undergoing medical investigations or awaiting results for the said symptoms?	Yes 是	No 否
由合約失效日至今, 此合約內的準會員是否曾: a) 被診斷患上任何以下疾病或出現任何以下疾病的病徵: i. 惡性腫瘤 ii. 糖尿病 iii. 肝硬化 / 末期肝病 iv. 腎功能不全 / 腎功能衰竭 v. 心臟功能減退 / 心臟衰竭 vi. 腦血管疾病, 包括中風及血管炎; 腦或脊髓腫瘤; 脊髓炎及帕金森氏病 vii. 類風濕關節炎、強直性脊柱炎、紅斑狼瘡及炎症性腸疾病, 包括克羅恩氏病及潰瘍性結腸炎 viii. 接受器官移植 ix. 肢體癱瘓 b) 被建議接受或曾接受任何醫學檢查/檢驗/治療; c) 有任何未能被診斷的症狀, 或現正因有關症狀進行醫療檢查或等待檢查結果?	<input type="checkbox"/>	<input type="checkbox"/>



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Health Declaration 健康聲明**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 (eg 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 the proposed Member have? Please include dates, type of investigations (e.g. MRI, blood test) and their results. 準會員曾接受何種檢查? 請註明日期、檢查種類 (如磁力共振、驗血) 及其結果。			
What treatment did the proposed Member have? Please include treatment period, type of treatment and their details (e.g. name of medication, name of procedure or surgery) 準會員曾接受何種治療? 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?			
Has the proposed Member made a full recovery? (Yes/No) 您是否已完全康復? (是/否)			

If the proposed Member has any medical reports or reports of investigations, please enclose them and put a tick in the box.
如準會員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

Declaration and Authorisation 聲明及授權

I, on behalf of myself and / or the member, hereby request that my above membership with Bupa be reinstated and I understand and agree to the Condition of Reinstatement as stipulated at the beginning of this Application. I declare that, to the best of my knowledge and belief, the statements contained in this Application 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 and the dependant(s) 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 have read and agreed to be bound by the terms and conditions of the relevant Contract of Bupa Health Insurance Scheme and I agree that this Health Declaration and the answers given in this Application shall be the basis of the Contract between me and Bupa.

本人謹此代表本人及 / 或會員要求將本人上述保柏會籍登記復效，本人清楚及同意此申請表上列出之復效申請條件。本人聲明，就本人所知所信，本申請表上填報之一切資料，均屬實完整。本人確認保柏有權要求提供更多有關本人及受供養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。本人已細讀並同意遵守保柏之醫療保障計劃之各條款及細則，並同意本申請表內之健康聲明及回答作為本人與保柏之間所訂合約之根據。

I, as the Subscriber, understand that I declare and sign on behalf of the Member(s) listed in this Application under this Scheme who is 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歲以下會員作出聲明及簽署。

Applicant's Signature 申請人簽署 X (Full Name 姓名)	Signed in Hong Kong 於香港簽署之日期 DD 日 MM 月 YYYY 年
Telesales' Name (if applicable and must be completed by Subscriber) 營業代表姓名 (如適用及必須由投保人填寫)	Telesales' Code 營業代表編號
	Telesales' Contact Tel. No. 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 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.
- 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。
- 有關閣下或會員被本公司收集或持有的個人資料將受保密,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代理人、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;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、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;
 - 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。
- 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。