

Bupa Hospital Cash Insurance Scheme Application Form

保柏住院現金保障計劃申請表



To ensure your cover can take effect on the first day of the following month, please send us the completed application form at least 5 working days prior to the end of the month. Applications are subject to underwriting.

如欲合約在下月一號生效，請將填妥的申請表於月底前最少5個工作天寄回保柏。所有申請必須通過核保始能生效。

Please complete this form in **ENGLISH and BLOCK LETTERS**. Please tick as appropriate.
請以**英文正楷**填妥本申請表，並於適用地方加「✓」號。

For Bupa use only 保柏專用	Reference No. : 參考編號	_____		
	Effective Date : 生效日期	DD 日	MM 月	YYYY 年

Personal Details of Applicant 申請人資料

Applicant must be aged 18 - 64. For proposed Member under 18 years old, applicant should be a parent or guardian aged 18 or above.
申請人年齡必須為18-64歲。如準會員為18歲以下，申請人必須為18歲或以上並為準會員之父母或監護人。

Title 稱謂 Name of Applicant (same as HKID Card) 申請人姓名 (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 _____

HKID Card No. 香港身份證號碼 _____ Sex 性別 M 男 F 女 Date of Birth 出生日期 _____
DD 日 MM 月 YYYY 年

Contact Details of Applicant 申請人聯絡資料

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 _____

Business Nature 業務性質 _____

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 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，您便會收到電郵通知。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剔號。如您沒有剔選以下方格，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。

This Scheme is only available for direct enrolment through Bupa's Health Management Consultant.
此計劃須透過保柏直屬之健康管理顧問直接投保。



Details of Proposed Member 準會員資料 (Please complete a separate application form for each proposed Member. 請為每一位準會員填寫一份申請表。)

<input type="checkbox"/> Myself 本人	(Details as page 1 資料如同第一頁)
<input type="checkbox"/> Child 子女	(Child must be aged 15 days to 17 years. 子女年齡必須為15日至17歲。)
Child's Name (same as HKID Card/Birth Certificate) 子女姓名 (與香港身份證/出生證明書相同)	
Surname 姓	
Given Name 名	
HKID Card No. / Birth Certificate No. 香港身份證號碼 / 出生證明書號碼	Sex 性別 <input type="checkbox"/> M 男 <input type="checkbox"/> F 女
Date of Birth 出生日期	
Business Nature 業務性質	

Occupation 職業[^]

Is the proposed Member currently engaged in any of the below occupations or jobs (whether on a full-time or part-time basis)? Yes 是 No 否

Actors, entertainers or stunt persons; casinos' or other gambling establishments' staff; nightclubs', saunas' or massage parlours' staff; police, auxiliary police, armed forces personnel or firemen; scaffolders, construction or interior decoration workers, crane or earthmoving equipment operators; workers who engage in maintenance or repair work at heights in excess of 50ft / 15m.

[^] Please note that this Scheme does not cover any person who is engaging in the above occupations or jobs.

準會員現在是否從事以下任何一種職業或工作(不論全職或兼職)?

演員、娛樂事業表演者或特技人；賭場或其他賭博場所職員；夜總會、蒸氣浴室或按摩中心職員；警察、輔警、軍裝 / 配槍人士或消防員；搭棚工人、地盤工人或室內裝修工人、起重機或推土機操控人員；於超過50尺或15米高空工作之人士。

[^] 請注意，本計劃不承保從事以上職業或工作的人士。**Choice of Cover 投保項目**Plan 計劃 1[†] HK\$ 港幣 1,000 / day 日Plan 計劃 2[†] HK\$ 港幣 500 / day 日[†] Proposed Members aged 15 days to 17 years, full-time students, housewives, unemployed individuals and retirees can only enrol in Plan 2.
年齡為15日至17歲之準會員、全日制學生、家庭主婦、待業及退休人士只可投保計劃 2。**Payment Method 繳付保費方法**

Payment Frequency 繳付保費形式	Payment Method 繳付保費方法	Remarks 備註
<input checked="" 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 from Bank 銀行自動轉賬	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 applicant, please fill in the following information. 若支票發出人並非申請人，請填寫以下資料。

Relationship with the applicant 與申請人關係

(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
代申請人支付保費及徵費的原因**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。

All reimbursement will be paid to the Subscriber only. 所有賠償款項將只向投保人支付。**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

戶口持有人姓名

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

Health Declaration 健康聲明

Please note that non-disclosure of health information may result in your Contract being void and / or disqualify your claim(s) from assessment and / or reimbursement.
請注意，任何未經披露之健康狀況均有可能導致您的合約無效及 / 或令索償不獲審核及 / 或賠償。

1) Height 身高**	cm公分 /	ft尺	Weight 體重**	kg公斤 /	lb磅
2) At any time during the past seven years from the time of this Application, has the proposed Member suffered or been diagnosed any of the following medical conditions? 由申請計劃前的過去七年內，準會員是否患有或曾被診斷患有以下疾病？					Yes 是 No 否
i. Malignancy 惡性腫瘤					<input type="checkbox"/> <input type="checkbox"/>
ii. Diabetes mellitus 糖尿病					<input type="checkbox"/> <input type="checkbox"/>
iii. Liver cirrhosis / end-stage liver disease 肝硬化 / 末期肝病					<input type="checkbox"/> <input type="checkbox"/>
iv. Renal insufficiency / renal failure 腎功能不全 / 腎功能衰竭					<input type="checkbox"/> <input type="checkbox"/>
v. Deteriorated cardiac function / heart failure 心臟功能減退 / 心臟衰竭					<input type="checkbox"/> <input type="checkbox"/>
vi. Cerebrovascular disease including stroke and vasculitis, tumor of brain or spinal cord, myelitis and Parkinson's disease 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					<input type="checkbox"/> <input type="checkbox"/>
vii. Rheumatoid arthritis, ankylosing spondylitis, lupus erythematous and inflammatory bowel diseases including Crohn's disease and ulcerative colitis 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					<input type="checkbox"/> <input type="checkbox"/>
viii. Recipient of organ transplant 接受器官移植					<input type="checkbox"/> <input type="checkbox"/>
ix. Paralysis of limbs 肢體癱瘓					<input type="checkbox"/> <input type="checkbox"/>

Please note that this Scheme does not cover any person who has suffered or been diagnosed with any of the medical conditions listed in 2(i) - (ix) at any time during the past seven years from the time of this Application, or any person aged 18 or above whose BMI is below 15 or above 35.
請注意，本計劃不承保任何在申請此計劃前的過去七年內，曾患有或被診斷患有2(i)-(ix)所列疾病之人士，或任何18歲或以上而其身高體重指數(BMI)於15以下或35以上之人士。

3) Is the proposed Member currently covered under any hospital income plan? If "Yes", please provide the name of insurer / organisation: 現時準會員是否有投保其他住院現金計劃？如有，請提供保險公司 / 機構名稱：	<input type="checkbox"/>	<input type="checkbox"/>
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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。

Declaration and Authorisation 聲明及授權

I, on behalf of myself / the Member, acknowledge that Benefit is not payable under Bupa Hospital Cash Insurance Scheme ("Scheme") for any costs of treatment arising from any existing illnesses, injuries or other conditions presented before the Coverage Commencement Date. 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 (Asia) Limited ("Bupa") reserves the right to ask for submission of more details of health status or medical reports of me / the Member as listed in this Application at my own cost. I have read and agreed to be bound by the terms and conditions of the Contract of this 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.

I agree to be bound by the terms and conditions of the Contract of this Scheme, which I understand are available on request and will be provided to me if this application is approved. I agree that this Health Declaration and the answers given in this Application shall be the basis of the Contract between me and Bupa. I understand that I have the right to cancel this Contract within 21 days from the Coverage Commencement Date and that if I do not cancel the Contract within that period, all information in this Application is deemed to be final.

本人謹此代表本人 / 會員，確認根據「保柏住院現金」保障計劃（「計劃」）規定，凡在保障開始日前因已患之疾病、損傷或其他病況而引致之醫療費用，一律不予賠償。本人聲明，就本人所知所信，本申請表上填報之一切資料，均屬實完整。本人確認保柏(亞洲)有限公司(「保柏」)有權要求提供更多有關於本申請表內所列之本人 / 會員之健康狀況及醫療報告，一切費用由本人支付。本人已細讀並同意遵守此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。

本人同意遵守此計劃合約之各條款及細則，並明白可在要求下索取，此外保柏亦會於此申請獲批後提供該些條款及細則予本人。本人同意本申請表內之健康聲明及回答將作為本人與保柏之間所訂合約之根據。本人明白本人有權於合約生效日後21日內取消此合約。如本人沒有於此期間取消合約，此申請內的所有內容將被視為最終資料。

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-care@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-care@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 discounts** 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。

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.

本人確認剔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, as the Subscriber, understand that I declare and sign on behalf of the Member listed in this Application under this Scheme who is under the age of 18. (Applicable to the proposed Member aged under 18.)

本人茲申請為投保人，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。(只適用於年齡為18歲以下的準會員)

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。

Applicant's Signature 申請人簽署 X (Full Name 姓名)	Signed in Hong Kong on 於香港簽署之日期 DD 日 MM 月 YYYY 年	Telesales' Name (If applicable and must be completed by the applicant) 營業代表姓名 (如適用及必須由申請人填寫)
		Telesales' Code 營業代表編號
		Telesales' Contact Tel. No. 營業代表聯絡電話號碼
		Telesales' Email Address 營業代表電郵地址

Reminder 提醒您

To help us process your Application quickly, please ensure that you have:

- enclosed a completed Direct Debit Authorisation Form or Credit Card Authorisation Form
- enclosed a copy of your HKID Card
- enclosed a copy of the HKID Card or the birth certificate for each child aged below 18 whom you would like to enrol
- initialled any amendments on this application form

我們想更快地助您完成申請，因此請您在遞交申請表時謹記：

- 連同已填妥之直接付款授權書或信用卡付款授權書
- 連同您的香港身份證副本
- 連同您18歲以下之子女的香港身份證或出生證明書副本(如為子女投保)
- 於任何更改之處簽署作實

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 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.
- 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, analysing, 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 (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 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 authorised by the Company;
 - any re-insurance companies authorised 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 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;
- 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。
- 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(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、康健、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;及
 - 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之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號栢克大廈18樓
保柏(亞洲)有限公司
保障資料主任

8. 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。

9. 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。

10. 本聲明不會限制客戶在條例下所享有之權利。

11. 中英文本如有歧義,概以英文為準。

Bupa Hospital Cash Insurance Scheme Credit Card Authorisation Form

保柏住院現金保障計劃信用卡付款授權書



Subscriber's Name 投保人姓名

Surname

姓

Given Name

名

Subscriber's HKID Card No.

投保人香港身份證號碼

Tel No.

電話號碼

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 Hospital Cash Membership No.:

「保柏住院現金」會員編號:

Date

日期

DD 日 MM 月 YY 年

Authorised Code:

授權代碼

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Bupa Hospital Cash Insurance Scheme Direct Debit Authorisation Form

保柏住院現金保障計劃直接付款授權書



Subscriber's Name 投保人姓名

Surname

姓

Given Name

名

Tel No.

電話號碼

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 amount.

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徵費金額的支票交回保柏。

Name of party to be credited (The beneficiary)

收款之一方 (受益人)

BUPA (ASIA) LIMITED

Bank No.

銀行編號

0 2 4

Branch No.

分行編號

7 8 7

Account No.

收款戶口號碼

6 2 1 7 8 8 0 0 1

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)同意取消或更改本授權書之任何通知，須於取消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

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

X

DD日 MM月 YY年

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)

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 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 / 投保人支付保費及徵費的原因

For bank use only

銀行專用

Signature Verified

核實簽署

Notes: 1. The box marked "Membership No." is to be completed by Bupa.

2. The signature on this authorisation form must be the same as the signature of your Bank Account.

附註: 1. 會員編號一欄由保柏填寫。

2. 在此授權書內之簽署格式必須與閣下之銀行戶口內之簽署相符。

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