

Confirmation of Migration from Bupa CarePro/Care Kid Health Insurance Scheme (“Bupa CarePro/Care Kid”) to Bupa MyFlexi VHIS Plan (“Bupa MyFlexi”)

由保柏卓康健/童康健醫療保障計劃(「保柏卓康健/童康健」)轉移至保柏靈活配自願醫保計劃(「保柏靈活配」)之轉移確認信

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

This Confirmation of Migration shall form part of the Health Insurance Application under Bupa MyFlexi.

To facilitate the migration procedure, all information provided in your application documents under Bupa CarePro/Care Kid, including without limitation the application form, questionnaires, evidence of insurability, any documents or information submitted and any statements and declarations made in relation to such application, including any updates of and changes to such requisite information, will be transferred to Bupa MyFlexi and they shall form part of your Bupa MyFlexi Policy. Please notify us if you would like to update any information already provided to Bupa. Bupa may ask you for further details to complete the migration process if needed.

This Confirmation of Migration must be returned to Bupa at least 3 weeks before your Bupa CarePro/Care Kid Contract Anniversary Date.

Please note if you'd like to change your plan level or benefits when you migrate to Bupa MyFlexi, underwriting will be required and this Confirmation of Migration won't be applicable. Please contact your health management consultant for details.

此轉移確認信將構成保柏靈活配自願醫保計劃申請表的一部分。

為方便進行轉移程序，所有於您申請保柏卓康健/童康健計劃時提供的資料，包括但不限於申請表、問卷、投保證明、任何已提交的文件及資料，以及與該申請有關的任何陳述及聲明，包括對此類必要資料的任何更新和更改，將轉移至保柏靈活配，並將構成您的保柏靈活配保單的一部分。如您希望更新任何曾提供予保柏的資料，請通知我們。如有需要，保柏或會要求您提供更多詳情，以便完成您的轉移程序。

此轉移確認信必須於您的保柏卓康健/童康健的合約週年日前最少三星期交回保柏。

請注意，如您希望在轉移至保柏靈活配時更改計劃級別或保障，將須經過核保，而此轉移確認信將不會適用。請聯絡您的健康管理顧問了解詳情。

My existing Bupa CarePro/Care Kid scheme Membership No.
我的現有保柏卓康健/童康健計劃 會員編號

Conditions of Migration 轉移條件

- 1) Migration from Bupa CarePro/Care Kid to Bupa MyFlexi without underwriting is only applicable to migration between equivalent plan levels and benefit coverage as shown in the table below:

由保柏卓康健/童康健轉移至保柏靈活配而無須核保的安排只適用於轉移至同等計劃級別及保障範圍的情況，如下表所列：

Your existing plan level and benefit coverage under Bupa CarePro/Care Kid 您現有的保柏卓康健/童康健下的計劃級別及保障範圍		Equivalent plan level and benefit coverage under Bupa MyFlexi after migration 轉移後同等的保柏靈活配的計劃級別及保障範圍
Hospital & Surgical Benefit 住院及手術保障	Ward 大房	Standard 基本
	Semi-private 半私家房	Advance 智選
	Private 私家房	Deluxe 尊尚
Hospital & Surgical Benefit with Clinical Benefit# 住院及手術保障，附加門診保障#	Ward 大房	Standard Plus with Clinical Benefit 升級基本，附加門診保障
	Semi-private 半私家房	Advance Plus with Clinical Benefit 升級智選，附加門診保障
	Private 私家房	Deluxe Plus with Clinical Benefit 升級尊尚，附加門診保障
Hospital & Surgical Benefit with Full Cover and/or Supplementary Major Medical Benefit 住院及手術保障，附加全數賠償保障及/或附加醫療保障	Ward 大房	Standard Plus 升級基本
	Semi-private 半私家房	Advance Plus 升級智選
	Private 私家房	Deluxe Plus 升級尊尚

If your Bupa CarePro/Care Kid scheme currently includes Hospital and Surgical Benefit plus Clinical Benefit, you'll need to migrate to Bupa MyFlexi with Push the Limit Benefit plus Clinical Benefit.

如您的保柏卓康健/童康健計劃現時包括住院及手術保障和門診保障，您須轉移至保柏靈活配的「升級保障」並同時加入門診保障。

Note: If your Bupa CarePro/Care Kid scheme includes any optional benefits (except Hospital Cash Benefit), these benefits must be migrated to Bupa MyFlexi as optional benefit(s) attached to the equivalent plan level above.

註：如您的保柏卓康健/童康健計劃包括任何自選保障（住院現金保障除外），這些自選保障必須於轉移至以上同等的保柏靈活配計劃級別時同時轉移。

This Confirmation of Migration is not applicable to the following scenarios. Please contact your health management consultant for details.

- If there's any change in plan level or benefits, underwriting may be required and you'll need to submit a Transfer Form.
- If the Member is covered under Bupa Care Kid and has reached age 18 or above on the coming Contract Anniversary Date, the ownership of the scheme will be switched from the parent to the adult child. You'll need to submit a Transfer Form.

此轉移確認信不適用於以下情況。請聯絡您的健康管理顧問了解詳情。

- 如有任何計劃級別或保障之改變，或須經過核保，您須提交轉移申請表。
- 如會員受保於保柏卓康健並於合約週年日年滿18歲或以上，計劃的擁有權將由父母轉移至該成年子女，您須提交轉移申請表。

- 2) Your existing Bupa CarePro/Care Kid scheme will be terminated on its Contract Anniversary Date after successful migration to Bupa MyFlexi. No medical insurance coverage shall be provided under Bupa CarePro/Care Kid after the date of its termination. New benefits and premium (including all subsequent adjustments) will take effect from the Policy Effective Date of Bupa MyFlexi.

成功轉移至保柏靈活配後，您現有的保柏卓康健/童康健計劃將於其合約週年日終止。當保柏卓康健/童康健計劃終止後，將不會再提供任何醫療保障。新的保障及保費（包括所有後續的調整）將於保柏靈活配的保單生效日起開始生效。

- 3) The coverage for unknown pre-existing conditions under Bupa MyFlexi will be backdated to the Coverage Commencement Date under Bupa CarePro/Care Kid. Please refer to the endorsement attached to your Bupa MyFlexi welcome pack for details.

保柏靈活配下的未知的已有病症之保障將追溯至保柏卓康健/童康健的保障開始日起計算。詳情請參閱隨您的保柏靈活配迎新文件附上的批注信件。

- 4) All excluded medical conditions, lower benefit conditions (applicable to addition or upgrade of benefits), no claim renewal discount and child discount (if applicable) applied under Bupa CarePro/Care Kid shall be carried forward to Bupa MyFlexi directly. Please refer to the Policy Schedule for the full list of Case-based Exclusions and Supplement - Layered Benefits for the lower benefit conditions attached to your Bupa MyFlexi welcome pack.

保柏卓康健/童康健下應用的所有醫療不保事項、較低保障限額（適用於曾新增或提升保障）、無索償續保折扣及子女折扣（如適用）將直接轉移至保柏靈活配。請參閱保柏靈活配迎新文件內附的保單資料頁上所顯示的個別不保項目之完整列表及「補充文件一分層保障」所適用之較低保障限額。

- 5) After successful migration, if you would like to exercise your cooling-off rights under Bupa MyFlexi and reinstate your Bupa CarePro/Care Kid scheme, you must submit a written request to Bupa for reinstatement together with your cancellation notice within the cooling-off period. You are also required to arrange payment of the subscriptions under Bupa CarePro/Care Kid.

成功轉移計劃後，如您希望於保柏靈活配下行使冷靜期權益並復效您的保柏卓康健/童康健計劃，您必須於冷靜期內以書面通知保柏有關復效要求，並連同取消通知書交回保柏。您亦須安排繳交保柏卓康健/童康健的保費。

- 6) All information related to your Bupa CarePro/Care Kid scheme, including personal data and bank account details for reimbursement, will be transferred to Bupa MyFlexi for continuous administration of your policy. As a condition of migration, you are required to set up yearly premium payment via credit card by signing and returning the attached Credit Card Authorisation Form together with this Confirmation.
所有與您的保柏卓康健/童康健計劃有關的資料，包括個人資料及支付賠償之銀行戶口資料，將會轉移至保柏靈活配，以便繼續管理您的保單。作為轉移條件，您須設立信用卡年繳保費模式，請簽署隨附的信用卡付款授權書，並連同此確認信交回。
- 7) Migration to Bupa MyFlexi is entirely voluntary and you may choose to stay a Bupa CarePro/Care Kid member as long as Bupa continues to underwrite that scheme and you/your child meet the eligibility requirements.
轉移至保柏靈活配全屬自願性質。只要在保柏繼續承保保柏卓康健/童康健計劃的期間，而您/您的子女符合資格條件，您可選擇繼續保留於該計劃。

Successive Policy Holder (Only applicable to migration from Bupa Care Kid to Bupa MyFlexi) 繼任的保單持有人 (只適用於由保柏童康健轉移至保柏靈活配)

Please provide the name of Successive Policy Holder* under Bupa MyFlexi (Optional) 請提供保柏靈活配下繼任的保單持有人*姓名 (可選擇填寫)

Surname 姓 _____

Given Name 名 _____

HKID Card No. / Passport No. 香港身份證號碼 / 護照號碼 _____ Relationship with Insured Person^ 與受保人之關係^ _____

* As you are the policy holder for your child's policy, you can choose a person aged 18 or above to take your place as the policy holder in case you pass away. If you don't choose a successive policy holder, the ownership of the policy will be transferred to the insured person (if age 18 or older) or his/her parent or guardian.

* 由於您是貴子女保單的保單持有人，您可提名一名18歲或以上的人士，在您身故後成為繼任的保單持有人。若您並無提名任何繼任的保單持有人，有關保單的擁有權將轉移至受保人(若其年滿18歲)或其家長或監護人。

^ Applicable to parents/parents-in-law/siblings/grandparents/grandparents-in-law

^ 適用於父母/配偶的父母/兄弟姊妹/祖父母/配偶的祖父母

Child Discount (if applicable) 子女保費折扣(如適用)

Child discount is available if your child is at age 17 or below and one or both parents is/are covered under Bupa MyFlexi VHIS Plan.

子女折扣優惠只適用於您年齡為17歲或以下的子女，而父母其中一人或二人同時受保於「保柏靈活配自願醫保計劃」。

<input type="checkbox"/> Please tick if you are an existing Insured Person 如您是現有受保人，請於空格內加上「✓」號	Membership no. of your existing Bupa CarePro scheme 您的現有保柏卓康健的會員編號 _____
Your Spouse 您的配偶 Spouse's Name (same as HKID Card) 配偶姓名 (與香港身份證相同)	Membership no. of your spouse's existing Bupa CarePro scheme 您配偶的現有保柏卓康健的會員編號 _____

Confirmation of Migration and Declaration 轉移確認及聲明

I, as the Subscriber of Bupa CarePro/Care Kid, am applying to migrate my/my child's existing Bupa CarePro/Care Kid scheme to Bupa MyFlexi and declare as follows: Before submitting this Confirmation of Migration, I have carefully read the product details of Bupa MyFlexi, the migration arrangement and product comparison tables available at www.bupa.com.hk/migration. Further, I have checked the applicable premium payable for Bupa MyFlexi after migration with the premium calculator or Premium Table available on www.bupa.com.hk/migration according to my/my child's age, plan level and benefit coverage. I understand that if anything is unclear about the migration arrangement and premium payable under Bupa MyFlexi, I have the right to contact my health management consultant before making a decision to migrate. I hereby confirm that the product features of Bupa MyFlexi are able to fulfil my/my child's current medical protection needs, financial situation and premium affordability, and I have selected to migrate to Bupa MyFlexi of my own free will.

I further acknowledge that the general conditions, definitions, benefit items, coverage details, exclusions, applicable premium and discount calculation under Bupa MyFlexi are different from Bupa CarePro/Care Kid. I agree to be bound by the terms and conditions of Bupa MyFlexi after migration, which can be viewed on Bupa's website at www.bupa.com.hk/myflexi.

I have read the Conditions of Migration set out above, and confirm acceptance of all conditions as conditions precedent for migration to Bupa MyFlexi.

I acknowledge that the premium paid under Bupa MyFlexi shall not be automatically entitled to tax deduction even if my application for migration is approved by Bupa. I understand that I am required to fulfil the conditions and assessment criteria imposed by the Inland Revenue Department and any applicable laws (which may be amended from time to time), which include but are not limited to allowable relationships for dependants, age/disability/full-time education requirements, date and amount of qualifying premium paid, in order to enjoy any tax deduction.

I have read and understood the Personal Information Collection Statement available at www.bupa.com.hk/en/legal-notices/.

Cancellation Rights and Refund of Premium(s) within the Cooling-off Period under Bupa MyFlexi

I understand that I have the right to cancel Bupa MyFlexi and obtain a refund of any premium(s) and levy paid by giving written notice to Bupa (Asia) Limited. I understand that to exercise this right, the notice of cancellation must be signed by me and received directly by Bupa (Asia) Limited at 18/F, Berkshire House, 25 Westlands Road, Quarry Bay, Hong Kong within the cooling-off period. I understand that the cooling-off period is the period of 21 days immediately following either the day of delivery of the policy or the cooling-off notice to me or my nominated representative (whichever is the earlier). I understand that the cooling-off notice is a notice that will be sent to me or my nominated representative by Bupa (Asia) Limited to notify me of the cooling-off period around the time the policy is delivered.

I understand that no cover will be payable under Bupa MyFlexi unless the premium is received in full by Bupa.

本人作為保柏卓康健/童康健計劃的投保人，申請將本人/本人子女的現有保柏卓康健/童康健計劃轉移至保柏靈活配，並作出以下聲明：

在提交此轉移確認信前，本人已細閱www.bupa.com.hk/migration網頁上所述的保柏靈活配之產品詳情、轉移安排及產品比較表。同時，本人已於www.bupa.com.hk/migration網頁上的保費計算機或保費表，按本人/本人子女的年齡、計劃級別及保障範圍查閱轉移至保柏靈活配後適用的應付保費。本人明白若對轉移安排或保柏靈活配的保費有任何不清楚之處，本人有權於作出轉移決定前聯絡我的健康管理顧問。本人在此確認保柏靈活配的產品內容符合本人/本人子女現時之醫療保障需求、財務狀況及保費承擔能力，同時，本人選擇轉移至保柏靈活配乃按照本人之獨立意願而決定。

本人進一步確認保柏靈活配的一般條件、釋義、保障項目、保障詳情、不保事項、適用保費及折扣計算均與保柏卓康健/童康健不同。本人同意於轉移計劃後受保柏靈活配的條款及細則約束，而此等條款及細則可於保柏網站www.bupa.com.hk/myflexi上查閱。

本人已閱讀以上所列的轉移條件，並確認接受所有條件作為轉移至保柏靈活配的先決條件。

本人明白即使此轉移申請已獲保柏接納，保柏靈活配下已繳付的保費並不會自動享有稅務扣減。本人明白本人須符合稅務局及任何適用的法律(可不時修改)所規定的條件及評估標準方可享有稅務扣減，包括但不限於認可的受供養人、年齡/殘疾/全日制學生資格，以及支付合資格保費的金額及日期。

本人已細閱及明白載於www.bupa.com.hk/tc/legal-notices/的個人資料收集聲明。

於保柏靈活配冷靜期內取消保單的權利及退還保費

本人明白本人有權以書面通知要求保柏(亞洲)有限公司取消保柏靈活配保單並獲退還所有已繳保費及保費徵費。本人明白為行使這項權利，該取消保單的通知必須由本人簽署並由保柏(亞洲)有限公司在香港鰂魚涌華蘭路25號柏克大廈18樓於冷靜期內直接收到。本人明白冷靜期為緊接保單或冷靜期通知書交付予本人或本人的指定代表之日起計的21天的期間(以較早者為準)。本人明白冷靜期通知書是由保柏(亞洲)有限公司在交付保單時致予本人或本人的指定代表的一份通知書，以就冷靜期一事通知本人。

本人明白保費全額收妥後，保柏方按保柏靈活配保單支付保障。

Policy Holder's signature 保單持有人簽署

X
(Full name 全名 _____)

Signed in Hong Kong on 於香港簽署之日期

DD 日 MM 月 YYYY 年

Reminder 提提您

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

- enclosed the completed Credit Card Authorisation Form
- initialled any amendments on this Confirmation of Migration

我們想更快地助您完成轉移安排，因此請您在遞交轉移確認信時謹記：

- 連同已填妥的信用卡付款授權書
- 於任何更改之處簽署作實

Please return the completed Confirmation of Migration with the Credit Card Authorisation Form to Bupa by 請將已填妥之轉移確認信及信用卡付款授權書交回保柏：

Email 電郵: indsales@bupa.com.hk

Post 郵寄: 18/F, Berkshire House, 25 Westlands Road, Quarry Bay, Hong Kong 香港鰂魚涌華蘭路25號柏克大廈18樓

If you enrolled in your Bupa scheme through the intermediary channel, please return to your servicing intermediary directly. 如您透過中介渠道申請保柏計劃，請直接交回您的中介人處理。

Credit Card Authorisation Form (applicable to migration from Bupa CarePro/Care Kid Health Insurance Scheme to Bupa MyFlexi VHIS Plan)

信用卡付款授權書(適用於由「保柏卓康健/童康健醫療保障計劃」轉移至「保柏靈活配自願醫保計劃」)



Please complete this form in **ENGLISH AND BLOCK LETTERS**. Please tick as appropriate. 請以**英文正楷**填寫妥本表格，並於適用地方加「✓」號。

Membership of no. existing Bupa CarePro/ Care Kid scheme (16 digits) 現有保柏卓康健/童康健計劃的會員號碼(16位數字)		<input type="text"/>															
Policy holder's Name 保單持有人姓名		<input type="text"/>															
Surname 姓		<input type="text"/>															
Given Name 名		<input type="text"/>															
Credit card 信用卡		<input type="checkbox"/> Visa				<input type="checkbox"/> MasterCard											
Cardholder's name 持卡人姓名		<input type="text"/>															
HKID card no. 香港身份證號碼				Credit card no. 信用卡號碼												Credit card expiry date 信用卡到期日	
<input type="text"/>				<input type="text"/>												<input type="text"/> <input type="text"/> MM 月 YY 年	
If the cardholder is not the Policy Holder, please fill in the following information. 若信用卡持有人並非保單持有人，請填寫以下資料。																	
Relationship with the Policy holder / Insured person 與保單持有人 / 受保人關係 (Applicable to spouse, parents or children only 只適用於配偶、父母或子女)																	
<input type="text"/>																	
I hereby authorise and direct Bupa (Asia) Limited to debit the premium and levy due from my credit card account until further notice. 本人現授權保柏(亞洲)有限公司於本人信用卡賬戶扣取保費及徵費，直至另行通知。																	
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) making or receiving any payments in connection with my insurance; (2) communication with me about this form; (3) 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 (4) satisfying any applicable legal or regulatory requirements. 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)就本人的保險繳付或收取賬項；(2)就此表格與本人聯絡；(3)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(4)遵守任何法例或監管要求。有關個人資料收集聲明之詳情，請參閱保柏網站 http://www.bupa.com.hk/chi/Others/legal-notices.aspx .																	
Cardholder's signature 持卡人簽署									Date 日期								
<input type="text"/>									<input type="text"/>								
X									<input type="text"/>								
									DD 日 MM 月 YY 年								