

# Bupa Health Insurance Scheme Registration Variation Form III (Individual Scheme)

## 保柏醫療保障計劃 (個人計劃) 更改登記申請表 III



Please complete this form in **ENGLISH AND BLOCK LETTERS**. Please tick as appropriate. 請以**英文正楷**填妥本表格，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)

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

### Types of Changes 更改項目 (Please tick the change(s) and fill in the details as required 請選擇更改部分並填妥所需資料)

☐ **I. Change of Benefit 更改保障** (Health Declaration and Questionnaire must be completed for plan upgrade or benefit addition (marked with “\*”). The new benefit will be effective on the date of renewal, if approved. 如選擇提升計劃等級或增加保障(註有「\*」號)，必須填寫健康聲明及問卷。一經批核，新保障將於續保日生效。)

☐ **Applicable to Bupa Care Pro / Bupa Care Kid Health Insurance Scheme 適用於保柏卓康健 / 保柏童康健醫療保障計劃**

\* Please tick the NEW plan 請於新計劃之空格內加上「✓」號 (Applicable to lower benefit level only. 只適用於選擇較低之保障等級。)

Plan 計劃 ☐ 1 / 4 Private 私家房

Plan 計劃 ☐ 2 / 5 Semi-private 半私家房

Plan 計劃 ☐ 3 / 6 Ward 大房

**Addition / Cancellation of Optional Benefit 增加或取消自選保障項目 (Applicable to cancellation of benefit only. 只適用於取消保障。)**

Full Cover Benefit 全數賠償保障<sup>†</sup> (applicable to Plan 4, 5 and 6 適用於計劃4, 5及6)

☐ \*Add 增加

☐ Cancel 取消

Supplementary Major Medical Benefit 附加醫療保障 (issue age must be below 60 投保年齡必須為60歲以下)

☐ \*Add 增加

☐ Cancel 取消

Hospital Cash Benefit 住院現金保障

☐ \*Add 增加

☐ Cancel 取消

Clinical Benefit 門診保障

☐ \*Add 增加

☐ Cancel 取消

Maternity Benefit 產科保障 (issue age must be below 50 投保年齡必須為50歲以下)

☐ Add 增加

☐ Cancel 取消

Dental Benefit (Plan A) 牙科保障 (計劃A) (applicable to Bupa Care Pro 適用於保柏卓康健計劃)

☐ Add 增加

☐ Cancel 取消

Dental Benefit (Plan B) 牙科保障 (計劃B) (applicable to Bupa Care Pro 適用於保柏卓康健計劃)

☐ Add 增加

☐ Cancel 取消

<sup>†</sup> The Full Cover Benefit is payable up to the Maximum Limit per Contract Year. 全數賠償保障以每合約年度最高賠償額為上限。

\* If you choose to add or upgrade your Benefit (marked with “\*”), all eligible medical expenses for the medical conditions that occurred before such change will be reimbursed according to your previous Benefits. 如你選擇增加或提升保障(註有「\*」號)，所有在更改前已患傷病之合資格醫療費用將根據舊有保障賠償。

### ☐ **Applicable to Bupa Transfer Care Health Insurance Scheme 適用於保柏轉安保醫療保障計劃**

\* Please tick the NEW plan 請於新計劃之空格內加上「✓」號

Plan 計劃 ☐ 2 Semi-private 半私家房

Plan 計劃 ☐ 3 Ward 大房

**Cancellation of Optional Benefit 取消自選保障項目 (Applicable to cancellation of benefit only. 只適用於取消保障。)**

Supplementary Major Medical Benefit 附加醫療保障

☐ Cancel 取消

Clinical Benefit 門診保障

☐ Cancel 取消

### ☐ **Applicable to Bupa VTop Health Insurance Scheme 適用於保柏易增值醫療保障計劃**

\* Please tick the NEW plan 請於新計劃之空格內加上「✓」號 (Please select the benefit level which is lower than your previous plan. 請選擇與你之前計劃較低之等級。)

**Itemised Hospital and Surgical Benefit 分項住院及手術保障**

☐ Plan 計劃 2 Semi-private 半私家房

☐ Plan 計劃 3 Ward 大房

**Lump Sum Hospital and Surgical Benefit 總額住院及手術保障**

☐ Plan 計劃 5 Semi-private 半私家房

☐ Plan 計劃 6 Ward 大房

<sup>†</sup> No benefit upgrade or transfer Plans 1-3 to Plans 4-6 (and vice versa) is allowed throughout the lifetime of the Member.

會員終生不能提升保障級別或轉移計劃1-3至計劃4-6 (反之亦然)。

**Addition / Cancellation of Optional Benefit 增加或取消自選保障項目**

**Supplementary Major Medical Benefit 附加醫療保障**

☐ Cancel 取消

**Clinical Benefit 門診保障\*\***

☐ Add 增加\*

☐ Cancel 取消

\*\* Not allowed to add clinical benefit again if member previously had bought and cancelled once.

如會員曾經取消門診保障，將不能再增加此保障。

### ☐ **Applicable to Bupa VTop Health Insurance Scheme (Class HKU) 適用於保柏易增值醫療保障計劃 (香港大學組別)**

\* Please tick the NEW plan 請於新計劃之空格內加上「✓」號 (Please select the benefit level which is lower than your previous plan. 請選擇與你之前計劃較低之等級。)

**Itemised Hospital and Surgical Benefit and Supplementary Major Medical Benefit 分項住院及手術保障及附加醫療保障**

☐ HKU Plan 2 香港大學計劃 2 Semi-private 半私家房

<sup>†</sup> No benefit upgrade is allowed throughout the lifetime of the Member.

會員終生不能提升保障級別。



PAMVT

Important Note 重要事項

During the insurance application process, it's important that you act with utmost good faith and disclose all material facts related to the proposed Member / Insured Person to Bupa. If you are uncertain as to whether a fact is material, then it should be disclosed. If you fail to disclose or misrepresent a material fact and this causes Bupa to accept the risk, this will raise questions about your entitlement to insurance benefits. Consequences may include termination of your policy or reduction of entitlement to claims payments in all or part.

在保險申請過程中，務必以至高誠信向保柏披露有關準會員/受保人所有重要事實。如果你不確定某個事實是否重要，則應將其披露。如你未能披露或錯誤陳述重要事實，而導致保柏承擔有關風險，這將影響你所享有的保障。其結果可能包括終止你的保單；或減少全部或部分你所獲得的賠償。

- (i) This questionnaire collects health-related information solely for the purpose of underwriting which is a process for Bupa to evaluate the health risk of the applicants and decide the application results. The underwriting process that Bupa adopts should be fair and reasonable, and Bupa should explain the application results if requested by the customers. 此問卷收集與健康相關的資料僅作為核保之用途，而核保是保柏評估申請人之健康風險及決定申請結果的程序。保柏採用的核保程序應為公平合理，並會因應客戶要求解釋申請結果。
- (ii) As the applicant, you are required to provide Bupa with complete and accurate information requested in this questionnaire to the best of your knowledge and belief. Based on the information provided, Bupa may have follow-up questions or enquiries that require you to provide further information for underwriting purpose. 作為申請人，你需要盡其所知所信，按本問卷中要求向保柏提供完整及準確的資料。保柏根據你提供的資料，可能會提出跟進問題或查詢而需要你進一步提供資料以作核保之用。
- (iii) If there are any changes to or updates of the information provided in this questionnaire after the time of submission of this application and before you receive the Policy, you are required to notify Bupa in a timely manner. 若你在提交本申請表後至你收到保單前的期間就本問卷中提供的資料有任何改變或更新，你需要及早通知保柏。
- (iv) Even after an insurance policy has been issued upon successful application, the insurance coverage for the proposed Member / Insured Person may be affected or the policy may be terminated, voided or rescinded, or claims may be repudiated by Bupa, if you have not provided Bupa with complete and accurate information to the best of your knowledge and belief according to (ii), or if you have not notified Bupa on any changes to or updates of the information in time according to (iii). 即使已成功投保並獲發保單，若你未按 (ii) 所述盡其所知所信向保柏提供完整及準確的資料，或未按 (iii) 所述就資料的任何改變或更新而及早通知保柏，準會員/受保人的保險保障可能會受到影響，保柏亦可能因此終止、作廢或撤銷有關保單，或拒絕賠償。

Guidance Note in completing the questionnaire 填寫問卷指引

If you answer Yes to any of the questions 1-7 in Section A, please provide additional information in Health Questionnaire - Section B.  
如果你就甲部第 1 至 7 項任何一項問題之答案為「是」者，請於健康問卷 - 乙部提供更多資料。

You do not need to disclose information regarding the medical conditions or treatments below -

Cold / flu / sore throat, gastroenteritis / food poisoning (fully recovered), indigestions (no investigations required), acne, muscle sprained (fully recovered), thrush, routine scan / blood test for pregnancy (normal result), routine cervical smear (normal result), routine health check (normal result), preventive vaccination, Hormonal Replacement Therapy (menopause), infertility treatment or uncomplicated pregnancy, myopia / hyperopia / astigmatism / presbyopia.

你無需披露以下健康狀況或治療 -

傷風/感冒/喉嚨痛、腸胃炎/食物中毒(已痊癒)、消化不良(無需檢查)、痤瘡、肌肉扭傷(已痊癒)、鵝口瘡、常規產前掃描/血液檢驗(檢驗結果正常)、常規子宮頸細胞塗片檢驗(檢驗結果正常)、常規健康檢查(檢查結果正常)、預防疫苗、荷爾蒙補充治療(更年期)、不育治療或胎兒生長情況正常的懷孕、近視/遠視/散光/老花。

You are required to provide Bupa with complete and accurate information requested in this questionnaire to the best of your knowledge and belief, including any and all medical information which are known or ought to be known by Bupa in any previous insurance application and medical claims.

你需要盡其所知所信，按本問卷中要求向保柏提供完整及準確的資料，包括在之前的任何保險申請和醫療索償中保柏已知或應該知道的任何及所有醫療資料。

Health Questionnaire - Section A 健康問卷 - 甲部

Height 身高 <sup>#</sup> _____ cm 厘米 OR 或 _____ feet 呎 _____ inches 吋
Weight 體重 <sup>#</sup> _____ kg 公斤 OR 或 _____ pounds(lbs) 磅
Do you (or proposed Member/Insured Person) smoke <sup>3</sup> or have you (or proposed Member/Insured Person) smoked <sup>3</sup> in the last one year <sup>#</sup> ? <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
你(或準會員/受保人)有沒有吸煙 <sup>3</sup> 或在過去一年內曾否吸煙 <sup>3#</sup> ?
<sup>3</sup> For the purpose of this question, the meaning of "smoking" includes but is not limited to cigarettes, cigars, tobacco pipes, chewing tobacco and the use of nicotine replacement products (such as e-cigarettes).
<sup>3</sup> 「吸煙」在此問題的含義包括但不限於香煙、雪茄、煙斗、嚼煙及使用尼古丁補充劑產品(例如電子煙)。
<sup>#</sup> Not required for proposed Member/Insured Person below 18 years old. 18歲以下之準會員/受保人無需填寫。

1. In the last 3 years, have you (or proposed Member/Insured Person) ever had or been advised to have any regular or ongoing (such as monthly, every 2 months, half-yearly, annually) follow-up consultations or medical care with a healthcare professional (such as specialist doctor, physiotherapist, psychiatrist) for any disease or other medical condition? <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
在過去三年內，你(或準會員/受保人)是否曾經或被建議定期或持續(例如每月、每兩個月、每半年、每年)為任何疾病或健康狀況接受專業醫護人員(例如專科醫生、物理治療師、精神科醫生)的跟進診治或醫療護理？
2. In the last 3 years, have you (or proposed Member/Insured Person) ever had or been advised to undergo investigations (such as blood or urine test, ECG, X-ray, ultrasound, CT scan, MRI, PET scan, HIV test, Hepatitis B test, Hepatitis C test)? <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
在過去三年內，你(或準會員/受保人)是否曾接受或曾被建議接受檢查(例如驗血、驗尿、心電圖、X光、超聲波、電腦掃描、磁力共振、正電子掃描、愛滋病測試、乙型肝炎測試、丙型肝炎測試)？
If the answer is "Yes", do your (or proposed Member/Insured Person) investigation result(s) include the followings? 如果答案屬「是」，你(或準會員/受保人)的檢查結果是否包括下列情況？
(a) Abnormal test result is advised <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
檢驗結果異常
(b) You (or proposed Member/Insured Person) are still awaiting test / test result <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
你(或準會員/受保人)正等候檢驗或檢驗結果
(c) Medical advice has been sought or treatment is required for the test result (such as liver cyst / brain cyst / joint degeneration or calcification / lung or breast or thyroid calcification discovered on imaging test, that may not require immediate treatment) <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
就檢驗結果已尋求醫療意見或需要接受治療(例如一些未必需要即時治療的情況如肝囊腫/腦囊腫/關節退化或鈣化/於成像檢測中發現肺部或乳房或甲狀腺出現鈣化)
3. In the last 5 years, have you (or proposed Member/Insured Person) been advised by your doctor to take any medications (such as to be taken daily / once per week / as needed as directed by doctor) for a continuous period of more than 1 month? <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
在過去五年內，你(或準會員/受保人)是否曾被醫生建議定期(例如按醫生指示每日/每週一次/有需要時)服用為期超過一個月的處方藥物？
4. In the last 5 years, have you (or proposed Member/Insured Person) been admitted into a hospital? <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
在過去五年內，你(或準會員/受保人)是否曾入住醫院？
5. In the last 5 years, have you (or proposed Member/Insured Person) undergone a surgical procedure (including endoscopy or biopsy) without being admitted into a hospital? <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
在過去五年內，你(或準會員/受保人)是否曾在非住院情況下接受外科程序(包括內窺鏡檢查或活組織化驗)？

(P.T.O. 請轉下一頁)

## Health Declaration and Questionnaire (Cont.) 健康聲明及問卷 (續)

6. Apart from anything you (or proposed Member/Insured Person) have already disclosed in Questions 1 -5, do you (or proposed Member/Insured Person) have any of the following conditions?  
除了你(或準會員/受保人)在第1至5項問題中已披露的資料外,你(或準會員/受保人)是否有下列情況?

(a) Unintentional weight loss by more than 5 kg (11 lbs) over past 1 year ☐ Yes是 ☐ No否  
在過去一年內,體重無故地減少了5公斤(11磅)以上

(b) Abnormal bleeding (such as vaginal bleeding, rectal bleeding, nose bleeding or coughing up of blood) for at least one month ☐ Yes是 ☐ No否  
不正常出血(例如陰道出血、便血、流鼻血或咳血)至少一個月

(c) Other medical conditions or other sign and symptom (such as lump, headache, persistent coughing, chest pain or epigastric pain) that you (or proposed Member/Insured Person) are seeking or intend to seek medical advice ☐ Yes是 ☐ No否  
其他健康狀況或病徵及症狀(例如腫塊、頭痛、持續咳嗽、胸痛或上腹痛)而正在或打算尋求醫療意見

(d) In the last 1 year, you (or proposed Member/Insured Person) had or have been required to have follow-up consultation with a healthcare professional (such as specialist doctor, physiotherapist, psychiatrist) for any medical condition or sign and symptom ☐ Yes是 ☐ No否  
在過去一年內,你(或準會員/受保人)有任何健康狀況或病徵及症狀曾經接受或需要接受專業醫護人員(例如專科醫生、物理治療師、精神科醫生)的跟進診治

7. Have you (or proposed Member/Insured Person) ever been diagnosed with any of the following diseases or medical conditions?  
你(或準會員/受保人)是否曾被確診下列疾病或健康狀況?

(a) Cancer or carcinoma in situ 癌症或原位癌 ☐ Yes是 ☐ No否

(b) Brain tumor 腦部腫瘤 ☐ Yes是 ☐ No否

(c) Heart disease 心臟疾病 ☐ Yes是 ☐ No否

(d) Stroke (including transient ischemic attack (TIA)) 中風(包括短暫性腦缺血,俗稱「小中風」) ☐ Yes是 ☐ No否

(e) Hypertension 高血壓 ☐ Yes是 ☐ No否

(f) Diabetes mellitus or impaired glucose tolerance 糖尿病或葡萄糖耐量異常 ☐ Yes是 ☐ No否

(g) Prolapsed intervertebral disc or degenerative spine conditions 椎間盤突出或脊椎退化性疾病 ☐ Yes是 ☐ No否

(h) Diseases or medical conditions requiring a medical device or prosthesis to be implanted within the body 需要植入醫療儀器或義肢的疾病或健康狀況 ☐ Yes是 ☐ No否

(i) Mental health conditions (such as depression, anxiety, schizophrenia, eating disorders, or bipolar disorders) 精神健康狀況(例如抑鬱、焦慮、精神分裂、飲食失調或躁狂抑鬱症) ☐ Yes是 ☐ No否

(j) Multiple sclerosis 多發性硬化症 ☐ Yes是 ☐ No否

(k) Congenital conditions (medical, physical or mental abnormalities that existed at the time of or before birth) 先天性疾病(指於出生時或之前已存在的醫學、生理或精神上的異常) ☐ Yes是 ☐ No否

For proposed insured children aged 6 or below only 適用於六歲或以下之準受保兒童

8. Was the proposed insured child born before 37<sup>th</sup> week of pregnancy? ☐ Yes是 ☐ No否  
準受保兒童是否於懷孕第37週前出生?

### Health Questionnaire – Section B 健康問卷 – 乙部

If you answer Yes to any of the questions 1-7 in Section A above, please provide additional information as applicable below.

如果你就以上甲部第1至7項任何一項問題之答案為「是」者,請在以下適用的問題提供更多資料。

	Question No. 題號 _____ Medical condition 病症	Question No. 題號 _____ Medical condition 病症	Question No. 題號 _____ Medical condition 病症
1. Disease / medical condition / sign and symptom 疾病/健康狀況/病徵及症狀			
2. Date of first occurrence of sign and symptom 首次出現病徵及症狀的日期			
3a. Treatment / investigations / tests / scans that have been performed 已進行的治療/檢查/測試/掃描			
3b. Date of such treatment / investigation / tests / scan 有關治療/檢查/測試/掃描日期			
4. Present condition (such as whether fully recovered, follow up action / medication / next follow up date) 現況(例如是否已完全康復、有否跟進/服用跟進藥物/下次覆診日期)			
5. Date of last follow-up medical consultation / treatment 最後覆診/治療日期			

If you have any medical reports or reports of investigations, please enclose them and put a tick in the box.  
如果你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 acknowledge that Benefit is not payable under Bupa Health Insurance Scheme ("Scheme") for any costs of treatment arising from any existing illnesses, injuries or other conditions presented before the Coverage Commencement Date unless complete current details are fully disclosed by me in this Application and accepted by Bupa (Asia) Limited ("Bupa"). 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 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 organisation 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 authorisation 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 Contract of this Scheme and I agree that this Health Declaration and Questionnaire and the answers given in this Application shall be the basis of the Contract between me and Bupa.

I acknowledge that the Contract shall be renewed automatically on a yearly basis unless it is not renewed by giving notice to Bupa or according to the terms of the Contract. I further authorise Bupa to deduct the subscription payments from my designated bank account / credit card (where applicable) upon renewal. If I want to cancel the Contract in future, I will need to inform Bupa in writing at least 10 days before the Contract Anniversary Date.

I acknowledge that Bupa has discretion to appoint Registered Medical Practitioners, Hospitals, cancer centres, day case centres, diabetic centres and other service providers to provide Full Cover Benefit (if applicable) and to do all things and acts incidental to such appointment for me. I acknowledge and agree that such appointment shall be made on such terms and conditions as Bupa shall think fit at its absolute discretion. Bupa shall not be liable for any claim whatsoever which may be made against Bupa CarePro Appointed Service Providers by me. (Applicable to Bupa Care Pro / Bupa Care Kid)

I acknowledge that Bupa or any of its appointed medical examiners or laboratories to perform the necessary medical assessments and tests to evaluate the health status of the Member in relation to this Application and any claim arising therefrom. I acknowledge and agree that such appointment shall be made on such terms and conditions as Bupa shall think fit at its absolute discretion. Bupa shall not be liable for any claim whatsoever which may be made against any such service provider appointed by Bupa by the Member. I acknowledge that Bupa reserves the right to ask for submission of more details of health status or medical reports of the proposed Member at the Subscriber's own cost. Such authorisation shall survive me / the proposed Member and shall be irrevocable. (Applicable to Bupa VTop Health Insurance Scheme)

I acknowledge that Bupa may terminate the cover for the Member with immediate effect if the law of the country in which the Member is located, or the Member's Place 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. I further declare that the Member is not a US permanent resident. I understand that I am obliged to immediately notify Bupa in writing if the Member becomes a permanent resident of USA during the Contract year. For the above purpose, 'permanent resident' shall 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.

本人確認根據保柏醫療保障計劃（「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，除非本人在本申請表內已詳細列出並獲得保柏（亞洲）有限公司（「保柏」）接納。

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此計劃之各條款及細則，並同意本申請表內之健康聲明及問卷及回答作為本人與保柏之間所訂合約之根據。

本人明白除非收到本人給予保柏的通知不再續保或因根據合約條款規定不獲續保，否則合約將會每年自動續保。本人並授權保柏在續保時於本人指定的銀行賬戶或信用卡（如適用）扣取保費。如本人將來想取消合約，須於合約週年日10天前以書面通知保柏。

本人確認保柏可酌情委任註冊西醫、醫院、癌症中心、日症中心、糖尿病中心及其他服務供應商以提供全數賠償保障（如適用）及有關該委任所需之服務予本人。本人確認並同意有關此委任之條款及細則決定乃基於保柏以其認為合適的情況下而作出。就本人向有關保柏卓康健特選服務供應商所作出之申索，保柏一概不會負責。（適用於保柏卓康健 / 保柏卓康健醫療保障計劃）

本人確認保柏或其委任的體檢人員或化驗所為本申請及日後提出的任何索償進行所需的體格評估和測試以評核會員的健康狀況。本人確認及同意，保柏有絕對的酌情權以其認為合適的條款及細則作出上述委任。對於會員提出針對保柏委任的任何服務供應商的任何索償，保柏概不負責。本人確認，保柏保留權利要求投保人自費提供更多與會員健康狀況或醫療報告有關的詳情。此授權於本人/會員的一生中維持有效且不可撤銷。（適用於保柏易增值醫療保障計劃）

本人確認如會員的所在國家或其居住地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。本人此外聲明會員並非美國永久居民。本人明白如會員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。「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。

### 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 understand, acknowledge and agree that, as a result of me 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 further understand that the above agreement is necessary for Bupa to proceed with the Application.

本人明白、確知及同意，保柏會就申請人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。本人亦明白保柏必須取得本人以上的同意，才可以處理其保險申請。

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.

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。

**I understand that no cover will be payable under the Contract unless and until all required documents are submitted and processed, this application is approved and the subscription is received by Bupa.**

**本人明白除非及直至此申請所需的文件已經交妥及處理，並且此申請已獲保柏接納及保柏已經收到所有保費後，此合約下的保障方能生效。**

Subscriber's Signature 投保人簽署          X  (Full Name 姓名)	Sign Date 簽署日期          DD 日 MM 月 YYYY 年	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）
		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

### Privacy Notice

### Relating to the Personal Data (Privacy) Ordinance (the "Ordinance")

#### 1. Introduction

- 1.1. Your privacy and security of your personal information is important to Bupa. This Notice is prepared in accordance with the Ordinance and also operates as the Personal Information Collection Statement which we will provide, or make available, to you on or before the collection of your personal information by Bupa. When you become a Bupa customer, you agree that we will handle your personal information as described in this Notice. Please be aware that this Notice replaces any notice or statement of similar nature that may have been provided to you previously.
- 1.2. In this Notice, "we", "us", "our" and "Bupa" refers to Bupa (Asia) Limited and its affiliated entities (each a "Company") including:
  - Horizon Health and Care Limited
  - Bluea (Asia) Services Limited
  - Quality Healthcare Group
- 1.3. For the purposes of this Notice, "Group Company" means the Company and its holding companies, branches, subsidiaries, representative offices and affiliates, wherever situated, and any one of them. Affiliates include branches, subsidiaries, representative offices and affiliates of the Company's holding companies, wherever situated (collectively, the "Group").
- 1.4. If you provide us with the personal information about other individuals, you confirm that you have their consent and let them know where they can find a copy of this Notice.
- 1.5. Bupa is working hard to become the world's most customer-centric healthcare company. To do that, we provide more than just health insurance, we are developing programs and offering services which collectively look after our customer's health. In any interaction with Bupa, you might deal with more than one Bupa company. Where necessary or appropriate, we will tell you when you are dealing with different Bupa companies.

#### 2. Personal Information We Collect

- 2.1. From time to time, it is necessary for you, or other persons covered by your policy or subscription plan (each a "Member"), to supply the Company with certain personal information (including where relevant, credit information and claims history) when you interact with us, apply for and use our products and services.
- 2.2. **Failure to supply personal information requested by the Company may result in the Company being unable to process your application, request for information or services, enquiries and/or provide services or products to you, or the Member.**
- 2.3. The personal information we collect and/or hold from time to time may include your personal identification information, contact information, transaction records, financial background, medical and health records, biometric data and your location and activities when you access or browse our website(s) or use our mobile application(s) or portal(s) (including any diagnostic or health-monitoring tools thereon and the Bluetooth and/or wearable device that are used to collect data for the purposes of such tools).
- 2.4. We will always try to collect your personal information from you through the course of your relationship with us and in a range of ways. However, there may be instances where we will need to collect your personal information from third parties or sources in certain circumstances, such as a family member or someone else acting on your behalf, your employers, medical personnel, business/asset acquisition transactions of the Company, business partners, or public databases. Data may also be generated or combined with other information, available to the Company or any member of the Group Company.
- 2.5. If you are under the age of 18, you should obtain consent from your parent or guardian before you provide the Company with your personal information.
- 2.6. Storage of personal information may be in various forms including, physical (paper) form, digital customer systems or applications, data management software or systems in the usual course of business practices, depending on your engagement with the Company.
- 2.7. Separate privacy notices apply for recruitment or employment purposes.

#### 3. Purposes of Collection

- 3.1. Your personal information collected may be used, stored, processed, transferred, disclosed or shared by the Company for the following purposes from time to time:
  - (a) processing, assessing and determining any applications for products and services;
  - (b) 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 benefits or membership;
  - (c) registering you, or the Member, as a user or a member of services or information provided or to be provided by us on the website(s), mobile application(s) or portal(s) managed and/or operated by us;
  - (d) coordinating your care, or the Members', within Group Companies to achieve better health management outcomes;
  - (e) 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;
  - (f) 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, automated decision-making processes, including profiling, for risk assessment and claims management, research, data analytics, statistical analysis, and reinsurance arrangements;
  - (g) providing you with personalised health information and information about our services or products, and personalised website, mobile application or portal interface;
  - (h) providing you with appropriate health, product administration, wellness or other related services (including, without limitation, e-ticketing, appointment booking and clinic / medical professional search and service and product redemption functions on the website(s), mobile application(s) or portal(s)) managed and/or operated by us) or products;
  - (i) communicating with you regarding the administration, features and renewal of your policy, subscription plan, membership or any other service plan that you subscribe to;
  - (j) operating, maintaining, evaluating, improving, troubleshooting problems, and understanding your preference(s) with our website(s), mobile application(s) or portal(s);
  - (k) provision and design of products and services of the Company;
  - (l) exercising the Company's rights in connection with provision of any 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;
  - (m) 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 Notice;
  - (n) with your consent, marketing services, products and other subjects by us, any member and/or brand of the Group Companies (such as Quality HealthCare Group and/or our affiliates) and/or other third parties (please see further details in **paragraph 5** below);
  - (o) managing our relationship with you, our business and organisations who work with us in relation to providing our products or services to you, or the Member (including, with limitation, futures changes to this Notice);
  - (p) 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;
  - (q) making disclosure to satisfy the requirements of any laws, rules and regulations, codes of practice, guidance notes or guidelines binding on the Company; and
  - (r) fulfilling any other purposes directly related to (a) to (q) above.

#### 4. Transfer of Personal Information

- 4.1. 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 of the People's Republic of China, for the purposes specified in **paragraph 3** to the following classes of transferees:
  - (a) any member and/or brand of the Group Companies;
  - (b) any insurance adjusters, agents and brokers;
  - (c) any re-insurance companies authorised by the Company;
  - (d) any relevant policyholders or main member of the subscription plan (including your employer and the relevant employee enrolling the dependant under a group plan);
  - (e) any funders who arrange products or services on your behalf;
  - (f) any payment recipients, or anyone whose data is provided for receiving benefits under the plan or otherwise;
  - (g) healthcare professionals and hospitals;
  - (h) any third parties engaged in connection with a member of the Group Company's business who provides medical, health, insurance, wellness or other related services or products;
  - (i) any agent, contractor or third party service providers who provide administrative, telecommunications, computer, payment, data processing, storage of analytics, cloud, printing, research, advertising, distribution 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 (including the Hong Kong Federation of Insurers or any similar insurance industry bodies); 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);
  - (j) with your consent, third parties (within or outside the Group Companies) in relation to direct marketing (please see further details in **paragraph 5** below);
  - (k) third party reward, loyalty, co-branding and privileges programme providers and co-branding partners of a member of the Group Companies;
  - (l) financial institutions engaged by the Company or you for billing and payment purposes;
  - (m) any actual or proposed assignee, transferee, participant or sub-participant of all or a substantial part of the Company's rights or business; and
  - (n) 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.
- 4.2. We will only disclose personal information limited to that which is necessary to the above parties for the relevant purposes, who may process (including, without limitation, by recording, organising, structuring, storing, adapting, altering, retrieving, using, aligning, combining or erasing) your personal information for the relevant purposes set out in **paragraph 3** above.
- 4.3. In the event that we complete the acquisition of a new business or brand, we shall communicate with you through the communication channels you provided to us, and any personal information shall be treated in accordance with this Notice if it is practicable and permissible to do so.

#### 5. Use of Personal Information in Direct Marketing

- 5.1. Only with your consent (which includes an indication of no objection), the Company, any member and/or brand of the Group Companies and/or the third parties stated under paragraphs 3.1 (n) and 5.2 (b) to (e) may use your personal information (including your name, contact details, products and services portfolio, transaction pattern and behaviour) collected from time to time to provide you with marketing communications (including by email, SMS, mobile application, social media, instant messenger or other means that become available from time to time) relating to the following products and services:
  - (a) insurance, medical, dental, healthcare, wellness, personal development, beauty, sporting activities and membership, lifestyle, entertainment, financial, and related services and products;
  - (b) rewards, benefits, discounts, member activities, loyalty or privileges programmes and related services and products;
  - (c) services and products offered by the Company's co-branding partners; and
  - (d) donations and contributions for charitable and/or non-profit making purposes.
- 5.2. The above services, products and subjects may be provided or (in the case of donations and contributions) solicited by the Company and/or:
  - (a) any member and/or brand of the Group Companies;
  - (b) third party service providers;
  - (c) third party reward, loyalty, co-branding or privileges programme providers;
  - (d) co-branding partners of a member of the Group Companies; and
  - (e) charitable or non-profit making organisations.

## Personal Information Collection Statement 個人資料收集聲明

- 5.3. We will not use your personal information for direct marketing purposes unless we have received your consent. For the avoidance of doubt, the latest instruction (for example, consent or indication of no objection, or request for opt-out) received from you shall override any previous instruction given to the Company in this regard in relation to all of your personal information collected or held by the Company from time to time.
- 5.4. If you choose to personalise your services where such options are available, we will use personal information that we collect so that we can offer you those personalised services or communications. If you do not wish to accept those personalised services or communications, you can unsubscribe from those services at any time and we will cease to offer such services to you.
- 5.5. For the avoidance of doubt, whether or not you consent to receive marketing communications of the type described in this **paragraph 5**, the Company may still communicate with you regarding the administration, features and renewal of your service plan.
- 6. Security and Retention**
- 6.1. The Company retains your personal information for as long as necessary for the purposes set out in this Notice, or otherwise agreed between you and us, unless otherwise required or permitted under applicable law.
- 6.2. Where the Company no longer requires your personal information for the purposes under this Notice, or otherwise required under law, we will take appropriate steps to securely delete or destroy your personal information.
- 6.3. We will take all practicable steps to protect your personal information against unauthorised or accidental access, processing, erasure, loss or use. This includes implementing a range of digital and physical security measures. In addition, we will restrict access to your personal information to those properly authorised to have access.
- 6.4. When you use our sites, we and third-party companies collect information by using cookies and other technologies such as pixel tags (for simplicity we refer to all such technologies as "cookies"). The updated version of the Cookies Policy is available for download from our website: [www.bupa.com.hk](http://www.bupa.com.hk) and is available upon request.
- 6.5. Our websites, mobile applications or portals may incorporate the software development toolkit ("SDK") provided by technology partners. We conduct security assessments on these third parties and the deployed SDK to protect your personal information. If you choose not to agree to the SDK service providers, certain services may not be accessible, but you can still access other digital services. Please visit our corporate website for the latest list of the SDK service providers.
- 6.6. Our online portals may have links to other external websites over which we do not have control. You are advised to refer to the privacy policies of these websites for more information.
- 7. Data Access and Correction**
- 7.1. Under and in accordance with the terms of the Ordinance, you have the following rights to:
- (a) check whether the Company holds personal information relating to you or the Member and to access such personal information;
  - (b) require the Company to correct any personal information relating to you or the Member which is inaccurate;
  - (c) ascertain our policies and practices in relation to personal data and to be informed of the kind of personal data held by the Company;
  - (d) request the Company to cease using your personal information for direct marketing purposes; and
  - (e) change your preference in respect of our use of your personal information.
- 7.2. Requests can be made in writing to the Company's Data Protection Officer at the following address:  
Data Privacy Officer/ Customer Service Manager  
6/F, Tower 2, The Quayside, 77 Hoi Bun Road, Kwun Tong, Kowloon, Hong Kong  
Or, by email:
  - Bupa (Asia) Limited: [customercare@bupa.com.hk](mailto:customercare@bupa.com.hk)
  - Horizon Health & Care Limited: [cs@bluahealth.com.hk](mailto:cs@bluahealth.com.hk)
  - Blua (Asia) Services Limited: [hkprivacy@bupa.com.hk](mailto:hkprivacy@bupa.com.hk)
  - Quality Healthcare Group: [info@qhms.com](mailto:info@qhms.com)
8. 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.
9. Nothing in this Notice shall limit the rights of customers under the Ordinance.
10. In the event of any inconsistency between the English and Chinese versions of this Notice, the English version shall prevail. This Notice may be amended by the Company from time to time. You may access and obtain a copy of this Notice, as amended from time to time, at [www.bupa.com.hk](http://www.bupa.com.hk).

## Personal Information Collection Statement 個人資料收集聲明

### 有關個人資料（私隱）條例（「條例」）之私隱通知

1. 簡介  
1.1. 保柏十分重視您的個人資料的私隱及安全。本私隱通知按照條例所編製和作為收集個人資料聲明，我們將在保柏收集您的個人資料時或之前向您提供或可供查閱。當您成為保柏的客戶時，即表示您同意我們依照本私隱通知所述處理您的個人資料。請注意，本私隱通知取代之前可能已提供給您的任何類似性質的私隱通知或聲明。
- 1.2. 就本私隱通知中，「我們」、「我們的」及「保柏」是指保柏（亞洲）有限公司及其關聯公司（每一家為「本公司」），包括：
  - Horizon Health and Care Limited
  - Blua (Asia) Services Limited
  - 卓健醫療集團
- 1.3. 就本私隱通知而言，「集團公司」是指本公司及其母公司、分行、子公司、代表處及關聯公司，無論其位於何處，以及其中的任何一家。關聯公司包括母公司的分行、子公司、代表處及關聯公司，無論其位於何處（統稱為「本集團」）。
- 1.4. 如果您向我們提供其他人的個人資料，您確認已獲得他們的同意，並已告知他們本私隱通知。
- 1.5. 保柏正努力成為全球最以客户為中心的醫療保險保健公司。為了實現這一目標，我們提供的不僅僅是醫療保險，還設計了多項計劃並提供各類服務，全面照顧我們客戶的健康。當您與保柏互動時，可能會與多家保柏旗下公司接觸。當必要或適當時，我們會告知您正在與哪一家保柏公司進行聯繫。

### 2. 我們收集的個人資料

- 2.1. 當與本公司進行聯繫、或申請及使用我們的產品及服務時，您、保單或通行證中的其他會員（每位「會員」）必須不時向本公司提供您或會員的個人資料（包括信用資料和以往索賠記錄，如適用）。
- 2.2. 如您未能提供本公司所要求的個人資料，本公司可能無法處理您的申請及/或向您或會員提供產品、服務或其他相關服務。
- 2.3. 我們不時收集及/或持有的個人資料可能包括您的個人身份證明資料、聯絡資料、交易記錄、財務背景、醫療及健康記錄、生物辨識資料及您在訪問或瀏覽我們的網站或使用我們的流動應用程式或門戶平台時的位置及活動（包括其上的任何診斷或健康監測工具及此類工具用於收集數據的藍牙及/或可穿戴設備）。
- 2.4. 在您與我們的互動關係過程中，我們可通過多種方式從您那裡收集您的個人資料。但是，在某些情況下，我們可能需要從第三方或來源收集您的個人資料，例如代表您的家庭成員或其他人、您的僱主、醫務人員、本公司的業務/資產收購交易、業務合作夥伴或公共數據庫。資料亦可能與本公司或任何本集團成員可獲取的其他資料組合或產生。
- 2.5. 如您未滿18歲，您向本公司提供您的個人資料前，應徵得您父母或監護人的同意。
- 2.6. 根據您與我們的互動關係，個人資料的存儲可以採用不同形式，包括實體（紙張）形式、數碼化客戶系統或應用程式、日常業務實踐過程中的數據管理軟件或系統等。
- 2.7. 本私隱通知不適用於我們為招聘或就業相關目的。

### 3. 收集個人資料之目的

- 3.1. 本公司將就以下目的不時使用、儲存、處理、轉移、公開或分享您的個人資料：
  - (a) 處理、評估、決定任何產品及服務之申請；
  - (b) 為您或會員提供產品及服務及處理您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會員會籍；
  - (c) 登記您成為由我們管理及/或營運之網站、流動應用程式或門戶平台的用戶或其所提供或將提供的資訊或服務的會員；
  - (d) 在本集團公司旗下協調您或會員的護理，實現更好的健康管理結果；
  - (e) 任何有關您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；
  - (f) 執行與本公司提供的服務或產品有關的任何功能及活動，包括但不限於審計、匯報、市場研究、一般服務、在線及其他服務的維護、身份核實、資料核對、風險評估和索償管理的自動化決策過程（包括分析）、研究、數據分析、統計分析及再保險之安排；
  - (g) 向您提供個人化的健康資訊及有關我們的產品或服務的資訊，及個人化的網站、流動應用程式或門戶平台介面；
  - (h) 向您提供適合的健康、產品管理、保健或其他相關服務（包括但不限於電子票務、預約及診所/醫療專業人員搜索，以及我們管理及/或營運之網站、流動應用程式或門戶平台上的服務及產品兌換功能）或產品；
  - (i) 就您的保險計劃、通行證、會員會籍、或其他服務計劃的管理、保障及續約事項與您溝通；
  - (j) 就我們的網站、流動應用程式或門戶平台進行營運、維護、評估、改善、問題排除，以及瞭解您的偏好；
  - (k) 提供及設計本公司的產品及服務；
  - (l) 行使本公司向您或會員提供產品和服務時有關的權利，例如釐定您拖欠的任何款項的金額，及向您或任何已為您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；
  - (m) 就本私隱通知中所述的任何用途與您或會員（或與代表會員的您）聯絡；
  - (n) 在您同意的情況下促銷我們、任何集團公司成員及/或旗下品牌（例如卓健醫療集團及/或我們的關聯公司）及/或第三方的服務、產品及其他主題（詳情請參閱下文第5段）；
  - (o) 管理我們與您、我們的業務及與我們合作向您或會員提供產品或服務的組織之關係（包括但不限於通知本私隱通知的未來變更）；
  - (p) 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；
  - (q) 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；及
  - (r) 達到與上述 (a) 至 (q) 直接有關的其他目的。

### 4. 個人資料的轉移

- 4.1. 本公司所收集或持有與您或會員有關的個人資料將會保密，但本公司可在中華人民共和國香港特別行政區境內或境外，為上文第3段規定的目的，將這些個人資料轉移予下列類別的承轉人：
  - (a) 本公司的集團公司成員及旗下品牌；
  - (b) 任何由本公司授權的保險理算人、代理及經紀；
  - (c) 任何由本公司授權的再保險公司；
  - (d) 任何相關的保單持有人或通行證的主要成員（包括您的僱主及在團體計劃下為家屬投保的相關僱員）；
  - (e) 任何代表您安排產品或服務的資助者；
  - (f) 任何收款人，或任何為收取賠償或為其他目的而資料被提供的人；
  - (g) 醫護專業人員及醫院；
  - (h) 任何就集團公司的業務被聘用提供醫療、健康、保險、保健或其他相關服務或產品的第三方；
  - (i) 任何代理人、承辦人或其他就本公司之業務運作，向本公司提供行政、電訊、電腦、付款、資料處理、數據儲存及分析、雲端、印刷、廣告、研究、分銷或其他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，或是通過過防欺詐組織或本段中指定的其他人士）、為保險業界整合中系及承保資料之組織（包括香港保險業聯會或任何類似的保險業組織）、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）；
  - (j) 在您的同意下，任何參與直接促銷的第三方（無論在集團公司內或外）。（詳情請參閱下文第5段）；
  - (k) 獎賞、會員忠誠、品牌合作或優惠計劃之第三方供應商，及集團公司成員；
  - (l) 本公司或您為處理帳單及付款之目的而聘用的金融機構；
  - (m) 任何本公司全部或重要部分權益或業務的任何實際或建議承讓人、受讓人、參與人或附屬參與人；及
  - (n) 為遵守任何對本公司有約束力的法律、規則、規例、實務守則、指引資料或指引而有義務向其作出披露的任何人士，包括但不限於任何適用的監管機構、政府部門、受認證的行業組織、法院或其他法律規定的機構。
- 4.2. 我們只會向上述各方披露僅限為該相關目的必需的個人資料，他們可按上文第3段所述的相關目的處理（包括但不限於記錄、組織、構建、儲存、調整、修改、檢索、使用、達到一致、合併或刪除）您的個人資料。
- 4.3. 假若我們完成收購新公司或品牌的業務，我們會透過您提供給我們的通訊渠道向您溝通，而任何我們在得到您同意下獲取的個人資料將會在可行或許可的情況下跟據本私隱通知被處理。

### 5. 在直接促銷中使用個人資料

- 5.1. 只有在您的同意下（包括不反對的表示），本公司、任何集團公司成員、旗下品牌及/或第3.1 (n) 項及第5.2 (b) 至 (e) 項所述的第三方可使用不時向您收集的個人資料（包括姓名、聯絡資料、產品及服務組合資料、交易模式及行為，為您提供與下列服務或產品有關的促銷信息（包括通過電郵、短訊、流動應用程式通知、社交媒體、即時通訊工具、或其他隨時可用的聯絡方法）：
    - (a) 保險、醫療、牙科、康健、健康、個人發展、美容、體育運動及會員服務、生活時尚、娛樂、金融及相關服務及產品；
    - (b) 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；
    - (c) 本公司的品牌合作夥伴提供的服務及產品；及
    - (d) 為慈善及/或非牟利用途的捐款及捐贈。
  - 5.2. 上述服務、產品及主題可能由本公司及/或下列人士提供或（在捐款及捐贈的情況下）徵集：
    - (a) 任何集團公司成員及/或旗下品牌；
    - (b) 第三方服務供應商；
    - (c) 獎賞、會員忠誠、品牌合作或優惠計劃之第三方供應商；
    - (d) 集團公司成員的品牌合作夥伴；及
    - (e) 慈善或非牟利機構。
  - 5.3. 除非我們已取得您的同意，否則本公司不會使用您的個人資料作直接促銷用途。為免生疑問，就本公司不時收集或持有的所有您的個人資料，本公司將會以從您收到的最新指示（例如同意或表示不反對的指示，或提出反對要求）為準。
  - 5.4. 如果我們有提供服務個人化的選項時，而您選擇將您的服務個人化，我們將使用向您收集的個人資料為您提供該些個人化的服務或通訊。如果您不希望接受這些個人化的服務或通訊，您可以隨時取消訂閱這些服務，我們將停止向您提供這些服務。
  - 5.5. 為避免有疑慮，不論您是否同意接收以上第五段所述的市場推廣資訊類別，本公司仍然可能就您服務計劃相關的行政、保障及續保事宜與您聯絡。
- ### 6. 個人資料的安全及保留
- 6.1. 除非相關法律另有要求或批准，本公司會保留您的個人資料至達到本私隱通知所列所需的目的為止，或根據您與我們的另行協議保留您的個人資料。
  - 6.2. 如果本公司不再需要您的個人資料以用於本私隱通知規定的目的，或法律規定的其他目的，我們將採取適當的步驟，安全地刪除或銷毀您的個人資料。
  - 6.3. 本公司會採取一切可行措施安全存儲及保護您的個人資料，避免未經授權或意外的存取、處理、刪除、遺失或使用。這包括實施一系列安全措施。此外，我們會將對您的個人資料的訪問權限，限制為獲得適當授權的人員。
  - 6.4. 當您瀏覽我們的網站時，我們和我們合作的第三方公司通過使用 cookies 和其他技術（如像素標籤 - pixel tag）收集信息（為簡單起見，我們將所有此類技術稱為“cookies”）。Cookies 政策的更新版本可從我們的網站 [www.bupa.com.hk](http://www.bupa.com.hk) 下載，並可應要求提供。
  - 6.5. 我們的網站、流動應用程式或門戶平台介面可能會包含科技合作夥伴所提供的軟件服務工具包（“SDK”）。我們會對這些第三方及所使用的SDK進行安全評估，以保障您的個人資料安全。如果您選擇不同意SDK服務供應商，您可能無法使用某些服務，但您仍然可以使用其他數碼服務。請瀏覽我們的公司網站以獲取最新的SDK服務供應商名單。
  - 6.6. 我們的平台介面可能載有第三方網站的連結，我們對該等其他網站並無控制權。我們建議細閱該等網站的私隱聲明。

### 7. 查閱及更改個人資料

- 7.1. 根據有關條例中的條款，您有權：
  - (a) 查詢本公司是否持有與您或會員相關的個人資料，並查閱該等資料；
  - (b) 要求本公司更正任何有關您或會員的不準確的個人資料；
  - (c) 查明本公司對於個人資料的政策及處理方法及獲告知本公司持有的個人資料類別；
  - (d) 要求本公司停止將您的個人資料作直接市場推廣用途；及
  - (e) 更改您對我們使用您的個人資料的偏好。
- 7.2. 如您需行使上述權利，請以書面形式將您的要求：  
郵寄：香港九龍觀塘海濱道77號海濱匯第2座6樓  
保障資料主任/客戶服務經理  
或電郵：
  - 保柏（亞洲）有限公司：customer care@bupa.com.hk
  - Horizon Health and Care Limited: cs@bluahealth.com.hk
  - Blua (Asia) Services Limited: hkprivacy@bupa.com.hk
  - 卓健醫療集團：info@qhms.com
8. 根據有關條例之條款，本公司有權就處理您的查閱或更改的資料要求收取合理費用。
9. 本私隱通知不會限制您在條例下所享有的權利。
10. 如本私隱通知的英文版本與中文版本存有差異時，將以英文版本為準。本私隱通知會被本公司不時修訂。您可於 [www.bupa.com.hk](http://www.bupa.com.hk) 閱覽及取得不時修訂的本私隱通知。