

# Bupa Health Insurance Scheme Change of Payment Method and Account Number Form 保柏醫療保障計劃更改繳付保費方法及戶口號碼表



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。

## Personal Details of Subscriber / Policy Holder / Employee Member<sup>^</sup> 投保人/保單持有人/僱員會員<sup>^</sup>資料

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

Subscriber / Policy Holder / Employee Member<sup>^</sup>'s Name (same as HKID Card) 投保人/保單持有人/僱員會員<sup>^</sup>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 Payment Method 更改繳付保費方法 (Application must be made 3 weeks before the contract anniversary date) (必須於合約週年日三星期前申請)

Payment Frequency 繳付保費形式	Payment Method 繳付保費方法	Remarks 備註
<input type="checkbox"/> Yearly 年繳	<input type="checkbox"/> Credit Card <sup>1</sup> 信用卡 <sup>1</sup>	Please attach a completed <b>Credit Card Authorisation Form</b> 請連同填妥之 <b>信用卡付款授權書</b> 寄回
	<input type="checkbox"/> Autopay from Bank <sup>2</sup> 銀行自動轉賬 <sup>2</sup>	Please attach a cheque made payable to "Bupa (Asia) Limited" for the 1st year's subscription and levy with a completed <b>Direct Debit Authorisation Form</b> 請填妥 <b>直接付款授權書</b> ，連同首年保費及保費徵費之支票交回本公司，支票抬頭人為「保柏(亞洲)有限公司」
<input type="checkbox"/> Monthly 月繳	<input type="checkbox"/> Credit Card <sup>3</sup> 信用卡 <sup>3</sup>	Please attach a completed <b>Credit Card Authorisation Form</b> 請連同填妥之 <b>信用卡付款授權書</b> 寄回
	<input type="checkbox"/> Autopay from Bank <sup>4</sup> 銀行自動轉賬 <sup>4</sup>	Please attach a cheque made payable to "Bupa (Asia) Limited" for the first 2 months' subscription and levy with a completed <b>Direct Debit Authorisation Form</b> 請填妥 <b>直接付款授權書</b> ，連同首兩個月保費及保費徵費之支票交回本公司，支票抬頭人為「保柏(亞洲)有限公司」

<sup>1</sup> NOT Applicable to Bupa Hospital Cash (Plan 1-2). 不適用於「保柏住院現金(計劃1-2)」。

<sup>2</sup> NOT Applicable to Bupa Hospital Cash (Plan 1-2) / Bupa Care HealthNet / Bupa Civil Servants / Bupa Crystal / Bupa Gold. 不適用於「保柏住院現金(計劃1-2)」/「保柏康健網」/「保柏公務員」/「保柏晶彩寶」/「保柏尊貴寶」。

<sup>3</sup> NOT Applicable to Bupa Hospital Cash (Plan 4-6) / Bupa Care / Bupa Care HealthNet / Bupa Civil Servants / Bupa Crystal / Bupa Gold / Bupa Wise Choice / Bupa HKU Top-up / Bupa Critical Essential Care. 不適用於「保柏住院現金(計劃4-6)」/「保柏樂康健」/「保柏康健網」/「保柏公務員」/「保柏晶彩寶」/「保柏尊貴寶」/「保柏智康健」/「保柏香港大學附加醫療保障計劃」/「保柏智安保危疾」。

<sup>4</sup> NOT Applicable to Bupa Hospital Cash (Plan 4-6) / Bupa Care HealthNet / Bupa Civil Servants / Bupa Crystal / Bupa Gold / Bupa HKU Top-up. 不適用於「保柏住院現金(計劃4-6)」/「保柏康健網」/「保柏公務員」/「保柏晶彩寶」/「保柏尊貴寶」/「保柏香港大學附加醫療保障計劃」。

### II. Change of Bank Account for Reimbursement 更改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。  
I hereby agree and authorise Bupa (Asia) Limited to reimburse claims payment to the account below<sup>#</sup>. 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<sup>#</sup>。  
Account Holder's Name (Same as recorded on bank account statement/passbook) 戶口持有人姓名(與銀行結單/存摺相同)

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

If the above account holder is not the Subscriber / Policy Holder / Employee Member<sup>^</sup>, please fill in the following information. 若上述之戶口持有人並非投保人/保單持有人/僱員會員<sup>^</sup>，請填寫以下資料。

Relationship with the Subscriber (Policy Holder) or Member (Insured Person) or Employee Member<sup>^</sup> (Applicable to spouse, parents or children only) 與投保人(保單持有人)或會員(受保人)或僱員會員<sup>^</sup>關係 (只適用於配偶、父母或子女)

I acknowledge that I will need to provide a valid Hong Kong bank account details later for Bupa (Asia) Limited to avoid any delay on claims reimbursement if I do not provide my bank account details at this time. 本人明白如現選擇不提供銀行戶口資料，稍後需要向保柏(亞洲)有限公司提供有效的香港銀行戶口資料，以免延誤賠償。

Also, I may update the bank account details later on myBupa, our online and mobile platform. 此外，本人稍後亦可於myBupa網上及手機平台上更新自己的銀行戶口資料。

<sup>^</sup> Employee Member is applicable to the HKU Top-up Medical Insurance Scheme only. 僱員會員只適用於香港大學附加醫療保障計劃。

<sup>#</sup> For Hospital Cash, all reimbursement will be paid to the Subscriber only. For HKU Top-up Medical Insurance Scheme, all reimbursement will be paid to the Employee Member only. 住院現金的所有賠償款項將只向投保人支付。香港大學附加醫療保障計劃的所有賠償款項將只向僱員會員支付。

\* Please delete if inappropriate 請刪除不適用者



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III. Change for Reimbursement (Applicable to HKU Top-up Medical Insurance Scheme only)  
更改支付賠償 (只適用於香港大學附加醫療保障計劃)

All reimbursement will be paid to the Employee Member only. Please select the reimbursement method. 所有賠償款項將只向僱員會員支付，請選擇賠償款項支付方式。

I wish to receive my reimbursement by autopay. 我同意以自動轉賬方式支付賠償款項。

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 (Same as recorded on bank account statement/passbook)  
戶口持有人姓名(與銀行結單/存摺相同)

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

I acknowledge that if I do not provide my bank account details in this application form, I will need to provide the information to Bupa (Asia) Limited as soon as possible to avoid any delay on claims reimbursement. 本人明白若在此申請表中暫不提供銀行戶口資料，本人需儘早向保柏(亞洲)有限公司提供，以免延誤賠償。

I understand I may update my bank account details by submitting the relevant form which is available to download at myBupa, our online and mobile platform. 本人明白我可透過提交有關表格更新銀行戶口資料，表格可於myBupa網上及手機平台上下載。

I wish to receive my reimbursement by cheque. 我同意以支票方式支付賠償款項。

IV. Change of Bank Account Number for Autopay Payment 更改自動轉賬付款銀行戶口號碼 (Direct Debit Authorisation Form must be completed 請填寫直接付款授權書)

Yearly by Autopay from Bank<sup>1</sup> please attach a cheque made payable to "Bupa (Asia) Limited" for this year's subscription and levy with a completed **Direct Debit Authorisation Form**  
以銀行自動轉賬年繳<sup>1</sup> 請連本年之保費及徵費支票及填妥之**直接付款授權書**寄回，支票抬頭人為「保柏(亞洲)有限公司」

Bank Name  
銀行名稱

Cheque No.  
支票號碼

Monthly by Autopay from Bank<sup>2</sup> please attach a cheque made payable to "Bupa (Asia) Limited" for 2 months' subscription and levy with a completed **Direct Debit Authorisation Form**  
以銀行自動轉賬月繳<sup>2</sup> 請連同兩個月之保費及徵費支票及填妥之**直接付款授權書**寄回，支票抬頭人為「保柏(亞洲)有限公司」

Bank Name  
銀行名稱

Cheque No.  
支票號碼

- <sup>1</sup> NOT Applicable to Bupa Hospital Cash (Plan 1-2) / Bupa Care HealthNet / Bupa Civil Servants / Bupa Crystal / Bupa Gold. 不適用於「保柏住院現金(計劃1-2)」/「保柏康健網」/「保柏公務員」/「保柏晶彩寶」/「保柏尊貴寶」。
- <sup>2</sup> NOT Applicable to Bupa Hospital Cash (Plan 4-6) / Bupa Care HealthNet / Bupa Civil Servants / Bupa Crystal / Bupa Gold / Bupa HKU Top-up. 不適用於「保柏住院現金(計劃4-6)」/「保柏康健網」/「保柏公務員」/「保柏晶彩寶」/「保柏尊貴寶」/「保柏香港大學附加醫療保障計劃」。

V. Change of Account Number for Credit Card Payment 更改信用卡付款戶口號碼 (Credit Card Authorisation Form must be completed) (請填寫信用卡付款授權書)

Yearly<sup>3</sup> / Monthly<sup>4</sup> by Credit Card please attach a newly completed **Credit Card Authorisation Form**  
以信用卡年繳<sup>3</sup> / 月繳<sup>4</sup> 請連同新填妥之**信用卡付款授權書**寄回

- <sup>3</sup> NOT Applicable to Bupa Hospital Cash (Plan 1-2). 不適用於「保柏住院現金(計劃1-2)」。
- <sup>4</sup> NOT Applicable to Bupa Hospital Cash (Plan 4-6) / Bupa Care HealthNet / Bupa Civil Servants / Bupa Crystal / Bupa Gold / Bupa Wise Choice / Bupa HKU Top-up / Bupa Critical Essential Care. 不適用於「保柏住院現金(計劃4-6)」/「保柏樂康健」/「保柏康健網」/「保柏公務員」/「保柏晶彩寶」/「保柏尊貴寶」/「保柏智康健」/「保柏香港大學附加醫療保障計劃」/「保柏智安保疾」。

Personal Information Collection Statement 個人資料收集聲明

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

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

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

**My rights in respect of my personal information:** I understand that (1) under the Personal Data (Privacy) Ordinance, I shall have the right to request access to and correction of any personal information concerning me provided to Bupa, by writing to Bupa's Data Privacy Officer/Customer Service Manager at 6/F, Tower 2, The Quayside, 77 Hoi Bun Road, Kwun Tong, Kowloon, Hong Kong. (2) I also have the right to request Bupa to cease using my personal information for direct marketing purposes by emailing customercare@bupa.com.hk or calling the Bupa Customer Care helpdesk on 2517 5333. The detailed and updated version of Bupa "Personal Information Collection Statement" may be obtained on Bupa's website at www.bupa.com.hk.

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

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

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

**有關個人資料的權利：**本人明白(1)根據個人資料(私隱)條例，本人有權就查閱及修正保柏所持有關於本人的任何個人資料致函保柏之保障資料主任/客戶服務經理，地址為：香港九龍觀塘海濱道77號海濱匯第2座6樓。(2)本人亦可透過聯絡保柏的客戶服務專線(電郵至 customercare@bupa.com.hk 或致電 2517 5333)，以要求保柏停止將本人的個人資料作直接市場推廣用途。有關個人資料收集聲明之詳情和最新的版本，請參閱保柏之網站 www.bupa.com.hk。

I, as the Subscriber / Policy Holder / Employee Member, understand that I declare and sign on behalf of the dependant(s) listed in this Application under this Scheme who is / are under the age of 18.

本人作為投保人/保單持有人/僱員會員，明白本人代表此計劃申請表內列出之18歲以下受供養人作出聲明及簽署。

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

Subscriber / Policy Holder / Employee Member<sup>^</sup> Signature  
投保人/保單持有人/僱員會員<sup>^</sup>簽署

X

(Full Name  
姓名 )

Signed Date  
簽署之日期

DD 日 MM 月 YYYY 年

Agent's / Broker's / Telesales' Name (If applicable and must be completed by the  
Subscriber / Policy Holder / Employee Member<sup>^</sup>)  
代理人 / 經紀 / 營業代表姓名 (如適用及必須由投保人/保單持有人/僱員會員<sup>^</sup>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