

Medicash Insurance Plan enrollment form

「康健保」住院保障計劃投保表格

For internal use only
只供內部使用

Agent name
代理人姓名：_____

Agent no.
代理人編號：_____

Enquiry no. 查詢電話：+852 2903 9391 Fax 傳真：+852 2968 0639

Please ✓ the appropriate box and * delete where inappropriate. 請 ✓ 適用方格及於*號刪去不適用者。

Please use blue or black ink and write clearly in **BLOCK LETTERS**. Please complete the form in English.

請用藍色或黑色原子筆，用**英文大楷**清晰填寫資料。請用英文填寫表格。 **All fields are mandatory.** 所有項目必須填報。

1. Applicant's information 投保人資料

Mr 先生 Mrs 太太 Ms 女士

Last name 姓		First name 名		Chinese name 中文姓名	
Date of birth 出生日期	Day日 D D	Month月 M M	Year年 Y Y Y Y	HKID card no./Passport no. 香港身份證號碼 / 護照號碼*	
Correspondence address 通訊地址	Flat/Room* 室 / 單位*	Floor 樓	Block 座	Building 大廈	
Estate name/No. & name of street/Lot no.* 屋苑名稱 / 街名及門牌 / 地段*				District 地區	HK/KLN/NT* 香港 / 九龍 / 新界*
Email address 電郵地址			Mobile phone no. 流動電話號碼		
Marital status 婚姻狀況			Occupation and position 職業及職位		

2. Insured person's information 受保人資料

	Insured person 受保人1	Insured person 受保人2	Insured person 受保人3	Insured person 受保人4
Last name 姓				
First name 名				
Gender 性別	<input type="checkbox"/> Male 男 <input type="checkbox"/> Female 女	<input type="checkbox"/> Male 男 <input type="checkbox"/> Female 女	<input type="checkbox"/> Male 男 <input type="checkbox"/> Female 女	<input type="checkbox"/> Male 男 <input type="checkbox"/> Female 女
HKID card no./Passport no./ Birth certificate no.* 香港身份證號碼 / 護照號碼 / 出世紙號碼*				
Date of birth (dd/mm/yy) 出生日期 (日 / 月 / 年)	D M Y 日 月 年	D M Y 日 月 年	D M Y 日 月 年	D M Y 日 月 年
Relationship with applicant ¹ 與投保人關係 ¹				
Occupation and position 職業及職位				
Weight (kg) 體重 (公斤)				
Height (m) 身高 (米)				

3. Health condition 健康狀況

Each insured person must complete one health questionnaire. If more than one insured person applies for this plan, please photocopy and complete this section for each additional insured person(s).

每一位受保人必須填寫一份醫療問卷。如多於一位受保人申請此計劃，請複印此醫療問卷並為每位額外的受保人填寫。

- | | | Yes
是 | No
否 |
|---|--------------------------|--------------------------|--------------------------|
| 1 Do you or any proposed insured persons suffer or have ever suffered from any physical impairment or physical disability or mental conditions?
閣下或任何準受保人是否或曾否有任何身體損傷或肢體殘缺或精神不健全？ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 Do/Have you or any proposed insured persons currently suffer/in the past five years ever been suffered from any of the following disorders or diseases: diabetes, cancer or tumor(s) of any kind, mental disorder or psychiatric problems/disease, heart disease, hypertension, disorder of the kidney, acquired immune deficiency syndrome (AIDS), venereal disease? Please advise details for other disorders/diseases not mentioned above.
閣下或任何準受保人現時或於過去五年內有否患有以下疾病：糖尿病、癌症或任何腫瘤、神經失常或精神病、心臟病、高血壓、腎病、愛滋病、性病？任何未有提及的疾病，請附上詳細資料。 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 Do/Have you or any proposed insured persons currently suffer/in the past five years ever been confined in any hospital or sanatorium for or considered for any surgical or medical treatment or observation?
閣下或任何準受保人現時或於過去五年內曾否或正入住醫院或療養院接受手術或醫藥治療或觀察？ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 Do you or any proposed insured persons currently have any hospital income cover? If yes, please provide the name of the insurance company and the amount of sum insured.
閣下或任何準受保人現時是否擁有其他住院現金保障？如有，請提供保險公司名稱及保額。 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 Have you or any proposed insured persons ever been refused for enrolment or renewal of medical and/or hospital income insurance or subject to special terms and conditions?
閣下或任何準受保人是否曾於投保或續保醫療或住院現金保險時被拒或附加特別條款始被接納？ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

If any answer(s) to the above questions is "Yes", please give full details below.

若以上任何問題之答案為「是」，請於下面提供詳情。

4. Plan type 計劃類型

Current age 現時年齡	Insured person 受保人1		Insured person 受保人2	
18 - 35	<input type="checkbox"/> Plan 計劃 A	<input type="checkbox"/> Plan 計劃 B	<input type="checkbox"/> Plan 計劃 A	<input type="checkbox"/> Plan 計劃 B
36 - 50	<input type="checkbox"/> Plan 計劃 A	<input type="checkbox"/> Plan 計劃 B	<input type="checkbox"/> Plan 計劃 A	<input type="checkbox"/> Plan 計劃 B
51 - 59	<input type="checkbox"/> Plan 計劃 A	<input type="checkbox"/> Plan 計劃 B	<input type="checkbox"/> Plan 計劃 A	<input type="checkbox"/> Plan 計劃 B
60 - 64*	<input type="checkbox"/> Plan 計劃 A	<input type="checkbox"/> Plan 計劃 B	<input type="checkbox"/> Plan 計劃 A	<input type="checkbox"/> Plan 計劃 B

*Applicable to renewal only 只限續保

5. Payment method 付款方式

By check 以支票繳付
(Only applicable to annual payment mode
只適用於每年繳付方式)

Check no.
支票號碼

Bank name
銀行名稱

Check made payable to "Zurich Insurance Company Ltd" 支票抬頭人請寫「蘇黎世保險有限公司」

If the check issuer is not the applicant, please explain the relationship between the check issuer and the applicant
若支票發出人並非投保人，請列明支票發出人與投保人的關係

By credit card 以信用卡繳付

Annual payment 每年繳付

Credit card type 信用卡類別





Cardholder's name
持卡人姓名

Credit card no.
信用卡號碼

Credit card expiry date
信用卡有效日期至

Month月 Year年

The cardholder hereby authorizes Zurich Insurance Company Ltd to charge automatically the premium due from his/her credit card stated above including subsequent premium payment for renewal of this policy and accepts full responsibility for any overdraft on his/her credit card which arises as a result of such transfer. For the continuation of coverage, the cardholder understands that he/she should arrange sufficient credit balance in his/her credit card by the premium due date for the automatic debit of premium.

The insured person(s) will become the policyholder for his/her insurance plan automatically at policy anniversary should the insured person(s) reach the age of 18 and will be charged with the corresponding renewal premium in accordance with the premium table. Zurich Insurance Company Ltd will collect the renewal premium from the same payment account as stated above on due dates, unless informed otherwise.

持卡人茲授權蘇黎世保險有限公司從他 / 她上述之信用卡以直接轉帳自動支付應繳保費金額包括往後續保的各期保費及同意因該等轉帳而令他 / 她信用卡出現透支，持卡人願承擔全部責任。為了持續的保障，持卡人明白他 / 她須於保費到期日前安排足夠的信貸餘額於他 / 她的信用卡上作保費自動轉帳之用。

如受保人於保單周年日時已年滿18歲，便會自動成為其保單的保單持有人，並會根據保費表收取相應的續保費用。蘇黎世保險有限公司將繼續於到期日時在以上付款帳戶收取續保保費，直至另行通知。

If credit cardholder is not the applicant, please explain the relationship between the credit cardholder and the applicant:

若信用卡持有人並非投保人，請列明信用卡持有人與投保人的關係：

Signature of credit cardholder
信用卡持卡人簽署

Day日 Month月 Year年
Date
日期

6. Declaration 聲明

1. I/We hereby apply for Medicash Insurance Plan ("this Plan"). I/We declare that to the best of my/our knowledge and belief the information on this enrollment form is true and complete in every respect and all information disclosed have been verified by me/us as true and correct. Where applicable, I/we declare that I/we have full and complete authority from the insured person(s) to sign this application and disclose any personal information being requested to assess this application. I/We understand and agree that this Enrollment Form and declaration will form the basis of the contract between me/us and Zurich Insurance Company Ltd (the "Company").

本人 / 我們現投保申請蘇黎世「康健保」住院保障計劃（「此計劃」）。本人 / 我們特此聲明此投保表格包的資料乃根據本人 / 我們所知及所信為確實及完全而填報，屬實無訛，所有已披露的信息已經由本人 / 我們核實正確無誤。在適用的情況下，本人 / 我們聲明本人 / 我們已獲受保人授予全權簽署此投保表格並披露所要求的任何個人資料，以作評估申請之用。本人 / 我們明白本人 / 我們與蘇黎世保險有限公司（「貴公司」）的保險合約將照此投保表格及聲明而訂立。

2. I/We authorize the Company to obtain medical information from the insured person's medical practitioner(s) and I/we agree to supply additional information relevant to the policy of this Plan at my/our own expense.

本人 / 我們明白本人 / 我們必須填妥授權，貴公司有權向受保人之醫生索取有關病歷資料，本人 / 我們亦同意提供任何進一步與此計劃有關之資料並自付所需費用。

3. I/We understand that I/we shall refer to the policy of this Plan for details of the insurance coverage, exclusion clauses and terms and conditions.

本人 / 我們明白所有保障範圍、不承保事項、條款及細則概以此計劃保單為準。

4. I/We understand that I/we must complete and provide all information requested in this Enrollment Form, failing which the Company cannot process my application for this Plan.

本人 / 我們明白本人 / 我們必須完成及提供此投保表格之所有資料，貴公司將不會受理本人 / 我們資料不全之保單申請。

5. Subject to the Company's consent, I/we agree that this policy will be automatically renewed if the premium is paid by credit card. I/We acknowledge and agree that the Company reserves the right to refuse to renew this policy and it will not be obligated to reveal the reasons for such refusal.

本人 / 我們同意，如保費經信用卡直接付款方式支付，本保單將會自動續保，惟須獲 貴公司同意。本人 / 我們確認及同意 貴公司保留拒絕續保本保單之權利，並且毋須透露拒絕續保之原因。

6. I/We hereby authorize any company within the Zurich Insurance Group which is in possession of my/our personal information to release part or all of the information to the Company or its agents.

本人 / 我們特此授權蘇黎世保險集團中任何持有本人 / 我們個人資料的公司提供部分或全部資料予 貴公司或其代理人。

This insurance application will not be in force until the application(s) has been accepted by the Company and the premium has been paid.

此保險申請須待 貴公司覆核，接納投保書及收訖保費後才能生效。

7. Notice to customers relating to the Personal Data (Privacy) Ordinance (“Ordinance”)

有關個人資料 (私隱) 條例 (「私隱條例」) 的客戶通知

The personal information of customers (including policyholders, insured persons, beneficiaries, premium payors, trustees, policy assignees and claimants) collected or held by **Zurich Insurance Company Ltd (“Company”)** from time to time, which also includes data collected or generated in the ordinary course of the Company's business and the continuation of relationship with the customer (such as claim information and medical history received from third parties), may be used by the Company and/or a company within its group (“**Zurich Insurance Group**”) for the purposes **necessary** in providing services to the customers (otherwise the Company is unable to provide services to customers who fail to provide the required information).

由蘇黎世保險有限公司 (「本公司」) 不時收集或持有的客戶 (包括保單持有人、受保人、受益人、保費付款人、信託人、保單受讓人及索償人) 個人資料，其中亦包括在公司日常業務過程中以及就持續與客戶的關係而收集或產生的資料 (例如從第三方收到的索償資料和病歷)，均可供本公司及 / 或其所屬集團 (「蘇黎世保險集團」) 內的公司使用作為向客戶提供服務而**必須**的用途 (否則本公司將無法為未能提供所需資料的客戶提供服務)。

Please read carefully the details of the Company's privacy policy which is made available on our website at www.zurich.com.hk/pics or by scanning the QR code. You may also contact our Customer Care Center at 2968 2288 or insurance intermediaries for enquires. 本公司之私隱政策詳載於www.zurich.com.hk/pics或可透過掃描QR碼細閱。您亦可致電2968 2288與我們的客戶服務中心聯絡又或向保險中介人查詢。



Consent for marketing purposes – Voluntary:

就市場推廣用途之同意 – 自願性：

Certain personal information of policyholders and insured persons collected or held by the Company (which also includes data collected or generated in the ordinary course of the Company's business and the continuation of relationship with the customer), in particular, names, contact information, age, gender, identity document reference, marital status, financial background, demographic data, transaction pattern and behavior, policy information, claim information, and medical history may be used by the Company, **only upon having such policyholders' or insured persons' consent or indication of no objection**, for providing marketing materials and conducting direct marketing activities in relation to insurance and/or financial products and services of the Zurich Insurance Group and/or other financial services providers, and/or other related services of business partners, with whom the Company maintains business referral or other arrangements (such as reward, loyalty, co-branding or privileges programs and related services and products, services and products offered by the Company's business or co-branding partners, donations or contributions for charitable and/or non-profit making purposes). For the avoidance of doubt, the latest instruction (for example, consent or indication of no objection, or request for opt-out) received from a customer shall override any previous instruction given to the Company in this regard in relation to all personal information of the customer collected or held by the Company from time to time.

由本公司收集或持有的保單持有人及受保人的某些個人資料 (其中亦包括在本公司日常業務過程中以及就持續與客戶的關係收集或產生的資料)，特別是姓名、聯絡資料、年齡、性別、身份證明文件資料、婚姻狀況、經濟背景、人口統計數據、交易模式和行為、保單資料、索償資料及醫療紀錄等，**於獲該保單持有人或受保人同意或作不反對指示後**，均可供本公司使用作為蘇黎世保險集團及 / 或與本公司維持業務引薦關係或其他安排之其他金融服務供應商的保險及 / 或金融產品及服務，及 / 或其他商業合作夥伴之相關服務，提供市場推廣資料及進行直接市場推廣活動。(例如獎賞、忠誠獎勵、合作品牌或優惠計劃以及相關服務和產品，由本公司商業合作夥伴或合作品牌夥伴提供的服務和產品，出於慈善及 / 或非牟利目的的捐贈或捐款)。為免生疑問，就本公司不時收集或持有的所有客戶個人資料，本公司將會以從客戶收到的最新指示 (例如同意或表示不反對的指示，或提出反對要求)。

The Company may provide (and may receive money or property in return for providing) certain personal information, in particular, name, contact information, age, gender and policy information of a policyholder and an insured person, **only upon having such policyholder's and insured person's written consent**, to be used by the following parties, within or outside of Hong Kong, for their own and/or the Company's **marketing purposes** set out above:

- (1) companies within the Zurich Insurance Group;
- (2) other banking/financial institutions, commercial or charitable organizations with whom the Company maintains business referral or other arrangements;
- (3) third party reward, loyalty, co-branding or privileges program providers;
- (4) third party marketing service providers and insurance intermediaries.

於獲保單持有人及受保人書面同意後，本公司方可就以下人士本身及 / 或就本公司的**市場推廣用途**，向以下於香港境內或境外的人士提供其某些個人資料 (並可能收到金錢或其他財產作為回報)，特別是姓名、聯絡資料、年齡、性別、保單持有人及受保人的保單資料等，以供其使用：

- (1) 蘇黎世保險集團成員公司；
- (2) 與本公司維持業務引薦關係或其他安排的其他銀行 / 金融機構、商業或慈善組織；
- (3) 第三方獎賞、忠誠獎勵、合作品牌或優惠計劃提供者；
- (4) 第三方市場推廣相關服務供應商及保險中介人。

7. Notice to customers relating to the Personal Data (Privacy) Ordinance (“Ordinance”) (continued)
有關個人資料 (私隱) 條例 (「私隱條例」) 的客戶通知 (續)

I/We understand that I/we can withdraw any consent provided for marketing purposes anytime by notice to the Company.
本人 / 我們明白可隨時通知 貴公司以撤回任何就市場推廣用途所給予之同意。

I/We do not agree to the use or transfer of my/our personal data for marketing purposes as set out above.
本人 / 我們不同意 貴公司使用或向第三方提供本人 / 我們的個人資料作上列市場推廣用途。

		Day日	Month月	Year年						
Policy inception date	Date	D	D	M	M	Y	Y	Y	Y	
保單首次生效日期	日期									
The policy inception date is subject to the final approval by Zurich Insurance Company Ltd. 保單首次生效日期最終由蘇黎世保險有限公司決定。										
I/We confirm that all information provided by me/us in this Enrollment Form is true, correct and accurate. I/We further confirm my/our agreement to all sections in this Enrollment Form, including without limitation, the above Declaration and the Notice to Customers relating to the Personal Data (Privacy) Ordinance. 本人 / 我們確認由本人 / 我們於此投保表格提供之所有資料均為事實正確無誤。本人 / 我們更確認同意本投保表格內之所有部分，包括但不限於上列之聲明及有關個人資料 (私隱) 條例的客戶通知。										
Signature of applicant 投保人簽署										
		Day日	Month月	Year年						
Date	日期	D	D	M	M	Y	Y	Y	Y	