

Voluntary Medical Insurance Scheme for Civil Servant and Non-civil Servant employed by the Government enrollment form

公務員及非公務員政府僱員自願參與醫療保險計劃投保表格

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 9372 Fax 傳真： +852 2903 9340

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

All fields are mandatory. Please complete in BLOCK LETTERS. 所有項目必須填報，請以英文正楷大寫填報。

1. Applicant's information 投保人資料

Civil servant 公務員 Non-civil servant employed by the government 非公務員政府僱員

Staff no.
僱員編號

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 Month 月 Year 年

HKID card no./Passport no.
香港身份證號碼 / 護照號碼

Email address
電郵地址

Mobile phone no.
手提電話號碼

Office phone no.
公司電話號碼

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*

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

¹ Insured person(s) must be the applicant or his/her family member(s). Family members include the applicant's parents, applicant's spouse, parents-in-laws, and dependent and unmarried child(ren) below 18 years old. 受保人必須為投保人或其家庭成員。家庭成員包括投保人父母、投保人的配偶、配偶的父母、及18歲以下需扶養及未婚的子女。

2. Insured person's information (continued) 受保人資料 (續)

Relationship with applicant ¹ 與投保人關係 ¹	<input type="checkbox"/> Self 本人 <input type="checkbox"/> Child 子女 <input type="checkbox"/> Spouse 配偶 <input type="checkbox"/> Parent/Parents-in-laws 父母 / 配偶父母	<input type="checkbox"/> Child 子女 <input type="checkbox"/> Spouse 配偶 <input type="checkbox"/> Parent/Parents-in-laws 父母 / 配偶父母	<input type="checkbox"/> Child 子女 <input type="checkbox"/> Parent/Parents-in-laws 父母 / 配偶父母	<input type="checkbox"/> Child 子女 <input type="checkbox"/> Parent/Parents-in-laws 父母 / 配偶父母
	Insured person 受保人1	Insured person 受保人2	Insured person 受保人3	Insured person 受保人4
Height (cm) 身高 (厘米)				
Weight (kg) 體重 (公斤)				
Occupation & position 職業及職位				
Usual place of residence 慣常居住地				

3. Choice of plan and cover 計劃級別及保障項目

	Insured person 受保人1	Insured person 受保人2	Insured person 受保人3	Insured person 受保人4
Zurich CareMultiple Medical Insurance Plan 蘇黎世「醫護自選」醫療保險計劃				
Core benefits 基本保障				
Plan level of Core Benefits – Section 1 to Section 3 基本保障的計劃級別 – 第1節至第3節	<input type="checkbox"/> Gold plan 金計劃 <input type="checkbox"/> Silver plan 銀計劃 <input type="checkbox"/> Bronze plan 銅計劃	<input type="checkbox"/> Gold plan 金計劃 <input type="checkbox"/> Silver plan 銀計劃 <input type="checkbox"/> Bronze plan 銅計劃	<input type="checkbox"/> Gold plan 金計劃 <input type="checkbox"/> Silver plan 銀計劃 <input type="checkbox"/> Bronze plan 銅計劃	<input type="checkbox"/> Gold plan 金計劃 <input type="checkbox"/> Silver plan 銀計劃 <input type="checkbox"/> Bronze plan 銅計劃
Optional benefits 自選保障				
Section 4 – Supplementary major medical cover 第四節 – 附加醫療保障	<input type="checkbox"/> Section 4 第四節	<input type="checkbox"/> Section 4 第四節	<input type="checkbox"/> Section 4 第四節	<input type="checkbox"/> Section 4 第四節
Section 5 – Voluntary deductible Please choose the deductible amount (HKD) 第五節 – 自願性自負額 請選擇自負額 (港元)	<input type="checkbox"/> Section 5 第五節 <input type="checkbox"/> 30,000 (25% discount折扣) <input type="checkbox"/> 50,000 ² (35% discount折扣) <input type="checkbox"/> 80,000 ³ (45% discount折扣)	<input type="checkbox"/> Section 5 第五節 <input type="checkbox"/> 30,000 (25% discount折扣) <input type="checkbox"/> 50,000 ² (35% discount折扣) <input type="checkbox"/> 80,000 ³ (45% discount折扣)	<input type="checkbox"/> Section 5 第五節 <input type="checkbox"/> 30,000 (25% discount折扣) <input type="checkbox"/> 50,000 ² (35% discount折扣) <input type="checkbox"/> 80,000 ³ (45% discount折扣)	<input type="checkbox"/> Section 5 第五節 <input type="checkbox"/> 30,000 (25% discount折扣) <input type="checkbox"/> 50,000 ² (35% discount折扣) <input type="checkbox"/> 80,000 ³ (45% discount折扣)

² It is only applicable to Gold Plan or Silver Plan. 只適用於金計劃或銀計劃。

³ It is only applicable to Gold Plan. 只適用於金計劃。

HealthTotal Critical Illness Insurance Plan 「全護之選」危疾保險計劃

Plan level 計劃級別	<input type="checkbox"/> Platinum plan 尊尚計劃 <input type="checkbox"/> Enhanced plan 優越計劃 <input type="checkbox"/> Standard plan 標準計劃	<input type="checkbox"/> Platinum plan 尊尚計劃 <input type="checkbox"/> Enhanced plan 優越計劃 <input type="checkbox"/> Standard plan 標準計劃	<input type="checkbox"/> Platinum plan 尊尚計劃 <input type="checkbox"/> Enhanced plan 優越計劃 <input type="checkbox"/> Standard plan 標準計劃	<input type="checkbox"/> Platinum plan 尊尚計劃 <input type="checkbox"/> Enhanced plan 優越計劃 <input type="checkbox"/> Standard plan 標準計劃
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WiseCare Personal Accident Insurance Plan 「聰明之選」個人意外保障計劃

Plan level 計劃級別 (insured person aged below 18 years can opt for Plan 1 or Plan 2 only 18歲以下之受保人只可投保計劃一或計劃二)	<input type="checkbox"/> Plan 1 計劃一 <input type="checkbox"/> Plan 2 計劃二 <input type="checkbox"/> Plan 3 計劃三 <input type="checkbox"/> Plan 4 計劃四 <input type="checkbox"/> Plan 5 計劃五	<input type="checkbox"/> Plan 1 計劃一 <input type="checkbox"/> Plan 2 計劃二 <input type="checkbox"/> Plan 3 計劃三 <input type="checkbox"/> Plan 4 計劃四 <input type="checkbox"/> Plan 5 計劃五	<input type="checkbox"/> Plan 1 計劃一 <input type="checkbox"/> Plan 2 計劃二 <input type="checkbox"/> Plan 3 計劃三 <input type="checkbox"/> Plan 4 計劃四 <input type="checkbox"/> Plan 5 計劃五	<input type="checkbox"/> Plan 1 計劃一 <input type="checkbox"/> Plan 2 計劃二 <input type="checkbox"/> Plan 3 計劃三 <input type="checkbox"/> Plan 4 計劃四 <input type="checkbox"/> Plan 5 計劃五
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Policy inception date⁴
保單首次生效日期⁴

Day日 Month月 Year年

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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The policy inception date applies to all the selected Plan(s) above and is subject to the final approval by Zurich Insurance Company Ltd.
保單首次生效日期適用於以上所有選擇的投保計劃，並最終由蘇黎世保險有限公司決定。

⁴ If the enrollment form is received by the company on or before the 15th day of the month, the insurance will be effective on the 1st day of the following month. If the enrollment form is received on or after the 16th day of the month, the insurance will be effective on the 15th day of the following month.
若本公司收到投保表格之日期為該月份之1號至15號期內，則有關保險將於其後月份之1號起生效；若投保表格於16號至31號期內收到，則有關保險將於其後月份之15號生效。

4. Health question 醫療問卷

This section should be completed for insured person 1 only. If more than one insured persons applies, please complete the questions on the Voluntary Medical Insurance Scheme for Civil Servants and Non-Civil Servants Employed by the Government Medical Questionnaire for each of the additional insured person.

以下部份只供受保人1作答。如有多於一位受保人申請，請每名額外的受保人於公務員及非公務員政府僱員自願參與醫療保險計劃醫療問卷上回答相關問題。

Part I 第一部分

Applicable to application for Zurich CareMultiple Medical Insurance Plan, WiseCare Personal Accident Insurance Plan and/or HealthTotal Critical Illness Insurance Plan.

適用於投保蘇黎世「醫護自選」醫療保險計劃、「聰明之選」個人意外保障計劃及/或「全護之選」危疾保險計劃。

All questions must be answered in full by all insured person(s). 所有受保人均須詳細回答下列問題。

If the answer to any of the below questions is "Yes", please give full details in Part II of the questionnaire (if the space provided is insufficient, please use a separate sheet to give details.)

Yes
是

No
否

如以下任何問題答「是」者，請於問卷之第二部分詳加說明。(若空位不足，請以另紙詳加說明。)

1. Have you ever been admitted into hospital or sanatorium, or undergone or been recommended to undergo surgery (other than that associated with a full term pregnancy)?
閣下是否曾入住醫院或療養院、或曾接受或被建議接受手術(有關與足月的懷孕除外)? Yes No
2. Have the insured person(s) ever had any physical disability or suffered from any congenital abnormalities and/or disease, chronic disease or hereditary disease or any disorder on physical conditions?
受保人是否有任何身體殘障或患有先天性缺陷及/或疾病、慢性疾病或遺傳病或身體功能失調? Yes No
3. Have your enrollment, renewal or reinstatement of life insurance, personal accident insurance, medical insurance, hospital income insurance, or critical illness insurance been rejected, or subject to special terms and conditions or additional premium?
閣下是否曾於投保、續保或復效任何人壽、個人意外、醫療、住院現金或危疾保險時被拒或需附加特別條款或增收保費始被接納? Yes No
4. Do you currently have any policy of or making any claim for personal accident insurance, individual medical insurance, hospital cash insurance or critical illness insurance with Zurich Insurance Company Ltd or any other insurer(s)? If yes, please state the policy no., benefits type, the sum insured and the company name of the insurer.
閣下現時是否進行任何索償或擁有任何蘇黎世保險有限公司或其他保險公司承保之個人意外、個人醫療、住院現金或危疾保單若「是」，請提供保單號碼、保單項目、保額及保險公司名稱。 Yes No

Applicable to application for Zurich CareMultiple Medical Insurance Plan and/or HealthTotal Critical Illness Insurance Plan
適用於投保蘇黎世「醫護自選」醫療保險計劃及/或「全護之選」危疾保險計劃

5. Have any of your natural parents, brothers or sisters suffered from heart disease, stroke, hypertension, diabetes, kidney disease, mental disorder, hepatitis (or is a hepatitis carrier), cancer or any hereditary disease?
閣下的親生父母或兄弟姐妹是否曾患上任何心臟病、中風、高血壓、糖尿病、腎病、精神失常、肝炎(或肝炎帶菌者)、癌症或任何遺傳病? Yes No
6. Have you ever suffered from or been treated or do you foresee to consult with a medical practitioner for any of the following disorders or diseases?
閣下是否曾患上、被診斷為或可預見就以下問題或疾病求診?
 - (i) The muscular skeletal system (e.g. muscular or bone disorder, spinal problem, arthritis, gout) or other related symptoms/diseases?
骨骼及肌肉系統(如肌肉或骨骼不適、脊椎問題、關節炎、痛風)或其他有關的徵狀或疾病? Yes No
 - (ii) The respiratory system (e.g. tuberculosis, asthma, chronic bronchitis) or other related symptoms/diseases?
呼吸系統(如結核病、哮喘、慢性支氣管炎)或其他有關的徵狀或疾病? Yes No
 - (iii) The endocrine system (e.g. diabetes, thyroid disorder) or other related symptoms/diseases?
內分泌系統(如糖尿病、甲狀腺問題)或其他有關的徵狀或疾病? Yes No
 - (iv) The gastro-intestinal tract (e.g. any kind of hepatitis or liver disease, gastric or duodenal ulcer or ulcer of any kind, haemorrhoids, hernia, gall bladder, bowel) or other related symptoms/diseases?
腸胃管道(如任何肝炎或肝病、胃或十二指腸潰瘍、任何潰瘍、痔瘡、疝氣、膽囊、腸)或其他有關的徵狀或疾病? Yes No
 - (v) Breast or genitor-urinary organs (e.g. any disease of the kidneys or bladder) or other related symptoms/diseases?
乳房或泌尿生殖器官(如任何腎或膀胱疾病)或其他有關的徵狀或疾病? Yes No
 - (vi) The heart or cardiovascular or circulatory system (e.g. chest pain, any disorder of the heart or arteries, murmur, raised blood pressure, stroke, varicose veins, rheumatic fever) or blood (e.g. anaemia, haemophilia) or other related symptoms/diseases?
心臟、心血管、循環系統(如心絞痛、心臟或動脈問題、心漏症、高血壓、中風、靜脈曲張、風濕熱)或血液(如貧血、血友病)或其他有關的徵狀或疾病? Yes No
 - (vii) The nervous system, mental disorder or psychiatric problem or brain function disorder (e.g. dizziness, epilepsy, paralysis, anxiety) or other related symptoms/diseases?
神經系統、精神失常、精神病或腦功能問題(如暈眩、腦癇症、癱瘓、焦慮)或其他有關的徵狀或疾病? Yes No
 - (viii) Impairment of the eyes/ears/nose (e.g. cataracts, ear infections, tonsillitis) or other related symptoms/diseases?
眼、耳、鼻的損傷(如白內障、耳道感染、扁桃腺炎)或其他有關的徵狀或疾病? Yes No
 - (ix) Tumor, cyst, lump, growth, cancer or malignant tumor or other related symptoms/diseases?
腫瘤、囊腫、腫塊、瘤、癌、惡性腫瘤或其他有關的徵狀或疾病? Yes No
 - (x) Venereal disease, AIDS, AIDS-related conditions, any blood test for HIV virus?
性病、愛滋病、與愛滋病有關的疾病、或曾接受愛滋病毒血液測試? Yes No

If the answer is yes to any of the above questions, please provide medical report.

若上述任何問題之答案為「是」，請提供醫療報告。

7. Have you ever been or are you currently taking any medication prescribed for more than 14 days or drugs such as stimulants, hallucinogens, narcotics or other controlled substance other than prescribed by a medical practitioner, or are you currently being or been counselled or treated for excessive use of alcohol or drugs?
閣下是否曾/正在服用任何由醫生處方超過14天之藥物或其他並非由醫生處方的受管制藥物如興奮劑、迷幻藥、麻醉劑等，或是否曾/正在因酗酒或吸毒而接受輔導或治療? Yes No

4. Health question (continued) 醫療問卷(續)

- | | Yes
是 | No
否 |
|--|--------------------------|--------------------------|
| <p>8. Other than medical test(s) required by an employer or insurer, have you ever undergone or been recommended by a medical practitioner any medical test, such as blood test(s), x-ray, electrocardiogram, ultrasonogram, CT scan, biopsy or other investigations in the past 5 years?
除了僱主或保險公司指定之醫療檢查外，閣下是否曾在過去五年內進行或被醫生建議進行任何醫療檢查，包括血液測試、X光、心電圖、超聲波、電腦掃描、活組織檢驗或其他檢驗？</p> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>9. Are there any health or physical conditions in the last five years not mentioned above which may affect your well being?
閣下於過去五年內是否曾有任何以上未提及的健康或身體狀況影響閣下的健康？</p> | <input type="checkbox"/> | <input type="checkbox"/> |

Applicable to application for HealthTotal Critical Illness Insurance Plan 適用於投保「全護之選」危疾保險計劃

- | | | |
|---|--------------------------|--------------------------|
| <p>10. Have you gained/lost weight of 10lb (4.5kg) or more in the last 12 months? If yes, please give reason and exact figure.
閣下的體重是否在過去12個月內增加或減少10磅(4.5公斤)或以上？若「是」，請說明確實增加或減少之重量及原因。
Exact weight gained/lost* 確實增加/減少*之重量： _____ kg 公斤 / lb磅*and reason 及原因 _____</p> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>11. Do you drink alcohol? If yes, please specify type of drink (e.g. beer, wine, spirit etc.) and your weekly consumption.
閣下是否會飲用酒精飲品？若「是」，請註明飲品種類(例如啤酒、葡萄酒、烈酒等)及每週飲用量。
Type of drink 飲品種類 _____ Weekly consumption 每週飲用量 _____ ml 毫升</p> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>12. Do you smoke or have you ever smoked any cigarettes? If yes, please state details.
閣下現在是否或曾吸煙？若「是」，請註明每日吸煙數量。
Consumption 吸煙數量 _____ pieces/day 支/每天 for 達 _____ years 年
If you have ceased smoking, please state when and for what reason. 如閣下已停止吸煙，請註明戒煙日期。
Date ceased 戒煙日期 _____ (DD/MM/YY 日/月/年) and reason 及原因 _____</p> | <input type="checkbox"/> | <input type="checkbox"/> |

For insured person under the age of 2 years 只適用於兩歲以下的受保人：

- | | | |
|--|--------------------------|--------------------------|
| <p>13. Weight at birth _____ kg/ _____ lb
出生體重 _____ 公斤/ _____ 磅</p> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>14. Has the proposed insured person been confined in hospital for more than 5 days? If yes, please state details.
自出生起計，如受保人留院超過五天，請提供詳情。
Details 詳情 _____</p> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>15. Were there any birth difficulties, congenital deformities, lack of physical or mental development or Down's syndrome? If yes, please state details.
是否曾出現難產、先天性肢體畸形、缺乏正常體格或心智發展或唐氏綜合症等徵狀？若「是」，請提供詳情。
Details 詳情 _____</p> | <input type="checkbox"/> | <input type="checkbox"/> |

For female insured person only 只適用於女性受保人：

- | | | |
|---|--------------------------|--------------------------|
| <p>16. Are you now pregnant? If yes, please state the expected delivery date.
閣下是否正在懷孕？若「是」，請註明預產期。
Expected delivery date 預產期為 _____</p> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>17. Have you ever had any complications during pregnancy or delivery (e.g. ectopic pregnancy, gestational diabetes, hypertension, protein in urine etc.)? If yes, please state details.
閣下是否曾因懷孕或生產而患上任何併發症(如宮外孕、妊娠糖尿、高血壓、蛋白尿等)？若「是」，請提供詳情。
Details 詳情 _____</p> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>18. Have you ever had or been told to have, or been treated for any disease/disorder of, or are you intending to have any tests/investigations/treatment of the breast (e.g. mammogram, an ultrasound or surgery, etc) or the cervix or uterus (e.g. a pap smear, cone biopsy, colposcopy or ultrasound, etc)? If yes, please state details.
閣下是否曾或被建議或打算就乳房疾病接受治療或檢查(例如乳房X光、超聲波或手術等)，或就子宮頸或子宮疾病接受治療或檢查(例如柏氏細胞塗片、錐體活體切片檢查、陰道鏡或超音波檢查等)？若「是」，請提供詳情。
Details 詳情 _____</p> | <input type="checkbox"/> | <input type="checkbox"/> |

Part II 第二部分

If the answer to any of the questions in Part I is "Yes", please give full details below if applicable (If the space provided is insufficient, please use a separate sheet to give details.) 如於第一部分之任何問題答「是」者，請於以下適用部分詳加說明。(若空位不足，請以另紙詳加說明。)

1-5, 7-12	Details 詳情：			
6.	Nature of diagnosis 疾病性質	Full details of care, treatment or surgery received 所接受之護理、治療或手術之詳情	Outcome of treatment e.g. ongoing, complete recovery, recurrent or likely to recur 治療結果，如持續治療、完全康復、已復發或有機會復發	Name and address of the medical attendant(s) 主診醫生名稱及地址

5. Payment method 付款方式

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

Cheque no.
支票號碼

Bank name
銀行名稱

Cheque 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 cheque issuer is not the applicant, please state the relationship between the cheque 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

Monthly payment 每月繳付

Biennial payment 每兩年繳付

(The first three months' premium will be debited upon the first payment 首次過帳將扣除首三個月之保費)

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 the policy of the selected insurance plan(s) 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) reached 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/她需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。

如受保人於保單週年日時已年滿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 state 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

Date 日期
Day日 Month月 Year年

6. Declaration 聲明

1. I/We hereby apply for Zurich CareMultiple Medical Insurance Plan, WiseCare Personal Accident Insurance Plan, and/or HealthTotal Critical Illness Insurance Plan (whichever is applicable) ("Plan(s)"). I/We declare that to the best of my/our knowledge and belief the information on this enrollment form including the Voluntary Medical Insurance Scheme for Civil Servants and Non-Civil Servants Employed by the Government Medical Questionnaire (if any) ("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「醫護自選」醫療保險計劃、「聰明之選」個人意外保障計劃、「全護之選」危疾保險計劃(任何一個或多個適用) («計劃»)。本人/我們特此聲明此投保表格及所有附加的公務員及非公務員政府僱員自願參與醫療保險計劃醫療問卷(如適用)(「投保表格」)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 the selected Plan(s) at my/our own expense.

本人/我們授權 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所選擇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 the selected Plan(s) 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、條款及細則概以所選擇計劃保單為準。

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 the selected Plan(s).

本人/我們明白本人/我們必須完成及提供此投保表格要求之所有資料，否則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 the policy of the selected Plan(s) will be automatically renewed if the premium is paid by credit card. I acknowledge and agree that the Company reserves the right to refuse to renew the policy of the selected Plan(s) and it will not be obligated to reveal the reasons for such refusal.

本人/我們同意，如保費經信用卡支付，所選擇計劃保單將會自動續保，惟須獲 貴公司同意。本人確認及同意 貴公司保留拒絕續保所選擇計劃保單之權利，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”) (continued) 有關個人資料 (私隱) 條例 (「私隱條例」) 的客戶通知 (續)

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。

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。

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

Date
日期

Day日	Month月	Year年
<input type="text"/>	<input type="text"/>	<input type="text"/>