The University of Hong Kong 香港大學

AXA PortaProtection Individual Health Insurance 安盛滙安心個人醫療保險

IMPORTANT NOTE

This special transfer option is only available for selected staff members notified by the Human Resources Office (HRO). Should you have any questions, please contact HRO at hro.healthcare@hku.hk.

Please submit the completed application form alongside this cover sheet to the Human Resources Office (Room 110, 1/F, Knowles Building). Electronic submissions are NOT accepted.

重要事項

只有獲人力資源處(HRO)通知的指定僱員才可申請此轉移選項。如有任何疑問,請電郵 hro.healthcare@hku.hk。

請將已填妥的申請表及此封面頁透過郵寄方式或親自遞交至人力資源處(地址:鈕魯詩樓一樓 110 室)。恕不接受以電子方式遞交申請表。

APPLICANT PARTICULARS 個人資料 (A) 1. Full Name in English 英文全名 : 2. Staff No. 僱員編號 3. Post 職位 4. Department 部門 5. Mobile 手機: 6. Email 電郵: DEPENDANTS PARTICULARS 受養人資料 (B) Please provide the full English names of your dependants if you would like to transfer their membership from BUPA Top-up Medical Insurance to AXA PortaProtection. 如你希望將你的受養人從保柏附加醫療保險計劃轉移保障至滙安心,請提供他們的英文全名。 : _____ Spouse 配偶 1. Child 子女 2. 3. Child 子女

Remarks: When filling in the application form, please disregard the references to "AXA or HSBC Life Group" and provide information based on your knowledge as an HKU member.

備註:填寫申請表時,請忽略"AXA or HSBC Life Group"等字眼,以香港大學成員身份提供資料。

Child 子女

4.

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(852) 2519 1213

www.axa.com.hk



Home tel. no. / Office tel. no. / Mobile no.:

住宅電話號碼 / 辦事處電話號碼 / 流動電話號碼

PortaProtection Individual Health Insurance

滙安心個人醫療保險

This part is only applicable to customers who would like to purchase critical illness and/or long-term care and/or medical insurance products 此部份僅適用於欲投保危疾及 / 或長期護理及 / 或醫療保險計劃產品的客戶

Notes to customer: This part is to facilitate the identification of suitable insurance products that meet your needs and circumstances before your application. Please answer all questions in this part. Do NOT sign on this form if any questions below are unanswered or have been crossed out, otherwise the application will be counted as incomplete. 客戶須知:本部份旨在於投保前,協助您尋找適合的保險產品以滿足您的需要及情況。請回答本部份所述的所有問題。請勿於未完成回答下列所有問題或於任何問題被刪除的條以下答案本書格,不則條合,被目代主定的股保限度。

客戶須知:本部份旨在於投保前,協助您尋找適合的保險產的情況下簽署本表格,否則將會被視作未完成投保程序。	品以滿足您的需要及情況。			如答下列所有問題:	
마마, 자 영국 수 자연 가입민하를 없었다. *** 전민하는 전민하는 전민하는 전민하는 전민하는 전민하는 전민하는 전민하는					
保險計劃產品以應付醫療保健需要(例如為未來醫療保健					
□ Yes 是 □ No 否 2. What type(s) of health-related insurance products are you lo	oking for to meet your insu	rance needs? (tick one or mo	<i>re).</i> 您正在物色哪一	-類型與醫療相關的	保險產品以切合您的
保險需要 ?(可選多於一項) □ a.) Medical - Reimbursement (Inpatient/outpatient protect					
□ b.) Medical – Reimbursement (Inpatient/outpatient protect □ b.) Medical – Hospital income/Lump sum cash benefit 醫療			.) Long-term care 長	州	
☐ c.) Critical illness with saving elements/cash value 危疾(•				
□ d.) Critical illness without saving elements/cash value 危犯 Note 注意:	(不設儲蓄成份 / 現金價值	值)			
1. Please complete all relevant items carefully and return direct					
Kong/P.O. Box 90784 Tsim Sha Tsui Post Office, Kowloon, Ho 接交回安盛保險有限公司 (香港黃竹坑道 38 號安盛匯 5 樓	ing Kong). Any queries, plea /香港九龍尖沙咀郵政局郵	ase call Insurance Application 郵政信箱 90784 號)。如有任	· Hotline on 2519 12. ·何查詢,請致電投	<i>13.</i> 請小心項妥投係 保專線 2519 1213。	書 所有相關埧目亚且
2. All immediate family and dependant members must be in th 3. Effective date of PortaProtection must be the first day of a m	e same plan. 所有近親家屬	成員及受供養人必須在同一			
4. Change of plan or addition of optional out-patient benefits a			t on the policy anniv	versary date. 更改計	劃或增加自選門診保
障須經由核保部審批,並只於保單週年日才會生效。 5. Claim payment shall be made against the group medica.	nolicy of the insured per	rson first (if any). Any unnai	id nortion of the eli	iøihle exnense shal.	l then he naid under
PortaProtection policy (subject to the coverage under the po 保單內容)。					
A. Mandatory Hospital and Surgical Benefits (please tick one of	or fill in plan level) 必選住院	完及手術保障 (請選擇其中一	項並在空格上加 🗸	或填寫計劃級別)	
□ Plan 1 計劃 1 □ Plan 2 計劃 2 □ Plan 3 計劃 3 □	Plan 4 計劃 4 Plan 5	計劃5 □ Plan 6 計劃 6	□ Plan 7 計劃 7	□ Plan 8 計劃 8	□ Plan 9 計劃 9
□ Plan 71 計劃 71 □ Plan 81 計劃 81 □ Plan 91 計劃 91 □			_		
B. If Optional Out-patient Benefits is required (please tick one) 如需要自選門診保障 (請	選擇其一,在空格上加✓)			
□ Plan 1 計劃 1 □ Plan 2 計劃 2 □ Plan 3 計劃 3 □	Plan 4 計劃 4				
C. Payment Method (please tick one) 付款方式 (請選擇其一	,在空格上加 ✓)				
□ Annual Payment 年繳 □ Monthly Payment 月	月 繳				
The HSBC Life group medical insurance scheme referred to in t 此表格中所指的滙豐保險團體醫療保險計劃適用於所有滙豐及			IASE staff group me	dical insurance sch	<u>emes</u>
1. Name of AXA or HSBC Life group medical insurance scheme m				The Universi	ty of Hong Kong
安盛或滙豐保險團體醫療保險計劃成員姓名 2. AXA or HSBC Life group medical insurance scheme policy no.:	N/A		公司名稱 Scheme cert no.:	N/A	
安盛或滙豐保險團體醫療保險計劃保單號碼			保險證號碼		
3. Employment date of AXA or HSBC Life group medical insuranc 安盛或滙豐保險團體醫療保險計劃成員的受僱日期	e scheme member :	/ / / / / dd 日 mm 月 yy	 年		
4.Last employment date or group medical policy expiry date of A	XA or HSBC Life group medi			/	
安盛或滙豐保險團體醫療保險計劃成員的最後受僱日期或團	體醫療保單終止日期 (如通	適用)	(dd 日 mm 月	yy 年
	elf / Spouse / Children / Pare 5人 / 配偶 / 子女 / 父母 / 兄				
6. Enroll Person: PH PH+SP	□ PH + DP	□ PH+SP+DF			
申請人 保單持有人 保單持有人和配			、和配偶和子女 		
This part is only applicable to HSBC Life group medical insuranc 此部份僅適用於滙豐保險團體醫療保險計劃成員 (包括滙豐及	e scheme member (includin 恒生團體醫療保險計劃)	ng HSBC and HASE group med	lical insurance schei	mes)	
Does the following policyholder and/or his/her dependent(s) (if	applicable) has been applie	ed with exclusion(s) in the gro	oup medical insuran	ce plan? O Ye	s O No
下列保單持有人及/或其家屬(如適用)是否於團體醫療保險 If yes, please submit the Letter of Exclusion / Counteroffer issue		2. ,	以的不受保证日/后围	是 更約信件 。	否
For members of HSBC Life group medical insurance scheme me	•		,		mination letter of
employment. 滙豐保險團體醫療保險計劃成員必須提交已填棄	妥的「資料披露授權表格」	,以及終止僱傭合約(如適	用)。		
Policyholder Personal Data 保單持有人資料	역 (age between 18 and	l 64* 年齡介乎 18 至 64 歲	₹*)		
Full name in English: (Mr./Ms./Mrs.) 英文全名(先生/女士/太太) (Surna	me 姓)	(Name 名)		Se 性	ex: Male / Female 別:男 / 女
HKID card no.: Date o	f birth://	/ M		/ Married / Divorced 已婚 / 離婚 / 鰥寡	
香港身份證號碼 出生E Do you have more than one AXA or HSBC Life group medical insu			12四八/儿 / 八月/	□知/解郑/滁芬	
您是否有多於一個安盛或滙豐保險團體醫療保險計劃保單?		是否			
If yes, please provide the following information. 如選擇「是」,					
Name of company and AXA or HSBC Life group medical insuranc 公司名稱及安盛或滙豐保險團體醫療保險計劃保單號碼					
*For Applicants age between 15 days and 17 years old, please fill in the tab 年齡介乎 15 日至 17 歲的申請人,請填寫「待受保的受供養人資料」下的	le under (2) in the "Details of th 第 2 部份內的表格。	he dependant(s) you wish to be ins	sured" below.		
Correspondence Address in English 英文通	訊地址				
Room/Flat 室 Floor 層數	Blo	ock/Tower 座數			
Name of building/estate:	Nu	umber and name of street/roa	nd:		
大廈 / 屋苑名稱 District 排區:		道號碼及名稱 Nowloon力龍 □New 1	 Ferritories 新界		

Email Address: 電郵地址

De	etails of the dependant(s) you wish to be insured	I 待受保的受供養人資料	(age between 15	days and 64 年齡介乎 15	日至 64 歲	₹):
(1)	Spouse full name in English 配偶英文全名 (Surname 姓)	(Nam	ne 名)		Sex: Male / F 性別:男 / ダ	
	HKID card/Passport no.: Date of birth: 香港身份證 / 護照號碼 出生日期 d	/ / ld 日 mm 月 yy 年				
	you have more than one AXA or HSBC Life group medical insurance sche 是否有多於一個安盛或滙豐保險團體醫療保險計劃保單?	eme policy? O Yes O No 是 否				
If y	es, please provide the following information. 如選擇「是」,請提供以下	資料:				
	ne of company and AXA or HSBC Life group medical insurance scheme p 司名稱及安盛或滙豐保險團體醫療保險計劃保單號碼	policy no.:				
(2)	Child(ren) who has attained the age of 15 days and is under the age 19 (and is an unmarried person and financially solely dependent upon the he/she should complete a separate application form. 子女為任何年龄在 15 日或以上及 19 歲以下 (或不超過 23 歲而在認非全日制學生,必須另行填寫申請表格。	existing member. For child(ren) who	has attained the a	ge of 19 or above and who is n	ot a full time	e student,
	Full name in English 英文全名	Date of birth (dd/mm/yy) 出生日期 (日 / 月 / 年)	Sex 性別	HKID card/Birth cert 香港身份證 / 出生證		
		山土山粉(山)乃(牛)	12775	首心分仍起 / 山土战	砂亩加物	
			 			
_	\$000 /···		V.E.E.D.II 2013	`		
	eclaration 聲明(Non-existing members will be required to sthe insured or any insured person(s) (if any) in this application:	fill in this section. 非現有成員》	公須 琪 舄此部分。	?)		
在」	比申請表內之任何受保人 (如有) 曾否:					
1	ever had or been told the insured had the following conditions that req曾經因患有或被告知患有以下病狀而須向醫生求診或接受治療或被轉		r referred to a spec	ialist doctor:		
	 been diagnosed or experienced any sign and/or symptom of the thyroid gland disease, asthma, lung disease, hepatitis, liver d 	followings: high blood pressure, ch disease, cancer, tumour/lump of a	est pain, heart dise	ease, kidney disease, diabetes bowel disorder, neurological		
	disorder, arthritis, gout, musculoskeletal disorders, blood disease 被診斷或出現任何下列跡象及 / 或症狀:高血壓、胸痛、心脈 癌症、任何腫瘤 / 腫塊、胃 / 腸病症、神經病症、關節炎、痛腫	藏病症、腎臟病症、糖尿病、中狀	腺病症、哮喘、肺		○ Yes 是	○No 否
	b) had or been advised to have blood/urine/stool test, ECG, X-Ray, imag 接受或被建議接受任何血液 / 尿液 / 糞便測試、心電圖、X 光或			rt from employment screening?	○ Yes 是	〇 No 否
2	in the last 7 years, received medical treatment/surgery treatment or been prescribed medication for any condition which lasted longer than 7 days (other than for minor conditions such as cold or flu)?					
	在過去7年內,接受任何醫學治療/手術,或曾經因任何持續7天以	以上的病狀服用醫生處方之藥物(除	其他輕微情況如普	通傷風感冒以外)?	是 是	否
3					○ Yes 是	〇 No 否
4	been declined, postponed or accepted with restricted benefits or additi 投保醫療保險、危疾保險、人壽保險或傷殘保險被拒、延遲受保或被限		e, critical illness, life	e or disability insurance?	○ Yes 是	〇 No 否
	yes´to any of the above questions, please give name(s) of the relevant ii 以上任何問題的答案為「是」,請填上相關受保人的姓名及詳細病況		e (use a separate sh	neet if necessary).		
_						
	e acknowledge that benefits are not payable under the PortaProtection prent details are fully disclosed by me/us in this application and accepted					

I/We acknowledge that benefits are not payable under the PortaProtection plan for any cost of treatment arising from any existing illnesses, injuries or other conditions unless complete current details are fully disclosed by me/us in this application and accepted by AXA General Insurance Hong Kong Limited ("AXA"). I/We hereby apply for the above listed persons to be enrolled in the PortaProtection plan as indicated above. I/We declare that to the best of my/our knowledge and belief the statements contained in this application are true and complete. 本人 / 我們明白任何現已存在之疾病、受傷或其他情況的目前詳細資料必須在此申請表內完整披露,並得到安盛保險有限公司(「AXA 安盛」)的接納,否則就任何現已存在之疾病、受傷或其他情況而產生的任何治療費用,「滙安心」計劃將不予支付保障賠償。本人 / 我們現為列於上述人士申請投保所標示的「滙安心」計劃。同時,本人 / 我們聲明就本人 / 我們所知所信,此申請表內所載的陳述均屬真實完備。

Aethod of Payment 付款方法					
Direct Debit/Claims Payment Authorisation 直接付款/賠償付款方式授權 Part A 甲部 : Premium and levy^ Payment 繳付保費及徵費^ (This part must be completed 此部分必須填寫)					
I/We hereby authorise my/our below named Bank to debit my/our following account for any premium and levy^ (including payments upon policy renewal) due or payable under the Policy as shall be instructed from time to time. 本人(等)謹此授權本人(等)之下述銀行根據安盛保險有限公司不時的指示,從本人(等)之賬戶內扣除此保單應繳付的保費及徵費^(包括續保費用)。					
□ Bank Account 戶□					
My/Our bank name 本人 / 我們之銀行名稱 :					
My / our account no.					
本人 / 我們之賬戶編號					
Signature and full name of account holder(s) 戶口持有人簽署及全名 (Must match with bank's record 必須與銀行紀錄相同)					
[If joint account, please sign (1) and (2) respectively. 如為聯名戶口,請分別於(1)及(2)簽署。]					
Signature of account holder(s) 戶口持有人簽署 (1)					
HKID/Passport no. of account holder(s) 戶口持有人身份證 / 護照號碼 (1)					
Credit Card 信用卡 (VISA / Master)					
My/Our bank name 本人 / 我們之銀行名稱 :					
Credit Card holder please authorise your Credit Card on our Digital Payment Authorisation Portal for premium and levy^ payment:					
一人,我们还们一 信用卡持卡人請在電子交易授權平台授權您的信用卡以繳付保費及徵費^:					
https://www.axa.com.hk/en/axa-wallet/customer/authorisation?bizType=NB&bizChannel=Non-banca&feat=IH					
→ → → → → (You may access with the URL or QR code. 您可以通過URL或二維碼訪問電子交易授權平台。)					
Please fill in the Confirmation ID shown on our Digital Payment Authorisation Portal below.					
請於下方填寫電子交易授權平台上顯示的授權ID。					
Confirmation ID Confirmation I					
授權ID					
Signature of Credit Card holder (1) 信用卡持有人簽署					
Full name of Credit Card holder (1)信用卡持有人全名					
HKID/Passport no. of Credit Card holder (1) 信用卡持有人身份證 / 護照號碼					
Remark: For security consideration, please note that we will no longer ask for the full Credit Card number via phone or physical/softcopy forms.					
註:基於安全考量,我們將不再通過電話或實體/電子表格詢問完整信用卡號。					
Part B 乙部 : Claims Payment 賠償付款 (This part must be completed 此部分必須填寫) My/Our bank name 本人 / 我們之銀行名稱 :					
Bank no. Branch no. My / our account no. 銀行編號 本人 / 我們之賬戶編號					
Signature and full name of account holder(s) 戶口持有人簽署及全名 (Must match with bank's record 必須與銀行紀錄相同) (If joint account, please sign (1) and (2) respectively. 如為聯名戶口,請分別於(1)及(2)簽署。)					
Signature of account holder(s) 戶口持有人簽署 (1)					
- Full name of account holder(s) 戶口持有人全名 (1)					
HKID/Passport no. of account holder(s) 戶口持有人身份證 / 護照 (1)					
Date 日期					

Notes 附註: Please ensure that you sign the form in the usual way that you would sign on your bank account. Please countersign if you have any alteration. 請確保您在授權書內的簽名與銀行賬戶所簽者完全相同。如有任何塗改,請在旁加簽。

Personal Information Collection Statement 收集個人資料聲明

AXA General Insurance Hong Kong Limited (referred to hereinafter as the "Company") recognises its responsibilities in relation to the collection, holding, processing, use and/or transfer of personal data under the Personal Data (Privacy) Ordinance (Cap. 486) ("PDPO"). Personal data will be collected only for lawful and relevant purposes and all practicable steps will be taken to ensure that personal data held by the Company is accurate. The Company will take all practicable steps to ensure security of the personal data and to avoid unauthorised or accidental access, erasure or other use. 安盛保險有限公司(下稱"本公司")明白其就《個人資料(私隱)條例》(香港法例第486章)("條例")收集、持有、處理、使用和 / 或轉移個人資料所負有的責任。本公司僅將為合法和相關的目的收集個人資料,並將採取一切切實可行的步驟,確保個人資料的安全性,及避免發生未經授權或者因意外而擅自取得、刪除或另行使用個 人資料的情況。

Please note that if you do not provide us with your personal data, we may not be able to provide the information, products or services you need or process your request, 敬詩注意,如果與下不向本公司提供與下的個人資料,我們可能無法提供與下所率 的資料、產品或服務,或無法處理閣下的要求。

- Purpose: From time to time its is necessary for the Company to collect your personal data which may be used, stored, processed, transferred, disclosed or shared by us for purposes ("Purposes"), including:

 10. if and is necessary for the Company to collect your personal data which may be used, stored, processed, transferred, disclosed or shared by us for purposes ("Purposes"), including:

 10. if and is necessary for the Company to collect your personal data in direct marketing below), and administering, maintaining, managing and operating such products/services, play Fufty Fuffy F
- processing and evaluating any applications or requests made by you for products/services offered by the Company and our affiliates; 處理和評估閣下就本公司及安盛關聯方所提供之產品/服務提出的任何申請或要求;
- providing subsequent services to you, including but not limited to administering the policies issued; 向閣下提供後續服務,包括但不限於執行 / 管理已發出的保單;
- any purposes in connection with any claims made by or against or otherwise involving you in respect of any products/services provided by the Company and/or our affiliates, including investigation of claims; 與就本公司和 / 或安盛關聯方提供的任何產品 / 服務而由關下退出的或者其他涉及閣下的任何素陪相關的任何目的,包括素賠調查;
- detecting and preventing fraud (whether or not relating to the products/services provided by the Company and/or our ailiates); 偵測和防止欺詐行為(無論是否與就由本公司及 / 或安盛關聯方提供的產品 / 服務有關);
- evaluating your financial needs; 評估閣下的財務需求;

请在此摺疊及封口 Please fold and seal here

- designing products/services for customers; 為客戶設計產品 / 服務;
- conducting market research for statistical or other purposes; 為統計或其他目的進行市場研究;
- matching any data held which relates to you from time to time for any of the purposes listed herein; 不時就本條款所列的任何目的核對所持有的與閣下有關的任何資料;
- making disclosure as required by any applicable law, rules, regulations, codes of practice or guidelines or to assist in law enforcement purposes, investigations by policy or other government or regulatory authorities in Hong Kong or elsewhere; 作出任何適用法律、規則、規例、實務守則或指引所要求的披露或協助在香港或香港以外其他地方的警方或其他政府或監管機構執法及進行調查;
- 11. conducting identity and/or credit checks and/or debt collection; 進行身份和 / 或信用核查和 / 或債務追收; 12. complying with the laws of any applicable jurisdiction; 遵守任何適用的司法管辖區的法律;

- 14. other purposes directly relating to any of the above. 與上述任何目的直接有關的其他目的。

Transfer of personal data: Personal data will be kept confidential but, subject to the provisions of any applicable law, may be provided to:

個人資料的轉移:個人資料將予以保密,但在遵守任何適用法律條文的前提下,可提供給:

- 1. any of our affiliates, any person associated with the Company, any reinsurance company, claims investigation company, your broker, industry association or federation, fund management company or financial institution in Hong Kong or elsewhere and in this regard you consent to the transfer of your data outside of Hong Kong, 位於香港或香港以外其他地方的任何安盛關聯方、本公司的任何相關聯人士、任何再保險公司、索賠調查公司、閣下之保險經紀、行業協會或聯會、基金管理公司或金融機構,以及就此方面而言,閣下同意將閣下的資料轉移至香港境外;
- any person (including private investigators) in connection with any claims made by or against or otherwise involving you in respect of any products/services provided by the Company and/or our affiliates; 與就本公司和 / 或安盛關聯方提供的任何產品 / 服務而由閣下或針對關下提出的或者其他涉及閣下的任何索赔相關的任何人士(包括私家偵探):
- any agent, contractor or third party who provides administrative, technology or other services (including direct marketing services) to the Company and/or our affiliates in Hong Kong or elsewhere and who has a duty of confidentiality to the same; 在香港或香港以外其他地方向本公司和 / 或安盛關聯方提供行政,技術或其他服務(包括直接促銷服務)並對個人資料負有保密義務的任何代理、承包商或第三方;
- credit reference agencies or, in the event of default, debt collection agencies; 信貸資料機構或 (在出現拖欠還款的情況下) 追討欠款公司;
- any actual or proposed assignee, transferee, participant or sub-participant of our rights or business; and 本公司權利或業務的任何實際或建議的承讓人、受讓方、參與者或次參與者;及
- any government department or other appropriate governmental or regulatory authority in Hong Kong or elsewhere. 在香港或香港以外其他地方的任何政府部門或其他適當的政府或監管機關。
- 6. any government or other appropriate governmental of regulatory autonority in hong kong or eissemiret. 在音志込み表現で見からからいかけ、大きないのでは、またいのでは、

r our policy on using your personal data for marketing purposes, please see the section below "Use and provision of personal data in direct marketing". 如欲了解本公司為促銷目的使用關下的個人資料的政策,請參閱下文 "在直接促銷中使用 及將其個人資料提供予其他人士"部份。

Transfer of your personal data will only be made for one or more of the Purposes specified above. 閣下的個人資料將僅為上文中規定的一個或多個有關目的而被轉移。

Use and provision of personal data in direct marketing: 在直接促銷中使用及將其個人資料提供予其他人士:The Company intends to: 本公司有意:

use your name, contact details, products and services portfolio information, transaction pattern and behaviour, financial background and demographic data held by the Company from time to time for direct marketing; 使用本公司不晓持有的関下 的姓名、聯絡資料、產品及服務的組合資料、交易模式及行為、財政背景及人口統計數據以進行直接促銷;

請在此摺疊及封口 Please fold and seal here

- 2. conduct direct marketing (including but not limited to providing reward, loyalty or privileges programmes) in relation to the following classes of products and services that the Company, our affiliates, our co-branding partners and our business partners may offer: 就本公司、安盛關聯方、本公司合作品牌夥伴及商業合作夥伴可能提供關於下列類別的服務及產品而進行直接促銷(包括但不限於提供獎賞、客戶或會員或優惠計劃):
 - a) insurance, banking, provident fund or scheme, financial services, securities and related products and services; 保險、銀行、公積金或公積金計劃、金融服務、證券和相關產品及服務;
 - b) products and services on health, wellness and medical, food and beverage, sporting activities and membership, entertainment, spa and similar relaxation activities, travel and transportation, household, apparel, education, social networking, media and high-end consumer products: 健康、保健及醫療、餐飲、體育運動及會員服務、娛樂、健身浴或類似的休閒活動、旅遊及交通、家居、服裝、教育、社交網絡、媒體的產品及服務及高級消費類產品;
- 3. the above products and services may be provided by the Company and/or: 以上服務及產品將會由本公司及 / 或以下機構提供:
- a) any of our affiliates; 任何安盛關聯方;
- b) third party financial institutions; 第三方金融機構;
- c) the business partners or co-branding partners of the Company and/or affiliates providing the products and services set out in (2) above; 提供上文 2. 所列之服務及產品之本公司及 / 或安盛關聯方的商業合作夥伴或合作品牌夥伴;
- d) third party reward, loyalty or privileges programme providers supporting the Company or any of the above listed entities; 向本公司或任何以上所列機構提供支援的第三方獎賞、客戶或會員或優惠計劃提供者;
- 4. in addition to marketing the above products and services, the Company also intends to provide the data described in (1) above to all or any of the persons described in (3) above for use by them in marketing those products and services, and the Company requires your written consent (which includes an indication of no objection) for that purpose; 除由本公司促銷上述服務及產品外,本公司亦有意將上文 1. 段部份所述的資料提供予上文 3. 段部份所述的资料提供予上文 3. 段部份所述的资料提供予上文 3. 段部份所述的资料提供予上文 3. 段部份所述的资料提供予上文 3. 段部份所述的资料提供予上文 3. 段部份所述的资料提供予上文 3. 段部份所述的资料。

Before using your personal data for the purposes and providing to the transferees set out above, the Company must obtain your written consent, and only after having obtained such written consent, may use and provide your personal data for any promotional or marketing purpose. 在使用關下的個人資料作上文所述的目的或提供予上文所述的人士之前,本公司須獲得關下的書面同意,及只在獲得關下的書面同意後方可使用閣下的個人資料及提供予其他人士作任何推廣及促銷用途。

You may in future withdraw your consent to the use and provision of your personal data for direct marketing. 閣下日後可撤回閣下給予本公司有關使用閣下的個人資料及提供予其他人士作任何促銷用途的同意。

If you wish to withdraw your consent, please inform us in writing to the address in the section on "Access and correction of personal data". The Company shall, without charge to you, ensure that you are not included in future direct marketing activities. 閣下如欲撤回閣下給予本公司的同意,請發信至下文 "個人資料的查閱和更正"部份所列的地址通知本公司。本公司會在不收取任何費用的情况下確保不會將閣下納入日後的直接促銷活動中。

Access and correction of personal data: Under the PDPO, you have the right to ascertain whether the Company holds your personal data, to obtain a copy of the data, and to correct any data that is inaccurate. You may also request the Company to inform you of the type of personal data held by it. 個人資料的查閱和更正:根據條例,閣下有權查明本公司是否持有閣下的個人資料,獲取該資料的副本,以及更正任何不準確的資料。閣下還可以要求本公司告知閣下本公司所持個人資料的種類。

Requests for access and correction or for information regarding policies and practices and kinds of data held by the Company should be addressed in writing to: Data Protection Officer of AXA General Insurance Hong Kong Limited, 5/F, AXA Southside, 38 Wong Chuk Hang, Road, Wong Chuk Hang, Hong Kong, A reasonable fee may be charged to offset the Company's administrative and actual costs incurred in complying with your data access requests. 查閱和更正的要求,或有關獲取政策、常規及本公司 所持的資料種類的資料,均應以書面形式發發至,資料保護主任,香港黃竹坑道 38 號安極匿 5 樓。本公司可能會同期下收取合理與負用,以抵護命公司為執行關下的資料查閱與表示可以的行政和實際費用,

I/WE ACKNOWLEDGE AND CONFIRM that I/we have read and understood the Personal Information Collection Statement ("PICS"). I/We confirm that I/we have been advised to read carefully the PICS, and I/we have read it carefully its effect and impact in respect of my/our personal data collected or held by the Company (whether contained in this application or otherwise). Based on the foregoing, I/we hereby give my/our acknowledgement and agree to the use and transfer of my/our personal data by the Company in accordance with the PICS, including the use and provision of my/our personal data for the purpose of direct marketing. 本人 / 我們時認本人 / 我們已閱讀並明日收集個人資料的聲明《該聲明》。本人 / 我們曉認本人 / 我們已被通知本人 / 我們同時間,就發明》,而本人 / 我們已詳細閱讀《該聲明》對貪公司所收集或持有之本人 / 我們的個人資料的影響(不論是否此表格所載或從其他途徑所取得)。根據以上所述,本人 / 我們特此確認並同意貴公司根據《該聲明》使用及轉本人 / 我們個人資料を使用及將本人 / 我們個人資料和使用及將本人 / 我們個人資料和使用及將本人 / 我們個人資料和使用之將本人 / 我們個人資料和使用之解析。

[Important: If you do not agree to the use and provision of your personal data for direct marketing as set out in the section "Use and provision of personal data in direct marketing", please tick the box below and we will not use your personal data for direct marketing.] 〔重要通知:如期下不同意根據"收集個人資料的聲明"使用和轉移閣下的個人資料作直接促銷用途(參閱"在直接促銷中使用及將其個人資料提供予其他人士"部份),請在下列方格內□加上剔號("✓"),本公司將不會使用閣下的個人資料作為直接促銷用途。〕

// we do not agree with the use and provision of my personal data for direct marketing purposes as set out above in the Personal Information Collection Statement (see "**Use and provision of personal data in direct marketing**") and do not wish to receive any promotional and direct marketing materials. 本人 / 我們不同意貴公司根據 "收集個人資料的聲明"使用和轉移本人 / 我們的個人資料作直接促銷用途(參閱 "**在直接促銷中使用及將其個人資料提供予其他人士"**部份)及並不願意接收任何貴公司的推廣及直接促銷的材料。

(The below section apply to all members. 以下部分適用於所有成員。)

I, the applicant, on behalf of myself and other persons to be enrolled under the PortaProtection plan, hereby authorise any physician, clinic, hospital, insurance company, other organisation or government office that has any record or knowledge of me/us to disclose to AXA or its representative any and all information relevant to this application. A copy of this authorisation shall be as valid as the original. 本人(申請人)謹此代表本人及其他符加入「運安心」計劃的受保人,授權任何知道本人 / 我們健康情況或持有有關紀錄之醫生、診所、醫院、保險公司、其他機構或政府部門向 AXA 安盛或其代表提供本人 / 我們健康肯況或持有有關紀錄之醫生、診所、醫院、保險公司、其他機構或政府部門向 AXA 安盛或其代表提供本人 / 我們就此申請之任何及所有相關資料。此授權書之影印本如同其正本一樣均屬有效。

I, the applicant, confirm that I have the full authority from each of the persons to be enrolled under the PortaProtection plan to provide information, make the above declarations and give the authorisation set out in this application form on behalf of each of the persons to be insured. 本人(申請人)確認本人獲每位待加入「滙安心」計劃的受保人全權授權本人提供資料,作出以上聲明及代每位待保的受保人賦予列於此申請表上的授權要求。

If you are not completely satisfied with the policy, you have the right to cancel it by giving a written notice of cancellation to AXA. Such written notice of cancellation must be signed by you and received directly by our Customer Service at Suite 2001, 20/F, Tower Two, Times Square, 1 Matheson Street, Causeway Bay, Hong Kong within 15 calendar days immediately following either the day of delivery of the policy or the cooling-off notice (notifying you of the cooling-off period) to you or your nominated representative (whichever is earlier). The policy will then be cancelled and a refund of any premium(s) paid will be returned to you on the condition that no claim payment under the policy has been made prior to your request for cancellation. 若您並非完全滿意保單,您有權提交要求取消保單的書面通知予本公司來取消已購買的保單。您要求取消保單的書面通知必須由您簽署並由本公司的客戶服務(香港銅鑼灣勿地臣街 1 號時代廣場 2 座 20 樓 2001 室〔適用於香港繕發的保單〕)於以下時段內直接收到:緊接保單或冷靜期通知書(以 台知公冷靜期的期限)交付予您或您的指定代表後起計的 15 個曆日內(以較早者為準)。保單將隨後予以取消,而您已繳付的保費將獲得退回,但若您在申請要求取消保單前曾經就保單提出索償並獲得賠償,保費將不予银回。

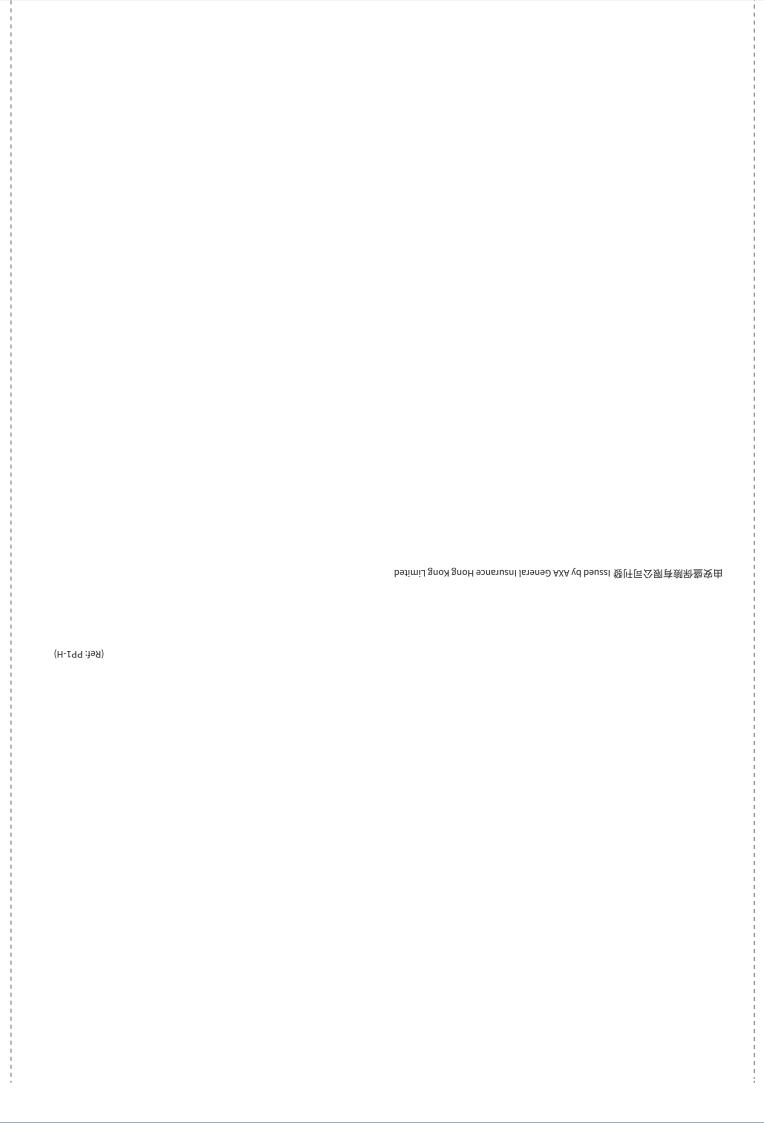
	w.		
Signature of applicant (policyholder)	X	Date Signed in Hong Kong (YYYY/MM/DD)	
申請人簽署(保單持有人)		在香港簽署日期(年/月/日)	

This form is only for use in Hong Kong Special Administrative Region. 此表格只適合於香港特別行政區使用。

^ Effective from 01/01/2018, levy collected by the Insurance Authority will be imposed on this policy at the applicable rate. For further information, please visit www.axa.com.hk/ia-levy or contact AXA at (852) 2523 3061. 保單將於 01/01/2018 按適用之徵費率徵收保險業監管局的有關徵費。欲了解更多詳情,請瀏覽 www.axa.com.hk/ia-levy 或致電 AXA 安盛 (852) 2523 3061。

Agent Information 保險代理資料 (To be completed by AXA GI registered Agent ONLY 須由已登記之安盛保險代理填寫)			
	Code of Financial Consultant/Agent: 理財顧問 / 保險代理編號		

PP1_APP (Agent) /0624



POSTAGE STAMP PLEASE 請貼上郵票

AXA General Insurance Hong Kong Limited 5/F, AXA Southside, 38 Wong Chuk Hang Road, Wong Chuk Hang, Hong Kong.