

Proposal Form 投保書

AXA HKU Top-up Medical Insurance Scheme Enrollment Form AXA安盛香港大學附加醫療計劃申請表

□ e.) Long-term care 長期護理

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 的情況下簽署本表格,否則將會被視作未完成投保程序。

- 1. Are you planning to purchase critical illness and/or long-term care and/or medical insurance to prepare for healthcare needs (e.g. getting insurance protection for future healthcare needs, increasing expenses for medical and healthcare services or loss of income during hospital confinement, etc)? 您是否計劃投保危疾及/或長期護理及/或醫療保險計劃產品以應付醫療保健需要(例如為未來醫療保健需要、醫療保健服務費用增加或住院期間失去收入等情況安排保險保障)?
- 2. What type(s) of health-related insurance products are you looking for to meet your insurance needs? (tick one or more). 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 protection) 醫療 實報實銷(住院/門診保障) □ b.) Medical Hospital income/Lump sum cash benefit 醫療 住院現金/一筆過現金保險賠償

(Surname 姓)

HKID card no.: 香港身份證號碼:

- □ c.) Critical illness with saving elements/cash value 危疾(設儲蓄成份/現金價值)
- □ d.) Critical illness without saving elements/cash value 危疾(不設儲蓄成份/現金價值)

Spouse full name in English:

■ Male 男

性別: Female 女

配偶英文全名:

- 1. All immediate family and dependant members must be in the same plan. 所有近親家屬成員及受供養人必須在同一計劃內。
- 2. Staff and their dependants cannot receive any claims reimbursement under this scheme if the staff member's Staff Medical Benefits Scheme and Catastrophic Insurance (if applicable) coverage are terminated. 若僱員的大學僱員醫療福利計劃及大學員工危疾保險保障終止,僱員及其受供養人將無法透過此計劃獲得任何索賠補償。 All medical expenses incurred by a Member must first be claimed under The University of Hong Kong's Staff Medical Benefits Scheme and Catastrophic Insurance (if applicable)

成員產生的所有索償須先由其大學僱員	醫療福利計劃及大學員工危疾保險(如適用)支付。	210)
Choice of Cover 投保項目 (The choice of cover	r for the applicant and all Dependant(s) must be the same 申請人及其受供養人的投保項目必須相同)	
Core Benefit 主要保障	☑ Hospital and Surgical Benefit 住院及手術保障 + Supplementary Major Medical Benefit 附加醫療保障	
□ Plan 計劃1 Private 私家房	Only applicable to applicants and Dependants who are eligible for Plan 1 of the University of Hong Kong's Staff Medical Bend Scheme 只適用於享有 香港大學僱員醫療福利計劃 一之僱員及其受供養人	efit
□ Plan 計劃 2 Semi-private 半私家房	Only applicable to applicants and Dependants who are eligible for Plan 2 of the University of Hong Kong's Staff Medical Bend Scheme 只適用於享有 香港大學僱員醫療福利計劃 二之僱員及其受供養人	efit
	e Member in 2024/25 scheme year, please provide the existing top-up plan policy number from your insurance provider (Bupa Hon 可成員,請提供您於現時保險公司 (保柏香港) 購買的附加醫療計劃之保單號碼。	g
BUPA HKU Medical Insurance Scheme policy nt 保柏香港大學附加醫療計劃保單號碼:	umber:	
Please enter your 16-digit mem	nbership no. excluding hyphen. 請輸入你的保柏保單16位數字會員編號,不需要輸入"-"。	
Member Personal Data 保單成 Full name in English 英文全名: Surname: 姓:	員資料 (age between 18 and 69* 年齡介乎 18至69歲*)	ı
Name :		
名:		\square
□ Mr. □ Ms. □ Mrs. Sex: □ Ma 先生 女士 太太 性別:□ Fe		
Date of birth (dd/mm/yy): 出生日期(日/月/年): /	Marital Status: □ Single 未婚 □ Married 已婚 □ Multiple □ Married 回婚 □ Midowed 鰥寡	
Staff ID: 職員編號:	HKU Employment Start Date (dd/mm/yy): Under the control of the c	
Correspondence Address in Eng Address 地址:	glish 英文通訊地址	
Home tel. no./Office tel. no./Mobile no. 生宅電話號碼/辦事處電話號碼/流動電話號	碼:	
Email Address 電郵地址		
Details of the dependant(s) you	u wish to be insured 待受保的受供養人資料 (age between 15 days and 64 年齢介平15日至64歳):	

(Name 名) Date of birth (dd/mm/yy):

出生日期(日/月/年):

Child(ren) who has attained the age of 15 days and is under the age 19 (or up to the age of 23 if he is registered as and is a full time student at a recognised educational institution) and is an unmarried person and financially solely dependent upon the existing member. For child(ren) who has attained the age of 19 or above and who is not a full time student, he/she should complete a separate application form. 子女為任何年齡在15日或以上及19歲以下(或不超過23歲而在認可學府註冊就讀的全日制學生),並在財政上完全依靠現有成員 的未婚人士。如子女為19歲或以上而非全日制學生,必須另行填寫申請表格。

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 certificate no. 香港身份證/出生證明書號碼

Details of Non-enrolling Dependants 不投保之受供養人資料

(Please provide details of other Dependants who are not enrolling in the Scheme 請提供其他不投保於本計劃之受供養人之資料)

- All eligible Dependants shall apply for the enrollment of this Scheme unless for the following reasons 除下列原因,所有合資格受供養人必須參加此計劃:
- Residing overseas 於海外居住
- Receiving full-time education overseas 於海外接受全日制教育
- 3. Being covered under another group medical insurance scheme provided by the employer of the applicant's spouse 享有由申請人配偶之僱主提供之團體醫療保障計劃
 4. Being a Member of the HKU Top-up Medical Insurance Scheme as a HKU staff/child member under a separate Contract為「香港大學附加醫療保障計劃」的會員,以香港大學僱員/子女身份受保於另一份合約

Dependants 受供養人	Reason for not enrolling in the Scheme (1, 2, 3 or 4)#	不投保本計劃的原因(1,2,3或4)#
□ Spouse 配偶		
□ Child 子女		
□ Child 子女		

Method of Payment 付款方法

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) Payment method 1 - Cheque payment 支票付款

Use the corresponding "cheque payable" based on policy number. Write down "HKU", "Employee name" and "Employee number" at the back of the cheque. Then, submit the crossed cheque with the enrollment form to the designated drop-off box at Human Resources Óffice, Room 110, 1/F, Knowles Building, The University of Hong Kong. 請依照保單 號碼所適用的「支票抬頭」填妥支票,並於支票背面寫上「HKU」、「申請員工的名字」和「申請員工的編號」,將劃線支票和此申請表一同遞交至香港大學辦公室指定的投 遞箱。此投遞箱位於香港大學鈕魯詩樓1樓110室 — 人力資源處。

The crossed cheque shall be payable to "AXA General Insurance Hong Kong Limited". 劃線支票抬頭為「安盛保險有限公司」。

Crossed cheque payable to 劃線支票抬頭為	AXA General Insurance Hong Kong Limited 安盛保險有限公司
Designated drop-off box 指定的投遞箱	Human Resources Office, Room 110, 1/F, Knowles Building, The University of Hong Kong 香港大學鈕魯詩樓 1樓 110室 一 人力資源處

Payment method 2 - Bank transfer or FPS 銀行轉賬或轉數快

Pay using the corresponding bank details below and fill in "Message to Payee". Then email the "bank remittance" and enrollment to eb.direct@axa.com.hk, or submit the printed copy of the "bank remittance" and enrollment form to the designated drop-off box at the HKU office. This drop-off box is located in Human Resources Office, Room 110, 1/F, Knowles Building, The University of Hong Kong. 請依照保單號碼及相應銀行信息進行轉賬,並填妥「收款人提示信息」,然後將「銀行付款收據」及此申請表透過電郵 發送至 eb.direct@axa.com.hk 。您亦可將「銀行付款收據」的列印本及此申請表一同遞交至香港大學辦公室指定的投遞箱。此投遞箱位於香港大學鈕魯詩樓1樓110室 人力資源處

Payment details 付款資料:

Account Name 收款人名稱	AXA General Insurance Hong Kong Limited 安盛保險有限公司
Currency 貨幣	HKD 港元
Bank 收款銀行	The Hongkong and Shanghai Banking Corporation Limited 香港上海滙豐銀行
Bank Code 銀行代碼	004
Branch Code 分行代碼	848
Account No. 賬戶號碼	162236003
Message to Payee 收款人提示信息	"HKU", "Employee name" and "Employee number"「HKU」、「申請員工的名字」和「申請員工的編號」

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 分行編號 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) 〔Only individual bank account is accepted 只接受個人銀行戶口。〕 Signature of account holder(s) 戶口持有人簽署 Full name of account holder(s): 戶口持有人全名: (Surname 姓) (Name 名) HKID/Passport no. of account holder(s): 戶口持有人身份證/護照號碼: Date 日期

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, 安盛保險有因三杯 "本公司任將為合法和相關的目的收集個人資料(絕面人資料)(經內以降,特有、處理、使用机)或轉移因并所負有的責任。本公司條將取一切切實可行的步驟,確保個人資料的工作,以表達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. 敬請注意,如果閣下不向本公司提供閣下的個人資料,我們可能無法提供閣下所需的資料、產品或服務,或無法處理閣下的要求。

- 產品/服務而由期下或針對關下提出的或者其他涉及關下的任何藥賠相關的任何目的,包括索賠調查; detecting and preventing fraud (whether or not relating to the products/services provided by the Company and/or our affiliates); 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; 評估關下的財務需求; 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關下有關的任何資料; making disclosure as required by any applicable law, rules, regulations, codes of practice or guidelines or to assists in law enforcement purposes, investigations by police or other government or regulatory authorities 作出任何適用无法律、规则、实践与时则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监管機構執法及進行調查; conducting identity and/or credit checks and/or debt collection; 進行身份和「或信用核查和/或債務起收; complying with the laws of any applicable jurisdiction; 遵守任何適用的司法管轄區的法律; carrying out other services in connection with the operation of the Company's business, and 開展與本公司業務經營有關的其他服務; 及 other purposes directly relating to any of the above, 果上述任何直的直接有關的其他目的。 system of personal data, we list personal data, we list personal data, we list personal data, we list personal data with the laws of any and data. Personal data with the laws of any and data. Personal data with the formal data with the toperation of the Company's business, and make the personal data with the laws of any and data. Personal data with the laws of any and data and the personal data with the termonal data. investigations by police or other government or regulatory authorities in Hong Kong or elsewhere; 10.

- 14. oner purposes an eterty retaining to any of the above. 吳上地江河自印直安丹桐的吴阳已即, **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 a ssociated 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、索赔調查公司、關下之保險經紀、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,關下同意將閣下的資料轉移至香港境外;

r 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:

- 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; 使用本公司不時持有的閣下的姓名、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;
 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,女盛周期方、本公司合作品牌举行通告《作夥样户版性供照符》有例图的服务及基品而进行直接促銷(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、保健及服務、各额、體育運動及全員服務、授獎、健身治或類似的休閒活動、旅遊及交通、家居、服装、教育、社交網絡、媒體的產品及服務及高級消費類產品;
 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:

- 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, Erf (FO 突破間聯方;
 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/或安盛閱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;
 in addition to marketing the above products and services, the Company gain 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.段部份所述的全部或任何人士,以供該等人士
 在促銷該等服務及產品中使用,而本公司為此目的須獲得客戶書面同意(包括表示不反對)。

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 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目的或提供予上文所述的目的或提供予上文所述的目的或提供予上文所述的目的或提供予上文所述的目的或提供予上文所述的目的或提供予上文所述的目的或提供予上文所述的目的。

You may in future withdraw your consent to the use and provision of your personal data for direct marketing, 閣下台軍制度的關係之外,使用人工作任何保持,使用人工作任何保持,使用人工作任何保持,使用人工作任何保持,使用人工作,在内部,这个工作,但是有关的,是一个人工作,但是一个工作,但是一个人工作,但是一个人工作,但是一个一个人工作,但是一个工作,但是一个工作,但是一个一个工作,但是一个一个工作,但是一个一个人工作,但是一个一个工作,但是一个一个一个工作,但是一个一个工作,但是一个一个工作,但是一个工作,但是一个一个工作,但是一个一个一个工作,但是一个工作,但是一个工作,但是一个工作,但是一个工作,但是一个工作,但是一个工作,但是一个工作,但是一个一个工作,

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,均應以書面形式發送至:資料保護主任,香港黃竹坑道38號安盛匯5樓。本公司可能會向閣下收取合理的費用,以抵銷本公司為執行閣下的資料查閱要求而引致的行政和實際費用。

コロロスタイト (予度 直接 におれた) 「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(参閱 "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 HKU Top-up Medical Insurance Scheme, 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待加入「香港大學附加醫療保障計劃」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/我們就此申請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 HKU Top-up Medical Insurance Scheme 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「香港大學附加醫療保障計劃」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 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 or the cooling-off period) to you or the cooling-off period) to you or request for cancellation. 若您並非完全滿意保單,您有權提交要求取消保即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(以告知您冷靜期的期限)交付予您或您的指定代表後起計的15個曆目內(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 **曹將不予**很回。

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

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