

團體保險計劃 - 新增僱員，更改資料及離職表格

Employee Addition, Changes and Termination Form for Group Insurance Plan

備註 NOTE:

- 請以英文正楷填寫及於更改生效日期後 31 天內交回本公司。Please complete this form in BLOCK LETTERS and return to us within 31 days after the effective date of such changes.
- 適用於CARING僱員醫療保險計劃：投保僱員人數最少為3人，新增加之僱員無須填寫健康申報表。
For CARING Employee Medical Insurance Plan: The minimum requirement of 3 employees is required and the new employee is not required to complete the Health Declaration Form.
- 僱員 / 家屬投保申請及資料 / 保障更改須於生效日期起計 31 日內申報；而有關申請或資料 / 保障更改的最早生效日只可逾期至本公司收取通知當日起計 31 日為限。逾期者之申請或資料 / 保障更改需通過核保才可生效。
Please note that Employee/Dependant addition and changes should be submitted within 31 days from the date of eligibility and no back date of more than 31 days from our received date would be allowed. Otherwise, coverage will be subject to satisfactory underwriting.
- 僱員 / 家屬終止保障須於生效日期起計 31 日內申報；而有關終止保障的最早生效日只可逾期至本公司收取通知當日起計 31 日為限。
Please note that Employee/Dependant termination should be submitted within 31 days from the date of termination and no back date of more than 31 days from our received date would be allowed.
- 富衛人壽保險 (百慕達) 有限公司 (於百慕達註冊成立之有限公司) 擔任保持保險的團體醫療保險保單的第三方管理人。
FWD Life Insurance Company (Bermuda) Limited (Incorporated in Bermuda with limited liability) acts as the third-party administrator for bolttech Insurance's group medical insurance policies.

保單持有人 Policyholder: _____

團體醫療保單號碼 Group Medical Policy No.: _____

附屬公司 Affiliated Company: _____

新增僱員或家屬 Addition of Employee/Dependant:

僱員編號 Employee Code (如適用 If applicable)	僱員姓名 (必須與提供的銀行 戶口之姓名相同) Employee's Name (must exactly same as the provided bank account name)	家屬姓名 Dependant's Name (如適用 If applicable)@	關係 Relationship *	婚姻狀況 Marital Status #	性別 Sex	出生日期 Date of Birth (DD/MM/YYYY)	身份證 / 護照號碼 ID Card / Passport No.	僱員類別 Employee Type	受僱日期 Employment Date (DD/MM/YYYY)	職位 Position	僱員之銀行名稱及戶口號碼 (僱員必須提供此項資料用作 醫療賠償用途) Employee's Bank Name and Account No. (This information must be provided and will be used for medical benefit reimbursement)	電郵地址 E-mail Address ##	生效日期 Effective Date (DD/MM/YYYY)
												僱員之手提電話號碼 Employee's Mobile No.	

* EE - 僱員 Employee, SP - 配偶 Spouse, CH - 子女 Child
S - 未婚 Single, M - 已婚 Married, D - 離婚 Divorced, W - 寡居 Widowed
@ 只適用於有家屬保障的員工填寫 Applicable for employee with dependant coverage only

如有提供電郵地址，醫療索償理賠表將以電郵送遞。醫療索償理賠表亦可於eServices流動程式中取得。
Claim adjustment statement will be sent by email if email address is provided. The Claim adjustment statement can also be accessed from eServices App.

終止僱員及家屬之保障 Termination of Employees & Dependand

僱員編號 Employee Code (如適用 If applicable)	身份證 / 護照號碼 ID Card / Passport No.	僱員姓名 (必須與提供的銀行戶口之姓名相同) Employee's Name (must exactly same as the provided bank account name)	家屬姓名 Dependant's Name	最後受僱日期 Last Day of Employment (DD/MM/YYYY)	備註 Remarks

更改僱員類別 Change of Employee Type

僱員編號 Employee Code (如適用 If applicable)	身份證 / 護照號碼 ID Card / Passport No.	僱員姓名 (必須與提供的銀行戶口之姓名相同) Employee's Name (must exactly same as the provided bank account name)	由 From	至 To	新職位 / 更改原因 New Position/Reason of Change (如適用 If applicable)	生效日期 Effective Date (DD/MM/YYYY)

其他更改 Other Changes

僱員編號 Employee Code (如適用 If applicable)	身份證 / 護照號碼 ID Card / Passport No.	僱員姓名 (必須與提供的銀行戶口之姓名相同) Employee's Name (must exactly same as the provided bank account name)	僱員之銀行名稱及戶口號碼 (用於醫療賠償用途) Employee's Bank Name and Account Number (for medical benefit reimbursement)	電郵地址 E-mail Address ##	僱員之手提電話號碼 Employee's Mobile No.	其他 Other	生效日期 Effective Date (DD/MM/YYYY)

聲明

本人 / 我們，謹此聲明並同意：

- 本人 / 我們已參閱並明白有關此申請之產品小冊子及保單條款。
- 此申請表格內所提供的資料及細節均是準確無誤，真實及為事實之全部，並且是盡本人 / 我們所知及所信而作答的。本人 / 我們並沒有隱瞞任何重要資料及同意此申請表格之內容及聲明將成為保特保險（香港）有限公司（“本公司”）及本人 / 我們之保險合約之承保根據。本人 / 我們在此確認，如未能提供真實及準確無誤之資料或通知本公司任何有關此保險申請之重要資料，將可能導致本公司不能接受或處理此保險申請或令本保單失效。
- 保障一概必須在本申請獲本公司接納後及本人 / 我們已繳交應付保費後始可生效。
- 本人 / 我們已閱讀、明白及接受本公司的收集個人資料聲明。透過以下簽名，本人 / 我們確認此申請並同意本公司可根據收集個人資料聲明列出之目的使用及披露本公司目前或將來持有的關於本人 / 我們的所有個人資料，並理解本人可以掃描以下二維碼查看本公司的收集個人資料聲明，或可致電本公司的客戶服務熱線 (852) 2603 9435 索取收集個人資料聲明副本。



- 如閣下不同意本公司根據收集個人資料聲明第 8 和 9 段使用及提供本人的個人資料以作直銷目的，請在以下有關方格內加上剔 (✓) 號。
 本人 / 我們不同意本公司使用及提供本人的個人資料以作直銷目的，並不願意接收任何推廣訊息或直銷資訊。
- (如適用) 本人 / 我們已獲受保人授權提供本申請所需之一切資料，並就本申請之相關事宜，與本公司進行交涉，並向其接收或索取與受保人有關之資料。本人 / 我們並確認受保人已獲明確通知及同意，其個人資料將會轉介予本公司作辦理本申請之用，亦已獲通知其在收集個人資料聲明下所享有的權利（見上文第 4 段）。
- 如申請人有保險經紀：
本人 / 我們明白、確知及同意，本公司會就本人 / 我們購買及接受其簽發的保單，於保單有效期內（包括續保期）向負責替本人 / 我們安排有關保單的獲授權保險經紀支付佣金。（如適用）假如申請人為法人團體，本人 / 我們為代表申請人簽署的獲授權人員並向本公司確認本人 / 我們已獲該法人團體授權。
本人 / 我們亦明白本公司必須取得申請人的上述同意，才可以處理其保險申請。

Declaration

I/WE HEREBY DECLARE AND AGREE THAT:

- I/We have read and understood the product brochure and the terms and/or conditions of the policy provisions of the product in this application.
- The information and particulars provided on this application form are accurate, true and complete and are given to the best of my knowledge and belief. I/We have not withheld any material information and accept that this application and declaration shall form the basis of the contract between Bolttech Insurance (Hong Kong) Company Limited (“the Company”) and me/us. I hereby acknowledge that failure to supply true and accurate answers to this application or inform the Company of all material information about this application may render the Company unable to accept or process this application or the insurance policy void.
- The insurance coverage applied for shall only take effect when this application has been accepted by the Company and I/ We have paid the required premium.
- I/We have read, understood and accepted the Personal Information Collection Statement of the Company (“PICS”). By signing below, I/We confirm this application and agree that the Company may use and disclose all personal data about me/us that the Company currently or subsequently hold for the purposes as set out in the PICS, and I understand I can scan the QR code below for review of the PICS or else I can request a copy of the PICS by calling the Company’s Customer Service Hotline at (852) 2603 9435.



- If you do not agree to the use and provision of your personal data for direct marketing as set out in paragraphs 8 and 9 of the PICS, please tick the box below and we will not use your personal data for direct marketing.
 I/We do not agree with the use and provision of my/our personal data for direct marketing purposes and do not wish to receive any promotional and direct marketing materials.
- (If applicable) I/We have obtained the authorisation from the insured person to provide the information requested in this application and to deal with and receive or request information concerning the insured person from the Company in relation to any matters arising from this application. I/We further acknowledge that the insured person has been explicitly informed and agrees that his/her personal data will be transferred to the Company for the purpose of this application and has been informed of his/ her rights under the PICS (see paragraph 4 above).
- Where the Applicant(s) has/have an Insurance Broker:
I/We understand, acknowledge and agree that, as a result of the purchasing and taking up the policy by me/us, with the policy issued by the Company, the Company will pay my/our authorized insurance broker commission during the continuance of the policy including renewals, for arranging the said policy. (If applicable) Where the applicant is a body corporate, I/We am/ are the authorized person(s) signing on behalf of the applicant and I/We further confirm to the Company that I/We am/are authorized to do so. I/We understand that the above agreement is necessary for the Company to proceed with the application.

代表申請人的授權人 / 獲發收集個人資料聲明人士簽署及公司蓋章
Authorised Signatory on behalf of Applicant with Company Chop to whom
the Personal Information Collection Statement of the Company is given

獲授權人姓名
Name of Authorised Person

獲授權人職銜
Job Title of Authorised Person

代理人 / 經紀 / 業務代表
Name of Agent / Broker/ Technical Representative

日期 (日 / 月 / 年)
Date (DD / MM / YYYY)

本申請表格的中英文版本如有差異，以英文版本為準。

Should there be any discrepancy between the English and the Chinese versions of this application form, the English version shall apply and prevail.