

團體醫療保險健康申報表

Group Medical Insurance Health Declaration Form

bolttech
Insurance

電郵 E-mail: employeebenefits@bolttechinsurance.com

請由僱員以正楷填寫 To be completed by Employee in block letters

公司名稱 (保單持有人) Employer name (Policyholder)		團體醫療保單編號 Group Medical Policy No.	
附屬公司名稱 Affiliated company name			
僱員姓名 (必須與提供的銀行戶口之姓名相同) Employee name (must exactly same as the provided bank account name)		出生日期 Date of Birth (日 DD/月 MM/年 YYYY) / /	
		性別 Sex <input type="checkbox"/> 男性 Male <input type="checkbox"/> 女性 Female	
僱員編號 (如有) Staff no. (If any)	僱員類別 Employee type	職位 Position	受僱日期 (日/月/年) Employment Date (DD/MM/YYYY) / /

家屬保障 Dependant coverage (如適用 If applicable)

家屬姓名 Name of Dependants	關係 Relationship	出生日期 (日/月/年) Date of Birth (DD/MM/YYYY)	身份證 / 護照號碼 ID Card / Passport No.	性別 Sex
1				
2				
3				
4				
5				

註：家屬包括僱員未滿 69 歲 (實際年齡) 之配偶及 / 或僱員之未婚而年齡超過 14 日但未滿 19 歲 (實際年齡)，及已滿 19 歲 (實際年齡) 但未滿 25 歲 (實際年齡) 而正在認可教育機構接受全日制教育之子女 (請附上證明文件)。
Note: Dependants include employee's spouse under the age of 69 (attained age) and/or the employee's unmarried children who are over the age of 14 days but under 19 years old (attained age) and those at the age of 19 (attained age) but under 25 (attained age) who are receiving full time education at a recognized educational institution (Please provide evidential proof).

1 閣下或 貴配偶 (如適用) 的體重及身高? What is your and your spouse's (if applicable) weight and height?	僱員 Employee : _____ 千克 kg _____ 米 m 配偶 Spouse : _____ 千克 kg _____ 米 m
2 閣下是否全職僱員及現時是否正在工作? Are you now employed on a full-time basis and actively-at-work?	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No
3 閣下或 貴家屬 (如適用) 有否吸煙? Do you or your dependant (if applicable) smoke? 如有, 請提供吸煙者姓名及每日吸煙平均數量 If yes, please name the person who smokes and the average daily consumption: _____	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No
4 閣下或 貴家屬 (如適用) 是否現正持有其他醫療、意外或人壽保單? Do you or your dependant (if applicable) currently have any other medical, accident or life insurance?	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No
5 閣下或 貴家屬 (如適用) 曾否有任何醫療、意外或人壽保險的投保申請被保險公司拒絕、或保單被取消、增加保費、附加限制或拒絕續保? Have you or your dependant (if applicable) ever had any medical, accident or life insurance application rejected or policy cancelled, rated or restricted or renewal declined?	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No
6 閣下或 貴家屬 (如適用) 的直系親屬中是否有兩位或更多成員於六十歲前患有遺傳性疾病? Have you or your dependant (if applicable) had any two or more of your immediate family members who are known to have any hereditary disease before age 60 ?	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No
7 閣下或 貴家屬 (如適用) 是否打算參加有危險性之活動, 如賽車、潛水、攀石或飛行活動 (除民航乘客身份購者外)? Do you or your dependant (if applicable) have any intention of engaging in hazardous pursuits, e.g. motor sports, diving, rock climbing, flying other than as a fare paying passenger?	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No

以上問題編號 4-7, 如答案為是者, 請提供詳細說明包括姓名:
Provide details including name for the above question no 4 - 7 answered "Yes" :

僱員姓名 Employee name _____

8 在過去五年內，閣下或 貴家屬 (如適用) 是否曾患有或曾接受任何嚴重疾病、身體機能失調、身體上的缺陷或嚴重受傷的治療？ 是 Yes 否 No
 Have you or your dependant (if applicable) suffered from or been treated for any serious diseases, disorder, physical impairment or severe injury in the last 5 years?

9 在過去五年內，閣下或 貴家屬 (如適用) 曾否接受過外科手術、或曾在醫院或療養院留院接受治療或觀察？ 是 Yes 否 No
 Have you or your dependant (if applicable) had a surgical operation or been confined in hospital or sanatorium for treatment or observation in the last 5 years?

10 在過去五年內，閣下或 貴家屬 (如適用) 有否接受或被建議接受任何診斷性檢驗 (例如：X-光、心電圖或血液檢驗)？ 是 Yes 否 No
 Have you or your dependant (if applicable) had, or been advised to have any diagnostic tests (eg X-ray, ECG or blood test) in the last 5 years?

11 閣下或 貴家屬 (如適用) 現時是否正接受病理觀察、治療或藥物或有任何顯示健康異常之徵狀出現？ 是 Yes 否 No
 Are you or your dependant (if applicable) currently under medical observation or receiving any treatment or medication or aware of any symptoms which may indicate a disorder?

12 閣下或 貴家屬 (如適用) 曾否接受過下列疾病之治療或曾被告知患上下列疾病：心臟病、高血壓、糖尿病、癌症、瘤、潰瘍、肺結核、哮喘、癲癇、氣腫、胸膜炎、結腸炎、風濕性發熱、梅毒，或任何疾病關於腦部、中樞神經、腸胃、肝臟、胰臟、生殖排洩系統、甲狀腺、骨骼、後天免疫力缺乏症 (愛滋病)、與愛滋病有關的併發症或狀況？ 是 Yes 否 No
 Have you or your dependant (if applicable) ever been treated for or been told of heart trouble, high blood pressure, diabetes, cancer, tumor, ulcer, tuberculosis, asthma, epilepsy, emphysema, pleurisy, colitis, rheumatic fever, syphilis or any other disease of the brain, central nervous system, gastro-intestinal tract, liver, pancreas, genito-urinary, thyroid gland, bones, AIDS, AIDS-related complication or AIDS-related condition?

以上問題，如答案為是者，請提供詳細說明：

Provide name and details of each question answered "Yes":

問題編號 Question No. 8 - 12	僱員 / 家屬姓名及項目說明 Name of Employee / Dependant & Details of Item	治療日期 Treatment Period 由 From 至 To	痊癒日期及程度 Date & Degree of Recovery	診治醫生姓名及地址 Name & Address of Attending Doctor

備註 NOTE:

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) 擔任保特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.

聲明

本人 / 我們，謹此聲明並同意：

1. 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。
2. 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。
3. 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。
4. 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 2603 9435 索取收集個人資料聲明副本。



5. 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。
6. (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)。

Declaration

I/WE HEREBY DECLARE AND AGREE THAT:

1. 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.
2. 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.
3. 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.
4. 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 2603 9435.



5. 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.
6. (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).

僱員簽署
Signature of Employee

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.

保險公司專用 For Insurance Company use only