

# Bupa CarePro / Bupa Care Kid Health Insurance Scheme Application Form

## 保柏卓康健 / 保柏童康健醫療保障計劃申請表



To ensure your cover can take effect on the first day of the following month, please send us the completed application form at least 5 working days prior to the end of the month. Applications are subject to underwriting.

如欲合約在下月一號生效，請將填妥的申請表於月底前最少5個工作天寄回保柏。所有申請必須通過核保始能生效。

Please complete this form in **ENGLISH and BLOCK LETTERS**. Please tick as appropriate.  
請以**英文正楷**填妥本申請表，並於適用地方加「✓」號。

All ages described in this form refer to the age as at the Coverage Commencement Date.  
本申請表內所有歲數以保障開始日當日之歲數計算。

Application for 投保計劃：

**Bupa CarePro 保柏卓康健** (Applicable to aged 18 or above 適用於18歲以上人士)

**Bupa Care Kid 保柏童康健** (Applicable to unmarried children aged between 15 days - 17 years inclusive 適用於出生15天至17歲的未婚子女)

For Bupa  
use only  
保柏專用

Reference No. :  
參考編號

Effective Date :  
生效日期

DD 日 MM 月 YYYY 年

### Personal Details of Applicant 申請人資料 (Applicant's age must be 18 years or above 申請人年齡必須為18歲或以上)

Title 稱謂 Name of Applicant (same as HKID Card) 申請人姓名 (與香港身份證相同)

Mr 先生 Surname 姓  
 Mrs 太太  
 Ms 女士 Given Name 名  
 Miss 小姐

HKID Card No. / Passport No. 香港身份證號碼 / 護照號碼 Sex 性別  M 男  F 女 Date of Birth 出生日期 DD 日 MM 月 YYYY 年

### Contact Details of Applicant 申請人聯絡資料

Correspondence Address\* 通訊地址\* (Please complete in ENGLISH and BLOCK LETTERS 請以英文正楷填寫)

Flat 單位 / Room 室 / Floor 層數

Block 座 / Building 大廈 / Mansion 閣 / House 樓 / Estate 屋苑

Street 街 / Road 道

District 地區  HK 香港  Kln 九龍  NT 新界

Email Address# 電郵地址#

Contact No. 聯絡電話 Fax No. 傳真號碼 Mobile No. 流動電話號碼

Country of Residence 居住國家^ (If not in Hong Kong 如非香港)

\* P. O. Box, hotel address and overseas address are not acceptable. 郵政信箱、酒店地址及海外地址恕不接納。

# You can access our e-Services through **myBupa**, our online and mobile platform, to view and download some of your policy-related documents. To access these e-documents\*\*, you are required to register for a **myBupa** account and provide an email address where you will receive email notifications when a document is ready for you to access from your **myBupa** account. You will no longer receive hard copy of these documents by post.

If you wish to receive a hard copy of all documents by post, please tick the box below. If you do not tick the box, we will consider that you have agreed to register for and use **myBupa** to access these e-documents.

I request to receive hard copy of all documents by post.

\*\* Please refer to <https://www.bupa.com.hk/en/customer-care/mybupa/> for the latest list of e-documents available on **myBupa**. This list is subject to change.

# 您可透過 **myBupa** 網上及手機的電子服務查閱及下載與您保單相關的部分文件。要查閱這些電子文件\*\*，您須登記 **myBupa** 帳戶，並提供電郵地址。當文件已上載於您的 **myBupa** 帳戶後，您便會收到電郵通知。您將不會以郵寄方式收到這些保單文件的印刷本。

如您想以郵寄方式收取所有文件的印刷本，請於以下方格內加上剔號。如您沒有剔選以下方格，我們將認為您已同意登記及使用 **myBupa** 以瀏覽這些電子文件。

我要求以郵寄方式收取所有文件的印刷本。

\*\* 有關上載於 **myBupa** 的最新電子文件清單，請參考 <https://www.bupa.com.hk/tc/customer-care/mybupa/>，此清單會不時更改。

^ Unless otherwise specified by Member in writing, Inter Partner Assistance Hong Kong Limited will consider Hong Kong as the Country of Residence of the Member and repatriate the Member to Hong Kong when Medically Necessary.

除非會員特別以書面通知，國際救援（亞洲）有限公司將設定香港為會員之居住國家，於有醫療需要時送返會員回香港。



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## Details of Proposed Member 準會員資料

Myself 本人

(Details as page 1 資料如同第一頁)

**Or 或** (Please tick one only 請選擇一位準會員)

Child 子女

Child's Name (same as HKID Card/Birth Certificate) 子女姓名 (與香港身份證/出生證明書相同)

Surname

姓

Given Name

名

HKID Card No. / Birth Certificate No.

香港身份證號碼 / 出生證明書號碼

Sex

性別  M 男  F 女

Date of Birth

出生日期

DD 日

MM 月

YYYY 年

Country of Residence 居住國家<sup>^</sup>

(If not in Hong Kong 如非香港)

<sup>^</sup> Unless otherwise specified by Member in writing, Inter Partner Assistance Hong Kong Limited will consider Hong Kong as the Country of Residence of the Member and repatriate the Member to Hong Kong when Medically Necessary.

除非會員特別以書面通知，國際救援（亞洲）有限公司將設定香港為會員之居住國家，於有醫療需要時送返會員回香港。

## Choice of Cover 投保項目

Core Benefit 主要保障

Hospital and Surgical Benefit 住院及手術保障

Benefit Level 保障等級 (Choose one 任選其一)

Plan 計劃  1 / 4 Private 私家房

Plan 計劃  2 / 5 Semi-private 半私家房

Plan 計劃  3 / 6 Ward 大房

Optional Benefit 自選額外保障

Full Cover Benefit 全數賠償保障 (applicable to Plan 4, 5 and 6 適用於計劃4, 5及6)

Supplementary Major Medical Benefit 附加醫療保障 (age must be below 60 years 年齡必須為60歲以下)

Hospital Cash Benefit 住院現金保障

Clinical Benefit 門診保障

Maternity Benefit 產科保障

(age must be between 18-49 years inclusive 年齡必須為18-49歲(首尾歲數包括在內))

Dental Benefit (Plan A) 牙科保障 (計劃A) /  Dental Benefit (Plan B) 牙科保障 (計劃B)

(applicable to Bupa CarePro 適用於保柏卓康健計劃)

## Child Discount (if applicable) 子女保費折扣 (如適用)

Please give details if you / your spouse is a **proposed/existing Member** of Bupa CarePro and / or your child(ren) is a **proposed/existing Member** of Bupa Care Kid. Each proposed Member needs to submit an application form individually. 如您/您的配偶為「保柏卓康健」的準會員/現有會員，及/或您的子女為「保柏童康健」的準會員/現有會員，請提供以下資料。每位準會員須各自提交申請表。

Please tick if you are a **proposed/existing Member**  
如您是準會員/現有會員，請於空格內加上「✓」號

Please indicate your membership no. if you are an **existing Member**

如您是現有會員，請填寫會員號碼

Membership No. 會員號碼

## Your Spouse 您的配偶

Please indicate the membership no. if your spouse is an **existing Member**

如您是現有會員，請填寫會員號碼

Membership No. 會員號碼

Spouse's Name (same as HKID Card) 配偶姓名 (與香港身份證相同)

Surname

姓

Given Name

名

HKID Card No.

香港身份證號碼

Date of Birth

出生日期

DD 日

MM 月

YYYY 年

## Your Child 您的子女

Please indicate the membership no. if your child is an **existing Member**

如您是現有會員，請填寫會員號碼

Membership No. 會員號碼

Child's Name (same as HKID Card/Birth Certificate) 子女姓名 (與香港身份證/出生證明書相同)

Surname

姓

Given Name

名

HKID Card No. / Birth Certificate No.

香港身份證號碼 / 出生證明書號碼

Date of Birth

出生日期

DD 日

MM 月

YYYY 年

## Your Child 您的子女

Please indicate the membership no. if your child is an **existing Member**

如您是現有會員，請填寫會員號碼

Membership No. 會員號碼

Child's Name (same as HKID Card/Birth Certificate) 子女姓名 (與香港身份證/出生證明書相同)

Surname

姓

Given Name

名

HKID Card No. / Birth Certificate No.

香港身份證號碼 / 出生證明書號碼

Date of Birth

出生日期

DD 日

MM 月

YYYY 年

## Payment Method 繳付保費方法

Payment Frequency 繳付保費形式	Payment Method 繳付保費方法	Remarks 備註
<input type="checkbox"/> Yearly 年繳	<input type="checkbox"/> Credit Card 信用卡	Please attach a completed <b>Credit Card Authorisation Form</b> 請連同填妥之 <b>信用卡付款授權書</b> 寄回
	<input type="checkbox"/> Autopay from Bank 銀行自動轉賬 (From renewal payment only 續保繳費起適用)	Please attach a cheque made payable to "Bupa (Asia) Limited" for the first year's subscription and levy with a completed <b>Direct Debit Authorisation Form</b> 請填妥 <b>直接付款授權書</b> ，連同首年保費及保費徵費之支票交回本公司，支票抬頭人為「保柏(亞洲)有限公司」
	<input type="checkbox"/> Cheque 支票 Bank Name 銀行名稱 _____ Cheque No. 支票號碼 _____	Please attach a cheque made payable to "Bupa (Asia) Limited" 請將支票交回本公司，支票抬頭人為「保柏(亞洲)有限公司」
<input type="checkbox"/> Monthly 月繳	<input type="checkbox"/> Credit Card 信用卡	Please attach a completed <b>Credit Card Authorisation Form</b> 請連同填妥之 <b>信用卡付款授權書</b> 寄回
	<input type="checkbox"/> Autopay from Bank 銀行自動轉賬	Please attach a cheque made payable to "Bupa (Asia) Limited" for the first 2 months' subscription and levy with a completed <b>Direct Debit Authorisation Form</b> 請填妥 <b>直接付款授權書</b> ，連同首兩個月保費及保費徵費之支票交回本公司，支票抬頭人為「保柏(亞洲)有限公司」

**If the cheque issuer is not the applicant or proposed Member\*, please fill in the following information. 若支票發出人並非申請人或準會員\*，請填寫以下資料。**

Relationship with the applicant or proposed Member* 與申請人或準會員*關係 (Applicable to spouse, parents or children only 只適用於配偶、父母或子女)	Reason for paying subscription and levy on behalf of the applicant or proposed Member* 代申請人或準會員*支付保費及保費徵費的原因
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## Bank Account for Reimbursement 支付賠償之銀行戶口

Claims payment will be reimbursed by autopay only. 賠償款項只以自動轉賬方式支付。

**I hereby agree and authorise Bupa (Asia) Limited to reimburse claims payment to the account below. 本人同意及授權保柏(亞洲)有限公司轉賬賠償款項於以下戶口。**

Account Holder's Name (Same as recorded on bank account statement/passbook)  
戶口持有人姓名(與銀行結單/存摺相同)

HKID Card No.  
香港身份證號碼

**Personal Hong Kong savings / current account number (HK\$ only) 個人香港儲蓄 / 往來銀行戶口號碼 (只限港幣)**

Bank Name  
銀行名稱

Bank No.  
銀行編號

Account No.  
戶口號碼

**If the above account holder is not the applicant, please fill in the following information. 若上述之戶口持有人並非申請人，請填寫以下資料。**

Relationship with the applicant or proposed Member\* 與申請人或準會員\*關係  
(Applicable to spouse, parents or children only 只適用於配偶、父母或子女)

Reason for receiving claims payment on behalf of the applicant or proposed Member\* 代申請人或準會員\*收取賠款的原因

\* Please delete if inappropriate 請刪除不適用者

## Health Declaration 健康聲明

### Important Note 重要事項

Please Answer Yes or No to every question in Health Declaration - Section A. 請於所有「健康聲明 - 甲部」中問題回答「是」或「否」。

If you answer Yes to any of the questions, you have to provide the details of the medical conditions in Health Declaration - Section B. 如果您就任何問題的回答為「是」，您須於「健康聲明 - 乙部」提供有關疾病之詳情。

During the insurance application process, it's important that you act with utmost good faith and disclose all material facts to Bupa. If you are uncertain as to whether a fact is material, then it should be disclosed. If you fail to disclose or misrepresent a material fact and this causes Bupa to accept the risk, this will raise questions about your entitlement to insurance benefits. Consequences may include termination of your policy or reduction of entitlement to claims payments in all or part. 在保險申請過程中，務必以至高誠信向保柏披露所有重要事實。如果您不確定某個事實是否重要，則應將其披露。如您未能披露或錯誤陳述重要事實，而導致保柏承擔有關風險，這將影響您享有的保障。其結果可能包括終止您的保單；或減少全部或部分您所獲得的賠償。

You do not need to tell us about your history of common cold or flu or upper respiratory tract infections. Female proposed Member does not need to tell us about your history of childbirth. 您無須告知我們傷風、感冒、上呼吸道感染之病史。女性準會員也不用告知我們有關分娩的紀錄。

If there is any change or update on the proposed Member's health conditions at any time after the submission of this Application and before the Coverage Commencement Date, you are required to notify Bupa immediately. 如在提交本申請後和保障開始日之前的任何時間，準會員的健康狀況有任何改變或更新，您需要立即通知保柏。

Height 身高**	m 米	cm 厘米/	ft 尺	in 吋	Weight 體重**	kg 公斤/	lb 磅	Smoker 吸煙者**	<input type="checkbox"/> Yes 是	<input type="checkbox"/> No 否
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\*\* Not required for proposed Member(s) below 18 years old. 18歲以下之準會員無需填寫。

### Health Declaration - Section A 健康聲明 - 甲部

1. In the last 3 years, have you (or the proposed Member) had: 在過去三年內，您(或準會員)是否曾： a) consultation or medical investigations (e.g. scans or blood tests) for any medical condition(s) or symptoms which have continued for 2 weeks or more, and/or occurred more than once during the period; or 因任何持續兩星期或以上，以及/或因任何出現多於一次的病症或症狀而就診或接受醫療檢查(如掃描及血液檢驗)；或 b) consultation or medical investigations as a result of abnormal findings from medical investigations**；或 因醫療檢查結果異常而就診或接受醫療檢查**；或 c) consultation by a specialist for two times or more for the same medical condition(s) 因同一病症接受兩次或以上的專科醫生診治？	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
2. In the last 5 years, have you (or the proposed Member) ever taken / been advised to take any medication prescribed by a doctor regularly for a continuous period of longer than 1 month? 在過去五年內，您(或準會員)是否曾定期服用 / 曾被建議定期服用為期超過一個月的醫生處方藥物？	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
3. In the last 7 years, have you (or the proposed Member) been admitted to hospital, had an operation or a procedure? 在過去七年內，您(或準會員)是否曾住院，接受手術或治療程序？	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否

\*\* For proposed Members aged 17 and below, this includes abnormalities in growth development (e.g. height and weight) 於十七歲或以下準會員，此包括生長發育異常(如身高、體重等)

**Health Declaration - Section A 健康聲明 — 甲部**

4. In the last 6 months, have you (or the proposed Member) had any undiagnosed symptoms, or currently undergoing medical investigations or awaiting results for the said symptoms?  Yes是  No否  
 在過去六個月內，您(或準會員)是否曾有任何未被診斷的症狀，或現正因有關症狀進行醫療檢查或等待檢查結果？

5. Have you (or the proposed Member) had a history of cancer, heart condition, stroke or joint replacement; or are there any medical devices (e.g. shunts for draining fluids from the brain, pins and plates for fixation of broken bones) currently in your body?  Yes是  No否  
 您(或準會員)是否曾有癌症、心臟病、中風或關節置換的病史；或現在體內有任何醫療儀器(如導引腦積水的分流器，及固定骨折的骨釘和骨板等)？

**Only applicable to Bupa Care Kid Health Insurance Scheme 只適用於童康健醫療保障計劃**  
 Applicable to proposed Member aged 15 days to 24 months only. 此問題只適用於年齡介乎15日至24個月的準會員：

6. Was the proposed Member born before 37 weeks or after 42 weeks of pregnancy?  Yes是  No否  
 準會員是否於懷孕37周前或42周後出生？

**Applicable for optional clinical benefit only. 此問題只適用於自選附加門診保障。**

7. Apart from the above information which you (or the proposed Member) may have already disclosed, in the last 3 years, have you (or the proposed Member) had consultation by Psychiatrist for two times or more for mental health conditions (e.g. depression, anxiety, schizophrenia, mood disorder etc.)?  Yes是  No否  
 除您(或準會員)於上述已經披露之健康狀況外，在過去三年內，您(或準會員)是否曾因關於精神健康狀況(例如抑鬱症、焦慮症、精神分裂症、情緒障礙等)，接受兩次或以上的精神科醫生診治？

**Health Declaration - Section B 健康聲明 — 乙部**

	Medical condition 病症	Medical condition 病症	Medical condition 病症
Please specify as accurately as possible the name of the illness or medical problem. Where applicable, please state the area of the body affected (e.g. right knee, left eye). 請盡可能準確註明患上何種疾病或病患。如適用，請說明受影響的身體部位(例如右膝，左眼)。			
When did the symptoms start? 何時開始出現徵狀？			
What investigations did you have? Please include dates, type of investigations (e.g. MRI, blood test) and their results. 您曾接受何種檢查？ 請註明日期、檢查種類(如磁力共振、驗血)及其結果。			
What treatment did you have? Please include treatment period, type of treatment and their details (e.g. name of medication, name of procedure or surgery) 您曾接受何種治療？ 請註明接受治療時期、治療種類及其詳情(如藥物名稱、治療程序及手術名稱)			
When was the treatment completed? 何時完成治療？			
Have you made a full recovery? (Yes/No) 您是否已完全康復?(是/否)			

If you have any medical reports or reports of investigations, please enclose them and put a tick in the box.  
 如您有任何醫療報告或醫療檢查報告，請隨此表格同時附上，並請於空格加「✓」號。

With attachment  
 另有附頁

## Declaration and Authorisation 聲明及授權

I apply as Member of Bupa CarePro Health Insurance Scheme ("Scheme")/ I, on behalf of the proposed Member as listed in this Application, apply as a Member of Bupa Care Kid Health Insurance ("Scheme"). I confirm that I have selected this insurance plan of my own free will. I further confirm that the product features of the Scheme were able to fulfil my / proposed Member's current medical protection needs, financial situation and premium affordability. I acknowledge that Benefit is not payable under this Scheme being applied for any costs of treatment arising from any existing illnesses, injuries or other conditions presented before the Coverage Commencement Date unless complete details are fully disclosed by me in this Application and accepted by Bupa (Asia) Limited ("Bupa").

I declare that, to the best of my knowledge and belief, the statements contained in this Application are true and complete.

I acknowledge that Bupa reserves the right to ask for submission of more details of health status or medical reports of me/ the proposed Member at my own cost.

I also authorise any medical practitioner, hospital, clinic, by whom or where I/ the proposed Member have/ has been observed or treated or any insurance company or organisation that has any records or health information concerning me/ the proposed Member for any reason, to give full particulars thereof including prior medical history to Bupa. A copy of this authorisation shall be considered as effective and valid as the original.

I agree to be bound by the terms and conditions of the Contract of this Scheme, which I understand are available on request and will be provided to me if this application is approved. I agree that this Health Declaration and the answers given in this Application shall be the basis of the Contract between me and Bupa. I understand that I have the right to cancel this Contract within 21 days from the Coverage Commencement Date and that if I do not cancel the Contract within that period, all information in this Application is deemed to be final.

I acknowledge that Bupa has discretion to appoint Registered Medical Practitioners, Hospitals, Qualified Nurses, cancer centres, day-case centres, diabetic centres, wellness centres and other service providers to provide health and care services, credit facilities for eligible medical expenses and to do all things and acts incidental to such appointment for the Member. I acknowledge and agree that such appointment shall be made on such terms and conditions as Bupa shall think fit at its absolute discretion. Bupa shall not be liable for any claim whatsoever which may be made against any such service provider appointed by Bupa by the Member.

本人申請成為「保柏卓康健」醫療保障計劃（「計劃」）之會員/本人代表本申請表列出之準會員，申請成為「保柏童康健」醫療保障計劃（「計劃」）之會員。本人確認本人所選之保險計劃乃按照本人之獨立意願而決定。本人並確認計劃的產品內容符合本人/準會員現時的醫療保障需求、財務狀況及保費承擔能力。本人確認根據申請之計劃規定，凡在保障開始日前因已患之疾病、損傷或其他病況而引致之醫療費用，一律不予賠償，除非本人在本申請表內已詳細列出並獲得保柏（亞洲）有限公司（「保柏」）接納。

本人聲明，就本人所知所信，本申請表上填報之一切資料，均屬真實完整。

本人確認保柏有權要求提供更多有關本人/準會員之健康狀況及醫療報告，一切費用由本人支付。

本人並授權任何為本人/準會員觀察或治療的醫生、醫院、診所，或持有本人/準會員健康或任何資料之保險公司或機構將本人/準會員之全部資料（包括病歷）呈交予保柏，本授權書之副本與正本具同等效力。

本人同意遵守此計劃合約之各條款及細則，並明白可在要求下索取，此外保柏亦會於此申請獲批後提供該些條款及細則予本人。本人同意本申請表內之健康聲明及回答將作為本人與保柏之間所訂合約之根據。本人明白本人有權於合約生效日後21日內取消此合約。如本人沒有於此期間取消合約，此申請內的所有內容將被視為最終資料。

本人確認保柏可酌情委任註冊西醫、醫院、合資格護士、癌症中心、日症中心、糖尿病中心、保健中心及其他服務供應商以提供醫療服務、合資格醫療費用之墊支服務及有關該委任所需之服務予會員。

本人確認並同意有關委任之條款及細則決定乃基於保柏以其認為合適的情況下而作出。就會員向有關保柏所委任的服務供應商所作出之申索，保柏一概不會負責。

### Applicable to Application through authorised insurance broker 適用於透過獲授權保險經紀進行之申請

I understand, acknowledge and agree that, as a result of me purchasing and taking up the policy to be issued by Bupa, Bupa will pay the authorised insurance broker commission during the continuance of the policy including renewals, for arranging the said policy.

I further understand that the above agreement is necessary for Bupa to proceed with the Application.

本人明白、確知及同意，保柏會就本人購買及接受其簽發的保單，於保單有效期內（包括續保期）向負責安排有關保單的獲授權保險經紀支付佣金。

本人亦明白保柏必須取得本人以上的同意，才可以處理其保險申請。

### Personal Information Collection Statement 個人資料收集聲明

(i) I have read and understood the Personal Information Collection Statement included in this application form.

本人已細閱並明白本申請表所述的「個人資料收集聲明」；及

(ii) I consent to Bupa using my personal data, including my name, contact details, gender, health and family status, to send me marketing communications (including by email, SMS or instant messenger) as described in the Personal Information Collection Statement, including in relation to insurance (such as **subscription discounts**), wellness, rewards, loyalty or privileges programmes and related products and services. I understand that I have the right to request Bupa to cease using my personal data for direct marketing purposes by emailing [customer@bupa.com.hk](mailto:customer@bupa.com.hk) or calling the Bupa Customer Care helpdesk on 2517 5333.

本人同意保柏使用本人之個人資料，包括本人的姓名、聯絡方法、性別、健康及家庭狀況，向本人傳送根據「個人資料收集聲明」所述包括保險（例如**保費折扣**）、健康、獎賞、會員忠誠或優惠計劃及其相關的產品及服務的市場推廣資訊（包括以電郵、手機短訊或即時通訊），並明白本人有權透過聯絡保柏的客戶服務專線（電郵至 [customer@bupa.com.hk](mailto:customer@bupa.com.hk) 或致電 2517 5333），要求保柏停止將本人的個人資料用作直接市場推廣用途。

If you do not agree with the statement in (ii) above, please tick the box below: 如您不同意上述聲明第(ii)項，請剔取以下方格：

I understand that by ticking this box, I am opting-out from receiving marketing communications from Bupa and Bupa will not be able to provide me with information on **subscription discounts** in relation to my insurance policy and other marketing offers.

本人明白剔取此項後，本人拒絕接收由保柏提供的市場推廣資訊，而保柏將無法提供與本人保單相關的**保費折扣**資訊及其他推廣優惠。

### Declaration of residency 居民身份聲明

By ticking this box, I solemnly declare myself (the "Applicant") and other proposed Member(s) listed in this Application are **NOT** US permanent resident\*. I further acknowledge that Bupa may terminate the cover of relevant Members with immediate effect if the law of the country in which any of the proposed Member is located, or the Member's country of residence or nationality, including but not limited to USA and Japan, or any other law which applies to Bupa or the Contract, prohibits the provision of healthcare cover by Bupa to local nationals, residents or citizens. Equivalently, I understand that I am obliged to immediately notify Bupa in writing if any of the Members become a permanent resident of USA during the Contract Year.

本人確認剔取此項即代表本人聲明本人（投保人）及列於此申請表的其他準會員**並非**美國永久居民\*。本人明白如準會員的所在國家或準會員的原居國或國籍所屬國家的法律（包括但不限於美國和日本）或任何其他對保柏或本合約適用的法律禁止保柏向當地國民、居民或公民提供醫療保障，保柏可終止相關會員的保障並立即生效。本人明白如本人如於合約年度期間成為美國永久居民，本人有責任立即以書面通知保柏。

\* 'Permanent resident' mean a person residing in a country who is a citizen of or who is permitted under applicable laws to live and work, on a permanent basis, in that country. US for this purpose shall include USA, United States Minor Outlying Islands, Virgin Islands, U.S. and Commonwealth of Puerto Rico.

「永久居民」指居於某國家並且身為該國公民或根據適用法律獲許在該國永久性居留及工作的人士。美國為此包括美國本土、美國本土外小島嶼、美屬維京群島及波多黎各自由邦。

I, as the Subscriber, understand that I declare and sign on behalf of the Member listed in this Application under this Scheme who is under the age of 18.

本人茲申請為投保人，明白本人代表此計劃申請表內列出之18歲以下會員作出聲明及簽署。

**I understand that no cover will be payable under the Contract unless this Application is approved and subscription is received in full by Bupa (Asia) Limited ("Bupa").**

本人明白此申請表被保柏（亞洲）有限公司（「保柏」）批核及保費全額收妥後，保柏方按合約支付保障。

Applicant's Signature 申請人簽署	Signed in Hong Kong on 於香港簽署之日期	Agent's / Broker's / Telesales' Name (if applicable and must be completed by the applicant) 代理人 / 經紀 / 營業代表姓名 (如適用及必須由申請人填寫)
		Agent's / Broker's / Telesales' Code 代理人 / 經紀 / 營業代表編號
		Agent's / Broker's / Telesales' Contact Tel. No. 代理人 / 經紀 / 營業代表聯絡電話號碼
X  (Full Name 姓名)	DD 日 MM 月 YYYY 年	Agent's / Broker's / Telesales' Email Address 代理人 / 經紀 / 營業代表電郵地址

### Reminder 提醒您

To help us process your Application quickly, please ensure that you have:

- enclosed payment of the correct subscription and levy and a copy of your HKID Card or Passport
- initialled any amendments on this application form, and
- enclosed a copy of the HKID Card or the birth certificate for the child you would like to enrol
- enclosed a completed Medical Insurance Need Assessment Form

我們想更快地助您完成申請，因此請您在遞交申請表時謹記：

- 連同正確之保費及保費徵費與您的香港身份證或護照副本
- 於任何更改之處簽署作實 及
- 連同子女香港身份證或出生證明副本 (如為子女投保)
- 連同已填妥的醫療保障需要分析表

# Personal Information Collection Statement 個人資料收集聲明

Bupa (Asia) Limited (the "Company")

Personal Information Collection Statement ("Statement") relating to the Personal Data (Privacy) Ordinance (the "Ordinance")

In compliance with the Ordinance, the Company would like to inform you of the following:

- From time to time, it is necessary for you, or other members covered under your policy (each a "Member"), to supply the Company with certain personal information (including where relevant, credit information and claims history) relating to you, or the Member, when you apply for insurance or financial products and services from the Company, or when you apply to make changes to your policy, or when you renew a policy.
  - Failure to supply personal information requested by the Company may result in the Company being unable to process your Application and/or provide products, services and other related services to you, or the Member.**
  - During the course of your relationship with the Company, further personal information relating to you, or the Member, may also be collected in the ordinary course of our business, for example, when you lodge insurance claims with the Company in relation to yourself or the Member.
  - The Company may collect, use or disclose personal information relating to you, or the Member, for the following purposes:**
    - processing, assessing and determining any Applications for insurance products and services;
    - offering and providing products and services to you, or the Member, and processing requests made by you, or the Member, from time to time, including but not limited to requests for addition, alteration, deletion, maintenance, management and operation of insurance benefits or insured Members;
    - any purposes in connection with any claims made by or against or otherwise involving you, or the Member, in respect of any products and/or services provided by the Company including, without limitation, making, defending, analysing, investigating, detecting and preventing fraud (whether or not relating to the policy issued in respect of any application or claim) processing, assessing, determining, settling or responding to such claims;
    - performing any functions and activities related to the products and/or services provided by the Company including, without limitation, audit, reporting, market research, general servicing, maintenance of online and other services, identity verification, data matching, research and statistical analysis, and reinsurance arrangements;
    - provision and design of products and services of the Company;
    - exercising the Company's rights in connection with provision of insurance products and services to you, or the Member, from time to time, for example, to determine any amount of indebtedness from you, and collecting and recovering owing from you or any person who has provided any security or undertaking for your liabilities;
    - communication with you or the Member (or with you on behalf of the Member) in relation to any of the purposes set out in this Statement;
    - enabling an actual or proposed assignee, transferee, participant or sub-participant of all or a substantial part of the Company's rights or business to evaluate the transaction intended to be the subject of the assignment, transfer, participation or sub-participation; and
    - making disclosure to satisfy the requirements of any laws, rules and regulations, codes of practice, guidance notes or guidelines binding on the Company.
  - Personal information collected or held by the Company relating to you, or the Member, will be kept confidential but the Company may transfer such personal information inside or outside the Hong Kong Special Administrative Region, for the purposes specified in paragraph (4) and (6) to the following classes of transferees:**
    - the Company's group companies ("Group Company");
    - any insurance adjusters, agents and brokers;
    - any re-insurance companies authorised by the Company;
    - employers (for members of corporate policy only);
    - healthcare professionals and hospitals;
    - any agent, contractor or third party service providers who provide administrative, telecommunications, computer, payment, data processing or storage, printing, research or other services to the Company in connection with the operation of business, (including without limitation insurers; banks; lawyers; accountants; claims investigators; fraud prevention organisations; other insurance companies (whether directly or through fraud prevention organisations or other persons named in this paragraph); organisations that consolidate claims and underwriting information for the insurance industry; the police and databases or registers (and their operators) used by the insurance industry to analyse and check information provided against existing information; debt collection agencies; data processing companies; research agencies and professional advisors);
    - any actual or proposed assignee, transferee, participant or sub-participant of all or a substantial part of the Company's rights or business; and
    - any person to whom the Company is under an obligation to make disclosure under the requirements of any law, rules, regulations, codes of practice or guidelines binding on the Company including, without limitation, any applicable regulators, governmental bodies, industry recognised bodies, credit reference agencies, the Courts, and where otherwise required by law.
  - Only with your consent or with your indication of no objection, the Company may use your personal information collected from time to time, including name, contact details, gender, health and family status, to provide you with marketing communications (including by email, SMS or instant messenger) relating to the following products and services:
    - Insurance, medical, healthcare, wellness, personal development, beauty, lifestyle, entertainment, financial, and related services and products;
    - rewards, benefits, discounts, member activities, loyalty or privileges programmes and related services and products; and
    - donations and contributions for charitable and/or non-profit making purposes.The Company will not disclose personal information relating to you, to third parties for them to use for their own direct marketing purposes without your consent.
- For the avoidance of doubt, whether or not you consent to receive marketing communications of the type described in this paragraph 6, the Company may still communicate with you regarding the administration, features and renewal of your insurance policy.
- Under and in accordance with the terms of the Ordinance, you have the following rights:**
    - to check whether the Company holds personal information relating to you or the Member and to access such personal information;
    - to require the Company to correct any personal information relating to you or the Member which is inaccurate;
    - to ascertain our policies and practices in relation to personal data and to be informed of the kind of personal data held by the Company, and
    - to request the Company to cease using your personal information for direct marketing purposes.Requests can be made in writing to the Company's Data Protection Officer at the following address:  
Data Protection Officer  
18/F, Berkshire House, 25 Westlands Road, Quarry Bay, Hong Kong
  - In accordance with the terms of the Ordinance, the Company has the right to charge a reasonable fee for the processing of any personal information access or correction request.
  - For any enquiries about this Statement, please do not hesitate to contact our Customer Care helpdesk at 2517 5333.
  - Nothing in this Statement shall limit the rights of customers under the Ordinance.
  - In case of discrepancies between the English and Chinese versions of this Statement, the English version shall prevail.

保柏(亞洲)有限公司(「本公司」)

有關個人資料(私隱)條例(「條例」)之個人資料收集聲明(「本聲明」)

遵照條例,本公司特通知閣下以下事項:

- 在閣下或受保於閣下保單的其他會員(每位「會員」)向本公司申請保險或金融產品及服務,或當閣下更改保單或續保時,必須不時向本公司提供閣下或會員的個人資料(包括信用資料和以往申索紀錄,如適用)。
- 如閣下未能提供本公司所要求的個人資料,本公司可能無法處理閣下之申請及/或向閣下或會員提供保險產品、服務或其他相關服務。
- 本公司亦可能會在日常業務運作的過程中向閣下或會員收集更多個人資料,例如當閣下為本人或代會員向本公司提出保險索償時。
- 本公司可能會收集、使用或披露閣下或會員的個人資料作下列用途:**
  - 處理、評估、決定任何保險產品及服務之申請;
  - 為閣下或會員提供保險產品及服務及處理閣下或會員不時提出的要求,包括但不限於要求增加、更改、刪除、維持及管理保障項目或受保會員;
  - 任何有關閣下或會員對本公司所提供之保險產品及服務提出之索償,包括但不限於賠償、辯護、分析、調查、偵測及防止欺詐行為(無論是否與就此申請而簽發之保單及相關的任何申請或索償)、處理、評估、決定、解決或回應該等索償;
  - 執行與本公司所提供的保險產品及/或服務相關的功能及活動,包括但不限於審計、報告、市場調查、一般服務和維持網上及其他服務、核實身份、資料配對、研究及統計分析及再保險之安排;
  - 提供及設計本公司的產品及服務;
  - 行使本公司向閣下或會員提供保險和服務時有關的權利,例如釐定閣下拖欠的任何款項的金額,及向閣下或任何已為閣下的債務提供任何擔保或承諾的人士,追收和收回拖欠的任何款項;
  - 就任何本聲明中所述的用途與閣下或會員(或與代表會員的閣下)聯絡;
  - 允許本公司全部或部份的權益或業務的實際或建議承讓人、受讓人、參與人或次參與人,就涉及的轉讓、出讓、參與或次參與的交易進行評估;及
  - 為遵守任何法例之要求,或根據監管或其他機關所發出對本公司具有約束力或要求其遵守的規則、規例、實務守則或指引,而作出披露。
- 有關閣下或會員被本公司收集或持有的個人資料將會保密,但本公司可能會向以下不論在香港特別行政區境內或境外之資料承讓人轉移該等個人資料作第(4)及第(6)段列出的用途:**
  - 本公司的集團公司(「集團公司」);
  - 任何由本公司授權的保險理算人、代理及經紀;
  - 任何由本公司授權的再保險公司;
  - 僱主(只適用於團體保單之會員);
  - 醫護專業人員及醫院;
  - 任何代理人、承包商、或向本公司提供行政、電訊、電腦、付款、資料處理或儲存、印刷、研究或其他向本公司提供服務的第三方服務供應商(包括但不限於保險公司、銀行、理財顧問、律師、會計師、理賠調查員、防欺詐組織、其他保險公司(無論是直接地,或是通過防欺詐組織或本段中指定的其他人士)、為保險業界整合申索及承保資料之組織、警察、供保險業界用作分析及核對所提供的資料與既有資料的資料庫及登記冊(及其運營者)、收數公司、資料處理公司、研究服務機構及專業顧問);
  - 本公司的任何全部或部份的權益或業務的實際或建議承讓人、受讓人、參與人或次參與人;及
  - 為遵守任何法例之要求,或根據監管或其他機關所發出對本公司具有約束力或要求其遵守的規則、規例、實務守則或指引,而作出披露,包括但不限於適用監管機構、政府機構、相關行業認可機構、信貸資料服務機構或法院,及在其他情況下,法律規定本公司必須向其披露的人士或機構。
- 本公司只會在得到閣下同意或表示不反對的情況下,使用閣下的個人資料如姓名、聯絡方法、性別、健康及家庭狀況,向閣下提供有關以下產品和服務的市場推廣資訊(包括以電郵、手機短訊或即時通訊):
  - 保險、醫療、康健、健康、個人發展、美容、生活消閒、娛樂、財務及其相關的服務及產品;
  - 獎賞、權益、折扣、會員活動、會員忠誠或優惠計劃及其相關的服務及產品;及
  - 為慈善及/或非牟利用途的捐款及捐贈。本公司將不會在沒有閣下的同意及許可下將閣下之個人資料向第三方透露,用作他們的市場推廣用途。  
為避免有疑慮,不論閣下是否同意接收以上第六點所述的市場推廣資訊類別,本公司仍然可能就閣下保單相關的行政、保障及續保事宜與閣下聯絡。
- 根據有關條例中的條款,閣下有權:**
  - 查核本公司是否持有閣下或會員的個人資料及查閱該等個人資料;
  - 要求本公司改正任何有關閣下或會員的不準確的個人資料;
  - 查明本公司對於資料的政策及處理方法和獲告知本公司持有的個人資料種類;及
  - 要求本公司停止將閣下的個人資料作直接市場推廣用途。有關要求請致函本公司保障資料主任,地址如下:  
香港鯉魚涌華蘭路25號栢克大廈18樓  
保柏(亞洲)有限公司  
保障資料主任
- 根據有關條例之條款,本公司有權就任何處理個人資料查閱或更改的要求收取合理費用。
- 如閣下對本聲明有任何查詢,請隨時致電本公司的客戶服務專線 2517 5333。
- 本聲明不會限制客戶在條例下所享有之權利。
- 中英文本如有歧義,概以英文為準。

# Bupa CarePro / Bupa Care Kid Health Insurance Scheme Credit Card Authorisation Form

## 保柏卓康健 / 保柏童康健醫療保障計劃信用卡付款授權書



Subscriber's Name 投保人姓名

Surname

姓

Given Name

名

If credit card payment is chosen as the payment method, please complete this form, sign where marked "X" and return this form to Bupa by mail or by fax. If you have faxed this form to Bupa, please do not return it to us by mail again.

若選擇以信用卡付款，請填妥此表格及簽署於「X」位置，並交回保柏。若您已傳真此表格給我們，請無須寄回此表格。

Visa

MasterCard

Cardholder's Name 持卡人姓名

HKID Card No. 香港身份證號碼

Credit Card Account No. 信用卡戶口號碼

Credit Card  
Expiry Date  
信用卡到期日

MM 月 YY 年

I hereby authorise and direct Bupa (Asia) Limited to debit the subscription and levy due from my credit card account on an annual / monthly basis until further notice.

本人茲授權保柏(亞洲)有限公司從本人的信用卡戶口每年 / 每月支付應繳保費及保費徵費金額，直至另行通知。

If the Cardholder is not the applicant or proposed Member\*, please fill in the following information. 若信用卡持有人並非申請人或準會員\*，請填寫以下資料。

Relationship with the applicant or proposed Member\* 與申請人或準會員\*關係  
(Applicable to spouse, parents or children only 只適用於配偶、父母或子女)

Reason for paying subscription and levy on behalf of the applicant or proposed Member\*  
代申請人或準會員\*支付保費及保費徵費的原因

I hereby confirm to pay the subscription and levy due of Bupa Health Insurance Scheme for the applicant or proposed Member\* as listed in this form.

本人同意及承擔列於此表格上的申請人或準會員\*之全數應繳之保柏醫療保障計劃保費及保費徵費金額。

Cardholder's Signature 持卡人簽署

X

Contact Phone No. 聯絡電話號碼

Date 日期

DD 日 MM 月 YY 年

For Bupa use only  
保柏專用

Bupa CarePro / Bupa Care Kid Membership No.:  
「保柏卓康健」/「保柏童康健」會員編號:

Date  
日期  
DD 日 MM 月 YY 年

Authorised Code :  
授權代碼

\* Please delete if inappropriate 請刪除不適用者

Bupa (Asia) Limited 保柏(亞洲)有限公司

Address: 18/F, Berkshire House, 25 Westlands Road, Quarry Bay, Hong Kong

地址: 香港鰂魚涌華蘭路25號栢克大廈18樓

Telephone 電話: (852) 2517 5175 Facsimile 傳真: (852) 2548 1848 Website 網址: www.bupa.com.hk

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# Bupa CarePro / Bupa Care Kid Health Insurance Scheme Direct Debit Authorisation Form

## 保柏卓康健 / 保柏童康健醫療保障計劃直接付款授權書



Subscriber's Name 投保人姓名

Surname

姓

Given Name

名

If autopay is chosen as the payment method, please complete this form, sign where marked "X" and return the original copy to Bupa with a cheque for the subscription and levy amount.

若選擇以自動轉賬付款，請填妥此表格及簽署於「X」位置，並連同此表格正本及繳付保費及保費徵費金額的支票交回保柏。

Name of party to be credited (The beneficiary)

收款之一方 (受益人)

**BUPA (ASIA) LIMITED**

Bank No.

銀行編號

**0 2 4 7 8 7**

Branch No.

分行編號

**6 2 1 7 8 8 0 0 1**

Account No.

收款戶口號碼

I/We hereby authorise my/our above-named bank (the "Bank") to effect transfer from my/our above-mentioned account to the above-named Beneficiary in accordance with such instructions as the Bank may receive from the Beneficiary from time to time, provided always that the amount of any one such transfer shall not exceed the limit indicated above (if applicable).

本人(等)現授權上述之銀行(「該銀行」)，根據收款人不時給予該銀行之指示，自本人(等)上述戶口轉賬予收款人。但每次轉賬金額不得超過以上指定之限額(如適用)。

I/We agree that the Bank shall not be obliged to ascertain whether or not notice of any such transfer has been given to me/us.

本人(等)同意該銀行毋須證實該等轉賬是否已通知本人(等)。

I/We jointly and severally accept full responsibility for any overdraft (or increase in existing overdraft) on my/our above-mentioned account which may arise as a result of any such transfer(s).

如因該等轉賬而令本人(等)之上述戶口出現透支(或令現時之透支增加)，本人(等)會共同及各別承擔全部責任。

I/We confirm that my/our signature(s) on this authorisation is/are the same as filed with the Bank for the operation of my/our above-mentioned account to be debited for the transfer.

本人(等)確證在本授權書內之簽名，與本人(等)上述戶口於該銀行簽署紀錄完全相同。

I/We agree that should there be insufficient funds in my/our above-mentioned account to meet any transfer hereby authorised, the Bank shall be entitled, at its discretion, not to effect such transfer in which event the Bank may make the usual service charge to be paid by me/us.

本人(等)同意如上述戶口並無足夠款項支付有關轉賬，該銀行有權不予辦理且可收取有關之手續費用，該等費用一概由本人(等)支付。

I/We agree that any notice of cancellation or variation of this authorisation which I/we may give to the Bank shall be given at least two working days prior to the date on which such cancellation or variation is to take effect.

本人(等)同意取銷或更改本授權書之任何通知，須於取銷或更改生效日最少兩個工作日之前交予該銀行。

This authorisation shall have effect until further notice or until the above given expiry date (whichever first occurs).

本授權書將繼續生效直至另行通知為止或直至上列到期日為止(以兩者中最早之日期為準)。

My / Our Bank and Branch Name

本人 / 吾等之銀行及分行名稱

Bank No.

銀行編號

My / Our Account No.

本人 / 吾等之戶口號碼

My / Our name as recorded on Statement / Passbook 本人 / 吾等在結單 / 存摺上之姓名

\_\_\_\_\_

HKID Card No. / Passport No.

香港身份證號碼 / 護照號碼

\_\_\_\_\_

My / Our signature(s) 本人 / 吾等之簽署

X

Date of signing 簽署日期

\_\_\_\_ DD 日 \_\_\_\_ MM 月 \_\_\_\_ YY 年

My / Our address as recorded on Statement / Passbook 本人 / 吾等在結單 / 存摺上之地址

Debtor's Name (If other than account holder) 債務人之姓名 (若非戶口持有人)

Membership No. (Debtor's Reference) 會員編號 (債務人備註)

If the account holder is not the applicant or proposed Member\*, please fill in the following information. 若戶口持有人並非申請人或準會員\*，請填寫以下資料。

Relationship with the applicant or proposed Member\* 與申請人或準會員\*關係  
(Applicable to spouse, parents or children only 只適用於配偶、父母或子女)

Reason for paying subscription and levy on behalf of the applicant or proposed Member\*  
代申請人或準會員\*支付保費及保費徵費的原因

For bank use only

銀行專用

Signature Verified

核實簽署

Notes: 1. The box marked "Membership No." is to be completed by Bupa.  
2. The signature on this authorisation form must be the same as the signature of your Bank Account.  
\* Please delete if inappropriate

附註: 1. 會員編號一欄由保柏填寫。  
2. 在此授權書內之簽署模式必須與閣下之銀行戶口內之簽署相符。  
\* 請刪除不適用者

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### Schedule of Benefits 保障金額表

1 January 2021 Edition 2021年1月1日版本

A Hospital and Surgical Benefit <sup>①</sup> 住院及手術保障 <sup>①</sup>	Maximum Limit (HK\$) 最高賠償額 (港幣)		
	Plan 計劃 1, 4 Private <sup>②</sup> 私家房 <sup>②</sup>	Plan 計劃 2, 5 Semi-private <sup>②</sup> 半私家房 <sup>②</sup>	Plan 計劃 3, 6 Ward <sup>②</sup> 大房 <sup>②</sup>
1 Room and Board (Maximum 270 days each Contract Year) 病房及膳食費 (每合約年度最多270日)	每日3,730 each day	每日1,740 each day	每日900 each day
2 Miscellaneous Hospital Services (Each Contract Year) 住院雜費 (每合約年度計)	44,110	24,910	15,700
3 Intensive Care (Supplement to Room and Board)(Each Contract Year) 深切治療 (病房及膳食費之補足) (每合約年度計)	30,900	25,300	23,600
4 Private Nursing (Maximum 120 days each Contract Year) 私家看護費 (每合約年度最多120日) ◦ Nursing services during Hospital Confinement or at home after discharge from Hospital rendered by a Qualified Nurse, subject to written referral <sup>③</sup> from the attending Registered Medical Practitioner ◦ 經主診註冊西醫書面轉介 <sup>③</sup> 下由合資格護士於住院期間或出院後在家中提供之護理服務	每日970 each day	每日640 each day	每日390 each day
5 Surgeon and Attendance Fees (For surgical case only)(Each operation) 外科醫生費及巡房費 (只適用於外科手術) (每次手術計) ◦ Complex 複雜 ◦ Major 大型 ◦ Intermediate 中型 ◦ Minor 小型	119,500 59,700 25,300 9,050	75,600 42,000 17,560 7,510	56,000 30,400 12,350 5,840
6 Anaesthetist's Fees (Each operation) 麻醉科醫生費 (每次手術計) ◦ Complex 複雜 ◦ Major 大型 ◦ Intermediate 中型 ◦ Minor 小型	37,300 17,800 8,250 4,320	22,100 12,400 5,480 2,780	16,800 9,650 4,190 2,470
7 Operating Theatre Fees (Each operation) 手術室費用 (每次手術計) ◦ Complex 複雜 ◦ Major 大型 ◦ Intermediate 中型 ◦ Minor 小型	37,300 17,800 8,250 4,430	22,100 12,400 5,480 2,780	16,800 9,650 4,190 2,470
8 In-patient Physician's Fees (For non-surgical case only) (Maximum 270 days each Contract Year) 住院醫生巡房費 (只適用於非手術治療) (每合約年度最多270日)	每日2,970 each day	每日1,360 each day	每日770 each day
9 In-patient Specialist's Fees (Each Contract Year) 住院專科醫生費 (每合約年度計) ◦ Subject to written referral <sup>③</sup> from the attending Registered Medical Practitioner (except for services performed by pathologist, radiologist or Physiotherapist during Hospital Confinement) ◦ 須獲主診註冊西醫以書面轉介 <sup>③</sup> (病理學家、放射學家及物理治療師在住院期間所提供之服務除外)	12,800	4,760	2,680
10 Cancer Treatment and Kidney Dialysis (Each Contract Year) 癌症治療及洗腎 (每合約年度計) ◦ Exclusively paid for chemotherapy, radiotherapy, targeted therapy, immunotherapy, hormonal therapy, cyberknife or gamma knife and other related miscellaneous charges for cancer treatment or kidney dialysis during Hospital Confinement or in day-case unit of a Hospital or clinic upon recommendation by the attending Registered Medical Practitioner ◦ 單獨賠償經主診註冊西醫建議下於住院期間或醫院日症房或診所進行之化療、電療、標靶治療、免疫治療、荷爾蒙治療、使用數碼導航刀或伽瑪刀及與之相關的雜費以治療癌症或洗腎的費用	153,000	121,000	83,700
11 Companion Bed (Maximum 270 days each Contract Year) 住院加床費 (每合約年度最多270日)	每日1,860 each day	每日860 each day	每日450 each day
12 Pre-admission and Post-hospitalisation Out-patient Care (Each Contract Year) 入院前及出院後之門診護理 (每合約年度計) ◦ Including two pre-admission visits and all related post-hospitalisation follow-up visits on an out-patient basis within six weeks after discharge from Hospital ◦ 包括2次入院前及出院後6星期內所有與住院治療有關之跟進療程門診費用	5,790	3,370	2,080
13 Emergency Out-patient Benefit for Accidents (Each Contract Year) 緊急意外門診保障 (每合約年度計) ◦ Cover expenses for consultation, Western Medication, diagnostic imaging and laboratory tests, as well as other related medical fees incurred on an out-patient basis in the out-patient department or accident and emergency department of a Hospital as a result of an Accident ◦ 賠償因意外引致而於醫院門診部或急症部以門診形式接受治療的費用, 包括診症費、西藥費、診斷影像及化驗費, 以及其他有關醫療費用	11,800	8,700	6,600
14 Psychiatric Treatment (Each Contract Year) 精神科治療 (每合約年度計)		30,000	

### Schedule of Benefits 保障金額表

1 January 2021 Edition 2021年1月1日版本

		Maximum Limit (HK\$) 最高賠償額 (港幣)		
<b>B Full Cover Benefit (Optional)<sup>④</sup></b> <b>全數賠償保障 (自選保障)<sup>④</sup></b>		<b>Plan 計劃 4</b> <b>Private<sup>②</sup></b> 私家房 <sup>③</sup>	<b>Plan 計劃 5</b> <b>Semi-private<sup>②</sup></b> 半私家房 <sup>③</sup>	<b>Plan 計劃 6</b> <b>Ward<sup>②</sup></b> 大房 <sup>③</sup>
<p>This Benefit is payable for eligible expenses of the following items B1 to B11 incurred during Hospital Confinement, Clinical Operation or Day Case provided by the Hospitals, Specialists and day-case centres appointed by Bupa subject to the Maximum Limit per Contract Year. The treatment must be referred and attended by a Bupa HealthCare Appointed Specialist.</p> <p>此保障將支付有關下列 B1 至 B11 項由保柏特選的醫院、專科醫生及日症中心所提供的住院、診所手術或日症所需的合資格費用，以每年最高賠償額為限。有關的治療必須經由保柏康健特選專科醫生轉介、進行及提供。</p>		<p>Canossa Hospital 嘉諾撒醫院 Gleneagles Hong Kong Hospital 港怡醫院 HK Adventist Hospital - Stubbs Road 香港港安醫院 - 司徒拔道 HK Adventist Hospital - Tsuen Wan 香港港安醫院 - 荃灣 HK Baptist Hospital 香港浸信會醫院 HK Sanatorium &amp; Hospital 養和醫院 St Paul's Hospital 聖保祿醫院 St Teresa's Hospital 聖德肋撒醫院 Union Hospital 仁安醫院</p>		
<b>Bupa HealthCare Appointed Hospitals<sup>③</sup></b> 保柏康健特選醫院 <sup>③</sup>		Around 約 600		
<b>No. of Bupa HealthCare Appointed Specialists 保柏康健特選專科醫生數目</b>		Around 約 600		
<b>1 Room and Board 住房及膳食費</b> <b>2 Miscellaneous Hospital Services 住院雜費</b> <b>3 Intensive Care 深切治療</b> <b>4 Private Nursing 私家看護費</b> <ul style="list-style-type: none"> <li>Nursing services during Hospital Confinement or at home after discharge from Hospital rendered by a Qualified Nurse, subject to written referral<sup>③</sup> from the attending Registered Medical Practitioner</li> <li>經主診註冊西醫書面轉介<sup>③</sup>下由合資格護士於住院期間或出院後在家中提供之護理服務</li> </ul> <b>5 Surgeon and Attendance Fees 外科醫生費及巡房費</b> <b>6 Anaesthetist's Fees 麻醉科醫生費</b> <b>7 Operating Theatre Fees 手術室費用</b> <b>8 In-patient Physician's Fees 住院醫生巡房費</b> <b>9 In-patient Specialist's Fees 住院專科醫生費</b> <ul style="list-style-type: none"> <li>Subject to written referral<sup>③</sup> from the attending Registered Medical Practitioner (except for services performed by pathologist, radiologist or Physiotherapist during Hospital Confinement)</li> <li>須獲主診註冊西醫以書面轉介<sup>③</sup> (病理學家、放射學家及物理治療師在住院期間所提供之服務除外)</li> </ul> <b>10 Cancer Treatment and Kidney Dialysis 癌症治療及洗腎</b> <ul style="list-style-type: none"> <li>Exclusively paid for chemotherapy, radiotherapy, targeted therapy, immunotherapy, hormonal therapy, cyberknife or gamma knife and other related miscellaneous charges for cancer treatment or kidney dialysis during Hospital Confinement or in day-case unit of a Hospital or clinic upon recommendation by the attending Registered Medical Practitioner</li> <li>單獨賠償經主診註冊西醫建議下於住院期間或醫院日症房或診所進行之化療、電療、標靶治療、免疫治療、荷爾蒙治療、使用數碼導航刀或伽瑪刀及與之相關的雜費以治療癌症或洗腎的費用</li> </ul> <b>11 Companion Bed 住院加床費</b>		Full cover 全數賠償	Full cover 全數賠償	Full cover 全數賠償
<b>Maximum Limit (Each Contract Year)</b> 最高賠償額 (每合約年度計)		837,000	470,000	234,800
<ul style="list-style-type: none"> <li>Full Cover Benefit is payable for eligible medical expenses incurred during Hospital Confinement, Day Case and Clinical Operation up to the Maximum Limit per Contract Year. Pre-admission and Post-hospitalisation Out-patient Care and Emergency Out-patient Benefit for Accidents will be paid under items A12 and A13.</li> <li>The Bupa HealthCare (BHC) Card can be used to settle payment for Hospital Confinement or Clinical Operation(s) at the Bupa HealthCare Appointed Hospitals and Specialists' clinics, subject to a credit limit approved by Bupa.</li> <li>After Full Cover Benefit is exhausted, you can claim the Hospital and Surgical Benefit for the next treatment.</li> <li>全數賠償保障將支付住院、日症及診所手術之合資格醫療費用，以每年最高賠償額為上限。入院前及出院後之門診護理，以及緊急意外門診保障將於 A12 及 A13 項下作出賠償。</li> <li>您可使用保柏康健卡支付保柏康健特選醫院及專科醫生收取之住院及診所手術費用，以保柏批核之信用額為限。</li> <li>全數賠償保障耗盡後，您可於下一次治療時索償住院及手術保障。</li> </ul>				
<b>C Supplementary Major Medical Benefit (Optional)</b> <b>附加醫療保障 (自選保障)</b>		<b>Plan 計劃 1, 4</b> <b>Private<sup>②</sup></b> 私家房 <sup>③</sup>	<b>Plan 計劃 2, 5</b> <b>Semi-private<sup>②</sup></b> 半私家房 <sup>③</sup>	<b>Plan 計劃 3, 6</b> <b>Ward<sup>②</sup></b> 大房 <sup>③</sup>
<b>Reimbursement percentage 賠償率</b>		80%		
<b>Maximum Limit (Each Contract Year) 最高賠償額 (每合約年度計)</b>		620,000	323,000	129,000
<ul style="list-style-type: none"> <li>This Benefit is payable for any eligible expenses in excess of the benefits payable under items A1 - A11 of Hospital and Surgical Benefit (either exceeding the maximum limit or maximum number of days) or Full Cover Benefit (if applicable), which is subject to the Maximum Limit above and HK\$500 deductible per claim.</li> <li>The Bupa HealthCare (BHC) Card can be used to settle payment for Hospital Confinement at designated private Hospitals in Hong Kong subject to a credit limit approved by Bupa. For the list of designated private Hospitals in Hong Kong, please visit Bupa's website at <a href="http://www.bupa.com.hk">www.bupa.com.hk</a> &gt; Medical Insurance &gt; Bupa Care Kid. This list is subject to change from time to time.</li> <li>In case of overseas hospitalisation, only medical Emergency cases will be covered.</li> <li>This Benefit shall not be payable for Hospital Confinement in class of suite/VIP/deluxe room of a Hospital.</li> <li>Adjustment factors will be applied if your child is confined in a higher room level than the chosen level: <ul style="list-style-type: none"> <li>From Semi-private Room to Private Room : 50%</li> <li>From Ward to Semi-private Room : 50%</li> <li>From Ward to Private Room : 25%</li> </ul> </li> <li>However, the adjustment factors and room class restrictions above are not applicable to Confinement in a higher room level due to room shortage for Emergency treatment or isolation that requires a specific room level.</li> <li>此保障支付任何超出按住院及手術保障下 A1 - A11 項 (不論超出最高賠償額或最多日數) 或全數賠償保障 (如適用) 可獲賠償的合資格費用，以上述最高賠償額為限，每次索償的墊底費為港幣 500 元。</li> <li>您可使用保柏康健卡支付指定的香港私家醫院之住院費用，以保柏批核之信用額為限。您可瀏覽保柏網頁 <a href="http://www.bupa.com.hk">www.bupa.com.hk</a> &gt; 個人醫療保險 &gt; 童康健醫療保險，查看指定的香港私家醫院名單，此名單可能會不時更改。</li> <li>如身處海外，只適用於因急症之住院治療。</li> <li>此保障並不會就入住總統套房/貴賓房/豪華房的住院費用而作出賠償。</li> <li>如您的子女入住比原有保障級別更高的病房級別，保障額將作出如下調整： <ul style="list-style-type: none"> <li>半私家房至私家房 : 50%</li> <li>大房至半私家房 : 50%</li> <li>大房至私家房 : 25%</li> </ul> </li> <li>然而，有關調整值及以上住房級別限制不適用於在緊急情況下接受治療的情況下因床位短缺而須入住較高住房級別，或因隔離原因而須入住指定住房級別的情況。</li> </ul>				

### Schedule of Benefits 保障金額表

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	Maximum Limit (HK\$) 最高賠償額 (港幣)		
	Plan 計劃 1, 4	Plan 計劃 2, 5	Plan 計劃 3, 6
<b>D Hospital Cash Benefit (Optional)</b> <b>住院現金保障 (自選保障)</b>			
Payable from the third day of Hospital Confinement (Maximum 182 days each Contract Year) 由住院第3天起開始支付 (每合約年度最多182日)	每日1,000 each day	每日500 each day	每日300 each day
<b>E Clinical Benefit (Optional)</b> <b>門診保障 (自選保障)</b>			
<b>1 General Practitioner (Consultation fee only) 普通科醫生 (只限診症費)</b>	每次500 each visit	每次320 each visit	每次230 each visit
<b>2 Specialist (Consultation fee only) 專科醫生 (只限診症費)</b> ◦ Subject to written referral <sup>①</sup> from a Registered Medical Practitioner, except for dermatology, family medicine, gynaecology, ophthalmology, orthopaedics, otolaryngology, paediatric surgery, paediatrics and psychiatry ◦ 須獲註冊西醫書面轉介 <sup>①</sup> , 皮膚科、家庭醫學科、婦科、眼科、骨科、耳鼻喉科、小兒外科、兒科及精神科除外	每次820 each visit	每次620 each visit	每次450 each visit
<b>3 Home Consultation (Consultation fee only) 家中應診 (只限診症費)</b>	每次890 each visit	每次600 each visit	每次450 each visit
<b>4 Physiotherapist (Treatment fee only) 物理治療師 (只限診症費)</b> ◦ Subject to written referral <sup>①</sup> from a Registered Medical Practitioner 須獲註冊西醫書面轉介 <sup>①</sup>	每次770 each visit	每次520 each visit	每次410 each visit
<b>5 Chiropractor (Treatment fee only) 脊醫 (只限診症費)</b> ◦ Subject to written referral <sup>①</sup> from a Registered Medical Practitioner 須獲註冊西醫書面轉介 <sup>①</sup>	每次770 each visit	每次520 each visit	每次410 each visit
<b>6 Chinese Herbalist 中醫師</b> ◦ Consultation fee (including basic Medically Necessary Chinese Medicines prescribed at the Registered Chinese Medicine Practitioner's clinic and obtained at a legitimate source on the same day of consultation) ◦ Payable for acupuncture performed by a Registered Chinese Medicine Practitioner ◦ 診症費 (包括於診治當日由註冊中醫在診所處方並由合法來源取得的基本醫療必需中藥費用) ◦ 此保障支付由註冊中醫進行的針灸治療	每次370 each visit	每次280 each visit	每次230 each visit
<b>7 Chinese Bonesetter 跌打醫師</b> ◦ Consultation fee (including basic Medically Necessary Chinese Medicines prescribed at the Registered Chinese Medicine Practitioner's clinic and obtained at a legitimate source on the same day of consultation) ◦ Payable for acupuncture performed by a Registered Chinese Medicine Practitioner ◦ 診症費 (包括於診治當日由註冊中醫在診所處方並由合法來源取得的基本醫療必需中藥費用) ◦ 此保障支付由註冊中醫進行的針灸治療	每次370 each visit	每次280 each visit	每次230 each visit
<b>8 Psychiatric-related Treatments<sup>④</sup> 精神科相關治療<sup>④</sup></b> ◦ Including consultation fee, basic Medically Necessary Western Medication, Chinese Medicines, acupuncture, diagnostic imaging and laboratory tests ◦ 包括診症費、基本醫療必需西藥、中藥、針灸治療、診斷影像及化驗	每次820 each visit	每次620 each visit	每次450 each visit
<b>9 Psychological Counselling 臨床心理輔導</b> ◦ Subject to written referral <sup>①</sup> from a Psychiatrist ◦ 須獲精神科醫生書面轉介 <sup>①</sup>	每次820 each visit	每次620 each visit	每次450 each visit
<b>10 Prescribed Western Medication (Each Contract Year) 醫生處方西藥 (每合約年度計)</b> ◦ Medically Necessary Western Medication prescribed by a Registered Medical Practitioner and obtained at a legitimate source ◦ 經由註冊西醫處方並由合法來源取得之醫療必需西藥費用	5,500	3,430	2,120
<b>11 Diagnostic Imaging and Laboratory Tests (Each Contract Year) 診斷影像及化驗 (每合約年度計)</b> ◦ Subject to written referral <sup>①</sup> from a Registered Medical Practitioner for all diagnostic imaging and laboratory tests, or from a Registered Chinese Medical Practitioner or Chiropractor for X-ray only and laboratory tests ◦ 須獲註冊西醫 (適用於所有診斷影像及化驗) 或註冊中醫/脊醫 (只適用於X光及化驗) 書面轉介 <sup>①</sup>	4,350	2,440	1,920

Maximum number of visits per Contract Year for items E1 – E9 above in aggregate is 30 in total, with a sub-limit of 10 visits per Contract Year for items E6 – E7 and E8 – E9 respectively. Subject to a maximum of one visit per item per day.  
每合約年度內有關上文 E1 至 E9 之診治次數上限合共為 30 次，其中項目 E6 至 E7 及 E8 至 E9 之診治次數上限為每合約年度合共各 10 次。每一項目以每日最多一次為限。

### F Free Bupa Worldwide Assistance Programme (Each Contract Year) 免費保柏國際援助計劃 (每合約年度計)

Provides admission deposit in the event of hospitalisation overseas and in Mainland China, unlimited cover for emergency medical evacuation and repatriation, and an extra hospital benefit of HK\$120,000 after repatriation to Hong Kong. A 24-hour hotline for travel, medical or legal information and assistance is also available.

提供海外及國內住院按金墊支服務，全數支付緊急醫療運送費用及送返香港後高達港幣12萬元的額外住院保障，並設有24小時熱線提供旅遊、醫療或法律資訊及支援。

### Schedule of Benefits 保障金額表

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G Health Coaching Services 健康支援服務	Plan 計劃 1, 4 Private <sup>2</sup> 私家房 <sup>2</sup>	Plan 計劃 2, 5 Semi-private <sup>2</sup> 半私家房 <sup>2</sup>	Plan 計劃 3, 6 Ward <sup>2</sup> 大房 <sup>2</sup>
Staffed by a team of qualified nurses, health management professionals and doctors, our Health Coaching Services offer a variety of expert healthcare support to minimise your worries. 由合資格護士、健康管理團隊及醫生為您提供一系列專業的健康支援，讓您安心無憂。			
<b>24-hour Healthline 24小時健康專線</b> A team of qualified nurses and health management professionals will provide guidance on your health-related questions over the phone, with the support of doctors. 我們的合資格護士及健康管理團隊可透過電話為您解答健康相關問題，背後更有醫生作為顧問。	✓	✓	✓
<b>Doctor Referral 醫生轉介</b> We can recommend doctors for your specific condition or needs. 可根據您的病況為您建議醫生。	✓	✓	Not applicable 不適用
<b>Care Manager 健康顧問</b> Our Care Manager can help you follow up on claims and assist you throughout treatment and recovery, from explaining your treatment plan and overseeing costs to arranging follow-up consultations. If you're admitted to a local private hospital, our Care Manager will make a courtesy call or visit, with your consent. 我們的健康顧問可助您跟進索償、全程協助您的治療至康復過程，包括解釋您的治療計劃和醫療開支以至安排跟進治療。當您入住本港私家醫院時可前往探望您或致電慰問您。	✓	✓	✓ (Care Manager will support you in the event of cancer or heart disease 健康顧問將於會員患上癌症或心臟病時提供協助)
<b>Second Medical Opinion 第二醫療意見</b> We'll arrange for you to get medical advice from a panel of medical specialists to clarify your doubts and make informed decisions about treatment. 我們可安排醫療專家為您提供專業的意見，讓您掌握病情從而決定治療方法。	✓	✓	Not applicable 不適用
Please refer to Bupa's website at <a href="http://www.bupa.com.hk/health-coaching-services">www.bupa.com.hk/health-coaching-services</a> for the terms and conditions of the Health Coaching Services. 請瀏覽保柏網站 <a href="http://www.bupa.com.hk/health-coaching-services">www.bupa.com.hk/health-coaching-services</a> 查閱健康支援服務的條款及細則。			
Doctors will be available during scheduled office hours to support the nurses in answering the enquiries. Office hours: Mon - Fri, from 9am to 6pm (Hong Kong time), except public holidays. The use of Health Coaching Services is free of charge. If the services suggested aren't covered under your contract, you'll be responsible for the fees incurred. 醫生會於辦公時間內支援護士解答問題。辦公時間為星期一至五，上午9時至下午6時（香港時間），公眾假期除外。 使用健康支援服務並不需額外費用。若我們建議的服務不在您的合約之賠償範圍內，您便須支付有關費用。			

#### Notes 附註

- ① About Hospital and Surgical Benefit
  - Eligible expenses incurred in respect of the same item shall not be recoverable under more than one benefit item in the table for Hospital and Surgical Benefit.
  - Clinical Operation or Day Case, if eligible, will be paid under Hospital and Surgical Benefit. Clinical Operation and Day Case mean Medically Necessary surgical procedures which may be carried out at a clinic or day-case unit of a Hospital by a Registered Medical Practitioner where a stay in Hospital is not required, provided that the surgical procedure is classified as such by Bupa.
- ② About Room Level
  - For in-patient treatments at Gleneagles Hong Kong Hospital, please visit [www.bupa.com.hk/pdf/ghk.pdf](http://www.bupa.com.hk/pdf/ghk.pdf) or call Bupa to get details of the room types and how they are classified under Bupa's cover prior to your child's hospital stay.
- ③ Referral letter
  - A referral letter is valid for the same or related medical condition for six months from the issue date. Another referral letter is required for treatment of a new or unrelated medical condition.
- ④ About Full Cover Benefit
  - Please follow the requirements below to enjoy Full Cover Benefit:
    - (i) Always present the doctor's referral letter (except for dermatology, family medicine, gynaecology, ophthalmology, orthopaedics, otolaryngology, paediatric surgery, paediatrics and psychiatry) and the BHC Card to the Bupa HealthCare Appointed Specialist upon registration.
    - (ii) Pre-authorisation confirmation must be obtained from Bupa for the following situations:
      - Hospital Confinement or Day Case
      - Clinical Operation(s) exceeding HK\$4,000
      - Specialist treatment for which the relevant speciality is not practised by any Bupa HealthCare Appointed Specialist.
    - (iii) If your child has received treatment outside our office hours, please obtain authorisation from Bupa on the next working day.
    - (iv) Treatment at any Bupa HealthCare Appointed Service Providers must be referred and attended by the Bupa HealthCare Appointed Specialist.
    - (v) Please present the BHC Card with Bupa's Pre-authorisation Confirmation / Guarantee of Payment letter to the Bupa HealthCare Appointed Hospital upon admission and use it to pay the medical expenses.
    - (vi) Your child must be confined at the restricted room level or lower.
  - If the above requirements are not followed, the claims, if eligible, will be paid under Hospital and Surgical Benefit.
  - If your child receives treatment at the day-case centre of an appointed Hospital, there is no need to show the BHC Card. Please settle the expenses with the Hospital and submit the claim to us.
  - Please settle the out-patient expenses at the Bupa HealthCare Appointed Specialist's clinic, unless Hospital Confinement, Day Case or Clinical Operation is Medically Necessary and pre-authorisation, if required, is obtained during the same clinic visit.
- ⑤ About Bupa HealthCare Appointed Hospitals
  - The list of Bupa HealthCare Appointed Hospitals is current at the date of printing and it is subject to change from time to time. For the current list, please visit Bupa's website for more details.
- ⑥ This benefit is applicable to treatment for psychiatric, psychological, mental or behavioural conditions, senile dementia (including Alzheimer's disease) and Parkinson's disease (except for conditions caused by or related to drug abuse and alcoholism). If the expenses under this benefit are also covered under other benefit items in this Clinical Benefit, the expenses for such items shall be exclusively paid under this item 8 and no benefit shall be payable under other benefit items.
- ⑦ 有關「住院及手術保障」
  - 同一項目的合資格費用不可獲「住院及手術保障」表中多於一個保障項目的賠償。
  - 合資格之診所手術或日症，將於「住院及手術保障」下賠償。診所手術及日症指註冊西醫於診所或醫院日症房進行之醫療必需手術而無必要留院，但該等手術須獲保柏分類為診所手術或日症手術。
- ⑧ 有關住房等級
  - 入住港怡醫院接受治療前，請瀏覽 [www.bupa.com.hk/pdf/ghk.pdf](http://www.bupa.com.hk/pdf/ghk.pdf) 或致電保柏查詢有關住房類別及在保柏保障計劃下相應之住房等級。
- ⑨ 轉介信
  - 會員可在轉介信發出日起計6個月內，就相同或相關病症使用該轉介信。若須診治全新或不相關的病症，則須提交新的轉介信。
- ⑩ 有關「全數賠償保障」
  - 要享有「全數賠償保障」的賠償，請依循以下的規定：
    - (i) 請於登記時向保柏康健特選專科醫生出示醫生轉介信（皮膚科、家庭醫學科、婦科、眼科、骨科、耳鼻喉科、小兒外科、兒科及精神科除外）及「保柏康健卡」。
    - (ii) 在以下的情況，必須獲得保柏初步保障審核確認：
      - 住院或日症
      - 超過港幣4,000元的診所手術
      - 專科治療而該專科並不屬於保柏康健特選專科醫生可提供之專科。
    - (iii) 如您的子女於保柏辦公時間外接受治療，請於下一個工作日向保柏補辦審核。
    - (iv) 於保柏康健特選服務供應商接受的治療，必須經由保柏康健特選專科醫生轉介、進行及提供。
    - (v) 請於入住保柏康健特選醫院時，向醫院出示「保柏康健卡」及保柏的初步保障審核確認 / 付款保證信，並以此卡繳付醫療費用。
    - (vi) 必須入住原有保障級別或較低保障級別的病房。
  - 如沒有依循以上規定，合資格的醫療費用將於「住院及手術保障」下作出賠償。
  - 如您的子女於保柏康健特選醫院之日症中心接受治療，無須出示「保柏康健卡」。請先向醫院支付醫療費用，然後再向保柏申請索償。
  - 請向保柏康健特選專科醫生之診所繳付您的門診費用，如住院、日症或診所手術為醫療必需及於該次診症同時申請初步保障審核則除外。
- ⑪ 有關保柏康健特選醫院
  - 此為於印刷日時最新之保柏康健特選醫院名單，此名單可能會不時更改。您可瀏覽保柏網頁以獲知最新名單。
- ⑫ 此保障適用於精神、心理、情緒或行為症狀、認知障礙症（包括阿茲海默氏症）及帕金遜病的門診診治（因濫用藥物及酗酒而引致或相關的症狀或疾病除外）。若此保障下的費用亦同時受保於門診保障下的其他項目，有關費用可獲此項目8的賠償，而不會獲得其他項目之賠償。



**Bupa Care Kid**  
保柏童康健

**For their  
growing needs**  
照顧健康成長的需要

[www.bupa.com.hk](http://www.bupa.com.hk)

# Introduction to Bupa Care Kid 保柏童康健醫療保障計劃簡介

Bupa Care Kid gives your little ones a running start with cover from 15 days old and guaranteed transfer to Bupa CarePro at 18 years old, securing them with a lifetime of protection. The comprehensive cover comes at an affordable rate, and with optional extras you can afford to protect their growing health needs within a budget that suits you.

從您的子女出生15天起，「保柏童康健」便開始保障他們的健康，一直伴隨他們成長。當子女年滿18歲，我們更保證將他們的會籍轉移至「保柏卓康健」以享終生保障。此計劃保費實惠，保障全面，您更可因應您的預算和子女的成長需要額外增添自選保障。



There is no waiting period, meaning that your child is protected as soon as their membership starts.

此計劃不設等候期，子女的會籍生效後即可獲得保障。

## Overview of their cover 子女的保障概要

### Cover at a glance 保障一覽表

Basic benefit 基本保障	Hospital and Surgical Benefit 住院及手術保障
Optional benefits 自選保障	Full Cover Benefit 全數賠償保障 Supplementary Major Medical Benefit 附加醫療保障 Hospital Cash Benefit 住院現金保障 Clinical Benefit 門診保障
Free benefit 免費保障	Free Bupa Worldwide Assistance Programme 免費保柏國際援助計劃
Medical card 醫療卡	Yes (For members choosing Full Cover Benefit and/or Supplementary Major Medical Benefit) 有 (適用於已加入全數賠償保障及 / 或附加醫療保障之會員)
Choice of benefit levels 保障等級選擇	Private (Plan 1 or 4) 私家房 (計劃 1 或 4) Semi-private (Plan 2 or 5) 半私家房 (計劃 2 或 5) Ward (Plan 3 or 6) 大房 (計劃 3 或 6)
Period of cover 保障期	1 year 1年
Child discount 子女保費折扣	25% discount when the child enrolls with one parent 父或母與子女一同投保可享 25% 保費折扣 50% discount when the child enrolls with both parents 父母與子女一同投保可享 50% 保費折扣 This discount will apply to both Hospital and Surgical Benefit and Full Cover Benefit 子女保費折扣適用於「住院及手術保障」及「全數賠償保障」

### Eligibility 投保資格

Issue age 投保年齡	15 days to 17 years 由出生 15 天至 17 歲
Renewal of scheme 續保	Guaranteed renewal up to age 18, followed by transfer to Bupa CarePro which offers lifetime guaranteed renewal <sup>④</sup> 保證續保至 18 歲，其後可轉保至保證終生續保的「保柏卓康健」 <sup>④</sup>

Please refer to the Schedule of Benefits for more information.  
詳情請參閱保障金額表。

# Wrap them up in a world of benefits

## 照顧子女成長的周全保障

Our healthcare expertise means that we are able to offer unparalleled benefits to your child, from higher cover to expert healthcare and a lifetime of support.

我們在醫療保健上擁有豐富經驗，因此能為您的子女提供卓越的保障，包括更高賠償、專業的醫療保健服務以及終生的支援。

## Supporting you and your family always... 時刻支援您和子女的需要……

### Higher pay-out from a lump sum benefit

The optimal combination of our Hospital and Surgical Benefit and Full Cover Benefit can cover your child's basic hospital expenses. The Full Cover Benefit guarantees that 100% of the eligible hospital expenses will be paid, regardless of each individual item limit, as long as the total bill falls within the annual limit (from HK\$234,800 to HK\$837,000). To enjoy the Full Cover Benefit, simply select an attending doctor from our network providers. And in nine renowned private hospitals appointed by Bupa, your child can receive quality treatment without any payment or claims thanks to our pioneering medical card<sup>①</sup>. If you wish to consult a doctor outside our network, your child will still be covered under the Hospital and Surgical Benefit.

### Top-up benefit to cover serious illnesses

Some serious illnesses can rack up unexpected costs. The Supplementary Major Medical Benefit will help to reduce potential out-of-pocket expenses by boosting your child's basic cover. It pays 80% of their medical expenses in excess of the amount covered by the Hospital and Surgical Benefit or Full Cover Benefit<sup>②</sup>. Similar to Full Cover Benefit, you will receive a medical card. Before a hospital stay, simply call us to complete a simple registration process and present this card at designated private hospitals in Hong Kong<sup>③</sup>. We will pay all your child's eligible medical expenses directly up to their credit limit, so you don't have to submit any claims.

### No claims renewal bonus

If you do not claim within a specific period, you can enjoy an increasing renewal discount on your child's Hospital and Surgical Benefit and Full Cover Benefit. You will receive 5% discount if you do not claim for two or three consecutive years, 10% discount for four or five consecutive years and 15% discount for six or more consecutive years.

### No extra subscription

Regardless of your child's claims history or changes in health after joining Bupa Care Kid, there will be no increase in their subscription on an individual basis when you renew their contract.

### Companion Bed Benefit

We cover the expenses of a companion bed for parents or family members who look after their children during hospitalisation.

### 一筆過保障額 賠償更高

「住院及手術保障」和「全數賠償保障」的組合可助您應付子女基本的住院支出。「全數賠償保障」不限制於每項住院費用，只要合資格的住院總支出在每年保障額內(由港幣234,800元至837,000元)，您便可獲100%賠償。要享有「全數賠償保障」，您只須從保柏網絡內選擇子女的主診醫生，並可憑醫療卡於9間著名的特選私家醫院接受治療，而不用繳費及索償<sup>①</sup>。如果有需要時您亦可選擇網絡以外的醫生，而獲得「住院及手術保障」的賠償。

### 加添保障 應付嚴重疾病

嚴重疾病的醫療支出往往在您意料之外，「附加醫療保障」可為您減低自付費用。當醫療費用超出「住院及手術保障」或「全數賠償保障」的賠償額時，「附加醫療保障」將賠償差額的8成<sup>②</sup>。與「全數賠償保障」一樣，您將會獲發醫療卡。您只須於入院前致電保柏完成簡單的登記程序，並於子女入住指定的香港私家醫院<sup>③</sup>時出示醫療卡，我們便會直接向醫院支付醫療費用(以信用額為上限)，無須申請索償。

### 無索償保費折扣

若在指定期間內未曾提出索償，便可享有「住院及手術保障」和「全數賠償保障」的續保保費折扣。如連續兩年或三年未有索償，可獲享5%保費折扣；連續四年或五年，可享10%保費折扣；連續六年或以上，更可享15%保費折扣。

### 不收個人額外保費

在投保「保柏童康健」後不論子女的索償紀錄或健康變化，在子女續保時我們絕不會收取個人額外保費。

### 住院加床費保障

於子女住院期間，父母或家人的住院加床費亦會獲得賠償。

<sup>①</sup> Please refer to the Question Time section for more details. 詳情請參閱常見問題部分。

<sup>②</sup> Supplementary Major Medical Benefit is not applicable to Pre-admission and Post-hospitalisation Out-patient Care and Emergency Out-patient Benefit for Accidents. A small deductible is required.

「附加醫療保障」不適用於入院前、出院後之門診護理及緊急意外門診保障，並設有小額墊底費。

<sup>③</sup> For the list of designated private hospitals in Hong Kong, please visit Bupa's website at [www.bupa.com.hk](http://www.bupa.com.hk) > Medical Insurance > Bupa Care Kid. This list is subject to change from time to time.

您可瀏覽保柏網頁 [www.bupa.com.hk](http://www.bupa.com.hk) > 個人醫療保險 > 童康健醫療保險，查看指定的香港私家醫院名單，此名單可能會不時更改。



If you choose to add the Full Cover Benefit to your child's cover, we will pre-authorise their medical expenses before their hospital admission meaning all you have to think about is your little one's recovery.

如您選擇為子女附加「全數賠償保障」，我們將會在子女入院前，預先批核醫療費用，讓您可安心照顧您的子女。

## with medical expertise... 更佳保障 因為我們了解醫療……

### Higher cover thanks to per-surgery benefit

Most insurance schemes pay for surgical fees per disability. This means that all operations related to the same condition will be paid out of a single maximum benefit limit. Once the limit is exhausted, you will need to pay the excess. With Bupa, you can claim up to the maximum benefit limit for each operation, allowing you to enjoy higher cover if your child requires more than one operation.

### Cover for accidental injuries

Children's play can often lead to accidental injuries from bumps and bruises to eating inedible substances. Should any of these accidents occur, you may want to seek your doctor's advice immediately. We cover the related expenses including consultation, medication and diagnostic imaging examinations received at the out-patient or accident and emergency department of a hospital. If a procedure or surgery such as wound sutures or plaster cast is required, we will pay the expenses, whether or not the injury is incurred by an accident.

### Extra Cancer Treatment and Kidney Dialysis Benefit

Bupa Group has been dealing with the diagnosis and treatment of serious illness like cancer and kidney failure for over 70 years. As we understand that they often require prolonged treatment, we offer additional coverage of up to HK\$153,000 per year, making it easier for you to afford more costly and advanced treatment options. What's more, if this cover is fully claimed in any one year, it will be reinstated in the following year for the rest of your child's life.

### 逐次手術賠償，保障更高

大部分醫療保障計劃的手術賠償均以每病症計，即因相同病症而引致的手術費用均會在同一保障額內扣除。當保障額耗盡後，您便須要自付餘下的費用。保柏則逐次手術賠償至最高賠償額，如須要進行超過一次手術，您可獲更高的實際賠償金額。

### 照顧意外受傷

小孩活潑好動，撞傷擦傷或誤吞異物等很常見。如果這些意外發生，您一定想立刻找醫生為他們診治。我們賠償您的子女到醫院門診或急症室診治的醫療費用，包括診症費、藥費及診斷影像費等。如須接受小手術如縫針或打石膏等，無論是否意外引致，亦可獲得賠償。

### 額外癌症治療及洗腎保障

保柏集團對治療和診斷癌症及腎病有逾 70 年經驗，我們明白患者有長期治療的需要，所以特別提供高達每年港幣 153,000 元的額外保障，讓您能負擔較昂貴的最新療法。此外，每年賠償額用盡後亦可於下一年還原，直至終生。



### Comprehensive mental health coverage

To take care of your child's mental wellbeing, this scheme provides both inpatient and outpatient psychiatric-related coverage.

### 全面的情緒健康保障

本計劃提供住院及門診的精神科相關保障，全面照顧您子女的情緒健康。

## throughout your lives... 照顧您和子女人生不同階段.....

### Taking care of your child's mental wellness

Our Clinical Benefit is specially designed to include coverage for psychiatric-related treatments and psychological counselling, such as outpatient treatments for psychiatric, psychological, mental or behavioural conditions (including hyperactivity and autism). Other items such as general practitioners, specialists, diagnostic imaging and laboratory tests are also covered.

### Guaranteed lifetime renewal

We guarantee that your child's cover is renewable for life, regardless of any changes in their health condition after becoming our member. When your child turns 18, we will arrange a conversion of membership to the same benefit level of Bupa CarePro®. No further underwriting is needed and any medical conditions developed after your child has joined Bupa Care Kid will be covered by Bupa CarePro.

### Up to 50% discount for family enrolment

We want to support you as your family grows. If you enrol in Bupa CarePro and your children enrol in Bupa Care Kid, each child can enjoy a discount on Hospital and Surgical Benefit and Full Cover Benefit, if any, for as long as your membership continues. If one parent enrolls in Bupa CarePro, each child will receive a 25% discount and if both parents enrol, then they will receive a 50% discount.

### Easy enrolment

No medical examinations are required.

### 照顧您子女的情緒健康

本計劃的門診保障特設門診精神科相關治療及臨床心理輔導保障，賠償包括精神、心理、情緒或行為症狀（包括過度活躍症和自閉症）等門診治療的費用。而其他項目，如普通科醫生、專科醫生、診斷影像及化驗等均可獲賠償。

### 保證終生續保

無論子女在投保後的健康有任何變化，我們均保證終生續保他們的保障。當您的子女年滿 18 歲，我們將會轉移子女的會籍至相同保障等級的「保柏卓康健」<sup>④</sup>，無須審核，一切在投保「保柏童康健」後發生的傷病仍可在「保柏卓康健」內繼續受保。

### 高達 50% 家庭投保優惠

隨著您的家庭增添成員，我們的支援仍伴您左右。如您投保「保柏卓康健」，並與子女一同投保「保柏童康健」，每名子女可獲「住院及手術保障」及「全數賠償保障」（如適用）的折扣優惠。如父母其中一人投保，子女可享 25% 保費折扣；如父母二人均投保，子女更可享 50% 保費折扣。在您會籍生效期間，子女可一直享有此折扣。

### 投保簡易

無須驗身，快捷簡單。

<sup>④</sup> Bupa guarantees that your child's cover can be renewed every year for life as long as you and your child meet the requirements as stated in the Renewal Clause of your contract. Bupa reserves the right to amend the subscription, benefits, terms and conditions upon your contract renewal. Please refer to your contract for further details.

保柏保證每年續保您子女的保障至終生，只要您與子女符合合約內所列明的續保要求。保柏保留在合約續保時更改保費、保障、條款及細則的權利。詳情請參閱您的合約。

# The World of Bupa

## 環球保柏

### Bupa – A global healthcare specialist

Bupa began in the UK in 1947. We fund and provide healthcare services to fulfil our purpose of helping people live longer, healthier, happier lives. Our diversified services include health insurance, clinics, hospitals, dental centres, care homes, and more.

We directly employ around 83,000 people, principally in the UK, Australia, Spain, Poland, Chile, New Zealand, Hong Kong, Turkey, the US, Brazil, the Middle East and Ireland. We also have associate businesses in Saudi Arabia and India. With no shareholders, we reinvest our profits to provide more and better healthcare for customers.

### Bupa's presence in Hong Kong

Bupa is a leading provider in healthcare funding and provision with two independent units, Bupa Hong Kong and Quality HealthCare.

### Bupa Hong Kong

In Hong Kong, we are known as the health insurance specialist providing domestic and international health insurance. We have gained the trust of more than 400,000 individuals, and 3,200 companies including major corporations in public utility and telecom industry. We have provided quality health insurance for Hong Kong's civil servants for more than 20 years.

We have applied our expertise to provide our members with comprehensive and flexible insurance plans to suit every life stage and lifestyle. Through our extensive provider network in Hong Kong, we offer our members a wide choice of doctors.

### Quality HealthCare

Quality HealthCare Medical Services Limited (QHMS), Hong Kong, became part of Bupa, an international healthcare group, in October 2013. QHMS' operations span diagnostics, primary healthcare and day care specialties. With roots tracing back to 1868, QHMS serves the community through a network of over 1,500 provider service points in the city, including 120 self-owned multi-specialty medical centres and affiliated clinics offering western medicine, traditional Chinese medicine, diagnostics & imaging, dental, physiotherapy, psychological and wellness services. It also operates a private nursing agency. QHMS is one of the largest providers of healthcare services to corporates in Hong Kong. In 2019, the Group recorded more than 3 million healthcare visits. QHMS endeavors to enhance the quality of our professional services continuously to satisfy the needs of customers and patients.

### 保柏—國際醫療保健專家

保柏在1947年於英國成立，我們提供醫療保險和醫療保健服務，以達致保柏的公司目標，就是幫助人們活得更長壽、更健康 and 更愉快的人生。我們多元化的服務包括醫療保險、診所、醫院、牙科中心及護老院等。

全球的員工約83,000人，主要位於英國、澳洲、西班牙、波蘭、智利、紐西蘭、香港、土耳其、美國、巴西、中東及愛爾蘭。保柏亦於沙地阿拉伯及印度設有聯營業務。我們不設股東，所以將盈餘投資於業務當中，以提供最佳的醫療服務給客戶。

### 保柏於香港的業務

保柏透過旗下兩間獨立營運的公司—保柏香港及卓健醫療，為市民提供醫療保險及醫療保健服務，兩者皆具領導地位。



### 保柏香港

在香港，我們是醫療保險專家，提供本地和國際醫療保險，受超過40萬名會員及3,200間公司所信賴，當中包括公用機構及電訊公司等大型企業。我們亦為本港公務員提供優質醫療保障逾20年。

憑藉專業知識，我們為會員提供全面而靈活的醫療保險計劃，切合您人生每一階段的需要。透過擁有龐大本港醫療網絡，我們讓會員有更多醫生選擇。

### 卓健醫療

卓健醫療服務有限公司(卓健醫療)於2013年10月正式加入國際醫療服務集團—保柏。卓健醫療的服務涵蓋診斷、基層保健及專科服務。自1868年起植根香港，卓健醫療透過逾1,500多個遍及全港的服務點，包括旗下120間多項專科設施齊備的醫療中心及多間聯營診所，為香港市民及訪港旅客提供西醫、中醫、診斷及造影、牙科、物理治療、精神健康及保健等服務，並營運護理介紹所。卓健醫療是香港最大規模提供企業醫療服務的機構之一。於2019年度，卓健醫療錄得超過300萬求診人次，並繼續致力提升其專業服務的質素，以滿足客戶及病人的需要。

# Health Coaching Services

## 健康支援服務



Staffed by a team of qualified nurses, health management professionals and doctors, our Health Coaching Services offer a variety of expert healthcare support to minimise your worries. For more complicated conditions, our medical professionals can offer guidance through your child's recovery journey.

由合資格護士、健康管理團隊及醫生為您提供一系列專業的健康支援，讓您安心無憂。當遇上較嚴重的疾病時，我們以專業知識為您提供指引，助您的子女復原。

Assisting you  
at all times  
時刻為您提供協助

- Our **24/7 Customer Care helpdesk** operates 24 hours every day, with a "live" person to directly answer your queries.
- Our **24/7 Healthline** is staffed with a team of qualified nurses and health management professionals, supported by doctors<sup>⑤</sup>, providing assistance and guidance from how to care for a sick child or elderly to discussing your child's symptoms, diagnosis and treatment options.
- 我們的 **24 小時客戶服務專線** 由專人每天 24 小時，即時解答您的查詢。
- 我們的 **24 小時健康專線** 由合資格護士及健康管理團隊為您提供協助及指導，例如怎樣照顧患病小孩或長者，以至助您了解子女的病徵、診斷及治療方案，背後更有醫生作為顧問<sup>⑤</sup>。

Supporting you  
personally  
給您個人支援服務

- A **dedicated Care Manager** can be in touch with you to follow up on claims and assist you throughout your child's treatment and recovery, from explaining treatment plan and overseeing costs to arranging follow-up consultations. If your child is admitted to a local private hospital, our Care Manager will make a courtesy call or visit, with your consent.
- **個人健康顧問** 可與您緊密聯絡，跟進您的索償、全程協助您子女的治療至康復過程，包括解釋治療計劃和醫療開支以至安排跟進治療。當您的子女入住本港私家醫院時並得到您的同意下，我們可前往醫院探望或致電慰問。

Guiding you through  
your recovery  
康復期間提供指引

- A **second medical opinion** can be arranged and paid for in the event of serious illnesses, so you will be assured of a professional opinion from a panel of medical specialists, helping you make an informed decision for your child's treatment options.
- **Doctor referrals** can be made based on your child's condition and needs.
- 可為您安排 **第二醫療意見服務**，當子女患上嚴重疾病時，您可免費獲得醫療專家為您提供專業意見，讓您掌握病情從而決定子女的治療方法。
- 提供 **醫生轉介服務**，可根據您子女的病況及需要建議醫生給您。

Availability of the above services is dependent on room level. Ward level members can only access 24/7 Customer Care helpdesk and 24/7 Healthline. Care Manager will support you in the event of cancer or heart disease.

The use of Health Coaching Services is free of charge. If the services suggested by us are not covered under your Bupa Care Kid Health Insurance Scheme, you will be responsible for the fees incurred.

會員是否可享用以上的服務視乎投保的病房級別而定。投保大房級別的會員只可享 24 小時客戶服務專線及 24 小時健康專線服務，而健康顧問將於會員患上癌症或心臟病時提供協助。

使用健康支援服務並不需額外費用。若我們建議的服務不在您的「保柏童康健」醫療保障計劃之賠償範圍內，您便須支付有關費用。

<sup>⑤</sup> Doctors will be available during scheduled office hours to support the nurses for answering enquiries. Office hours: Mon - Fri, from 9am to 6pm (Hong Kong time), except public holidays.

醫生會於辦公時間內支援護士解答問題。辦公時間為星期一至五，上午 9 時至下午 6 時（香港時間），公眾假期除外。





# Question Time

## 常見問題

### 1 Is there any minimum length of hospital stay?

There is no minimum length of stay, meaning that procedures such as a plaster cast, wound sutures, radiotherapy and chemotherapy, which do not require hospital confinement, are covered.

### 2 How do I pay my subscription?

You can pay your subscription monthly or annually according to your preference.

### 3 How do I use the Bupa medical card to get the most from the Full Cover Benefit?

Your child will need to visit a specialist and clinic appointed by Bupa and present the medical card upon registration. The specialist will then get pre-authorisation<sup>⑥</sup> of the medical expenses for you if hospital confinement is required. You can choose from one of the Bupa HealthCare Appointed Hospitals where your specialist is registered. Once the pre-authorisation is confirmed, we will issue you with a Pre-authorisation Confirmation / Guarantee of Payment Letter for your hospital confinement. You will need to show the medical card and this letter to your selected hospital to enjoy cashless treatment. Upon discharge, all you need to do is sign on the claim form provided by the hospital. You are not required to submit any claims as Bupa will directly settle your expenses with the hospital.

You can also use the medical card to settle the expenses for medical procedure received at the appointed specialist's designated clinic. If the expenses are under HK\$4,000, pre-authorisation is not required.

For emergency hospital confinement outside our office hours, the pre-authorisation can be arranged on the next working day. Step-by-step details will be provided in the Membership Guide.

### 4 If my child's cover only includes the Supplementary Major Medical Benefit, how do I use the Bupa medical card?

Call us and submit a pre-authorisation form<sup>⑥</sup> before your child is admitted to hospital. We will then give you a Pre-authorisation Confirmation / Guarantee of Payment Letter. For emergency hospital confinement outside our office hours, the registration can be submitted on the next working day.

### 5 How can I check my child's membership details or claim status?

You can log in to Bupa's customer service portal or free mobile app to access a host of 24-hour online services or call our dedicated Customer Care helpdesk. If you have submitted a claim, once it has been processed you will also receive our e-confirmation if you provide us with an up-to-date mobile phone number.

### 1 是否設有最低住院時數？

此計劃沒有最低住院時數限制，因此無須住院的常見治療如打石膏、傷口縫合、電療、化療等，均可獲賠償。

### 2 保費繳付方法如何？

您可選擇以月供或年供支付保費。

### 3 如何以保柏醫療卡盡享「全數賠償保障」賠償？

子女須向保柏特選的專科醫生及診所求診，於登記時出示醫療卡。如須入院治療，專科醫生會代您向保柏為有關的醫療費用索取初步保障審核<sup>⑥</sup>。您可選擇入住專科醫生已掛單的保柏康健特選私家醫院。當初步保障審核確認後，您將會獲發「初步保障審核確認 / 付款保證信」以作入院之用。入院時，請向醫院出示醫療卡及此信以享住院免繳費服務。出院時您只須於醫院為您填妥的住院賠償申請表上簽署，保柏會代您向醫院繳付費用，您無須申請索償。

您亦可使用醫療卡支付由特選專科醫生於指定的診所提供的手術治療。如費用不超過港幣4,000元，您便無須索取初步保障審核。

如在辦公時間外入院進行緊急治療，您可於下一個工作天補辦審核。

您可於《會員指引》中細閱有關詳情。

### 4 如子女只有「附加醫療保障」，應如何使用保柏醫療卡？

您只須於子女入院前致電保柏，並填妥初步保障審核表格<sup>⑥</sup>，您將獲發「初步保障審核確認 / 付款保證信」。如在我們的辦公時間外入院進行緊急治療，您可於下一個工作天補辦登記。

### 5 若要查詢會籍資料或索償情況可怎辦？

您可登入保柏的客戶服務網站或免費手機應用程式，使用24小時網上服務。您亦可致電保柏客戶服務專線查詢。如您已向我們提供正確的手提電話號碼，我們會在辦妥賠償後發出電子訊息通知您。

<sup>⑥</sup> You'll need to provide your credit card information to obtain pre-authorisation. A temporary hold of HK\$500 will be placed on your credit card until the claim assessment is completed.  
向保柏索取初步保障審核時，您須提供信用卡資料。保柏會在您的信用卡保留港幣500元的信用額，直至索償程序完結為止。

# Important information

## 重要資料

This brochure is a product summary for reference only. You are strongly advised to read and understand the coverage, exclusions, terms and conditions of the complete insurance contract.

We want to help you understand this scheme before you enrol. Please read the information below carefully.

### Waiting period

There's no waiting period except for the optional benefit below. Coverage starts as soon as your contract is in effect.

Hospital Cash Benefit (Optional) Payable from the third day of hospital confinement.

### Cooling-off period

You have the right to cancel your child's contract by giving Bupa signed written notice within 21 days from the contract effective date. You'll receive a refund of all the subscription and levy paid, provided that no benefit has been paid or is payable. Cooling-off rights are applicable to new contracts only.

### Cancellation rights

You may cancel your child's contract by giving not less than 10 days' written notice to Bupa before the contract anniversary date. The cancellation will be effective on the contract anniversary date.

### Disclosure of information for underwriting

During the insurance application process, it's important that you act with utmost good faith and disclose all material facts to Bupa. If you are uncertain as to whether a fact is material, then it should be disclosed. If you fail to disclose or misrepresent a material fact which may impact Bupa's risk assessment, this will raise questions about your child's entitlement to insurance benefits. Consequences may include cancellation of your contract, application of an increased subscription/exclusion or reduction of entitlement to claims payments.

### Claims procedure

Any claim must be made following Bupa's claim procedures. All necessary original documents must be submitted within 90 days after your child's clinical visit, clinical operation, day case or discharge from hospital. Otherwise, we won't be able to process your claim and it may be rejected.

### Subscription adjustment

Each member's initial subscription is primarily determined based on factors such as age, health conditions and choice of coverage. Any claims you make won't affect your child's subscription at renewal. However, renewal subscriptions may still increase as your child gets older. Other factors affecting subscription rates each year include medical inflation, general operating expenses and revision of benefits to cover increasing medical expenses.

### Renewal

This contract will last for 1 year. Bupa guarantees that your child's cover can be renewed up to age 18, followed by transfer to Bupa CarePro, regardless of any changes to his/her health condition after joining. After transferring to Bupa CarePro, we guarantee that your child's cover can be renewed every year for life as long as he/she meets the requirements as stated in the Renewal Clause of the contract.

We understand that your child's healthcare needs may change throughout his/her life, so you have the flexibility to change your child's benefits every year upon renewal. If you wish to upgrade your child's plan or add any benefit(s) in future, you will need to complete a health declaration form for medical underwriting purposes. Approval will be subject to underwriting. Bupa may revise the benefits, contract terms and conditions from time to time. During the renewal process, we'll notify you in writing if there are any changes.

### Payment of subscription

You may pay your child's subscription yearly or monthly. If you choose to pay by credit card or autopay, we will charge your child's subscription automatically at the next contract renewal, unless we have received other instructions from you.

### Termination of your contract

Your contract will be terminated automatically in the following situations, whichever is earliest:

1. pursuant to any prohibition or restriction under any sanctions, law or regulations to provide any benefit;
2. when the subscription is unpaid at the expiration of the grace period;
3. at the Contract Anniversary Date immediately following the attainment of 18 years old of the member; or
4. upon the death of the member.

Please refer to the contract for details.

### General exclusions

- Pre-existing conditions (unless such conditions have been disclosed in the application and accepted by Bupa).
- Treatment, medical service, medication or investigation which is not medically necessary.
- Any illness or injury for which compensation is payable under any laws or regulations or any other insurance policy or any other sources except to the extent that such charges are not reimbursed by any such compensation, insurance policy or sources.
- Any charges for accommodation, nursing and services received in health spas, nature cure clinics, convalescent home, rest home, home for the aged or similar establishments.
- Any charges in respect of surgical or non-surgical cosmetic treatment (unless necessitated by injury caused by an accident and the member receives the medically necessary treatments or related services within one year of the accident), or hearing tests, routine blood tests, general check-ups, vaccinations or inoculations, Hair Mineral Analysis (HMA), health supplements or body weight control, eye refraction including but not limited to routine eye tests or any costs of fitting of spectacles or lens.

本冊子乃資料摘要，僅供參考之用。請務必細閱完整的保險合約，以了解計劃之保障範圍、不受保障項目、條款及細則。

我們想幫助您在投保前了解本計劃。請細閱以下資料。

### 等候期

除以下自選保障外，本計劃的其他保障均不設等候期，合約生效後即可獲得保障：

住院現金保障（自選保障） 由住院第3天起開始支付。

### 冷靜期

您有權於合約生效日起計的21天內以書面通知保柏取消合約，唯有關通知必須由您簽署。若您的子女並無獲得任何賠償或有應付賠償，將可獲全數退還已繳保費及徵費。冷靜期權益只適用於新合約。

### 取消合約權益

您可於合約週年日前最少10天以書面通知保柏取消合約。有關取消將於合約週年日生效。

### 有關核保之資料披露

在投保申請期間，您應以最高誠信向保柏披露所有重要事實。如果您不確定某個事實是否重要，則應將其披露。若您未有披露或披露失實資料以致影響保柏的風險評估，將會影響您子女的保障權益，後果包括合約被取消、施加提升保費/不受保障項目或索償款項被調低。

### 索償步驟

任何索償須按照保柏所訂的索償程序進行。所有有關該索償的所須文件正本須於求診、診所手術、日症或出院後90天內遞交，否則保柏將不能處理您的賠償，或會導致索償被拒。

### 保費調整

每名會員的首期保費會根據年齡、健康狀況、保障選擇等因素而定。

您子女的保費並不會因曾作出索償而被調高。然而，續保保費或會因年齡遞增而相應調整。其他會影響每年保費率的因素包括醫療通脹、一般營運開支及因應醫療開支增加而作出的保障改動等。

### 續保

本合約生效期為期一年。無論您的子女在投保後的健康狀況有任何改變，保柏均保證續保至18歲，其後可轉保至「保柏卓康健」。轉保至「保柏卓康健」後，保柏保證每年續保您子女的保障至終生，只要其符合合約內列明的續保要求。

我們了解每個人人生階段有不同的保險需要，因此您可在每年續保時，靈活更改您子女的保障項目。若您選擇為您的子女提升計劃等級或增加保障項目，您須填寫健康聲明作核保之用。核保須經保柏批准。

保柏可不時更改合約條款及細則，有關改動將於續保時以書面通知您。

### 繳付保費

您可選擇以年繳或月繳方式繳付保費。如您選擇以信用卡或自動轉賬繳付保費，保柏將於合約續保時從自動轉賬戶口或信用卡戶口自動扣取續保保費，除非我們接獲您的其他指示。

### 終止合約

您的合約將在下列最早出現的情況下自動終止：

1. 根據任何制裁，法律或法規而禁止或限制提供任何保障；
2. 在繳費寬限期屆滿時仍未支付保費；
3. 緊隨會員年屆18歲之合約週年日；或
4. 會員身故。

詳情請參閱合約。

### 不受保障項目

- 已存在病症（已於申請表披露並於登記加入時獲保柏接納為承保範圍內則除外）。
- 不是醫療必需的治療、醫療服務、藥物或檢驗。
- 任何在法例下或其他保險計劃內或從其他途徑可獲賠償之治療疾病或損傷費用，除非此等費用未能在該等補償、保險計劃或途徑獲得賠償。
- 在水療中心、天然治療中心、康復院、療養院、老人院或類似機構所提供之住宿、護理或服務的費用。
- 手術性或非手術性整容或整形治療（會員因意外而受傷，並於意外後一年內接受醫療上必需的服務則不屬此項）、聽覺測驗、常規驗血、例行檢驗、預防注射或接種疫苗、毛髮礦物質含量分析、健康補品或體重控制，及因視力不正常而引致之治療，包括但不限於常規視力測驗或所需之眼鏡或鏡片費用。

- Congenital conditions, developmental conditions or hereditary conditions.
  - Treatment that commenced during the first five years of the member's coverage commencement date of this contract and which in any way arises from, is attributable to, or is consequential upon Human Immunodeficiency Virus infection.
  - Sexually transmitted (venereal) diseases or their sequel.
  - Treatment relating to pregnancy, including diagnostic tests for pregnancy or resulting childbirth, abortion or miscarriage; birth control, sterilisation or sex reassignment of either sex; infertility including in-vitro fertilisation or any other artificial method of inducing pregnancy; sexual dysfunction including but not limited to impotence, erectile dysfunction, premature ejaculation, regardless of cause.
  - Misuse or overdose of drugs or being under the influence of alcohol, self-inflicted injuries or attempted suicide.
  - Treatment relating to any illness or injury resulting from participation in criminal activities.
  - Alternative treatment including but not limited to Chinese medicines treatment, acupuncture, acupressure, Tui Na, hypnotism, rolfing, massage therapy, aromatherapy, unless benefit is available.
  - Senile Dementia (including Alzheimer's disease), Parkinson's disease (unless benefit is available).
  - Psychological or psychiatric condition(s) of any and all kinds, including but not limited to psychoses, neuroses, depression, anxiety, anorexia nervosa, schizophrenia, behavioural disorders, delirium, insomnia, neurasthenia (unless benefit is available).
  - Any charges for the procurement or use of special braces and appliances, including but not limited to spectacles, hearing aids and other equipments such as wheel chairs and crutches.
  - Any treatment or investigation related to dental or gum conditions except for emergency treatment arising from accidents or the extraction of impacted wisdom teeth during hospital confinement. Follow-up treatment from such hospital confinement shall not be covered.
  - Treatment arising from war, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection or military or usurped power or terrorist acts.
  - Non-medical services, including but not limited to guest meals, radio, telephone, photocopy, taxes (except the Value-Added Tax or Goods and Services Tax for medical services), medical report charges and the like.
  - Expenses incurred for experimental or unproven medical technology or procedure not in accordance with the standards of good and prudent medical practice.
- If you have any pre-existing medical conditions, special exclusions may be added after underwriting.

#### Medically necessary

We only cover the expenses of the member when they are medically necessary and normal and customary.

Medically necessary means the necessity to have a treatment, medical service or medication which is:

- (a) consistent with the diagnosis and customary medical treatment for the condition at a normal and customary charge;
- (b) in accordance with standards of good and prudent medical practice;
- (c) necessary for such a diagnosis or treatment;
- (d) not furnished primarily for the convenience of the member, registered medical practitioner, registered Chinese medicine practitioner, physiotherapist, qualified nurse, anaesthetist or any other medical service providers;
- (e) furnished at the most appropriate level which can be safely and effectively provided to the member; and
- (f) with respect to hospital confinement, not furnished primarily for diagnostic scanning purposes, imaging examination or physical therapy.

For the purposes of interpreting "standards of good and prudent medical practice", Bupa shall consider the following:

- I. standards that are based on clinically proven evidence in appropriately reviewed, independent medical journals;
- II. relevant specialty body recommendations; and/or
- III. the views of specialists practising in the relevant clinical area.

#### Normal and customary

In relation to fees, "normal and customary" means a sum not exceeding a reasonable average of the fees charged under similar conditions by persons of equivalent experience and professional status in the area in which the service was provided; and in relation to material or services, means a sum not exceeding a reasonable average of the charges for similar material or services in equivalent circumstances of quality and economic consideration in the same area as that in which any such material or services were obtained.

This scheme is insured by Bupa (Asia) Limited. Bupa (Asia) Limited is authorised and regulated by the Insurance Authority in Hong Kong to carry out general insurance business in the HKSAR.

Subscriptions paid under this contract aren't eligible for claiming tax deduction.

In the event of any discrepancy in respect of the meaning between the Chinese version and the English version of this brochure, the English version shall prevail.

本計劃由保柏(亞洲)有限公司承保。保柏(亞洲)有限公司已獲保險業監管局授權於香港特別行政區經營一般保險，並受其監管。

就本合約所繳付之保費不可用作申請稅項扣減。

本冊子中、英文之意思如有任何差別，概以英文為準。

- 先天性疾病、發育異常或遺傳性疾病。
- 由保障開始日起首 5 年內，因感染人體免疫力缺陷病毒所引致的治療。
- 性病及其後遺症。
- 與懷孕有關的治療，包括診斷性產科檢查、生育、墮胎或小產；與男女任何一方之節育、絕育或變性有關的治療；由於不育而直接或間接進行的治療，包括體外受孕，任何非自然受孕或人工受孕；與性機能失常有關之治療，包括但不限於陽萎、不舉、早泄（不論任何原因導致）。
- 誤用或服用過量藥物或受酒精影響、蓄意自傷身體或意圖自殺而直接或間接引致的治療。
- 任何因參與犯罪活動而引致之疾病或損傷。
- 另類治療，包括但不限於中藥治療、針灸、穴位按摩、推拿、催眠治療、羅爾夫按摩療法、按摩治療、香薰治療（計劃內已包括之保障除外）。
- 老年性痴呆（包括阿茲海默氏症）、帕金森病（計劃內已包括之保障除外）。
- 心理病或精神病症，包括但不限於精神病、神經機能病、抑鬱、焦慮、神經性厭食、精神分裂、行為失常、譫妄症、失眠、神經衰弱等直接或間接引致的治療（計劃內已包括之保障除外）。
- 購買或使用輔助器具，包括但不限於眼鏡、助聽器及其他設備例如輪椅、拐杖的費用。
- 任何與牙齒或牙肉疾病有關的治療或檢查，因意外引致緊急入院治療或住院脫除阻生智慧齒則除外。但不包括該住院後之跟進治療。
- 因戰爭、入侵、外敵行動、開戰（不論是否已宣戰）、內戰、暴動、革命、叛亂或軍人奪權、恐怖活動等直接或間接引致的治療。
- 非醫療性服務，包括但不限於客人膳食、收音機、電話、影印、稅項（就醫療服務所徵收的增值稅或商品及服務稅除外）、醫療報告等費用。
- 因不符合「良好及謹慎的醫療標準」的實驗性或未經證實醫療成效的醫療技術或治療程序而招致的費用。

如您有任何已存在病症，核保後可能加入除外條款。

#### 醫療必需

保柏只會根據「醫療必需」和「正常及慣常」的原則，為會員所需支付的費用及/或開支作出賠償。

醫療必需指醫療上必需的治療、醫療服務或藥物：

- (a) 以正常及慣常費用就病症之診斷提供相應之治療；
  - (b) 符合良好及謹慎的醫療標準；
  - (c) 就有關診斷或治療而所需的；
  - (d) 非純為會員、註冊西醫、註冊中醫、物理治療師、合資格護士、麻醉科醫生或任何其他醫療服務供應商提供方便；
  - (e) 以最合適之程度向會員提供安全及有效的治療；及
  - (f) 住院非純為診斷掃描目的、影像學檢驗或物理治療。
- 就「良好及謹慎的醫療標準」之詮釋，保柏將會考慮以下事項：
- I. 醫療標準為必須經過適當審查的獨立醫學期刊中臨床證明所界定；
  - II. 相關專業機構的建議；及/或
  - III. 相關臨床領域執業的專家意見。

#### 正常及慣常

「正常及慣常」的收費指不超過同等經驗或資歷人士在相類似情況下提供服務所收取的平均合理費用；「正常及慣常」的物料或服務指不超過在同一類別亦基於相同質素及經濟因素下所需物料或服務而收取的平均合理費用。

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### Table of Subscriptions 保費表

1 January 2021 Edition 2021年1月1日版本

#### Child enrolls independently 子女獨立投保

All figures in HK\$ 以港幣計算

Attained Age of 15 days - 17 years 已屆年齡15日至17歲	Plan 計劃 1, 4 Private 私家房		Plan 計劃 2, 5 Semi-private 半私家房		Plan 計劃 3, 6 Ward 大房	
	Annual 按年	Monthly 按月	Annual 按年	Monthly 按月	Annual 按年	Monthly 按月
Scheme Options 計劃選擇						
A Hospital and Surgical Benefit 住院及手術保障	10,133	912	5,456	491	3,030	273
A Hospital and Surgical Benefit + B Full Cover Benefit 住院及手術保障 全數賠償保障	11,294	1,016	6,081	547	3,370	304
A Hospital and Surgical Benefit + C Supplementary Major Medical Benefit 住院及手術保障 附加醫療保障	12,548	1,129	6,683	601	3,852	347
A Hospital and Surgical Benefit + B Full Cover Benefit + C Supplementary Major Medical Benefit 住院及手術保障 全數賠償保障 附加醫療保障	13,709	1,233	7,308	657	4,192	378
<b>Additional Options 額外自選保障</b>	<b>Additional Subscription 額外保費</b>					
D Hospital Cash Benefit 住院現金保障	958	86	469	42	282	25
E Clinical Benefit 門診保障	7,840	706	6,307	568	4,971	447

#### Child enrolls with one parent - 25% discount on Hospital and Surgical Benefit as well as Full Cover Benefit

子女與父或母同時投保 - 住院及手術保障及全數賠償保障保費75折

Attained Age of 15 days - 17 years 已屆年齡15日至17歲	Plan 計劃 1, 4 Private 私家房		Plan 計劃 2, 5 Semi-private 半私家房		Plan 計劃 3, 6 Ward 大房	
	Annual 按年	Monthly 按月	Annual 按年	Monthly 按月	Annual 按年	Monthly 按月
Scheme Options 計劃選擇						
A Hospital and Surgical Benefit 住院及手術保障	7,600	684	4,092	368	2,273	205
A Hospital and Surgical Benefit + B Full Cover Benefit 住院及手術保障 全數賠償保障	8,471	762	4,561	410	2,528	228
A Hospital and Surgical Benefit + C Supplementary Major Medical Benefit 住院及手術保障 附加醫療保障	10,015	901	5,319	478	3,095	279
A Hospital and Surgical Benefit + B Full Cover Benefit + C Supplementary Major Medical Benefit 住院及手術保障 全數賠償保障 附加醫療保障	10,886	979	5,788	520	3,350	302
<b>Additional Options 額外自選保障</b>	<b>Additional Subscription 額外保費</b>					
D Hospital Cash Benefit 住院現金保障	958	86	469	42	282	25
E Clinical Benefit 門診保障	7,840	706	6,307	568	4,971	447

### Table of Subscriptions 保費表

1 January 2021 Edition 2021年1月1日版本

#### Child enrolls with both parents -

#### 50% discount on Hospital and Surgical Benefit as well as Full Cover Benefit

子女與父母同時投保 - 住院及手術保障及全數賠償保障保費半價

All figures in HK\$ 以港幣計算

Attained Age of 15 days - 17 years 已屆年齡 15 日至 17 歲	Plan 計劃 1, 4 Private 私家房		Plan 計劃 2, 5 Semi-private 半私家房		Plan 計劃 3, 6 Ward 大房	
	Annual 按年	Monthly 按月	Annual 按年	Monthly 按月	Annual 按年	Monthly 按月
Scheme Options 計劃選擇						
A Hospital and Surgical Benefit 住院及手術保障	5,067	456	2,728	246	1,515	137
A Hospital and Surgical Benefit + B Full Cover Benefit 住院及手術保障 + 全數賠償保障	5,647	508	3,041	274	1,685	152
A Hospital and Surgical Benefit + C Supplementary Major Medical Benefit 住院及手術保障 + 附加醫療保障	7,482	673	3,955	356	2,337	211
A Hospital and Surgical Benefit + B Full Cover Benefit + C Supplementary Major Medical Benefit 住院及手術保障 + 全數賠償保障 + 附加醫療保障	8,062	725	4,268	384	2,507	226
<b>Additional Options 額外自選保障</b>	<b>Additional Subscription 額外保費</b>					
D Hospital Cash Benefit 住院現金保障	958	86	469	42	282	25
E Clinical Benefit 門診保障	7,840	706	6,307	568	4,971	447

### No Claim Renewal Discount 無索償續保折扣

A no claim renewal discount will be applied to the next renewal subscription of Hospital and Surgical Benefit and Full Cover Benefit provided that no claims payment has been made or is payable under Hospital and Surgical Benefit and Full Cover Benefit during any one of the following periods:

如於以下任何年期並無已付或應付之「住院及手術保障」及「全數賠償保障」賠償，下一年度「住院及手術保障」及「全數賠償保障」之續保保費將獲無索償續保折扣優惠：

Period without claims payment 無賠償紀錄之年期	No claim renewal discount 無索償續保折扣優惠
2 or 3 consecutive Contract Years 連續 2 或 3 個合約年度	5%
4 or 5 consecutive Contract Years 連續 4 或 5 個合約年度	10%
6 consecutive Contract Years or above 連續 6 個合約年度或以上	15%

Subscription rates are not guaranteed and Bupa may adjust them on an annual basis.  
保費並非保證，保柏有可能每年作出調整。

#### About Levy payment

Starting from 1 January 2018, insurance subscription payment is subject to the Hong Kong Insurance Authority's levy. The amount of levy charged will be based on a percentage of the total amount of subscription under an insurance contract. Payable levy is not included in the subscription rates shown in the Table of Subscriptions and is subject to the applicable levy rate. For general information on the applicable levy rates, please visit [www.bupa.com.hk/levy](http://www.bupa.com.hk/levy).

#### 有關保費徵費

由 2018 年 1 月 1 日起，保險業監管局按保費徵收徵費，徵費額是以每份合約的保費的某個百分比計算。保費表上的保費尚未包括應繳徵費，應繳徵費將按適用的徵費率計算。有關徵費率詳情，請瀏覽 [www.bupa.com.hk/levy](http://www.bupa.com.hk/levy)。

In the event of any discrepancy in respect of meaning between the Chinese version and the English version, the English version shall prevail. All terms and conditions are subject to the Contract.

中、英文之意思如有任何差別，概以英文為準。所有條款及細則以合約為準。

Please refer to the Contract for definitions of the capitalised terms in the Schedule of Benefits.

請參考合約查閱保障金額表內大楷詞語之定義。

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管理保單冇煩惱

使用我們的網上客戶服務平台 **myBupa** 即可隨時隨地輕鬆管理保單，例如搜尋網絡醫生、網上遞交索償、查閱門診保障使用量等。您更可享受一系列與健康、生活時尚相關的會員尊享禮遇。



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## 管理保單，全靠 myBupa 小管家



使用電子醫療卡，於網絡診所享免繳費服務\*



網上遞交住院及門診索償，不設索償上限



查閱門診保障使用量



查閱索償進度



搜尋網絡醫生



尊享熱門商戶的獨家優惠

\* 電子醫療卡只適用於個別醫療保障計劃



即上 [www.bupa.com.hk/myBupa](http://www.bupa.com.hk/myBupa)  
收看教學短片，了解 myBupa 小管家有幾幫到手！



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身心健康 連結生活

您可使用 myBupa 帳戶登入 **Bupa4Life** 健康應用程式，進行線上健康評估、訂立及追蹤健康目標、瀏覽健康貼士等。達成進度更可賺取獎賞積分，換領各式獎勵及優惠！



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## 4A功能



**Analyse** | 身心評估  
5分鐘即可了解您的身心狀況



**Achieve** | 健康起動  
訂立健康目標與追蹤進度



**Assist** | 優活助理  
提供來自專家的健康資訊及預訂健康活動



**Award** | 獎賞積分  
賺取積分以換領各種獎賞，健康滿 Fun



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Visit [www.bupa.com.hk/myBupa](http://www.bupa.com.hk/myBupa) to watch the series of myBupa tutorial videos!

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Connecting you to total health & wellness

Use your myBupa account to access our wellness app **Bupa4Life** to complete an online health assessment, create and track wellness goals, read health information and more. You'll even earn rewards for your progress, including special offers and discounts!



Download now!



## 4A functions



### Analyse

Know more about your physical and mental health in just 5 minutes



### Achieve

Set action plans and health goals, track your progress to take charge of your health



### Assist

Read health contents from experts and book into activities that help you be better



### Award


Earn points to redeem various rewards for healthy and fruitful living



## Bupa 1 + 1 Insurance and wellness in your hands

With a single **myBupa** account, you can access two free Bupa apps designed to help you manage your policy and lead a healthier life. Download them now to get started!

### Questions?

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 [customercare@bupa.com.hk](mailto:customercare@bupa.com.hk)

Visit [www.bupa.com.hk/Bupa4Life](http://www.bupa.com.hk/Bupa4Life) to watch the Bupa4Life tutorial video!

