



Blue Cross 藍十字
An AIA Company 友邦保險成員公司



Sun Flower Insurance Brokers Limited
Room 1105-08, Hing Yip Commercial Centre, 282 Des Voeux Road Central, Hong Kong
Tel: 2521 1881 Fax: 2521 1919 Email: vip@sunflowergroup.com.hk www.sunflowerVIP.com
Thank you for considering Sun Flower to be one of your selected intermediaries.
We are pleased to get in touch should you have any enquiry regarding the captioned insurance.



收集個人資料聲明
Personal Information Collection Statement



聯絡我們
Contact Us

護齒保險計劃投保書

Dental Plan Application Form

請於投保前閱讀產品小冊子及條款及細則。Please read the product brochure and terms and conditions of the product before applying.

請以英文正楷填寫此份投保書，並連同抬頭為「藍十字（亞太）保險有限公司」之劃線支票寄回（如適用）或填寫第七部分的付款方法。Please complete this form in BLOCK letters and if applicable, return it together with a crossed cheque payable to **Blue Cross (Asia-Pacific) Insurance Limited** or complete the Payment Method in part (VII).

投保 Apply



Blue Cross HK App

醫療保險需求分析（只適用於經代理人／經紀投保的客戶）

Medical Insurance Needs Assessment (only applicable to customer who submits application via agent/broker)

為確保醫療保險產品能滿足閣下的需求和目標，請回答以下問題以便繼續申請。（註：現有藍十字醫療保險產品並不包括危疾保障計劃即在索償危疾保障時提供一筆過賠償以應付日後健康服務需求和目標。）

In order to ensure the medical insurance product can meet your needs and objectives, please answer the following question before proceeding to the application. (Note: Existing Blue Cross' medical insurance products do not include critical illness protection plans which meet any needs and objectives of offering lump sum payment for future healthcare service upon claims of critical illness.)

閣下是否有意為將來的醫療需要購買醫療保險產品？

Do you intend to purchase a medical insurance product for better planning of your future healthcare needs?

否 No

是（請選一項）Yes (Please select one)

本人現正尋找償款型醫療保險產品（例如：報銷醫療開支）以支付醫療費用。

I am looking for an indemnity medical insurance product (e.g. reimbursement of medical expenses) which serves to settle medical expenses.

本人現正尋找非償款型醫療保險產品（例如：住院現金）以彌補住院期間之收入損失。

I am looking for a non-indemnity medical insurance product (e.g. hospital cash) which serves to compensate for the loss of income during hospital confinement.

本人現正尋找組合型醫療保險產品（償款但包含非償款現金保障）以支付醫療費用和彌補住院期間之收入損失。

I am looking for a combo medical insurance product (i.e. indemnity incorporated with non-indemnity cash benefits) which serves to settle medical expenses and compensate for the loss of income during hospital confinement.

(I) 投保人資料 Details of Applicant

投保人姓名（以香港身份證／護照為準）（姓／名） Name of Applicant (as shown on HKID Card/Passport) (Surname/First Name)		<input type="checkbox"/> 先生 Mr. <input type="checkbox"/> 小姐 Miss <input type="checkbox"/> 太太 Mrs. <input type="checkbox"/> 女士 Ms.	香港身份證／護照號碼 HKID Card/Passport No.
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出生日期（日／月／年） Date of Birth (dd/mm/yy)	聯絡電話 Contact Telephone No.	手提 Mobile	公司 Office	住宅 Home	個人電郵地址 Personal Email Address
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通訊地址 Correspondence Address（郵政信箱及酒店地址恕不接納 P.O. Box and hotel address are not acceptable）

室 Flat 樓 Floor 座 Block 大廈 Building

屋苑 Estate 期 Phase

街道號數 Street No. 街道名稱／地段 Street Name/Lot

地區 District 香港 HK 九龍 KLN 新界／離島 NT/Outlying Islands

選擇保單文件及續保資訊之送遞方法（只適用於直接向藍十字投保的客戶）

Delivery method for Policy Documents and Renewal Information (only applicable to customer who submits applications directly to the Company)

電郵 by email 或 郵寄 by post（如無指明，電郵（如有提供）將被指定為送遞方法。If not specified, email (if provided) will be defaulted as the delivery method.）

銀行戶口號碼* Bank Account No.*	銀行戶口持有人姓名 Name of Bank Account Holder	銀行名稱 Bank Name	分行名稱 Branch Name
<input type="text"/> 銀行編號 Bank Code	<input type="text"/> 分行編號 Branch Code	<input type="text"/> 戶口號碼 Account No.	

* 有關所有受保人的合資格醫療賠償將會存入此指定銀行戶口；只接受15位數字或以下之銀行戶口。Eligible medical claims payment relevant to all Insured(s) will be credited to this designated bank account; only bank account with 15 digits or below is acceptable.

(II) 受保人資料 Details of Insured(s)

	受保人姓名 (姓/名) Name of Insured(s) (Surname/First Name)	香港身份證/ 護照號碼 HKID Card/ Passport No.	性別 Sex	出生日期 (日/月/年) Date of Birth (dd/mm/yy)	受保人與 投保人之關係* Relationship with the Applicant*
1				/ /	
2				/ /	
3				/ /	
4				/ /	
5				/ /	

* 適用於個人客戶 For individual customer:

只接受投保人之直屬家庭成員。直屬家庭成員指投保人之配偶、子女、父母、兄弟姊妹、祖父母、孫、法定監護人或配偶的父母。Only Immediate Family Member of the applicant is acceptable. Immediate Family Member shall mean spouse, children, parents, brothers or sisters, grandparents, grandchildren, legal guardian or parents-in-law of the applicant.

適用於公司客戶 For entity customer:

只接受投保人之僱員及其配偶與子女。Only employee of the applicant and his/her spouse and child(ren) are acceptable.

(III) 保障計劃 Plan Details

受保人 Insured(s)	標準計劃 Standard Plan (STD)	特級計劃 Executive Plan (EXE)
1	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="checkbox"/>	<input type="checkbox"/>

註：如您下一個生日是在投保日期起計6個月之內，保費將以下一個生日年齡計算，否則以目前年齡計算。如保單生效日期與投保日期不同，即以保單生效日期決定已屆年齡。本公司將根據此計劃之保費表計算應繳金額。

Note: If your next birthday falls within the coming 6 months from the application date, the premium rate will be based on your next age attained. Otherwise, it will be based on your current age. Policy effective date will be used to determine the age attained if it is different from the application date. The total amount payable will be calculated according to the premium table of this plan.

(IV) 選擇拒絕在直接促銷中使用個人資料 Opt-out from Use of Personal Data in Direct Marketing

為向你提供最新消息、優惠及推廣活動的資訊，以及進行直接促銷活動，藍十字（亞太）保險有限公司（「藍十字」）可能會按「收集個人資料聲明」（「該聲明」）所述使用你的個人資料作直接促銷及把閣下的個人資料提供予該聲明第(4)(iii)段的聯盟計劃合作夥伴作直接促銷，但在未經你同意的情况下，藍十字不能就此目的使用及提供你的個人資料。若你不希望藍十字在直接促銷中使用及提供你的個人資料，請在下列空格內劃上「✓」號。

1. 使用個人資料直接促銷

我不同意藍十字根據該聲明第(4)段使用我的個人資料作直接促銷（例如通過向我提供最新消息、優惠及推廣活動的資訊）。

2. 把個人資料提供聯盟計劃合作夥伴

我不同意藍十字根據該聲明第(4)段把我的個人資料提供予聯盟計劃合作夥伴作直接促銷（例如通過向我提供最新消息、優惠及推廣活動的資訊），不論藍十字會否獲得金錢或其他財產的回報。

以上代表你目前是否希望接受藍十字及聯盟計劃合作夥伴直接促銷的聯繫或資訊的選擇，並取代你在本申請前可能曾給予藍十字的任何選擇。請注意，你以上的選擇將適用於列在該聲明內作直接促銷的產品、服務、建議及/或標的。請同時參閱該聲明以知悉可能用作直接促銷的個人資料種類以及可能轉移有關個人資料作直接促銷的資料轉承人類別。

In order to provide you with the latest news, offers and promotions and to conduct direct marketing activities, Blue Cross (Asia-Pacific) Insurance Limited (Blue Cross) may use your personal data according to Blue Cross' Personal Information Collection Statement (the "Statement") and provide your personal data to its alliance program partners as set out in paragraph 4(iii) of the Statement for direct marketing but Blue Cross cannot use and provide your personal data for such purpose without your consent. Please tick "✓" in the box below if you do not wish Blue Cross to use and provide your personal data for direct marketing.

1. Use of Personal Data in Direct Marketing

I do not agree to Blue Cross' use of my personal data for direct marketing (such as by way of providing me updates on latest news, offers and promotions) as set out in paragraph (4) of the Statement.

2. Provision of Personal Data in Direct Marketing to Alliance Program Partners

I do not agree to Blue Cross' provision of my personal data to its alliance program partners for direct marketing (such as by way of providing me updates on latest news, offers and promotions) as set out in paragraph (4) of the Statement, whether or not for money or other property.

The above represents your present choice of whether or not to receive direct marketing contact or information from Blue Cross and its alliance program partners. This shall replace any choice you may have given to Blue Cross prior to this application. Please note that your above choice shall apply to the direct marketing of the products, services, advice and/or subjects as set out in the Statement. Please also refer to the Statement for the kinds of personal data which may be used for direct marketing and the classes of persons to which your personal data may be provided for them to use in direct marketing.

(V) 聲明及授權 Declaration and Authorisation

本人／我們，謹此聲明並同意：

1. 上述所有問題的答案包括所有資料及細節均是準確無誤，真實及為事實之全部，並且是盡本人／我們所知及所信而作答的。本人／我們並沒有隱瞞任何重要資料及同意此投保書之內容及聲明將成為此項保險合約之承保根據。本人／我們在此確認，如未能提供真實及準確無誤之資料或通知藍十字（亞太）保險有限公司（「貴公司」）任何有關此保險申請之重要資料，將可能導致貴公司不能接受或處理此保險申請或令本保單失效。在本人／我們簽署本申請書後直至收到保單前，本人／我們必須向貴公司披露有關本人／我們（包括準受保人）的健康狀況的任何改變。
2. 一概保險賠償必須在本申請獲接納後並已將首次應付保費繳交予貴公司後始可生效。
3. 投保人將有權就一切有關於受保人的索償或按本申請所簽發之保單的相關事宜，與貴公司進行交涉，並向其接收或索取與受保人有關之資料。本人／我們並同意所有由貴公司給予保單持有人或受保人之賠償款項將會存入本投保書第一部分所指定之戶口內或於該戶口不存在時以支票支付，並完全解除貴公司就該些索償之一切承保責任。
4. 本人／我們明白及確認貴公司會就本人／我們購買及接受貴公司簽發的保單及其後續保該保單，向負責安排有關保單的獲授權保險經紀（如有）支付佣金。本人／我們若在此代表法人團體簽署，即同時確認本人／我們已獲該法人團體授權。本人／我們亦明白貴公司必須取得上述的同意，才可以處理有關保險申請事宜。
5. 本人／我們確認已閱讀及明白產品小冊子、產品條款及細則和隨本表格附上有關貴公司的收集個人資料聲明。
6. 適用於個人客戶
#在投保此計劃時，投保人正身處香港。（#如不適用，請刪除）
適用於公司客戶
投保人乃#根據《公司條例》（香港法例第32章或第622章）成立或註冊的法人團體/#根據《商業登記條例》（香港法例第310章）登記的法人團體、合夥業務、獨資業務或會社，或其分行。（#請刪去不適用者）

I/WE, HEREBY DECLARE AND AGREE THAT:

1. The answers to all the above questions including all information and particulars given herein are accurate, true and complete and are given to the best of my/our knowledge and belief. I/We have not withheld any material information and accept that this application and declaration shall form the basis of the contract between Blue Cross (Asia-Pacific) Insurance Limited ("the Company") and me/us. I/We hereby acknowledge that failure to supply true and accurate answers to this application or inform the Company of all material information about my/our application may render the Company unable to accept or process this application or the insurance policy void. I/We shall disclose to the Company any change in my/our/the proposed Insured Person's health after signing this application until I/we receive the policy.
2. The insurance coverage applied for shall only take effect when this application has been accepted by and the first premium has been paid to the Company.
3. The Applicant shall have the authority to deal with, receive or request for information from the Company concerning the Insured(s) in relation to any claims or matters arising from the policy issued pursuant to this application. I/We further agree that payment of any benefits hereunder to the Policyholder or Insured(s) by the Company in relation to all medical claims shall be credited to the bank account as specified in part (I) of this application or made by cheque in the absence of such an account, which shall constitute a full discharge on the part of the Company in relation to such claims.
4. I/We understand and acknowledge that the Company shall pay the authorised insurance broker (if any) a commission for arranging the insurance policy, as a result of purchasing and taking up the policy issued by the Company as well as renewing the said policy thereafter. If I/we sign herein on behalf of a body corporate, I/we further confirm that I/we am/are authorised to do so. I/We further understand that the above agreement is necessary for the Company to proceed with the application.
5. I/We confirm having read and understood the product brochure, terms and conditions of the product and the Company's Personal Information Collection Statement as accompanied with this form.
6. For individual customer
#The applicant is physically present in Hong Kong as at the date of this application. (#delete if not applicable)
For entity customer
The applicant is #a body corporate that is formed or registered under the Companies Ordinance, Cap. 32 or Cap. 622 of the Laws of Hong Kong/ #a body corporate, partnership, sole proprietorship or club, or a branch of any of the aforesaid that is registered under the Business Registration Ordinance, Cap. 310 of the Laws of Hong Kong. (#delete as appropriate)

日期（日／月／年）
Date at Hong Kong (dd/mm/yy)

投保人簽署
Signature of Applicant

所有受保人簽署
Signature of all Insured(s)

1. _____
2. _____
3. _____
4. _____
5. _____

* 本投保書的中文譯本只供參考之用，如有爭議，應以英文原義為準。

The Chinese copy of this application form is for reference only. In case of any discrepancy between the Chinese and the English versions, the English version shall apply and prevail.

(VI) 代理人／經紀專用 For Agent/Broker Use Only

代理人／經紀姓名 Agent/Broker Name SUN FLOWER INSURANCE BROKERS LTD.	代理人／經紀編號 Agent/Broker Code BR S-110	代理人／經紀電話 Agent/Broker Tel 25211881	代理人／經紀傳真 Agent/Broker Fax
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(VII) 付款方法 Payment Method

請選擇付款方法並且填寫適當部分。Please select a payment method and complete the appropriate section accordingly.

- 支票付款 (劃線支票抬頭「藍十字(亞太)保險有限公司」)
By cheque (please make your crossed cheque payable to **Blue Cross (Asia-Pacific) Insurance Limited**)
- 信用卡付款 (請填寫以下(a)部分) By credit card (please complete section (a) below)
- 銀行戶口自動轉賬 (請填寫以下(b)部分) By bank account auto-transfer (please complete section (b) below)

(a) 信用卡付款指示及授權書 Credit Card Payment Instruction and Authorisation

(建議使用投保人信用卡。只接受港元信用卡戶口。Payment by the Applicant's credit card is recommended. Accept credit card in HK currency only.)

<input type="checkbox"/> Visa	<input type="checkbox"/> Mastercard	信用卡戶口號碼 Credit Card Account No.
持卡人姓名 (姓/名) Name of Cardholder (Surname/First Name)	信用卡到期日 (月/年) Expiry Date (mm/yy)	與投保人之關係 (必須為直屬家庭成員)* Relationship with the Applicant (must be immediate family member)*
聲明: (一) 本人現授權貴公司從本人所指定之信用卡戶口內扣除保單之任何保費 (包括續保保費)、保險業監管局徵費及賠償差額 (如適用), 直至本人另行發出書面通知為止。 (二) 本人明白本人可隨時通知貴公司取消此授權, 並同意該取消或更改本授權書通知, 須於取消/更改生效日最少一個月之前交予貴公司及/或信用卡中心。 (三) 本人確認已閱讀及明白隨本表格附上有關貴公司的收集個人資料聲明。		Declaration: 1. I hereby authorise the Company to effect debit of any premium (including renewal premium), levy to the Insurance Authority and claims charge back (if applicable) from the Credit Card Account specified herewith for the insurance policy, until further written notice is given by me. 2. I understand that I have the right to cancel this authorisation at any time and agree that any notice of cancellation or variation of this authorisation shall be given to the Company and/or Credit Card Centre at least 1 month prior to the effective date of such cancellation/variation. 3. I confirm having read and understood the Company's Personal Information Collection Statement as accompanied with this form.
持卡人簽署 Signature of Cardholder		日期 (日/月/年) Date (dd/mm/yy)

* 直屬家庭成員指投保人的父母、配偶或子女。Immediate Family Member shall mean parent(s), spouse or child(ren) of the Applicant.

(b) 直接付款授權書 Direct Debit Authorisation

收款人名稱 Name of Party to be credited Blue Cross (Asia-Pacific) Insurance Limited	銀行編號 Bank Code 0 1 5	分行編號 Branch Code 5 2 1	貸方戶口號碼 Account No. to be credited 4 0 0 5 0 1 2 4	
聲明: (一) 本人/我們現授權下述銀行, 由本人/我們之賬戶轉賬保單之任何保費 (包括續保保費) 及保險業監管局徵費予貴公司 (根據貴公司不時給予本人/我們銀行之指示), 直至本人/我們另行發出通知為止。 (二) 本人/我們同意本人/我們之銀行毋須證實該等轉賬通知是否已交予本人/我們。 (三) 如因該等轉賬而令本人/我們之戶口出現透支 (或令現時的透支增加), 本人/我們願共同及個別承擔全部責任。 (四) 本人/我們同意如本人/我們之戶口並無足夠款項支付該等授權轉賬, 本人/我們之銀行將有權不予轉賬, 且銀行可收取慣常之收費。 (五) 本人/我們明白本人/我們可隨時通知貴公司取消此授權, 並同意該取消或更改本授權書之通知, 須於取消/更改生效日最少7個工作日之前交予貴公司及/或本人/我們之銀行。 (六) 本人/我們確認已閱讀及明白隨本表格附上有關貴公司的收集個人資料聲明。		Declaration: 1. I/We hereby authorise the below named Bank to effect transfer of any premium (including renewal premium) and levy to the Insurance Authority from my/our account to the Company (in accordance with such instructions as my/our Bank may receive from the Company from time to time) for the policy, until further written notice is given by me/us. 2. I/We agree that my/our Bank shall not be obliged to ascertain whether or not notice of any such transfer has been given to me/us. 3. I/We jointly and severally accept full responsibility for any overdraft (or increase in existing overdraft) on my/our account which may arise as a result of any such transfer(s). 4. I/We agree that should there be insufficient funds in my/our account to meet any transfer hereby authorised, my/our Bank shall be entitled, in its discretion, not to effect such transfer and impose usual service charges on me/us. 5. I/We understand that I/we have the right to cancel this authorisation at any time and agree that any notice of cancellation or variation of this authorisation shall be given to the Company and/or my/our Bank at least seven (7) working days prior to the effective date of such cancellation/variation. 6. I/We confirm having read and understood the Company's Personal Information Collection Statement as accompanied with this form.		
銀行名稱 Bank Name	分行名稱 Branch Name	銀行編號 Bank Code	分行編號 Branch Code	戶口號碼 Account No.
戶口持有人姓名 Name of Account Holder(s)	戶口持有人身份證號碼 HKID Card No. of Account Holder(s)	如戶口持有人並非投保人或任何受保人, 請說明與投保人之關係。 Please describe the relationship to the Applicant if account holder is not the Applicant or any of the Insured(s).		
戶口持有人簽署 Signature of Account Holder(s)	日期 (日/月/年) Date (dd/mm/yy)			
請注意: (一) 所有款項均以港元作出扣除。如須貨幣轉換, 兌換率將由東亞銀行以該自動轉賬日所釐訂之兌換率為準。 (二) 此授權書內之簽名必須與閣下銀行戶口之簽名樣式完全相同。 (三) 設定直接付款授權指示需時, 請以劃線支票方式預先繳交全年之保費及保險業監管局徵費。		Please note: 1. All debits will be made in Hong Kong dollars. If currency conversion is required, the exchange rate will be determined by The Bank of East Asia, Limited as at the date of processing the direct debit transaction. 2. Please ensure that your signature(s) on this form is/are the same as the specimen signature(s) on your Bank Account. 3. To allow sufficient time for the set-up of the direct debit authorisation, please arrange for submission of the annual premium and levy to the Insurance Authority in advance by crossed cheque.		