

(II) 準受保人資料 Details of Insured Person(s)

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

* 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

準受保人 Proposed Insured(s)	計劃 A Plan A	計劃 B Plan B	計劃 C Plan C
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<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) 信用卡付款指示及授權書 Credit Card Payment Instruction and Authorisation

(建議使用投保人之信用卡。只接受港幣信用卡戶口。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之配偶、子女、父母、兄弟姊妹、祖父母、孫、法定監護人或配偶之父母。Immediate Family Member shall mean spouse, children, parents, brothers or sisters, grandparents, grandchildren, legal guardian or parents-in-law of the Applicant.

(V) 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.

(VI) 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. 投保人將有權就本申請及/或一切有關於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（等）有關之資料。
4. 於「一站式門診醫療寶」下之醫療服務及「網絡醫生」由霍建中醫務協會醫療計劃管理有限公司（「霍建中」）提供，故貴公司就此等服務概不負責。本人/我們明白貴公司不就「霍建中」或「網絡醫生」其質素或勝任能力作出任何保證、聲明、確認或建議，而貴公司提供的任何資料亦不作此默示。本人/我們/受保人可自行選擇任何「網絡醫生」求診，並同意承擔其風險。
5. 接受貴公司醫療卡之條款，並於要求下即時償還任何不在承保範圍內的醫療費用或超出保障之外的醫療費用。
6. **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。**
7. 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。
8. 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、合類業務、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 person(s) in relation to any matters arising from this application and/or the policy issued pursuant to this application.
4. The medical services under All-in-one Outpatient Insurance are provided by, and the Network Doctors are operated by, Dr. Jones Fok & Associates Medical Scheme Management Limited (JFA). The Company assumes no responsibilities for such services. I/We further understand that no warranty, representation, endorsement or recommendation is given by the Company or may be implied from any information provided by the Company about JFA/the Network Doctor or their quality or competence. I/We agree that I/we/the insured person(s) may consult any Network Doctors at my/our/his/her own choice and risk.
5. To accept the terms and conditions for the usage of the medical card and reimburse the Company for any ineligible expense which are not covered by the Policy or expenses exceeding the benefit limit of the Policy immediately upon demand.
6. **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.**
7. 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.
8. 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	所有準受保人簽署 Signature of Proposed Insured(s)
		1. _____
		2. _____
		3. _____
		4. _____

* 本投保書的中文譯本祇供參考之用，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.

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

代理人/經紀姓名 Agent/Broker Name	代理人/經紀編號 Agent/Broker Code	代理人/經紀電話 Agent/Broker Tel	代理人/經紀傳真 Agent/Broker Fax
SUN FLOWER INSURANCE BROKERS LTD.	BR S-110	25211881	