



Sun Flower Insurance Brokers Limited

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We are pleased to get in touch should you have any enquiry regarding the captioned insurance.

TheChoice Medical Insurance

智釆醫療計劃

THE POWER OF CONNECTION bolttechinsurance.hk

智采醫療計劃

健康是人生最重要的財富,絕對值得維護。您現在安逸的生活可能會被突如其 來的疾病打亂。在醫療費用日益增長的前提下,我們都想確保在人生每個階段階 可享用優質的醫療服務,又不會影響現有的生活質素。「智采醫療計劃」(「智 采」或「本計劃」)提供的全面醫療保障便能減輕您的擔憂。

周全保障 顯赫護航

為您尊貴的人生旅程時刻守護,本計劃提供高達 5 千萬港元的個人終身保障限額 1,不僅涵蓋各類住院及手術保障,更特設「指定 危疾全數保障-豁免每年自付費」2。更為您的定期健康檢查3提供保障。住院及手術的保障範圍包括每日住院住房費用4、手 術費用、醫生巡房及專科醫生費用等。

12種不同計劃組合 切合您個人的需要

本計劃特設覆蓋2個不同地區的3種不同計劃級別以供選擇。另設4等級的每年自付費5選擇 (0港元,2萬5千港元,5萬港元及8萬港元),讓您輕鬆組合最切合理想的生活保障。假設您選擇毋需承擔任何每年自付費5的尊尚計劃,便可享有覆蓋全球¹²的醫療保障。倘若您本身已有僱主提供的醫療保障,而尋求額外醫療保障,附有每年自付費5的標準計劃或能滿足您所需。

指定危疾全數保障 – 豁免每年自付費²

巨大壓力及不良生活習慣往往會增加患上危疾的風險。香港每4名男性及每5名女性中,便分別有I人於75歲前患上癌症⁶。一旦 不幸罹患危疾,難免給您與您的家人帶來突如其來的財務負擔。本計劃正好針對您的顧慮及需求,為您提供指定危疾全數保障 一豁免每年自付費²,為您與您的家人減輕由於相關醫療費用而產生的財務壓力(保障金額需視乎不同計劃的每年保障限額、個 人終身保障限額I及個別保障的保障限額而定),專心捍衛您的家庭及您的健康。

貼心的額外保障

為關顧一旦不幸需要接受指定之特別治療及器官移植的被保人,本計劃在原有每年保障限額的基礎上提供額外每年保障限額7高達 ISO萬港元以應付不同醫療開支,包括器官及骨髓移植、癌症化學療法、放射療法、免疫療法、標靶治療、癌症賀爾蒙療法、質子治療及腎 臟透析。

保證每年續保⁸至100歲

本計劃可助您消除因歲月增長或健康轉變導致被終止保單的憂慮。無論您的健康、財務狀況或理賠紀錄有任何重大轉變,保特保險均保證您的保單可續保至被保人100歲(視乎續保時保特保險仍否持續提供本計劃,並受當時適用的條款及細則、保障及保障率所限。保障及保費並非保證及保特保險將對其保留更改的權利。)

保障靈活與您未來同步

考慮到您未來的人生規劃可能有所轉變,本計劃特許您於年屆50、55、60或65歲時的保單週年享有一次(以終身計) 調整每年自 付費⁵的權利,且無須提交任何可受保證明⁹,確保您一路獲享最切合未來所需的保障。

免現金住院服務²¹

為讓您能更安心接受治療,我們可以通過住院付款保證書為您安排住院醫療費用代支服務,為您在香港私家醫院提供免現金住院安排。

覆蓋全球的支援服務10

當您身處外地遇上意外或患病,本計劃的全球緊急援助服務將妥善照顧您的需要。你只需致電24小時環球緊急援助熱線,即可 得到24小時環球緊急支援服務,包括電話醫療諮詢,緊急醫療撒離及遺體離運送等服務。

支援服務

致電保特保險的服務熱線(852) 2603 9435 · 讓我們的客戶服務主任隨時為您服務 · 處理您的保險需要。

TheChoice Medical Insurance

Health is the most precious treasure in life which deserves the greatest defence. Your current peaceful and enjoyable life can be disturbed by unexpected illnesses. Despite the ever-increasing medical costs, we all want to ensure we can enjoy high quality medical services at different life stages without impact to our quality of life. TheChoice Medical Insurance ("TheChoice" or the "Plan") offers you comprehensive medical coverage that gives you a peace of mind.

Comprehensive protection throughout life

To ensure you have an all-round protection during your life's journey, the Plan provides a Lifetime Limi^{t1} of up to HK\$50 million, including a range of hospitalisation and surgical benefits, as well as providing First-dollar Coverage-Deductible Waived for Designated Critical Illness². What's more, it provides reimbursement for your regular health screening². Hospitalisation and surgical benefits include daily hospital accommodation⁴, surgery fees, physician's visit and specialist's fees, etc.

12 different plan options to fit your specific needs

The Plan provides 3 different levels of plans that cover 2 different geographic areas. Furthermore, 4 Annual Deductible⁵ options (HK\$0, HK\$25,000, HK\$50,000 and HK\$80,000) could be chosen to tailor your most ideal life protection. For example, Prestige Plan with HK\$O annual deductible could provide a worldwide¹² full medical coverage to you. If you have an employer-sponsored medical coverage and are looking for additional medical coverage, our Standard Plan with Annual Deductible may suit your needs.

First-dollar Coverage - Deductible Waived for Designated Critical Illness Benefit²

Heavy stress and unhealthy habits raise the risk of critical illnesses. In Hong Kong, I out of every 4 men or 5 women is diagnosed with cancer before the age of 75⁶. Critical illnesses may cause an unexpected financial burden on you and your family. The Plan is focused around your concerns and needs, offering First-dollar Coverage - Deductible Waived for Designated Critical Illness² to ease your and your family's financial stress due to related medical expenses (The amount of benefit is subject to applicable Annual Limit, Lifetime Limit' and limits for specific benefit items). The Plan provides protection for your family as well as your health.

Tailored extra benefits

In the event that the insured needs to receive medical services for specific treatments and organ transplantation, the Plan provides additional Annual Limit⁷ on top of its original Annual Limit up to HKD1.5 million to cover medical expenses of organ and bone marrow transplantation, chemotherapy, radiotherapy, immunotherapy, target therapy, cancer hormonal therapy, proton therapy and kidney dialysis.

Guaranteed yearly renewable⁸ up to age 100

The Plan takes away your concern over policy discontinuity due to old age and changes in health conditions. Regardless of any eventual changes to your health, financial condition or claim history, bolttech Insurance guarantees that your policy will be renewable until the age of 100 of the insured, subject to the continual availability of the Plan, terms and conditions applicable, the benefits and the prevailing premium rates of the Plan at the time of renewal. Benefits and premium are not guaranteed and subject to change by bolttech Insurance.

Flexible protection aligned to your future needs

Your needs vary as you go through different life stages. The Plan enables you to switch to a lower Annual Deductible⁵ option once (per lifetime) when the insured turns 50, 55, 60 or 65 without the need to provide proof of insurability⁹, meeting any changing needs in the future for protection.

Cashless Inpatient Facility²¹

Allows you to be worry-free about treatment, we can arrange inpatient credit facility by means of guaranteed letter offers you cashless facility for confinement in private hospitals in Hong Kong.

Worldwide support service¹⁰

If you have an accident or suffer an illness whilst abroad, your needs will be well taken care of with the Worldwide Emergency Assistance. All you need to do is call the 24-hour emergency assistance hotline to enjoy round-the-clock worldwide support and assistance provided by International SOS 24-hour Worldwide Assistance Services that includes phone medical advice, emergency medical evacuation and repatriation of mortal remains, etc.

Service at Your Fingertips

Just call one number at (852)2603 9435 and our Customer Service Representatives are at your service to address your insurance needs.

The Choice Medical Insurance 智采醫療計劃					
Eligibility 申請資格					
Issue Age 投保年齡	I5 days - 69 (Age at last birthday) I5日至69歳(對上一次的生日年齡)				
Benefit Term 保障年期	Guaranteed yearly renewal ⁸ up to age 100 of the insured 保証每年續保8至受保人100歲				
Premium Payment Mode 保費繳付方式	Annually / Monthly 年繳 / 月繳				
Currency 保單貨幣	HKD 港幣				
Residence 居住地	Hong Kong 香港				

Schedule of Benefit 保障範圍一覽表

Benefit Schedule 保險項目					
	Maximur	m Benefit Limit (HK\$) 最高保障阻	艮額(港元)		
Plan Level 計劃級別	Standard (Ward⁴) 標準(大房⁴)	Advance (Semi-Private Room⁴) 優選(半私家房⁴)	Prestige (Private Room⁴) 尊尚(私家房⁴)		
Area of Cover 保障地區	Asia'' 亞洲''	Asia'' 亞洲''	Worldwide excluding US ¹² 全球 (美國除外) ¹²		
Annual Limit 每年保障限額	2,000,000	4,000,000	10,000,000		
Lifetime Limit'個人終身保障限額'	10,000,000	20,000,000	50,000,000		
Annual Deductible ⁵ options (Only available for item 1-5 under Section A. Core Benefits of this Schedule of Benefit) 每年自付費 ⁵ (只適用於此保障範圍覽表內「A.主要保障」下的項目1至5)	0 / 25,000 / 50,000 / 80,000				
A. Core Benefits 主要保障					
I. Hospitalization Benefits 住院保障	1				
Room and Board 住房及膳食費		Full Cover 全數保障			
Companion Bed 家屬陪床費	Full Cover 全數保障				
Private Nursing ¹³ 私家看護費 ¹³	Full Cover Full Cover (up to max. of 30 days per policy year and 180 days per lifetime) 全數保障 (up to max. of 30 days per policy year and 180 days per lifetime) 全數保障 全數保障 全數保障 (每個保單年度最多30日及 個人終身最多180日) (每個保單年度最多30日及 個人終身最多180日)		Full Cover (up to max. of 60 days per policy year and 180 days per lifetime) 全數保障 (每個保單年度最多60日及 個人終身最多180日)		
Specialist's Fee 專科醫生費		Full Cover 全數保障			
Physician's Visit 醫生巡房費		Full Cover 全數保障			
Intensive Care 深切治療費		Full Cover 全數保障			
Miscellaneous Hospital Services ¹⁴ 醫院雜費 ¹⁴		Full Cover 全數保障			
Daily Hospital Cash ¹⁵ (for confinement in general ward of Hospital Authority's hospital in Hong Kong) (up to max. of 30 days per policy year) 每日住院現金 ¹⁵ (需入住香港公立醫院之大房) (每個保單年度最多30日)	Per day / 每日 500				
Daily Hospital Cash for Voluntary Room and Board Stay Below Private Room ¹⁵ (Stay in private hospital in Hong Kong) (up to max. of 30 days per policy year) 自願選擇人住私家病房以下級別病房之每日住院現金 ¹ (需入 住香港私家醫院) (每個保單年度最多30日)	Not Applicable Per day / 每日 不適用 I,000				
Psychiatric Treatment ²² (up to max. of 30 days per policy year and 180 days per lifetime) 精神疾病治療 ² (每個保單年度最多30日及個人終身最多180日)		oplicable 商用	Full Cover 全數保障		

		一覽表	
2. Surgical Benefits 手術保障			
	Maximun	m Benefit Limit (HK\$) 最高保障阻	艮額(港元)
Plan Level 計劃級別	Standard (Ward⁴) 標準(大房⁴)	Advance (Semi-Private Room⁴) 優選(半私家房⁴)	Prestige (Private Room 尊尚(私家房*)
Surgery Fee (including surgeon's fee, operating theatre fee, anaesthetist's fee and Clinical Surgery fee) 手術費用 (包括外科醫生手術費、手術室費、麻醉師費及門診手術費) Organ and Bone Marrow Transplantation		Full Cover 全數保障 Full Cover	
器官及骨髓移植		全數保障	
醫療裝置 Medical Appliances	Specified Items ¹⁶ : Full Cover Other Items: 50,000 per item per lifetime 指定項目 ¹⁶ : 全數保障 其他項目: 每項個人終身 最高50,000	Specified Item Other Items item per 指定項目 ¹⁶ 其他項目:每項個	: 90,000 per lifetime
3. Pre-and Post-Hospitalisation Benefits 住院前及出院後保	障	1	
Pre-Hospitalisation Outpatient ¹⁷ (within 31 days immediately before confinement or Clinical Surgery and max. 1 visit per day) 住院前門診保障 ¹⁷ (於住院或進行門診手術前的31日內之診治;每日最多1次)	Per day / 每日 800	Full C 全數	
Post-Hospitalisation Outpatient ²⁰ (within 60 days immediately after confinement or Clinical Surgery and max. I visit per day) 出院後門診保障 ²⁰ (於出院或進行門診手術後的60日內之診治;每日最多I次)	Per day / 每日 800	Full C 全數	
Post-Hospitalisation Home Nursing (within 31 days immediately after discharge following surgery or admission to ICU and up to max. of 31 days per policy year) 出院後私家看護 (於出院後的31日內之看護費‧需曾接受手術或入住深切治療 部。每個保單年度最多31日)	Per day / 每日 800	Full C 全數	
4. Extended Benefits 延伸保障			
First-dollar Coverage - Deductible waived for Designated Critical Illness ²	First-dollar coverage - V	Waive Annual Deductible ^{2,5} 全數	保障 - 豁免每年自付費2,5
(Only applicable to policies with Annual Deductible ⁵)		Designated Crises 指定危疾	
指定危疾之全數保障 - 豁免每年自付費² (只適用於附有每年自付費的保單 [•])	 Cancer 癌症 End Stage Lung Disease 末期肺病 Primary Pulmonary Arterial Hypertension 原發性肺動脈高血壓 Kidney Failure 	 Fulminant Hepatitis 暴發性肝炎 Cardiomyopathy 心肌病 Coronary Artery Disease Surgery 冠狀動脈手術 Surgery to Aorta 	 Chronic Liver Disease 慢性肝病 Heart Valve Surgery 心瓣手術 Major Organ Transplantation 主要器官移植 Stroke 中風
	腎衰竭 Severe Rheumatoid Arthritis 嚴重類風濕關節炎 Terminal Illness	主動脈手術 Heart Attack 急性心肌梗塞	 Parkinson's Disease 柏金遜症
Chemotherapy and Radiotherapy 癌症化療及放射療法	腎衰竭 Severe Rheumatoid Arthritis 嚴重類風濕關節炎 Terminal Illness 末期疾病 (including immunotherapy, f	 Heart Attack 	 Parkinson's Disease 柏金遜症 herapy and proton therapy)
	腎衰竭 Severe Rheumatoid Arthritis 嚴重類風濕關節炎 Terminal Illness 末期疾病 (including immunotherapy, f	 Heart Attack 急性心肌梗塞 Full Cover target therapy, cancer hormonal t 全數保障 	 Parkinson's Disease 柏金遜症 herapy and proton therapy)
Chemotherapy and Radiotherapy 癌症化療及放射療法 Kidney Dialysis 腎臟透析 Additional Annual Limit for Organ and Bone Marrow Transplantation, Chemotherapy, Radiotherapy and Kidney Dialysis ⁷ 額外每年保障限額 ⁷ (接受器官及骨髓移植、癌症化療、放射療法及腎臟透析適用)	腎衰竭 Severe Rheumatoid Arthritis 嚴重類風濕關節炎 Terminal Illness 末期疾病 (including immunotherapy, f	 Heart Attack 急性心肌梗塞 Full Cover target therapy, cancer hormonal t 全數保障 褒法、標靶治療、癌症賀爾蒙療法 	 Parkinson's Disease 柏金遜症 herapy and proton therapy)
Kidney Dialysis 腎臓透析 Additional Annual Limit for Organ and Bone Marrow Transplantation, Chemotherapy, Radiotherapy and Kidney Dialysis ⁷ 額外每年保障限額 ⁷	腎衰竭 Severe Rheumatoid Arthritis 嚴重類風濕關節炎 Terminal Illness 末期疾病 (including immunotherapy, f (包括免疫療	 Heart Attack 急性心肌梗塞 Full Cover target therapy, cancer hormonal t 全數保障 憲法、標靶治療、癌症賀爾蒙療法 Full Cover 全數保障 	 Parkinson's Disease 柏金遜症 herapy and proton therapy) 及質子治療) I,500,000 lifetime)

Sche	dule of Benefit 保障範圍	一覽表			
4. Extended Benefits 延伸保障					
	Maximur	m Benefit Limit (HK\$) 最高保障M			
Plan Level 計劃級別	Standard (Ward) / 一一一一一一一一一一一一一一一一一一一一一一一一一一一一一一一一一一一一				
Traditional Chinese Medicine (including Chinese bone- setting and acupuncture) (within 60 days immediately after discharge or Clinical Surgery) (max. I visit per day and up to max. of 10 visits per policy year) 中醫治療(包括跌打及針灸) (於出院或進行門診手術後的60日內之診治 · 每日最多1次及 每個保單年度最多10次)		^{振牵} (八房 [•]) 優選(半私家房 [•]) Not Applicable 不適用			
5. Emergency Dental Treatment Benefit 緊急牙科治療保障					
Emergency Dental Treatment [™] (Due to accident) 緊急牙科治療™(因意外引致)		Full Cover 全數保障			
6. Health Screening Benefit 健康檢查保障					
Health Screening ³ 健康檢查 ³	Not Applicable 不適用	Once and up to 1,500 for every 2 policy years (For policies with Annual Deductible ⁵ , once and up to 750 for every 2 policy years) 每2個保單年度1次及每次最 高為1,500 (附有每年自付費 ⁵ 的保單則為每2個保單年度1 次及每次最高爲750)	Once and up to 3,000 for every 2 policy years (For policies with Annual Deductible ⁵ , once and up to I,500 for every 2 policy years) 每2個保單年度1次及每次最 高為3,000 (附有每年自付費 ⁵ 的保單則為每2個保單年度1 次及每次最高為1,500)		
7. Other 其他					
Convertibility to Reduce Annual Deductibles ⁵ at Specified Ages ⁹ 保證可於指定年齡減低年度自付費 ⁹	insured's age 50 / 55 / 60 / 65 based on factors, including b of the insured and the pr 可選擇於緊接50 / 55 / 60 / 65 提交任何可受保證明。保費將	ductible ^s within 31 days before or without providing proof of insur- but not limited to new Annual D remium table applicable at that tin exercised once per lifetime. 歲(下次生日年齡)時的保單週 招據各種因素,包括但不限於新 當時的保費表而釐定。個人終身最	ability. The premium would be eductible ⁵ , plan level and age me. This right can only be 年日前後31日內行使, 而無須 的年度自付費、其計劃級別、		
24-Hour Worldwide Assistance Services ¹⁰ 24小時環球緊急支援服務 ¹⁰		Service Program 服務支援			
 B. Supplementary Outpatient Benefits (Optional) (Must be 附加門診保障(自選)(必須與住院保障計劃級別相同) 	at the same plan level of the Hos	spitalisation Benefit)			
 Consultation at Physician's Office (Per visit) 醫生診所治療費(每次) 	350	500	Full Cover 全數賠償		
2. Specialist's Consultation* (Per visit) 專科診治費*(每次)	700	1,000	Full Cover 全數賠償		
 Consultation at Patient's Home (Per visit) 在家診療費(每次) 	700	1,000	Full Cover 全數賠償		
 Physiotherapist's and Chiropractor's Treatment* (Per visit) 物理治療師及脊椎治療師之治療費(每次) 	550	750	Full Cover 全數賠償		
 Chinese Medicine Practitioner's Treatment (including Chinese bone-setting and acupuncture) (Per visit and max. 10 visits per policy year) 每次中醫治療費(包括跌打及針灸) (每個保單年度最多10次) 	350	500	900		
 Psychiatric Outpatient Treatment* (Per visit and max.5 visits per policy year) 每次精神病門診治療費* (每個保單年度最多5次) 	350	500	900		
 Dietetic Guidance / Speech Therapy/ Occupational Therapy* (Per visit and max. 2 visits per policy year) 營養治療輔導 / 語言治療 / 職業治療* (每次之治療費上限;每個保單年度最多2次) 	350	500	900		
Overall Annual Limit for benefit items 1-7 above 以上保障項目1至7之每年最高賠償上限		sits per policy year and one visit p 年度合共最多 40 次;每項受保項			

В.	Supplementary Outpatient Benefits (Optional) (Must be 附加門診保障(自選)(必須與住院保障計劃級別相同)	at the same plan leve
Pla	n Level 計劃級別	Standard (W 標準(大房
8.	Prescribed Western Medicines and Drugs* (from a pharmacy outside clinic) (Per policy year) 醫生處方西方藥物* (只限診所以外之藥房) (每個保單年度)	2,500
9.	Diagnostic X-Ray and Laboratory Tests* (Per policy year) X光檢驗及化驗費* (每個保單年度)	2,500
10.	Vaccination (Per policy year) 防疫注射 (每個保單年度)	300
*	Written referral by the attending physician is required (Con Paediatrican and Otorhinolaryngologist can be waived). 須由主診醫生以書面推薦 (皮膚科、眼科、婦科、骨科、兒	
С.	Supplementary Dental Benefits (Optional) (Must be chose 附加牙科保障 (自選)(需同時投保附加門診保障及需與其計	• •
Ov	erall Annual Limit 每年最高賠償上限	2,000
Ι.	Routine Oral Examination and Scaling 例行口腔檢查及洗牙	
2.	 a) Dental X-Ray 牙科X光檢驗 b) Abscesses 牙銀膿腫 c) Filings 補牙 d) Extraction 脫牙 e) Root canal fillings 齒根管的填補 f) Dentures, Crowns and bridges (due to accident) 假牙、牙冠及牙橋(只適用於因意外而導致) 	

Schedule of Benef

Notes:

- A. Reasonable and Customary charges for the above benefits (except for Health Screening Benefit³) will be paid by Bolttech Insurance (Hong Kong) Company Limited ("bolttech Insurance"). Reasonable and Customary shall mean:
 - with reference to including but not limited to any relevant publication or information made available, such as schedule of fees, by the government, adjust any and all benefits payable under the Plan which in our opinion is not Reasonable and Customary;
 - or injury at the location where such confinement is made.
- B. The above coverage and benefits are applicable to TheChoice. For the premium of TheChoice, please refer to the corresponding premium table for details. bolttech Insurance reserves the right to revise the benefits payable, terms and conditions and the premium at any time.
- C. A 30-day waiting period from the policy date is applicable for the above benefits, except for the waiting periods otherwise specified in this plan material and the treatment due to accident. Please refer to the policy provisions for details.
- D. If the confinement is at a higher accommodation level than the insured plan level, the amount payable shall equal to the amount of the benefits payable (subject to the limit under the insured plan level) multiplied by the adjustment factors as follows: (i) Ward4 to Semi-Private Room4 50% (ii) Ward4 to Private Room4 (iv) Semi-Private Room4 to Private Room4 50% (v) Semi-Private Room4 to D

備註:

- A. 保特保險(香港)有限公司(保特保險」)將會根據以上保障(健康檢查保障)除外)的合理及慣常的收費來作出賠償。合理及慣常是指: (i) 就費用、收費或開支而言,指須符合以下條件的任何費用或開支:(a)為醫療需要之治療、用品或醫療服務的實際收費,並在醫生的護理、監管或命令下,為患病或受傷人士提供符合良好醫療服務標準的護理;(b)有關費用不超過當地提供類似治療、用品或醫療服務的一般或合理收費標準;(c)不包括任何因有購買保險才會衍生的費用;及(d)不得超過實際產生的費用、收費或開支。保特保險保留根據(但不限於)衍生該筆合資格費用所在地區政府、相關機構及認可之醫 留調整本計劃所定之任何或所有應付賠償額之權利
- (ii) 就住院而言,指在住院期間所進行之醫療服務和治療,必須符合提供醫療服務
- B. 以上範圍及保障均適用於智采醫療計劃。有關智采醫療計劃的保費,可參閱相關之 C. 以上受保項目均設有30日之等候期,除以上個別提及的等候期、人壽保險及由意外
- D. 如住院之住房級別高於投保之計劃級別,應付金額將相等於應付賠償額(受限於受 (i)大房4升至半私家房⁴ 50% (ii)大房⁴升至私家房⁴ 25% (iv)半私家房4升至私家房4 50% (v)半私家房⁴升至豪華病房⁴ 12.5%

保障範圍-	-覽表	
el of the Hos	pitalisation Benefit)	
/ard⁴) ≣⁴)	Advance (Semi-Private Room⁴) 優選(半私家房⁴)	Prestige (Private Room⁴) 尊尚(私家房⁴)
	3,500	5,000
	3,500	5,000
	600	1,000
ologist, Ophtł	nalmologist, Gynaecologist, Ortho	paedist & Traumatologist,
科可獲豁免)		
pplementary	Outpatient Benefits and at the s	ame plan level)
	3,500	5,500
(Twice	Full Cover 全數賠償 per policy year) (每個保單年度最	多2次)
	Full Cover 全數賠償	

(i) in relation to a fee, a charge or an expense, shall mean any fee or expense which (a) is actually charged for treatment, supplies or medical services that are Medically Necessary and in accordance with standards of good medical practice for the care of an ill or injured person under the care, supervision or order of a Physician; (b) does not exceed the usual or reasonable average level of charges for similar treatment, supplies or medical services in the location where the expense is incurred; (c) does not include charges that would not have been made if no insurance existed; and (d) does not exceed the actual fee, charge or expense incurred. bolttech Insurance reserves the right to determine whether any particular charge is Reasonable and Customary relevant authorities and recognized medical association at the location where the eligible expense is incurred. bolttech Insurance reserves the right to

(ii) in relation to a confinement shall mean the admission and length of a confinement, and medical services and treatment received during which, are in accordance with generally accepted professional standards of medical practice, and do not exceed the usual standard for the treatment of similar illness

4	25%	(iii) Ward4 to Deluxe Room4	Not Covered
Deluxe Room4	12.5%	(vi) Private Room4 to Deluxe Room4	25%

療組織所提供的有關刊物或資料(如收費表等),以決定任何該等收費是否合理及慣常收費之權利。對於保特保險認為不屬合理及慣常收費的費用,保特保險保

务所普遍接受的專業標準 · 並且不應超過當	ま地治療同類疾病或傷患的一般標準。
保費表。保特保險保留隨時修訂應付賠償額	ē、條款及細則及保費之權利。
引致的治療外。詳情請參閱保單條文。	
受保計劃級別之限額)乘以以下調整因數:	
(iii)大房'升至豪華病房'	不受保障
% (vi) 私家房 ⁴ 升至豪華病房 ⁴	25%

註釋:

- 個人終身保障限額指保特保險(香港)有限公司「保特保險」)對受保人的所有保單及附加保障(如有)提供理賠之的終身最高賠償總額,不論當時保單仍生效與否。 1
- 2. 只適用於附有每年自付費⁶之保單及受每年及個人終身保障限額¹所限。於保單生效日或上次復效日起計九十(**90**)日內·就期間出現徵狀或診斷出之指定危疾相 關的住院或手術費所作出之索償,每年自付費[•]的結餘將不會被豁免。有關指定危疾之詳情及定義,請參閱本單張保障範圍一覽表、保單條款及保單資料頁。
- 3. 只適用於計劃級別為「優選」及「尊尚」之保單及受限於相關的限額。此保障支付的受保人須於由保單日起計已連續受保兩(2)年(最初受保期)及已達十八(18)歲或以上,且其 接受健康檢查之時間需為最初受保期之後。另外.此保障可於最初受保期後起計每兩(2)年理賠一次.未使用的保障並不能帶到下一個保單年度。詳情請參閱本單張保障範
- 豪華病房是指醫院内等級高於私家房的標準單人病房。

標準私家病房是指受保人在住院期間入住設有浴室的標準單人病房,但不包括設有廚房、飯廳或客廳的任何高級病房。如受保人入住的醫院設有多個等級之私 家病房,標準私家病房則指該醫院所提供之價錢最低的私家病房。

半私家房是指醫院的雙人病房,配有兩(2)張病床(不包括陪床)和一(1)個相鄰的浴室。

- 大房是指醫院內配有超過兩(2)張病床(但不包括陪床)的病房。
- 5. 每年自付費(載於保單資料頁內)是指須由保單持有人或受保人自行負擔的部份合資格費用,該費用將從賠償額中扣減。
- 資料來源:醫院管理局「香港癌症資料統計中心」於2015年的資料。
- 7. 如保特保險須就器官及骨髓移植、癌症化療、放射療法、免疫療法、標靶治療、癌症賀爾蒙療法、質子治療及腎臟透析的保障支付賠償時·保特保險將提高該保單 年度的每年保障限額。此保障於每個保單年度只適用一次。而個人終身保障限額則維持不變。詳情請參閱保單條款
- 8. 保證終身續保受限於保特保險是否仍繼續提供本計劃、當時適用的條款及細則(包括但不限於續保時的保單終止條款、受保項目及保費率)。續保之保費並非保證 而每次續保之保費將根據續保時的受保人實際年齡及當時的保費表來釐定。保費表將根據各種因素,包括但不限於相關的醫療費用的增加、保特保險的理賠數據及保單條款是 否適用來釐定。保特保險保留隨時作出修改受保項目、條款及細則及保費的權利。
- 9. 該申請須於相關的保單週年日之前或之後的三十一(31)日內提出。此權利只可於受保人的終身行使一次而且不可撤回。
- 10. 此服務由第三方服務機構提供,保特保險將不會就第三方服務機構的行為或疏忽負上任何責任。而保特保險或將不時調整有關服務詳情,恕不提前通知。此項由第三方服 務機構提供的服務將適用於受保人在外地旅遊或暫時居住國外並每次行程不超過連續九十(90)天。
- II. 保特保險將涵蓋受保人在以下亞洲國家和地區發生的合理和價常的醫療費用,包括孟加拉、不丹、汶萊、柬埔寨、香港、印度、印尼、日本、哈薩克、吉爾吉斯、老撾、 澳門、中國內地、馬來西亞、馬爾代夫、蒙古、尼泊爾、巴基斯坦、菲律賓、新加坡、南韓、斯里蘭卡、台灣、塔吉克、泰國、東帝汶、土庫曼、烏茲別克及越南。
- 12. 保特保險將涵蓋受保人於全球各地(但不包括美國)產生的合理和慣常的醫療費用
- 13. 此服務只適用於當受保人仍在住院期間並於接受手術後或於離開深切治療部後之服務。
- 14. 醫院雜費包括藥物、敷料、普通夾板和石膏倒模、物理療法·X光檢查和當地救護車服務等。緊急牙科治療包括診症、止血・脱牙和X光檢查。有關可賠償項目之詳 情,請參閱保單條款。
- 15. 「每日住院現金保障」不會連同「自願選擇入住及使用私家病房以下級別病房之食宿的每日住院現金保障」一同賠償。
- 16. 指定項目包括(i)起搏器;(ii)經皮冠狀動脈腔內成形術的支架;(iii)眼內人造晶體;(iv)人工心瓣;(v)金屬或人工關節置換;(vi)人工韌帶置換或植入;及(vii)人工椎間
- 17. 只適用於最終導致受保人住院或接受外科手術之入院前的門診診斷。保特保險不會支付任何中醫治療、脊椎治療、足病診治或物理治療的費用,不論受保人最終是否因 此診斷而需要住院或進行外科手術
- 18. 此保障的等候期是由保單日起計連續五(5)年。此保障只會終身支付一次。此項理賠將會取代保單其他的保障項目就住院和治療而作出的賠償。
- 19. 此保障的等候期為由保單日起計一(I)年。覆蓋的妊娠併發症包括異位妊娠、葡萄胎妊娠、彌散性血管內凝血病、先兆子癇、流產、先兆性流產、醫學處方人工流產、 胎兒死亡、產後出血需要子宮切除術、子癇、羊水栓塞和妊娠肺栓塞。
- 20. 此保障不包括中醫治療或足病診治,不論該診治是否與受保人出院後的門診治療有關。
- 21. 免現金住院服務為一項替受保人向指定香港私家醫院代付其於住院期間須付之醫療支出的行政安排,且需於入院前預先獲得批核。此服務並非保單內的保障範 圍及為一項非保證的服務,保特保險有權隨時撤銷或調整此項服務的內容而無需另行通知,並保留絕對決定權。如該保單附有每年自付費;或其餘額,保單持有人 須於入院時向該醫院繳付該餘額。如保特保險已代付的醫療費用高於保障的上限時,保特保險將向保單持有人收取該差額。有關入院前預先批核的詳情,請參閱 該用戶指南和智釆醫療 - 免現金住院服務申請表。
- 22. 此保障一經理賠,該住院和治療的開支將不會就該保單條款下的其他保障項目獲得理賠。

Footnotes:

- 1. Lifetime Limit refers to the maximum aggregate amount of benefits payable under all insurance policies and supplemental benefits (if any) issued by bolttech Insurance covering the insured during his / her lifetime, regardless whether the insurance policies are still in force.
- 2. Only applicable to policies with Annual Deductible⁵ and subject to the Annual Limit and Lifetime Limit¹, bolttech Insurance shall not waive the payment of any balance of Annual Deductible⁵ if the confinement is related to designated crises whose symptoms appear or relevant diagnosis or surgery occurs within the first ninety (90) days from the policy date. Please refer to the schedule of benefit of this brochure, policy provisions, and policy schedule for the details and the document "Definition of Designated Crises" for the definition of "Designated Crises".
- 3. Only applicable to Advance Plan and Prestige Plan and subject to the respective limits. This benefit is payable when the insured is aged eighteen (18) or above, has been continuously covered for two (2) years from the policy date ("Initial Period) and the date of health screening received is after the Initial Period. This benefit is payable once every two (2) years after the Initial Period. Unused benefit cannot be carried forward to the next policy year. Please refer to schedule of benefit of this brochure and policy provisions for details.
- occupancy room with adjoining bathroom for the insured's use during his/her confinement, but excluding any room of upper class with its own kitchen, dining or sitting rooms in a hospital. If the insured is confined in a hospital which offers multiple classes of Private Rooms, the Private Room shall refer to the lowest priced Private Room offered by the hospital. Semi-Private Room shall mean a twin or double occupancy room in a hospital with two (2) patient beds (not including companion bed) and one (1) adjoining bathroom. Ward shall mean a multi-bed room in a hospital with more than two (2) patient beds (not including companion bed).
- reimbursable sum as shown in the policy schedule.
- 6. Source: Information from Hong Kong Cancer Registry, Hospital Authority as of 2015.
- 7. When the benefit is payable under Organ and Bone Marrow Transplantation, Chemotherapy, Radiotherapy, immunotherapy, target therapy, proton therapy, cancer hormonal therapy and Kidney Dialysis, bolttech Insurance shall increase the Annual Limit for that policy year. This benefit is only available once per policy year. The amount of Lifetime Limit' shall remain unchanged. Please refer to policy provisions for details.
- limited to Termination Provisions, benefits, and premium rates at the time of renewal. Renewal premiums are not guaranteed and the premiums for each renewal are determined based on the age and the premium table applicable upon renewal. Premium table is subject to change based on factors including but not limited to the inflation of related medical expense, bolttech Insurance's medical claim experience and persistency of policies from time to time. bolttech Insurance reserves the right to revise the benefits payable, terms and conditions and premiums at any time.
- 9. The application should be made within thirty-one (31) days immediately before or after the relevant policy anniversary and subject to the Annual Deductible⁵ options available at that time and such terms and conditions as determined by bolttech Insurance from time to time. This right can only be exercised once per lifetime of the insured and is irrevocable.
- to act on the part of International SOS. bolttech Insurance may revise the details of the services from time to time without prior notice. International SOS services are available to bolttech Insurance's insured when travelling outside the home country or country of residence for periods not exceeding ninety (90) consecutive days per trip.
- 11. bolttech Insurance shall cover the Reasonable and Customary medical expenses incurred by the insured in the following countries and territories in Asia, which includes Bangladesh, Bhutan, Brunei, Cambodia, Hong Kong, India, Indonesia, Japan, Kazakhstan, Kyrgyzstan, Laos, Macau, Mainland China, Malaysia, Maldives, Mongolia, Nepal, Pakistan, Philippines, Singapore, South Korea, Sri Lanka, Taiwan, Tajikistan, Thailand, Timor-Leste, Turkmenistan, Uzbekistan and Vietnam
- 12. bolttech Insurance shall cover the Reasonable and Customary medical expenses incurred by the insured anywhere in the world excluding the United States of America
- 13. Only applicable after the insured's surgery or discharged from Intensive Care Unit while the insured is still confined in hospital
- 14. Miscellaneous Hospital Services Benefit covers drugs and medicines, dressing, ordinary splints and plaster casts, physiotherapy, x-ray examinations and local ambulance service, etc. Emergency Dental Treatment Benefit covers consultation, staunch bleeding, tooth extraction and x-ray. For further details, please refer to the policy provisions for the details of the items which the benefits are payable.
- 15. Daily Hospital Cash Benefit will not be paid in conjunction with "Daily Hospital Cash for Voluntary Room and Board Stay below Private Room".
- 16. Specified Items include(i) Pace maker; (ii) Stents for Percutaneous Transluminal Coronary Angioplasty; (iii) Intraocular lens; (iv) Artificial cardiac valve; (v) Metallic or artificial joints for joint replacement; (vi) Prosthetic ligaments for replacement or implantation between bones; and (vit) Prosthetic intervertebral disc
- 17. Only applicable to the pre-admission outpatient consultations result in the insured's confinement or clinical surgery. This benefit shall not be payable for any Chinese medicine treatment, chiropractic consultation, podiatry consultation or physiotherapy, regardless whether such consultation results in the insured's confinement or clinical surgery.
- 18. The waiting period of this benefit is five (5) consecutive years from the policy date. This benefit is only payable once per lifetime of the insured. Payment of this benefit shall be in lieu of all benefits provided by the policy in respect of such confinement and treatment.
- 19. The waiting period of this benefit is one (1) year from the policy date. The covered pregnancy complications are ectopic pregnancy, molar pregnancy, disseminated intravascular coagulopathy, pre-eclampsia, miscarriage, threatened abortion, medically prescribed induced abortion, foetal death, postpartum hemorrhage requiring hysterectomy, eclampsia, amniotic fluid embolism and pulmonary embolism of pregnancy.
- 20. This benefit excludes Chinese medicine treatment or podiatry consultation, regardless whether such consultation relates to the follow-up out-patient consultations of the insured
- 21. Cashless Inpatient Facility is an administrative arrangement to pay the covered expenses during confinement on behalf of the insured to the designated private hospitals in Hong Kong, pre-admission approval is required. It is not a benefit item under the policy and not a guaranteed arrangement. bolttech Insurance reserves the rights to terminate or vary the service in its sole discretion without further notice. If there is Annual Deductible or its balance of eligible plan, policyholders are required to pay such balance when being admitted to hospital. If the medical cost paid by bolttech insurance is higher than the maximum limit of benefits, bolttech Insurance would seek reimbursement from policyholders for such balance. Please refer to its user guide and "TheChoice Medical - Cashless Inpatient Facility Application Form" for the details of pre-admission approval.
- 22. Once this benefit is paid, no other benefit will be payable in respect of such confinement and treatment under the policy.

4. Deluxe Room shall mean a standard single occupancy room of the class higher than Private Room in a hospital. Private Room shall mean a standard single

5. Annual Deductible shall mean the part of eligible expenses which shall be borne by the policyholder or the insured and which has to be deducted from the

8. Guaranteed yearly renewal is subject to the continual availability of the Plan offered by bolttech Insurance, terms and conditions applicable including but not

10. The service is provided by International SOS Assistance (HK) Limited (*International SOS"). bolttech Insurance shall not be responsible for any act or failure

重要事項及說明:

- 您必須提供所有可能影響保特保險保險有限公司作為承保人而接受承保及評估之重要事實。如未能確定該項事實是否重要。應將該等事實填報。我們建議您將 i. 有關的資料(包括申請表副本)作記錄,以備日後作參考之用。為確保你的利益,你應如實呈報所有有關資料,同時確保我們知悉有關資料,否則此保單將可能無 法提供你所需的保障,甚至可能遵致此保留無效。
- 所有核保及理賠決定均取決於保特保險,保特保險將根據申請人及受保人於投保時所提供的資料而決定接受或拒絕有關申請,保特保險保留接納或拒絕任何申請的權 ii 利、並無須給予任何理由。申請經正式接納及在保費繳付後、本公司承保之責任才開始生效。
- iii. 以上全部保障及款項將於扣除未清繳之保費或任何應付予保特保險之款項(如有)後支付。
- iv. 保單持有人可向保特保險作出書面申請取消保單。如在相關保障期內沒有作出任何賠償·保特保險將退還一定比例的年度保費(扣除行政費用後)。如以月繳形式 繳付保費,則不會退還任何已繳的保費,同時保單持有人將需要支付相關行政費用。詳情請參閱保單條款。
- v. 本計劃之保單條款受香港特別行政區的法律所規管。
- vi 本單張只供參考及旨在解釋本計劃的主要特點,有關條款細則的詳細資料及所有不承保事項,請參問本計劃的保單條款。如本單張及保單條款內容於陳述上出現任何 达異,應以保單條約如原義為準。如欲在投保前參閱保單條約的條款及細則,您可向保持保險素取圖本。本單張中英對照,如有任何达異,概以英文原義為準。
- vii. 若於中國內地接受醫療治療,於入院時有關醫院必須是中華人民共和國國家衛生健康委員會評定為三級甲等的醫院。

不承保事項

主要不承保項目(適用於除牙科保障外的所有保障):

除非於保單條款或保單資料頁另有註明外,以下情況將不受保特保險保障:

受保前已存在的疾病/先天性疾病、於保單日起計三十(30)日內出現的病症或疾病、任何主要為物理治療或就醫療檢查的住院、愛滋病或受人類免疫力缺乏病毒感染 的任何相關的併發症、睡眠疾病(睡眠窒息症除外)、兒童發展問題、持續性植物人狀態、性傳播疾病、妊娠或終止妊娠、以美容為目的之治療或外科整形手術、酗酒或濫 用藥物、牙科治療或手術(由意外引起除外)、衍牛於尋找或獲得替代器官或從揭贈者身上移除器官及一切相關運輸及行政上的器官移植服務費用、預防性治療、治療 過度肥胖或控制體重計劃或縮胃手術、實驗性質的或非主流的治療、戰爭、非法活動、蓄意自我毀傷、專業或危險性運動、採購或使用醫療裝置及器具/身體檢查/接種 及疫苗注射/精神病(除非該等項目已於本計劃明確列明的除外)。

牙科保障之不承保項目:

蓄意自我毀傷、以美容為目的之治療(包括但不限於牙齒矯形及漂白)、由酗酒/濫用藥物所引致的疾病或傷害、戰爭或非法活動、口腔衛生指導、牙菌斑控制或飲食指導。

本小冊子並未包含所有保單條款。保單條款可於保單文件中查看。

Important Notes and Declarations:

- I. You are required to disclose all material facts which you know bolttech insurance as an insurer would regard them as likely to influence the acceptance and assessment of the application. If you are unsure whether an information is considered as a material fact, you should disclose them. We recommend you to keep a record (including a copy of the completed application form) for your future reference of all information given. Providing correct answers and making sure we are informed is for your own protection, as failure to disclose such information may mean that your policy will not provide you with the cover you require and may even cause the invalidation of the policy.
- insured in the insurance application, bolttech Insurance reserves the right to accept or decline any application and can decline your application without giving any reason. The liability of bolttech Insurance does not commence until the application has been formally accepted and the premium has been paid.
- III. All the above benefits and payment are paid after deducting unpaid premiums or any amount due to bolttech Insurance under the policy
- during the relevant policy period, bolttech Insurance will refund a proportionate amount of annual premium paid less an administration charge. If premium is paid by monthly installment, no premium will be refunded and an administration charge will be payable by the policyholder. Please refer to the policy provisions for details.
- V. The policy provisions of the Plan are governed by the laws of the Hong Kong Special Administrative Region.
- Plan, please refer to the policy provisions of the Plan. In the event of any ambiguity or inconsistency between the terms of this plan material and the policy provisions, the policy provisions shall prevail. If you want to read the terms and conditions of the policy provisions before making an application, you can obtain a copy from bolttech Insurance. In the event of discrepancies between the English and Chinese versions of this plan material, the English version shall prevail.
- VII. In case of medical treatment in Mainland China, the subject hospital must be a Grade 3A hospital recognized by the National Health Commission of the People's Republic of China at the time of admission.

Exclusions:

Major Exclusions (applicable to all benefits except Dental benefits):

Unless otherwise specified in the policy provisions or policy schedule, bolttech Insurance shall not be liable to pay any benefits under the policy in the following circumstances:

Pre-existing condition / congenital conditions, illnesses or diseases occurs during the first thirty (30) days from the policy date, any confinement primarily for physiotherapy or medical investigation, AIDS or any complications associated with HIV infection, sleep disorder (except sleep apnoea), child development problems, persistent vegetative state, sexually transmitted diseases, pregnancy/termination of pregnancy, cosmetic treatments or plastic surgery, alcoholism/ drug abuse, dental treatment or surgery (except for arising from accident), organ transplant services fee incurred in identifying, procuring a replacement organ or removal of the organ from the donor and all associated transportation and administration, preventive treatments, treatment of obesity or weight control programs or bariatric surgery, experimental or unconventional treatment, war, illegal activities, self-inflicted injuries, professional or hazardous sports, procurement or use of medical appliances and devices / physical examinations / vaccination and immunisation / mental disorder (unless such items explicitly covered by this Plan).

Dental Exclusions

Self-inflicted injuries, cosmetic treatment (including but not limited to orthodontic treatment and bleaching), conditions or injury arising out of alcoholism / drug abuse, war or illegal activities, oral hygiene instructions, plaque control program and dietary instructions.

The product information does not contain the full terms of the policy and the full terms can be found in the policy document.

II. All underwriting and claims decisions are made by bolttech Insurance. bolttech Insurance relies upon the information provided by the applicant and the

IV. The policyholder may cancel the policy by sending a written request to bolttech Insurance. If no claims have been paid or will be payable under the policy

VI. This plan material is for reference only and indicates the key features of the Plan. For the exact terms and conditions and the full list of exclusions of the

TheChoice Medical Insurance 智采醫療計劃

Basic Hospitalisation Benefits (HK\$) Annual Premium Table 基本住院保障(港元)年繳保費表

Annual Deductible 每年自付費		NIL			25,000			50,000			80,000	
Age at last birthday	Standard	Advance	Prestige	Standard	Advance	Prestige	Standard	Advance	Prestige	Standard	Advance	Prestige
年齢	標準	優選	尊尚	標準	優選	尊尚	標準	優選	尊尚	標準	優選	尊尚
0*	6,719	10,282	15,490	3,092	5,139	9,916 9,916	2,149	3,452 3,452	5,135	1,615	2,917	4,211
2	6,719	10,282	15,490	3,092	5,139	9,916	2,149	3,452	5,135	1,615	2,917	4,211
3	6,719 6,719	10,282	15,490	3,092	5,139	9,916	2,149	3,452	5,135	1,615	2,917	4,211
5	6,719	10,282	15,490	3,092 3,092	5,139	9,916 9,916	2,149	3,452 3,452	5,135	1,615	2,917	4,211
6	6,719	10,282	15,490	3,092	5,139	9,916	2,149	3,452	5,135	1,615	2,917	4,211
7 8	6,719	10,282	15,490	3,092	5,139	9,916 9,916	2,149	3,452 3,452	5,135	1,615	2,917 2,917	4,211
9	6,719	10,282	15,490	3,092	5,139	9,916	2,149	3,452	5,135	1,615	2,917	4,211
10	6,719 6,719	10,282	15,490	3,225 3,225	5,347 5,347	10,226	2,149	3,452 3,452	5,135	1,985	2,917 2,917	4,211
12	6,719	10,282	15,490	3,225	5,347	10,226	2,149	3,452	5,135	1,985	2,917	4,211
13	6,719	10,282	15,490	3,225	5,347	10,226	2,149	3,452	5,135	1,985	2,917	4,211
14	6,719	10,282	15,490	3,225	5,347 5,347	10,226	2,149	3,452 3,452	5,135	1,985	2,917	4,211
16	6,719	10,282	15,490	3,225	5,347	10,226	2,149	3,452	5,135	1,985	2,917	4,211
17	6,719	10,282	18,626	3,225	5,347	12,296	2,149	3,452	6,337	1,985	2,917	5,434
18	6,121	9,362 9,442	18,268	2,940	4,869	12,058	2,475	3,976 4,049	7,879 7,885	1,808	3,425 3,475	6,731
20	6,431	9,837	18,602	3,590	5,904	12,651	2,651	4,258	8,068	2,165	3,640	6,857
21	6,692 6,836	10,238	18,965	3,733 3,815	6,145	12,897	2,785	4,474 4,613	8,244 8,324	2,256 2,303	3,810 3,916	6,989 7,038
23	6,982	10,681	19,232	3,896	6,408	13,080	2,930	4,707	8,393	2,353	3,985	7,088
24	7,088	10,846	19,285	3,953	6,508	13,117	2,938	4,721	8,425	2,387	3,989	7,108
25 26	7,486 7,518	11,013	19,347 19,413	4,176 4,196	6,607 6,637	13,157 13,203	2,947 2,959	4,737 4,755	8,459 8,496	2,522 2,531	3,996 4,004	7,131
27	7,548	11,104	19,472	4,211	6,662	13,242	2,970	4,770	8,528	2,542	4,016	7,174
28 29	7,582 7,649	11,152	19,536	4,230 4,269	6,692 6,754	13,288 13,372	2,982 3,009	4,793 4,837	8,562 8,620	2,554 2,577	4,031 4,061	7,200 7,247
30	8,112	11,255	20,512	4,269	7,163	13,372	3,009	5,126	8,620	2,577	4,061	7,559
31	8,149	11,989	20,748	4,545	7,194	14,110	3,237	5,206	9,098	2,732	4,374	7,645
32	8,271 8,321	12,168	21,157 21,439	4,616	7,302 7,345	14,390 14,580	3,290 3,347	5,288 5,381	9,276 9,399	2,773 2,789	4,444 4,524	7,796
34	8,347	12,280	21,681	4,658	7,368	14,745	3,397	5,462	9,504	2,800	4,595	7,988
35 36	8,420 8,452	12,388	22,031	4,698 4,714	7,433 7,460	14,984	3,468	5,576 5,605	9,655 9,778	2,823 2,835	4,710 4,737	8,116
38	8,612	12,453	22,311	4,803	7,480	15,537	3,556	5,716	10,009	2,888	4,737	8,420
38	8,789	12,929	23,439	4,905	7,760	15,938	3,636	5,841	10,263	2,947	4,955	8,637
39 40	9,211 9,721	13,551	24,324 25,391	5,138	8,132 8,582	16,543	3,771 3,937	6,059 6,326	10,652	3,089 3,283	5,149 5,387	8,963 9,356
41	10,209	15,020	26,422	5,696	9,013	17,967	4,088	6,568	11,561	3,448	5,601	9,735
42 43	10,704	15,744	27,474 28,639	5,971 6,276	9,447 9,932	18,684	4,236	6,811 7,078	12,019	3,613 3,798	5,814 6,056	10,124
44	11,831	17,408	29,880	6,600	10,444	20,320	4,632	7,447	13,064	3,995	6,384	11,009
45	12,716	18,704	31,736	7,093	11,224	21,582	4,977	7,997	13,871	4,292	6,854	11,696
46 47	13,372	19,671 20,686	33,152 34,640	7,457	11,802	22,545 23,556	5,235	8,413 8,845	14,488	4,513	7,217 7,599	12,216
47 48	14,808	20,686	34,640	8,261	12,412	23,556	5,800	9,320	15,138	4,744	8,011	12,763
49	14,989	22,928	37,942	8,361	13,757	25,801	6,105	9,810	16,575	5,057	8,440	13,981
50	16,008	24,493 26,035	40,222 42,479	8,995 9,559	14,696	27,352 28,887	6,521 6,930	10,483	17,570	5,658	9,022 9,592	14,822
52	18,160	27,783	45,040	10,201	16,671	30,627	7,397	11,887	19,674	6,415	10,241	16,594
53 54	19,301 20,459	29,530 31,304	47,612 50,235	10,842	17,719 18,784	32,378 34,159	7,861 8,336	12,636	20,801 21,948	6,822 7,229	10,889	17,542
55	21,668	33,152	52,969	12,173	19,892	36,021	8,816	13,377	23,151	7,657	12,185	19,516
56	22,816	34,907	55,589	12,820	20,947	37,801	9,287	14,923	24,305	8,062	12,826	20,478
57 58	24,015 25,259	36,740 38,645	58,325 61,170	13,492	22,047 23,188	39,663 41,595	9,774	15,705	25,510 26,768	8,487 8,925	13,499	21,491 22,536
59	26,550	40,623	64,126	14,916	24,374	43,606	10,820	17,389	28,079	9,383	14,961	23,626
60	27,886 29,273	42,667 44,788	67,195 70,394	15,892	26,455 27,771	47,035 49,276	11,366	18,266	29,437 30,860	9,806 10,292	15,692	24,756 25,938
61	30,627	44,788	70,394 73,509	17,456	29,056	51,458	11,934	20,087	30,860	10,292	16,470	25,938
63	32,177	49,233	77,089	18,338	30,526	53,965	13,141	21,118	33,849	11,313	18,121	28,403
64	33,843 35,597	51,782	80,955 85,023	19,285	32,104 33,766	56,670 59,517	13,829	22,228 23,406	35,579 37,402	11,900	19,059 20,073	29,824 31,327
66	37,507	57,383	89,467	21,375	35,579	62,628	15,359	24,682	39,401	13,188	21,146	32,963
67 68	39,571 41,837	60,543 64.012	94,293 99,604	22,550 23,841	37,537 39,687	66,006 69,725	16,215	26,056 27,576	41,579 43,972	13,914 14,710	22,282 23,548	34,738 36,697
69	44,127	67,516	104,977	25,146	41,862	73,486	18,117	29,115	46,408	15,516	24,824	38,678
70^	46,441	71,056	110,418	26,985	44,057	77,293	19,089	30,680	48,881	16,172	26,117	40,682
71^ 72^	48,750 51,234	74,588 78,388	115,849	28,324 29,768	46,246 48,603	81,097 85,201	20,066 21,153	32,246 33,994	51,291 53,891	16,975	27,401 28,917	42,684 44,843
73^	53,490	81,840	127,031	31,078	50,741	88,923	22,125	35,559	56,248	18,626	30,205	46,803
74^ 75^	55,827 58,466	85,416 89,451	132,554	32,438 33,970	52,959 55,461	92,790 97,165	23,142 24,316	37,194 39,081	58,697 61,472	19,443 20,359	31,541 33,144	48,838 51,139
76^	61,268	93,740	145,461	35,600	58,120	101,824	25,551	41,068	64,427	21,335	34,756	53,591
77^ 78^	63,805 66,162	97,624 101,227	151,478	37,072 38,441	60,527 62,763	106,036	26,613 27,594	42,767 44,345	67,100 69,590	22,220 23,040	36,233 37,571	55,808 57,869
79^	66,162	101,227	157,064	38,441 39,624	62,763	109,945	27,594 28,439	44,345 45,708	71,726	23,040	37,571 38,737	57,869
80^	71,904	110,014	170,726	41,780	68,209	119,511	29,989	48,195	75,674	25,040	40,851	62,901
81^	76,193 78,932	116,574	180,997	44,269 45,862	72,276 74,879	126,699	31,778 32,921	51,066 52,908	80,253 83,172	26,533 27,487	43,376 45,143	66,685 69,085
83^	82,215	125,789	195,325	47,770	77,990	136,729	34,287	55,106	86,678	28,628	47,193	71,963
84^	84,619	129,470	200,969	49,167	80,274	140,681	35,293	56,720	89,240	29,466	48,847	74,041
85^ 86^	88,152 90,295	134,873	209,315 214,157	51,219 52,464	83,623 85,653	146,522 149,912	36,766 37,658	59,087 60,525	93,031 95,311	30,698 31,443	51,293 53,071	77,117 78,899
87^	92,557	141,611	219,077	53,779	87,800	153,353	38,603	62,039	97,722	32,233	54,923	80,712
88^ 89^	93,783 96,070	143,490 146,988	220,942 223,325	54,491 55,817	88,964 91,133	154,661	39,116 40,068	62,864 64,394	99,004 101,436	32,658 33,453	56,252 57,484	81,401 82,277
90^	96,070	146,988	223,325	56,832	91,133 94,284	161,328	40,068	65,564	101,436	33,453	58,447	82,277 83,715
91^	99,633	152,438	231,263	57,889	96,038	164,199	41,553	66,782	105,195	38,857	59,441	85,204
92^ 93^	101,652	155,529	235,787 240,550	59,063 60,300	97,984	167,409	42,395 43,284	68,135 69,564	107,330	39,644 40,476	60,550 61,717	86,870 88,623
94^	106,144	162,398	245,854	61,671	102,311	174,559	44,269	71,146	112,085	41,396	63,014	90,578
95^ 96^	108,720	166,342 170,543	251,671 257,859	63,168 64,764	104,799 107,444	178,687	45,342 46,489	72,876 74,712	114,827 117,747	42,404 43,471	64,427 65,931	92,722 95.000
96^ 97^	111,465	170,543	265,896	64,764	107,444	183,082	46,489 47,957	74,712	117,747	43,471 44,846	65,931 67,875	95,000
	117,010	179,028	270,270	67,985	112,787	191,893	48,798	78,427	123,624	45,637	68,923	99,573

Insurance levy is not included in the above premium 以上保費並未包括保費徵費

TheChoice Medical Insurance 智采醫療計劃 Classified as C2 - General Business

TheChoice Medical Insurance 智采醫療計劃

Age at last birthday	Standard	Advance	Prestige	Age at last birthday	Standard	Advance	Prestige
年齢	標準	優選	尊尚	年齢	標準	優選	尊尚
0*	11,219	14,406	24,153	50	16,651	21,200	38,865
I	11,219	14,406	23,759	51	17,013	21,661	40,946
2	11,219	14,406	23,201	52	17,303	22,028	43,069
3	11,219	14,406	22,812	53	17,593	22,394	45,261
4	11,219	14,406	22,588	54	17,881	22,762	47,394
5	11,219	14,406	21,103	55	18,170	23,131	49,887
6	11,219	14,406	19,792	56	18,475	23,521	52,226
7	11,219	14,406	18,691	57	18,766	23,890	54,698
8	11,219	14,406	18,288	58	19,015	24,210	57,258
9	11,219	14,406	18,102	59	19,236	22,623	60,290
10	11,219	14,406	18,102	60	20,034	22,897	63,604
II	11,219	14,406	18,102	61	20,492	23,171	66,906
12	11,219	14,406	18,102	62	20,956	23,428	70,326
13	11,219	14,406	18,102	63	21,431	23,879	73,877
13	11,219	14,406	18,102	64	21,916	24,416	77,890
15	11,219	14,406	18,102	65	23,053	25,865	89,134
16	11,219	14,406	18,629	66	23,570	26,348	93,793
17	11,219	14,406	19,071	67	24,098	26,938	98,608
18	9,122	11,710	17,545	68	24,635	27,543	103,572
10	9,216	11,831	17,435	69	25,184	28,156	109,242
20	9,358	12,012	18,071	70^	26,484	29,711	115,329
20	9,491	12,185	18,463	71^	27,068	30,370	120,033
21	9,566	12,185	18,557	72^	27,664	31,041	
22	9,646	12,285	18,654	72*	28,270	31,041	124,737 129,434
23	9,820	12,585	18,654	74^	28,270	31,726	129,434
24				75^			
25	10,129	13,006	18,768	75^	30,370	32,754	139,782
	10,423	13,381	18,787		31,031	33,462	144,951
27	10,714	13,755	18,803	77^	31,699	34,187	150,131
28	11,027	14,155	18,820	78^ 79^	32,384	34,923	155,299
29	10,499	14,531	18,905		33,080	35,674	160,971
30	10,915	15,102	20,458	80^	34,768	37,507	166,645
31	11,331	15,678	20,643	81^	35,510	38,309	172,427
32	11,854	16,404	21,005	82^	36,262	39,126	178,259
33	12,033	16,651	21,180	83^	37,032	39,956	184,154
34	12,216	15,551	21,773	84^	37,815	40,801	190,654
35	12,394	15,780	22,802	85^	39,729	42,881	197,209
36	12,577	16,008	23,518	86^	40,563	43,783	203,842
37	12,758	16,239	24,246	87^	41,411	44,701	210,534
38	12,972	16,516	25,034	88^	42,271	45,638	217,305
39	13,208	16,813	25,732	89^	43,147	46,589	224,717
40	13,424	17,087	26,540	90^	45,325	48,940	232,212
41	13,605	17,319	27,107	91^	46,258	49,955	239,775
42	13,823	17,597	27,689	92^	47,208	50,991	247,429
43	14,056	17,893	28,357	93^	48,172	52,040	255,153
44	14,291	18,191	29,514	94^	49,155	53,106	263,579
45	14,508	18,467	30,795	95^	51,623	55,770	272,083
46	14,760	18,788	31,949	96^	52,665	56,908	280,685
47	15,031	19,134	33,176	97^	53,729	58,068	289,385
48	15,355	19,545	34,501	98^	54,807	59,249	298,162
49	15,679	19,960	36,690	99^	55,906	60,448	301,518

* "0" means I5 days of age 「0」歲指出生滿15天 ^ Premium of 70 years old or above is for renewal only 70歲或以上之保費只適用於續保之用 Insurance levy is not included in the above premium 以上保費並未包括保費徵費

Supplementary Dental Benefits (HK\$) Annual Premium Table 附加牙科保障(港元)年繳保費表

For All Age	Standard 標準	Advance 優選	Prestige 尊尚
所有年齡	2,113	3,686	5,770

Insurance levy is not included in the above premium 以上保費並未包括保費徵費

Insurance Levy Rate Table 保費徵費表

Date of Policy Inception 保單起保日	Rate 徵費率	Cap (HK\$) 徵費上限(港元)	Date of Policy Inception 保單起保日	Rate 徵費率	Cap (HK\$) 徵費上限(港元)
From I Jan 2018 till 31 Mar 2019 由2018年1月1日至2019年3月31日	0.040%	\$2,000	From I Apr 2020 till 31 Mar 2021 由2020年4月1日至2021年3月31日	0.085%	\$4,250
From I Apr 2019 till 3 I Mar 2020 由2019年4月1日至2020年3月31日	0.060%	\$3,000	From I Apr 2021 onwards 由2021年4月1日之後	0.100%	\$5,000

Levy collected by the Insurance Authority has been imposed on relevant policy at the applicable rate. The payment received for such levy will be remitted to the Insurance Authority under the prescribed arrangement. For further information, please visit bolttechinsurance.hk or contact: (852) 2603 9435. 保險業監管局已按規定的徵費率向相關的保單徵收保費徵費,已收取的徵費付款會按規定轉付予保險業監管局,詳情請瀏覽bolttechinsurance.hk或聯絡(852) 2603 9435。

TheChoice Medical Insurance Application Form

智采醫療保險計劃申請表

 One application form for <u>one pers</u> Person to be insured must be appl Please tick as appropriated 請選擇 	icant himself or his spouse or			For Company Use only: 公司專用 Effective Date: (DD/MM/YYYY) 生效日期(日/月/年) / / /
Personal Details of Applicant (App 申請人個人資料(申請人年龄必須為		nolder and age 18 or ab	ove)	
Name in English (same as HKID Car 英文姓名(與香港身份證相同)		Given 1	Name 名	Name in Chinese 中文姓名
HKID Card No. 香港身份證號碼	()	Sex □ Male 性別 男	e □ Female 女
Date of Birth (DD/MM/YYYY) 出生日期(日/月/年)	Occupation (Applicable to / 職業(適用於同時為受保人的		e person to be insured)	Nationality (Optional) 國籍(非必要填寫)
Contact Details of Applicant 申請 Address 地址* (Please complete in)				
				dr.
Flat 單位 Building / Mansion / House / Estate 大廈/閣/樓/屋苑	Room 室	Floor 層數	Block /	¥
Street / Road 街/道				
District 地區		🗆 HK Island	香港島 □ Kowloon 九	龍 □ N.T. 新界
Contact No. 聯絡電話		Mobile No. 流動電話號碼		Email Address [#] 電郵地址 [*]
Details of Person to be insured 受作	呆人資料			
Please tick one only 請只選擇一項	 Myself (Details as above 本人(資料與以上相同) 	配偶	□ Child 子女	
Please provide average stay of the If the average stay is less than nine 如受保人之每年平均居港時間少於94	months, please provide the	e place of residence ou		months 月
Name in English (same as HKID Car 英文姓名(與香港身份證相同)			Name 名	Name in Chinese 中文姓名
HKID Card No. 香港身份證號碼	()	Sex □ Male 性別 男	e □ Female 女
Date of Birth (DD/MM/YYYY) 出生日期(日/月/年)	Occupation 職業	,		Nationality (Optional) 國籍(非必要填寫)
Choice of Cover 投保項目				
Core Bene 主要保障			utpatient Benefit 門診保障	Optional Outpatient and Dental Benefits 自選門診及牙科保障
Plan level 計劃級別	Annual Deductible option 每年自付費	Note:	Must be the same as the le 附註:計劃級別必须	vel of the Hospitalization Benefit 頁與住院保障相同
 □ Standard (Ward) 標準(大房) □ Advance (Semi-Private Room) 優選(半私家房) □ Prestige (Private Room) 尊尚(私家房) 	 □ HK\$0 □ HK\$25,000 □ HK\$50,000 □ HK\$80,000 			
Grand Total Annual Premium (exc 每年總保費(不包括保費徵費)	luding Insurance levy)	1		HK\$ 港幣

* P.O. Box, hotel address and overseas address are not acceptable. 不接受信箱、酒店地址和海外地址。 # Please provide email address to enjoy bolttech Insurance eServices app and receive medical claim statement by email.

請提供電郵地址以享用保特保險eServices應用程式及透過電子郵件收取醫療索償理賠表。

	alth Declaration (To be con 康聲明(由受保人填寫,若受係				the person	to be insur	ed is und	er the age of 18,	it can be comp	pleted by the a	pplicant)
١.	您的身高及體重 Your Height and Weight		Height: 身高:	m: 米:	cm: 厘米 :	fc 尺:	in: 寸:	Weight: 體重:	Kg: 公斤:	lb: 磅 :	
2.	Have you ever had or beer 您有否曾患上或獲悉患上下	-	f the follow	ring:						Yes 有	No 否
	i. Diseases of the Heart 心臟病										
	ii. Cancer or tumor 癌症或腫瘤										
	 iii. Diabetes or high blood 糖尿病或高血糖 	l sugar									
	iv. Hepatitis B or C 乙型肝炎或丙型肝炎										
	v. Kidney Failure 腎功能衰竭										
	vi. Stroke 中風										
3.	In the last 5 years have you 在過去的5年裡,您有否曾說				ated for any	of the fol	lowing:			Yes 有	No 否
	 Carcinoma insitu, abno 原位癌, 異常生長或息 	o 1	yps								
	 Asthma, tuberculosis, 哮喘,肺結核,肺炎或, 		onic obstruct	tive lung	disease						
	iii. Stomach ulcer or pand 胃潰瘍或胰腺炎或胃炎	-									
	iv. High blood pressure o 高血壓或高膽固醇	r high cholesterol									
	v. Abnormal liver function 肝功能異常	n									
	vi. Nephritis or abnormal endometriosis 腎炎或腎功能異常、前			-				c ovarian syndro	me or		
	vii. Any injury or disorder disability 任何眼睛的受傷或病症		-			,		es, joints or spine	or physical		
	viii. HIV infection or positiv 愛滋病感染或愛滋病核										
	ix. Depression, mental dis 抑鬱症 · 精神病或智力		l disability								
4.	For any conditions other t 在過去3年中,除上述病狀外		he last 3 ye	ars, have	e you:					Yes 有	No 否
	 had ongoing follow-up 與醫生或專科醫生持續 				period of 6	months or	more?				
	ii. received medication c 服用禁物或接受治療,				tinuous peri	od of 2 we	eks or mo	pre?			
	 iii. had a surgical procedu report(s)) 進行手術或持縝住院超 				us period of	6 days or	more? (lf	yes, please provi	de relevant		
	iv. had an abnormal result colonoscopy or other 在血液測試、活組織檢 結果?(如有,請提交;	• investigation? (If y 查、心電圖、影像學	es, please pi	rovide re	elevant repo	ort(s))					

	Health Declaration (To be completed by the person to be insured, if the person to be insured is under the age of 18, it can be completed by the applicant) 健康聲明(由受保人填寫,若受保人爲18歲以下.則可由申請人填寫)					
5.	Family Health History 親屬健康狀況	Yes 有	No 沒有			
	Amongst your biological parents, brothers or sisters: 您的親生父母 · 兄弟或姐妹有沒有:					
	i. Two or whom have been diagnosed with breast or ovary cancer (for female person to be insured only), colon cancer or rectal cancer, heart disease or stroke before age 50 兩名或以上在50歲以前被診斷患有乳癌或卵巢癌(女性受保人適用)、結腸癌或直腸癌、心臟病或中風					
	ii. One of whom has been diagnosed with Alzheimer's disease, Polycystic Kidney Disease, Motor Neurone Disease, Parkinson [^] Disease or Muscular Dystrophy before age 60 在60歲以前被診斷患有阿爾茨海默症(認知障礙症)、多囊腎病、運動神經元病・帕金森症或肌肉營養不良症					
6.	(Applicable to female person to be insured only) 只適用於女性受保人	Yes 是	No 否			
	i. Are you pregnant now? 您現在是否懷有身孕?					
	ii. If Yes: do you have any complications such as high blood pressure, eclampsia or pre-eclampsia, gestational diabetes or risk of premature delivery (excluding reduced iron levels for which you are taking vitamin supplements)? 如是,您曾否患有任何併發症、如高血壓、子癇或子癇前症(妊娠毒血症)、妊娠糖尿病或早產風險(因鐵質水平下降而需要服用 維生素補充劑除外)?					

Name of condition 病症名稱	Date diagnosed 診斷日期 (DD/MM/YYYY)	What treatment did you have? Please include treatment period, type of treatment and the details (e.g. name of medication, procedure or surgery) 你曾接受何種治療?請註明接 受治療的時間·治療種類及其 詳情 (如藥物名稱、治療程序或 手術之名稱)	Are you Fully with no ongo treatment? 您是否已完当 正在進行治療	bing ≧康復及沒有	Date of full recovery (if applicable) 完全康復日期 (如適用) (DD/MM/YYYY)	If not fully covered, please advise stage of recovery, ongoing treatment, etc. 如未完全康復·請提供康復情程、正 在進行的治療等。
			Yes 是 口	No 否		
			Yes 是	No 否		
			Yes 是 口	No 否		

個人銀行戶口 (只限)			
Bank Name 銀行名稱			Branch Code 分行
Premium Payment M	lethod 繳付保費方	法	
Payment Mode 付款期數	□ Yearly 每年	□ Monthly 每月	
	97	Note: If pa	ayment mode is m 睪每月付款,月費
Payment Method 付款方法	□ Cheque 支票		□ Credit Card 信用卡 (請り
If the Cardholder is r	not the applicant, p	lease fill in the follow	ing information. 若
Relationship with the 與申請人關係: □ spouse 配偶	e applicant	Reason for paying 代申請人支付保費	•
口 parents 父母 口 children 子女			
,		um and insurance lev 改保費及保費徵費金額	
Credit Card Paymen	t Authorisation 信	「用卡付款授權	
□ Visa 卡			Master Car
Cardholder's Name 持卡人姓名			
Credit Card Account 信用卡戶口號碼	No.		
	n) until further no	nce (Hong Kong) Col tice. 公司從本人上述之信	
×			

the	An	plic	ant)
une	×μ	plica	ant)

Bank account no. 銀行帳

thly, the monthly premium is equal to annual premium times 0.09. 诊年費乘以 0.09.

ease complete the below "Credit Card Payment Authorization" section) 引以下「信用卡付款授權」部分)

用卡持有人並非申請人,請填寫以下資料。

nce levy on behalf of the applicant

plication.

事達卡

Credit Card Expiry Date (MM/YY) 信用卡到期日 (月 / 年)

rge my above credit card account for the premium and insurance levy (including

所應繳之保費及保費徵費(包括續保保費)·直至另行通知。

1/YYYY)

Declaration and Authorisation 聲明及授權



Personal Information Collection Statement ("PICS") 收集個人資料聲明

Please scan the following QR code for review of Bolttech Insurance (Hong Kong) Company Limited's (the "Company") PICS. You can also request a copy of the PICS by calling the Company's Customer Service Hotline at 2603 9435.

請掃描以下二維碼查看保特保險(香港)有限公司(「本公司」)的收集個人資料聲明。您亦可致電本公司的客戶服務熱線 2603 9435 索取收集個人資料聲明副本。





Important Notes

The Applicant (i.e. You are) is required to disclose all material facts which you know Bolttech Insurance (Hong Kong) Company Limited (the "Company") as an insurer would regard them as likely to influence the acceptance and assessment of this proposal. If you are in doubt whether certain facts are material you should disclose them. We recommend you to keep a record (including a copy of completed proposal) for your future reference of all information given. Providing correct answers and making sure we are informed is for your own protection, as failure to disclose such information may mean that your policy will not provide with the cover you require and may even invalidate the policy altogether.

重要事項

申請人(即你)必須提供所有可能影響保特保險(香港)有限公司(「本公司」)接受承保及評估之重要事實,如未能確定這項事實 是否具有實質性的關係,應將該等事實填報,我們建議你將有關的資料(包括此投保書副本作紀錄),以備日後作參考之用。為確保 你的利益,你應如實呈報所有有關資料,否則此保單將可能無法提供你所需的保障,甚至可能會導致此保單無效。

Product Suitability Assessment Form

產品合適性評估表

Please provide the personal information in this Suitability Assessment Form in order for us to analyse your medical, financial, and coverage needs to make suitable medical coverage recommendations for you. By providing the information below, you understand and agree that the information provided in this form will be handled in accordance with the Personal Information Collection Statement ("PICS") of Bolttech Insurance (Hong Kong) Company Limited.

請根據此產品合適性評估表提供個人資料以助我們分析您在醫療、財務及保障上的需要,以便提供合適的醫療保障建議。客戶在 填寫此分析表時,即表示您明白及同意有關責料將根據保特保險(香港)有限公司之個人責料收集聲明予以處理。

Applicant's name: 申請人姓名:	Proposed insured's name: 準受保人姓名:	Proposed Insured's Age: 準受保人年齡:	Proposed insured's Sex: 準受保人性別:	Proposed insured's relationship to applicant: 準受保人與申請人 關係:

	b 1:Customer's medical insurance needs and objectives: 步:客戶醫療保險需求及目標:
- 第一	
1)	Are you able to to pay medical insurance premium every year to enjoy the benefits and services as stated in the medical insurance policy for future illnesses or injuries? 您確定每年都能支付醫療保險保費,以享用醫療保險保單中所指定的保障項目和服務來保障未來可能出現之疾病或傷患嗎? □ a) Yes 確定 □ b) No 不確定
2)	What is your annual budget for medical insurance protection? 您的每年醫療保障費用預算為?
	HK\$ 港幣
3)	Do you have any existing personal medical insurance(s)? 您有現有的個人醫療保險嗎?
	□ a) Yes 有 (If yes, please indicate no. of in-force policy) 如有.請寫出生效之保單數目:
	i) Medical expense reimbursement insurance 醫療費用實報實銷保險
	ii) Daily cash for hospitalization insurance 每日住院現金保險
	iii) Critical illness insurance 危疾保險
	iv) Personal accident insurance 個人意外保險
	□ b) No沒有
4)	 Why do you want to purchase a new medical insurance ? 您為什麼想購買一份新的醫療保險 ? □ a) For insurance protection of the increasing medical treatment costs 為日益增加的醫療費用提供保險保障 □ b) For income protection during sickness 用於疾病期間的收入保障 □ c) My existing medical insurance cover is insufficient 我的現有醫療保險保障不足 □ d) To enjoy tax allowance of VHIS compliant product ("Voluntary Health Insurance Scheme") 我希望享受「自願醫保」
	□ e) Others, please specify 其他.請註明 :
5)	 What are your preferred benefits and coverages for your newly applied medical insurance? 在您新投保的醫療保險中 · 您首要考慮的保障項目和保險範圍是什麼? □ a) Basic hospitalization and surgical benefits 基本住院及手術保障之項目 □ b) Comprehensive medical insurance protection 全面的醫療保險保障 □ c) Income protection during sickness 疾病期間的收入保障 □ d) Annual deductible or co-insurance options to lower the annual premium 每年以自付費或共付保險形式投保之選項 · 以降低每年的保費

Step 2: Insurance intermediary product recommendation afte 第二步:產品合適性評估後,保險中介人之產品建議

Insurance intermediary product recommendations: 保險中介人之

Step 3: Customer selected product after product suitability 第三步:產品合適性評估後客戶選擇之產品

I / we confirm that I have gone through the above product suita product is selected by my / our own decision. 本人/我們確認本人/我們已進行上述之產品合適性評估並確認以下

Plan name計劃名稱: _

Annual Deductible option (if applicable) 每年自付費選擇(如有): Optional benefit (if applicable) 自選保障(如有):_____

客戶聲明 Customer Declaration:

- I / We have read and understood the product brochure, in insurance product I / we selected. 本人/我們已細閱及明瞭本 及保單條款之內容。
- I / We confirm the medical insurance product I / we select combo product) is suitable for my / our insurance needs a product (including but not limited to (i) income protection hospitalization and medical treatment expenses due to illn premium. 本人/我們確認本人/我們所選擇之醫療保險產品 (1 的保險需要及購買醫療保險產品的目標(包括但不限於(i)住所 準備),及本人/我們有能力支付其所需的保費。
- I/ We confirm the medical insurance product I/we selected third parties. 本人/我們確認本人/我們所選擇之醫療保險產品
- 4) I/We understand the information contained in this form provided as reference only for my choice of medical insura and agree that the information contained in this form will Collection Statement ("PICS") of Bolttech Insurance (Hong 資料乃用作分析本人/我們的醫療保險需求,並為本人/我們 表格內之資料會根據保特保險(香港)有限公司的收集個人責
- 5) We understand that the analysis and choices made in this does not create any liability to Bolttech Insurance (Hong K 乃基於本人/我們所提供之資料而作出的,當中並不構成保報
- I / We understand that I /We am required to inform Bolted substantial changes to the information provided in this form 白·如本人/我們就此表格內的資料有任何重大更改·本人/

I / We, as the Applicant, confirm that I / we have read and correct information for the above on behalf of the propos 我們作為申請人確認已細閱及明瞭此表格之內容,並代表此料。

Applicant's name 申請人姓名	Applicant's 申請人簽署
Proposed insured's name (if different from the Applicant) 準受保人姓名(如跟申請人不同)	Proposed i 準受保人資
Name of Agent / Broker 經紀姓名	Agent's / Br 經紀編號

r product suitability ass	essment
2產品建議:	
ssessment	
bility assessment and c	onfirm the below medical insurance
下之醫療保險產品選擇	是本人/我們自己所決定的。
НК\$	
nformation sheet and po 人/我們所選擇之醫療例	blicy provision of the medical R險產品的產品小冊子、資訊單張
nd my / our objectives during hospital confine ness or injury), and I / w 包括任何種類之賠償、	pe of indemnity, non-indemnity, or for purchasing a medical insurance ment; (ii) preparation for the re can afford to pay the required 非賠償、或組合產品)符合本人/我們 為疾病或受傷之住院及其醫療費用作
was used to analyse my ance product and premi be handled in accordar Kong) Company Limite	on with no forced pressure from any 力下由本人/我們自行決定的。 y / our medical insurance needs and um amount. I / We also understand nee with the Personal information d. 本人/我們明白此表格內所提供之 金額時作參考。本人/我們亦明白此
form were based upon	the information provided and it 本人/我們明白此表格之分析及選擇 2任何責任。
ch Insurance (Hong Kor m prior to the insurance	g) Company Limited if there are any ce policy being issued. 本人/我們明 知保特保險(香港)有限公司。
sed insured / existing ins	ents in this form and provided all the sured listed in this application. 本人/ 受保人就以上問題提供正確無誤之資
ignature	<mark>///</mark> Date (DD / MM / YYYY) 日期(日/月/年)
sured's Signature 署	/ / Date (DD / MM / YYYY) 日期(日/月/年)
ker's Code	Agent's / Broker's signature 經紀簽署