



CARING Family Medical Insurance Application Form

安康寶家庭醫療保障申請表

Please tick as appropriated 請選擇並加「✓」號

Applicant's Name 申請人姓名		Effective Date (DD/MM/YYYY) 保單起保日期(日/月/年)
HKID/ Passport No. 身份證/護照號碼	Date of Birth (DD/MM/YYYY) 出生日期(日/月/年)	Contact No.: 聯絡電話
Email Address 電郵地址 (Claim Adjustment Statement will be sent by email if email address is provided. 如有提供電郵地址,醫療索償理賠表將以電郵送遞。)		
Applicant's Address 申請人地址		

Name of Family Members to be Insured 投保之家庭成員姓名	HKID/Passport No. 身份證/護照號碼	Date of Birth (DD/MM/YYYY) 出生日期(日/月/年)	Sex 性別	Height (m) 身高(米)	Weight (kg) 體重(千克)	Occupation 職業
Applicant 申請人	Ditto 同上	Ditto 同上				
Choice of Benefit 保障選擇						
Basic Hospitalisation Benefits (A1) 基本住院保障	<input type="checkbox"/> Ward (HS700Z) 大房	<input type="checkbox"/> Semi-Private (HS1500Z) 二等房	<input type="checkbox"/> Private (HS2000Z) 私家房	<input type="checkbox"/> Private (HS2800Z) 私家房		
Supplementary Major Medical Benefits (Optional) (A2) 附加額外醫療保障(自選)	<input type="checkbox"/> Note: Same as the level of the Basic Hospitalisation Benefit. 附注: 與基本住院保障等級別相同。					
	Ward (MZ1) 大房	Semi-Private (MZ2) 二等房	Private (MZ3) 私家房	私家房 Private (MZ4)		
Supplementary Outpatient Benefits (Optional) (A3) 附加門診保障(自選)	<input type="checkbox"/> Economy (OP220Z) 經濟	<input type="checkbox"/> Economy (OP260Z) 經濟	<input type="checkbox"/> Standard (OP320Z) 標準	<input type="checkbox"/> Standard (OP400Z) 標準		
Supplementary Dental Benefits (Optional) (A4) 附加牙科保障(自選)	<input type="checkbox"/> Economy (DE500Z) 經濟	<input type="checkbox"/> Standard (DE800Z) 標準	A 保費總額 Total Premium: 港幣 HK\$ (A = A1 + A2 + A3 + A4)			

Name of Family Members to be Insured 投保之家庭成員姓名	HKID/Passport No. 身份證/護照號碼	Date of Birth (DD/MM/YYYY) 出生日期(日/月/年)	Sex 性別	Height (m) 身高(米)	Weight (kg) 體重(千克)	Occupation 職業
Spouse 配偶						
Choice of Benefit 保障選擇						
Basic Hospitalisation Benefits (B1) 基本住院保障	<input type="checkbox"/> Ward (HS700Z) 大房	<input type="checkbox"/> Semi-Private (HS1500Z) 二等房	<input type="checkbox"/> Private (HS2000Z) 私家房	<input type="checkbox"/> Private (HS2800Z) 私家房		
Supplementary Major Medical Benefits (Optional) (B2) 附加額外醫療保障(自選)	<input type="checkbox"/> Note: Same as the level of the Basic Hospitalisation Benefit. 附注: 與基本住院保障等級別相同。					
	Ward (MZ1) 大房	Semi-Private (MZ2) 二等房	Private (MZ3) 私家房	私家房 Private (MZ4)		
Supplementary Outpatient Benefits (Optional) (B3) 附加門診保障(自選)	<input type="checkbox"/> Economy (OP220Z) 經濟	<input type="checkbox"/> Economy (OP260Z) 經濟	<input type="checkbox"/> Standard (OP320Z) 標準	<input type="checkbox"/> Standard (OP400Z) 標準		
Supplementary Dental Benefits (Optional) (B4) 附加牙科保障(自選)	<input type="checkbox"/> Economy (DE500Z) 經濟	<input type="checkbox"/> Standard (DE800Z) 標準	B 保費總額 Total Premium: 港幣 HK\$ (B = B1 + B2 + B3 + B4)			

Name of Family Members to be Insured 投保之家庭成員姓名	HKID/Passport No. 身份證/護照號碼	Date of Birth (DD/MM/YYYY) 出生日期(日/月/年)	Sex 性別	Height (m) 身高(米)	Weight (kg) 體重(千克)	Occupation 職業
Children (1) 子女						
Children (2) 子女						
Choice of Benefit 保障選擇						
Basic Hospitalisation Benefits (C1) 基本住院保障	<input type="checkbox"/> Ward (HS700Z) 大房	<input type="checkbox"/> Semi-Private (HS1500Z) 二等房	<input type="checkbox"/> Private (HS2000Z) 私家房	<input type="checkbox"/> Private (HS2800Z) 私家房		
Supplementary Major Medical Benefits (Optional) (C2) 附加額外醫療保障(自選)	<input type="checkbox"/> Note: Same as the level of the Basic Hospitalisation Benefit. 附注: 與基本住院保障等級別相同。					
	Ward (MZ1) 大房	Semi-Private (MZ2) 二等房	Private (MZ3) 私家房	私家房 Private (MZ4)		
Supplementary Outpatient Benefits (Optional) (C3) 附加門診保障(自選)	<input type="checkbox"/> Economy (OP220Z) 經濟	<input type="checkbox"/> Economy (OP260Z) 經濟	<input type="checkbox"/> Standard (OP320Z) 標準	<input type="checkbox"/> Standard (OP400Z) 標準		
Supplementary Dental Benefits (Optional) (C4) 附加牙科保障(自選)	<input type="checkbox"/> Economy (DE500Z) 經濟	<input type="checkbox"/> Standard (DE800Z) 標準	C 保費總額 Total Premium: 港幣 HK\$ (C = C1 + C2 + C3 + C4)			

保險業監管局已向相關的保單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boltechinsurance.hk或聯絡(852) 3123 3344。
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 boltechinsurance.hk or contact: (852) 3123 3344.

(不包括保費徵費 excluding Insurance levy)
總數 Grand Total (A+B+C): 港幣 HK\$



Please read the following questions carefully & answer in full. 請詳閱以下問題並全部作答。

1. In the past 5 years, have you or any of your family members to be insured ever been advised to be hospitalised, undergo surgery or undergo investigation of any kind or had medical investigation which may indicate a health disorder? ☐ Yes 有 ☐ No 否

在過去5年內，您或您的任何投保家庭成員有否曾被建議住院或接受任何手術、或有任何檢查結果顯示健康異常？

2. Have you or any of your family members to be insured ever been suffered from, or diagnosed to have, or been treated for, or having any indication or symptoms of cancer or tumour (including polyps of any kind), high blood pressure, stroke, chest pain or heart disease, liver problem (including but not limited to hepatitis C and hepatitis B carrier), lung disease, kidney disease, diabetes mellitus, epilepsy, respiratory problem, rheumatic fever, thyroid disease, blood disease, or any disorder or disease of brain, central nervous system, pancreas, bones, or Uro-Genital, HIV, AIDS or AIDS related complex? ☐ Yes 有 ☐ No 否

您或您的任何投保家庭成員有否曾患上或正在有下列所述之疾病的先兆或症狀、或曾就下列疾病接受治療：癌病或腫瘤(包括任何癌肉)、高血壓、中風、心絞痛或心臟疾病、肝臟問題(包括但不限於丙型肝炎及乙型肝炎或為帶菌者)、肺病、腎病、糖尿病、癲癇、呼吸系統病症、風濕性發熱、甲狀腺疾病、血液疾病、任何關於腦部或中樞神經、胰臟、骨骼、泌尿生殖系統、人類免疫力缺乏病毒或愛滋病的疾病或病症、或與愛滋病有關的併發症？

If your answer is "Yes" for any of the above questions, please give full details below: 若上述問題的答案為「有」者，請詳述如下：

Name of person to be insured 準受保人姓名	Name of condition/Diagnosis 症狀/診斷	Date diagnosed 確診日期 (DD/MM/YYYY) (日/月/年)	Details of treatment and operation 治療及手術詳情	Date of full recovery (No ongoing treatment follow-up) (if applicable) 完全康復日期 (沒有持續治療及跟進)(如適用)	Please advise the stage of recovery (if not recovered), ongoing treatment etc. 請提供所在之康復階段(如未康復)、正在進行的治療等。
		/ /			
		/ /			
		/ /			

3. Has any of your parents or brother or sister ever had diabetes, breast, cervical, ovarian, colon or other cancer, high blood pressure, heart problems, stroke, muscular dystrophy, Huntington's disease, polycystic kidney or any other hereditary diseases? (If please complete the table below in details.) ☐ Yes 有 ☐ No 否

您的父母或其中一位兄弟/姊妹有否曾或現在正患上糖尿病、乳癌、子宮頸癌、卵巢癌、腸癌或者其他癌病、高血壓、心臟病、中風、肌肉萎縮症、亨廷頓氏症、多囊腎病或任何其他遺傳病？(若「是」，請填寫下列親屬健康狀況及詳細加以說明。)

Relationship 親屬關係	Age of Onset 獲悉患病年齡	Type of Disease 疾病名稱	Current Health Condition 目前健康狀況	In the case of death, please specify (1) Cause of Death & (2) Age of Death 若不幸身故，請具體說明(1)身故原因及(2)身故年齡

4. Please provide average stay of the person(s) to be insured in Hong Kong per year 投保人每年平均居港時間：_____ months 月

If the average stay is less than nine months, please provide the place of residence outside Hong Kong:

如投保人之每年平均居港時間少於9個月，請提供該海外地方名稱：_____

5. Bank Name & Account No. for claim settlement (Account-Holder must be the Applicant) 賠償時所用之銀行名稱及帳戶號碼(戶口持有人必須為申請人)

Bank Name 銀行名稱 _____ Bank Code 銀行編號 _____ Branch Code 分行編號 _____ Account Number 帳戶號碼 _____

Credit Card Payment Authorisation: 信用卡付款授權：	<input type="checkbox"/> VISA <input type="checkbox"/> MasterCard	Card Expiry Date 信用卡有效期至	____/____ 月MM 年YY	Credit Card No. 信用卡號碼	____-____-____-____-____-____-____-____-____-____
Mode of Payment: 付款期數：	<input type="checkbox"/> Yearly 年繳 <input type="checkbox"/> Monthly 月繳	Note: If payment mode is monthly, the monthly premium is equal to annual premium times 0.09. 註：如選擇每月付款，月費等於年費乘以0.09。			
I hereby authorise Bolttech Insurance (Hong Kong) Company Limited to charge my above credit card account for the premium of this insurance, including renewal premium. 本人茲授權保特保險(香港)有限公司從本人上述之信用卡帳戶中支取此保單所應繳之保費，包括續保保費。					
持卡人姓名 Cardholder's Name		持卡人簽署 Cardholder's Signature		日期 Date (DD/MM/YYYY)	



Declaration and Authorisation 聲明及授權

1. I hereby declare that, to the best of my knowledge and belief, all particulars and statements given in this Application are true and complete. I agree that this Application shall be the basis of the contract between me and Bolttech Insurance (Hong Kong) Company Limited ("bolttech Insurance"). I further authorise any physician, hospital, insurance company or organization to furnish part of or all medical history (including but not limited to information in respect of consultations, diagnostic test results, prescriptions or treatment) with respect to any illness or injury of me to bolttech Insurance or its authorised representative. A photocopy of this authorisation shall be considered as effective and valid as the original.
本人謹此聲明在本申請表內填報之一切，就本人之所知所信，全部真實無訛。本人同意此申請表為本人與保特保險(香港)有限公司「保特保險」之間所訂立合約之依據。本人進一步授權任何醫生、醫院、保險公司或機構，可以將部分或全部有關本人傷患之病歷(包括但不限於診症、診斷性檢驗結果、藥方或治療資料)給予保特保險或其已獲授權之代理人。此授權書之副本與正本具同等效力。
2. I undertake that I will inform/have informed the Family Members to be Insured about this Policy and the Personal Information Collection Statement of bolttech Insurance (whether contained herein or otherwise obtained) before transferring their personal data to bolttech Insurance. bolttech Insurance shall not accept any liability for the Family Members to be Insured not having been so informed. I further undertake that I will comply with the Personal Data (Privacy) Ordinance and confirm I have obtained the consent from the Family Members to be Insured for the transfer of their personal data to bolttech Insurance for the purpose of enrolling them in the CARING Family Medical Insurance Plan.
本人承諾於遞交所需之個人資料予保特保險前，須/已通知投保之家庭成員有關本保單及保特保險之收集個人資料聲明(不論是否載於此申請表或由其他途徑取得)。保特保險將不會就投保之家庭成員未被通知的情況承擔任何責任。本人承諾會遵守個人資料(私隱)條例，並確認已獲得投保之家庭成員的同意，將其個人資料移交保特保險以作申請安康寶家庭醫療保障計劃之用。
3. I have read, understand and accept this PICS. I consent to the transfer of my personal data outside Hong Kong and I understand my personal data may not be protected to the same or similar level in Hong Kong.
本人已細閱及本人明白及接受本收集個人資料聲明。本人同意把本人的個人資料轉移至香港境外，且本人明白本人的個人資料未必可以獲得與在香港相同或類似程度的保障。

Applicable to Insurance Broker only:

The applicant understands, acknowledges and agrees that, as a result of the applicant purchasing and taking up the policy to be issued by bolttech Insurance, bolttech Insurance will pay the authorised insurance broker commission during the continuance of the policy including renewals, for arranging the said policy. Where the applicant is a body corporate, the authorised person who signs on behalf of the applicant further confirms to bolttech Insurance that he or she is authorised to do so.

The applicant further understands that the above agreement is necessary for bolttech Insurance to proceed with the application.

只適用於保險經紀：

申請人明白、確知及同意，保特保險會就申請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。如申請人為法人團體，則代表申請人簽署的獲授權人員在此向保特保險確認他/她已獲該法人團體授權。申請人亦明白保特保險必須取得申請人的同意，才可以處理其保單申請。

bolttech Insurance intends to send you marketing communications or materials and use Your Personal Data in accordance with paragraphs 8 & 9 of PICS. If you do not agree to receive such marketing communications or bolttech Insurance's intended use of Your Personal Data, please tick below to exercise your right to opt-out.

保特保險有意向閣下發送推廣訊息或資料及根據收集個人資料聲明第8及第9段使用閣下的個人資料。如閣下不同意接收有關的推廣訊息或不同意保特保險就該目的使用閣下的個人資料，請在以下有關方格內加上(✓)號，藉以行使閣下不同意此項安排的權利。

- ☐ Opt-out marketing communications or materials and bolttech Insurance's intend use of my personal data.
拒絕接收推廣訊息或資料及保特保險就該目的使用本人的個人資料。

SUN FLOWER	SF1AHH
Applicant's Signature 申請人簽署	Adviser / Broker 理財顧問/代理人
	Account Code 帳戶號碼
/ /	medical@sunflowergroup.com.hk
Date 日期 (DD/MM/YYYY)	Email Address 電郵地址
	25211881
	Contact Tel 聯絡電話



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 3123 3344.

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 3123 3344 索取收集個人資料聲明副本。



English



中文

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。

About bolttech Insurance

Bolttech Insurance (Hong Kong) Company Limited (“bolttech Insurance”), previously FWD General Insurance Company Limited, is an established general insurance company authorised by the Hong Kong Insurance Authority. bolttech Insurance offers a wide range of general insurance solutions to meet the evolving needs of individual and business customers. In 2023, bolttech Insurance was rebranded and renamed as part of the international insurtech group, bolttech.

For more information, please visit bolttechinsurance.hk

關於保特保險

保特保險(香港)有限公司(「保特保險」)前身為富衛保險有限公司,獲保險業監管局授權的一般保險業務公司。保特保險提供多元化的一般保險方案,以滿足個人和企業客戶的需求。保特保險於2023年將品牌重塑並易名,是國際保險科技集團保特集團的其中一員。

有關本公司提供之產品及服務的更多信息,請瀏覽 bolttechinsurance.hk



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資料將根據保特保險(香港)有限公司之個人資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:

Step 1: Customer's medical insurance needs and objectives:

第一步：客戶醫療保險需求及目標：

- Are you able 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
- 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 _____
- 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
- 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」所提供的免稅額
☐ e) Others, please specify 其他，請註明： _____
- 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 after product suitability assessment

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: 保險中介人之產品建議：

Step 3: Customer selected product after product suitability assessment

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 suitability assessment and confirm the below medical insurance 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之醫療保險產品選擇是本人/我們自己所決定的。

Plan name計劃名稱: _____

Annual Deductible option (if applicable) 每年自付費選擇(如有): HK\$ _____

Optional benefit (if applicable) 自選保障(如有): _____

客戶聲明 Customer Declaration:

- 1) I / We have read and understood the product brochure, information sheet and policy provision of the medical insurance product I / we selected. 本人/我們已細閱及明瞭本人/我們所選擇之醫療保險產品的產品小冊子、資訊單張及保單條款之內容。
- 2) I / We confirm the medical insurance product I / we selected (in respect of any type of indemnity, non-indemnity, or combo product) is suitable for my / our insurance needs and my / our objectives for purchasing a medical insurance product (including but not limited to (i) income protection during hospital confinement; (ii) preparation for the hospitalization and medical treatment expenses due to illness or injury), and I / we can afford to pay the required premium. 本人/我們確認本人/我們所選擇之醫療保險產品(包括任何種類之賠償、非賠償、或組合產品)符合本人/我們的保險需要及購買醫療保險產品的目標(包括但不限於(i)住院期間的收入保障;(ii)為疾病或受傷之住院及其醫療費用作準備),及本人/我們有能力支付其所需的保費。
- 3) I / We confirm the medical insurance product I/we selected is my / our own decision with no forced pressure from any third parties. 本人/我們確認本人/我們所選擇之醫療保險產品是在沒有受第三者壓力下由本人/我們自行決定的。
- 4) I / We understand the information contained in this form was used to analyse my / our medical insurance needs and provided as reference only for my choice of medical insurance product and premium amount. I / We also understand and agree that the information contained in this form will be handled in accordance with the Personal information Collection Statement ("PICS") of Bolttech Insurance (Hong Kong) Company Limited. 本人/我們明白此表格內所提供之資料乃用作分析本人/我們的醫療保險需求,並為本人/我們在選擇保險計劃及保費金額時作參考。本人/我們亦明白此表格內之資料會根據保特保險(香港)有限公司的收集個人資料聲明予以處理。
- 5) We understand that the analysis and choices made in this form were based upon the information provided and it does not create any liability to Bolttech Insurance (Hong Kong) Company Limited. 本人/我們明白此表格之分析及選擇乃基於本人/我們所提供之資料而作出的,當中並不構成保特保險(香港)有限公司之任何責任。
- 6) I / We understand that I / We are required to inform Bolttech Insurance (Hong Kong) Company Limited if there are any substantial changes to the information provided in this form prior to the insurance policy being issued. 本人/我們明白,如本人/我們就此表格內的資料有任何重大更改,本人/我們需在保單生效前通知保特保險(香港)有限公司。

I / We, as the Applicant, confirm that I / we have read and understood all the contents in this form and provided all the correct information for the above on behalf of the proposed insured / existing insured listed in this application. 本人/我們作為申請人確認已細閱及明瞭此表格之內容,並代表此計劃之準受保人/現有受保人就以上問題提供正確無誤之資料。

Applicant's name

申請人姓名

Applicant's Signature

申請人簽署

/ /
Date (DD / MM / YYYY)
日期(日/月/年)

Proposed insured's name

(if different from the Applicant)

準受保人姓名(如跟申請人不同)

Proposed insured's Signature

準受保人簽署

/ /
Date (DD / MM / YYYY)
日期(日/月/年)

SUN FLOWER

Name of Agent / Broker

經紀姓名

SF1AHH

Agent's / Broker's Code

經紀編號

Agent's / Broker's signature

經紀簽署