PRUChoice HealthCare – Variation Form
保誠精選「康療寶」醫療保障計劃 — 更改保單申請表

PRUDENTIAL 保誠保險

Please complete Section 1 and 2 as required and return the completed form to: 請依指示填寫第一及第二部份，及將填妥之申請表寄回：

Prudential General Insurance Hong Kong Limited
Part of Prudential plc (United Kingdom)
P.O. Box No. 28162, Gloucester Road Post Office, Hong Kong
Telephone : 3656 8362 Facsimile: 2164 8445

保誠財險有限公司
保誠集團成員
香港告士打道郵政局郵政信箱28162號
電話：3656 8362 傳真：2164 8445

Name of the Insured 保單持有人姓名	Telephone No. 電話號碼
Policy No. 保單號碼	Facsimile No. 傳真號碼

Section 1 - Types of Changes 第一部份 - 更改項目

(Please tick the change(s) requested and fill in details as required.)
(請用 "√" 號選擇所需更改，並填妥有關資料。)

☐ A. Addition of Insured Person(s) 增加受保人

(Please complete Section 2 as well. 請同時填寫第二部份。)

Relationship with the Insured 與保單持有人關係	Surname 姓	Given Name 名	Sex 性別	Height 身高		Weight 體重		I.D. Card No/ Passport No./ Birth Cert. 身份證號碼 / 護照號碼 / 出世紙號碼	Occupation 職業	Date of Birth 出生日期 dd/ mm/ yy 日/ 月/ 年	Hospital Care Protection Plan (per day)* 住院現金保障(每日)*			Crisis Protection Plan (Level of cover)* 危疾保障計劃(投保等級)*		
											HK$500	HK$1,000	HK$1,500	HK$250,000	HK$500,000	HK$1,000,000
Self 自己					cm/feet 厘米/尺		Kg / Lb 公斤/磅									
Spouse 配偶					cm/feet 厘米/尺		Kg / Lb 公斤/磅									
Child 子女					cm/feet 厘米/尺		Kg / Lb 公斤/磅									
Child 子女					cm/feet 厘米/尺		Kg / Lb 公斤/磅									
					cm/feet 厘米/尺		Kg / Lb 公斤/磅									

(* Please tick as appropriate 請在適當空格內填上 "√" 號)

☐ B. Deletion of Insured Person(s) 減除受保人

(Application is only allowed at renewal. Please make sure that this form is received by us 10 working days before the renewal date.)
(只可於續保時申請。請於續保到期前十個工作天將申請表寄抵本公司。)

Name 姓名

☐ C. Change of Level of Cover 更改投保等級

(Application is only allowed at renewal. Please tick the plan(s) you would like to apply and complete Section 2 as well and make sure that this form is received by us 10 working days before the renewal date.)
(只可於續保時申請。請以 "√" 號選擇所需計劃，並請同時填寫第二部份及於續保到期前十個工作天將申請表寄抵本公司。)

☐ For Insured Person 受保人 (Name 姓名 _____)

☐ Hospital Cash Protection Plan 住院現金保障計劃
Daily Cash Benefit 每日住院現金保障
- ☐ HK$500
- ☐ HK$1,000
- ☐ HK$1,500

☐ Crisis Protection Plan 危疾保障計劃
Level of Cover 投保等級
- ☐ HK$250,000
- ☐ HK$500,000
- ☐ HK$1,000,000

☐ D. Change of Bank Account for Claim Reimbursement 更改作賠償入賬的銀行戶口號碼

(The holder of the bank account must be the Insured.)
(銀行戶口持有人必須為保單持有人。)

Bank Name 銀行名稱	Account Holder 戶口持有人姓名
Account No. 戶口號碼	

For changing of direct debit, please fill in the Payment Details Amendment Form.
如欲更改以自動轉賬繳付保費的銀行戶口號碼，請另填更改付款資料申請表。

☐ E. Change of Correspondence Address / Telephone Number 更改通訊地址 / 電話號碼

New Address 新地址

Telephone No. 電話號碼

☐ F. Termination of Policy 終止保單

Note : Premium paid is not refundable.
注意 ：已繳保費，一概不發還。

(Application is only allowed at renewal. Please make sure that this form is received by us 10 working days before the renewal date.)
(只可於續保時申請。請於續保到期前十個工作天將申請表寄抵本公司。)

☐ G. Addition or Cancellation of Hospital Cash Protection Plan/ Crisis Protection Plan 參加或取消住院現金保障計劃 /危疾保障計劃

(Application is only allowed at renewal. Please make sure that this form is received by us 10 working days before the renewal date.)
(只可於續保時申請。請於續保到期前十個工作天將申請表寄抵本公司。)

☐ For Insured Person 受保人 (Name 姓名 _____)

☐ I would like to apply/cancel* for Hospital Cash Protection Plan
本人欲申請/取消*住院現金保障計劃
- ☐ Plan A : HK$500 daily cash benefit 計劃 A : 每日住院現金保障HK$500
- ☐ Plan B : HK$1,000 daily cash benefit 計劃 B : 每日住院現金保障HK$1,000
- ☐ Plan C: HK$1,500 daily cash benefit 計劃 C: 每日住院現金保障HK$1,500

☐ I would like to apply/cancel* for Crisis Protection Plan
本人欲申請/取消*危疾保障計劃
- ☐ Plan A : HK$250,000 計劃 A : HK$250,000
- ☐ Plan B : HK$500,000 計劃 B : HK$500,000
- ☐ Plan C : HK$1,000,000 計劃 C : HK$1,000,000

*Please delete whenever appropriate *請刪去不適用者。

Section 2 - Evidence of Insurability　第二部份 - 可保証明

(For addition of persons to be covered, change of Level of Cover and addition of Hospital Cash Protection Plan / Crisis Protection Plan only.)
(只供增加受保人，更改投保等級及申請住院現金保障計劃/ 危疾保障計劃者填寫。)

Please read the following questions carefully and tick as appropriate. Please sign next to the box whenever any correction is done.
請詳閱以下問題，並在適當空格內填上“√” 號。如有塗改，請於方格旁簽署作實。

1. Has any person to be covered had any symptoms, illness or disorders of the following: 本申請表內所包括之受保人曾否有下列病徵、疾病或問題：
   a. The musculoskeletal system or skin, e.g. arthritis, rheumatism, gout, sciatica or any disorder of the bones or spine? ☐ Yes 是 ☐ No 否
   與肌肉及骨骼系統或皮膚有關的疾病，如：關節炎、風濕病、痛風、坐骨神經痛、或其他骨骼或脊椎問題？
   b. The nervous system, psychiatric or brain function disorder, or impairment of the eyes or ears, e.g. paralysis, anxiety states, blindness, deafness, giddiness or epilepsy? ☐ Yes 是 ☐ No 否
   與神經系統、精神或與腦有關的疾病，眼或耳有問題，如：癱瘓、精神緊張、失明、失聰、暈眩或癲癇？
   c. The circulatory system, heart or blood, e.g. palpitation, murmur, chest discomfort, abnormal blood pressure, stroke or anaemia? ☐ Yes 是 ☐ No 否
   與循環系統、心臟或血液有關的疾病，如：心跳不正常、心雜音、胸部不適、血壓不正常、中風或貧血？
   d. The respiratory system or endocrine system, e.g. asthma, bronchitis, emphysema, diabetes or goitre? ☐ Yes 是 ☐ No 否
   與呼吸系統或內分泌系統有關的疾病，如：哮喘、支氣管炎、肺氣腫、糖尿病或甲狀腺腫脹？
   e. The digestive system or urinary system, breast or reproductive system, e.g. ulcer, hepatitis (including hepatitis B carrier), mastitis, cervitis, endometriosis, other disorders of the stomach, liver, bowels, kidneys or bladder? ☐ Yes 是 ☐ No 否
   與消化系統或泌尿系統、乳房或生殖器官有關的疾病，如：潰瘍、肝炎（包括乙型肝炎帶菌者）、乳房炎、子宮頸炎、子宮內膜移位或其他胃、肝、腸、腎或膀胱有問題？
   f. Enlarged glands, tumours, cysts, cancer, growth or other malignancy? ☐ Yes 是 ☐ No 否
   腺脹大、腫瘤、水囊、癌或其他惡性病變？
2. Apart from the symptoms, illness or disorders mentioned in question 1, has any person to be covered had any other illness, injury, physical impairment/deformity or condition requiring in-patient treatment, operation, or consultation with a doctor? ☐ Yes 是 ☐ No 否
   除於問題 1 提及之病徵、疾病或問題外，本申請表內所包括之受保人曾否因任何疾病、受傷、身體受損/畸形或其他情況，而需入院接受治療、手術，或向醫生求診？
3. Has any person to be covered taken or been advised to have X-ray, ECG, blood test, biopsies, ultrasound, mammogram or PAP smears, etc? ☐ Yes 是 ☐ No 否
   本申請表內所包括之受保人曾否接受或被建議接受X光，心電圖、抽血檢查、活體檢視、超聲波、乳房X光或子宮頸細胞塗片檢查等?
4. Has any person to be covered had or been recommended for tests or counseling in connection with HIV, sexually transmitted disease, AIDS, AIDS related complex or any other AIDS related conditions? ☐ Yes 是 ☐ No 否
   本申請表內所包括之受保人曾否被建議接受與人體免疫力缺乏病毒、性病、愛滋病、愛滋衍生疾病及其他因愛滋病而引致之疾病的有關測試或忠告?
5. Has any person to be covered taken or been advised to abstain from donating blood or received blood transfusion or blood products on account of haemophilia or any other reason? ☐ Yes 是 ☐ No 否
   本申請表內所包括之受保人曾否因血友病或其他原因，被禁止捐血、接受輸血或其其它血類產品？
6. Does any person to be covered have any foreseeable need for treatment or for consulting any doctor? ☐ Yes 是 ☐ No 否
   本申請表內所包括之受保人是否有可預見之治療或診視需要?
7. Is any person to be covered currently under medical attention or receiving medical treatment or medication? ☐ Yes 是 ☐ No 否
   本申請表內所包括之受保人是否現正接受治療、或有就診需要、或服用藥物?
8. Have the parents, brothers or sisters of any person to be covered had or died from stroke, heart disease, diabetes, kidney disease, multiple sclerosis and inherited disease before the ages of 60? ☐ Yes 是 ☐ No 否
   本申請表內所包括之受保人的父母或兄弟姊妹中，曾否於60歲前患有或死於中風、心臟病、糖尿病、腎病、多發性硬化、癌病、遺傳病病症?
9. Has any person to be covered had the following habit? If so, please list out his/her name.
   本申請表內所包括之受保人是否有以下習慣？如「是」，請列出受保人之姓名。
   a. Smoking 吸煙 (within the last 12 months 在過去的十二個月內) ☐ Yes 是 ☐ No 否
   (Name 姓名：_____)
   If"Yes", please specify the amount consumed per day. 如「是」，請註明每日之用量：_____
   b. Drink alcohol 飲酒 ☐ Yes 是 ☐ No 否
   (Name 姓名：_____)
   If"Yes", please specify the amount consumed per day. 如「是」，請註明每日之用量：_____
   c. Use any habit-forming drugs or narcotics 服用任何成癮藥物或毒品 ☐ Yes 是 ☐ No 否
   (Name 姓名：_____)
   If "Yes", please specify the name and dose of the drug. 如「是」，請註明所服藥物的名稱及劑量：_____
10. Has any person to be covered engaged in any hazardous pursuit (e.g. motor car, motor cycle racing or diving etc.)? ☐ Yes 是 ☐ No 否
    If yes, please complete related questionnaires.
    本申請表內所包括之受保人是否會參加有危險性之活動(如賽車、電單車賽事或潛水等)？若「是」，請繼續填寫有關問卷。
11. Has any person to be covered ever been insured against critical illnesses or with any Medical Insurance? If yes, please specify the name of Insurance Company and advise whether the person's application has been declined, deferred or accepted at special terms. ☐ Yes 是 ☐ No 否
    本申請表內所包括之受保人是否曾購買任何醫療保險，或就危疾購買保險？若「是」，請列明保險公司之名稱及該受保人之申請曾否不被接納或被拖延或附加特別條款。
    Name of Insurance Company 保險公司名稱：_____

If you reply 'Yes' in any of the above questions (except question 9), please give name(s), date and full details in the spaces provided below.
Please also provide the relevant medical report, if any,
如上述任何問題回答「是」(問題9除外)，請在下方列出其姓名、日期及詳細情況。如有醫療報告，請連同此申請表一併遞交。
If you need more than one sheet, please tick this box. ☐
如需另加紙填寫，請在此格填上"✓"號。

Question No. 問題號碼	Name/Relation with the Insured 姓名/ 與受保人之關係	Nature of Condition, Diagnosis and Related Treatment/ Name of Medication 情況、診斷及相關治療/ 藥物名稱	Date of Onset/Recovery 病發/ 痊癒日期		Degree of Recovery 痊癒程度	Name & Address of Doctor 醫生姓名及地址	Name of Insurance Company/ Policy No./Special Conditions 保險公司名稱/ 保單號碼/ 附加條款

註：所有中文簡譯，如與英文有異，一概以英文為準。

Declaration and Authorisation 聲明及授權

The statements and particulars given in this application are, to the best of my/ our knowledge and belief, true and complete and that this application shall form the basis of the contract with Prudential General Insurance Hong Kong Limited.

就本人/ 吾等知悉範圍內，此申請表填報的一切資料，均屬確實完整，本人/ 吾等並同意以此申請表作本人/ 吾等與保誠財險有限公司之間所訂合約的根據。

I/ We hereby authorize Prudential General Insurance Hong Kong Limited to access, obtain and utilize all of my/ our information from any person, company, authority, enterprise and/ or legal entity for the Company's reference, and/ or processing of this claim and/ or other claims submitted previously and in the future. A photocopy of this authorisation shall be considered as effective and valid as the original.

本人/ 本公司茲授權保誠財險有限公司向任何人/ 公司/ 機構索取有關本人/ 公司的任何資料以作貴公司參考及/ 或辦理此索償及/ 或以前及將來的索償。此授權書的影印本與正本具有同等效力。

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

Prudential General Insurance Hong Kong Limited (referred to as "our" or "we") takes the privacy and protection of your personal information seriously. Our Personal Information Collection Statement ("PICS") outlines how we will collect and use your personal data and with whom we will share it so we can provide the required products and services and send marketing communications. The PICS is available on our website at https://www.prudential.com.hk/en/personal-information-collection-statement/.

By completing and progressing with this form, the policyholder/ insured person confirms that they have understood and agreed to the PICS.

Is the policyowner Currently a customer in mainland China?

☐ Yes

(If "Yes", please tick below box to agree the following statement. If you disagree with this statement, we may not be able to process your request / application.)

☐ By ticking this box, you agree that as an international group company, in order to provide insurance-related products or services, we may need to store and process your personal information outside of mainland China. Please refer to our Privacy Notice (https://www.prudential.com.hk/en/china-personal-information-protection-law/) for more information.

☐ No

保誠財險有限公司（簡稱「我們」）認真對待閣下個人資料的私隱及保護。我們的個人資料收集聲明概述了我們將如何收集和使用您的個人資料，以及我們將與誰共享這些資料，以便我們能夠提供所需的產品和服務並發送市場營銷通信。收集個人資料聲明可在我們的網站上查閱：https://www.prudential.com.hk/tc/personal-information-collection-statement/index.html 。
填妥並繼續提交本表格，即表示受保人/ 投保人確認他們已明白並同意此收集個人資料聲明中的內容。

保單持有人現在是否是個中國內地客户？

☐ 是

（如「是」，請勾選以下選項以同意下列聲明。如您不同意以下聲明，我們可能無法處理您的指示/申請。）

☐ 勾選此項，表示您同意，我們作為國際集團公司，為提供保險相關產品或服務，可能需要在中國內地境外存儲或處理您的個人信息。更多資訊，請參閱我們的隱私聲明（ https://www.prudential.com.hk/tc/china-personal-information-protection-law/ ）。

☐ 否

Signature of the Insured 保單持有人簽署	Date 日期
Name & Contact Telephone No. of Financial Consultant 理財顧問姓名及聯絡電話號碼 (To Be Completed by Financial Consultant Only. 由理財顧問填寫)	

註：所有中文簡譯，如與英文有異，一概以英文為準。