PRUChoice HealthCheck Medical Insurance – Variation Form
保誠精選「康檢寶」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

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

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. 圖文傳真號碼

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。)
(Application is only allowed at renewal. Please make sure that this form is received by us 1 month before the renewal date.)
(只可於續保時申請。請於續保到期前一個月將申請寄抵本公司。)

Relationship with the Insured 與保單持有人關係	Surname 姓	Given Name 名	Sex 性別	I.D. Card No./ Passport No. 身份證號碼/護照號碼	Occupation 職業	Date of Birth 出生日期 dd/mm/yy 日/月/年	Nationality 國籍
Self 自己							
Spouse 配偶							

☐ 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 1 month before the renewal date.)
(只可於續保時申請。請於續保到期前一個月將申請寄抵本公司。)

Name
姓名

☐ C. 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

☐ D. Change of Coverage 更改保障

(Please ✓ as the appropriate. 請在適當方格加上 "✓" 號。)

Coverage 保障範圍	Applicant 申請人	Spouse 配偶	Premium 保費
Coverage Period 投保年期	☐ Once Every Year 每年一次	☐ Once Every Two Years 每兩年一次	
Standard Plan 基本計劃	☐	☐	HK$1,850
Optional Items 自選項目			
A. Cancer Detection Options 癌症測試選項			
A.1 Total PSA# 前列腺癌抗原#	☐	☐	HK$640
A.2 Pap Smear* 柏氏子宮頸抹片檢查*	☐	☐	HK$470
A.3 Ultrasound of Breasts* 乳房超聲波*	☐	☐	HK$1,420
A.4 CA72.4 癌抗原72.4	☐	☐	HK$990
A.5 EBV IgA 鼻咽癌病毒抗體	☐	☐	HK$850
A.6 AFP 甲種胎兒蛋白	☐	☐	HK$490
A.7 CEA 癌胚抗原	☐	☐	HK$700
	Total items/總項 _____	Total items/總項 _____	
B. Female Plan* 女性計劃* Pap Smear, Ultrasound of Breasts, Ultrasound of Pelvis 柏氏子宮頸抹片檢查，乳房超聲波及盆腔超聲波	☐	☐	HK$2,830
C. Hepatitis B Tests 乙型肝炎測試 Hepatitis B Antigen, Hepatitis B Antibody 乙型肝炎抗原及乙型肝炎抗體	☐	☐	HK$490
D. Helicobacter Pylori Test 幽門螺旋菌測試 Helicobacter Pylori Breath Test 幽門螺旋菌呼氣測試	☐	☐	HK$1,080
Total Premium 總保費			

* For Female Only 只適用於女性
\# For Male Only 只適用於男性

☐ E. Re-issue of Check-up Appointment Letter 補發健康檢查預約信

In case the check-up appointment letter is lost or damaged, a handling fee of HK$100 shall be charged for each reissuance of check-up appointment letter. Please make cheque payable to “Prudential General Insurance Hong Kong Limited”.

若有遺失或損毀而需補發健康檢查預約信，需付港幣100元手續費。請註明支票抬頭人為「保誠財險有限公司」。

☐ F. Termination of policy 終止保單

(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。)

Note : Premium paid is not refundable.

注意：已繳保費，一概不發還。

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

Please ensure you have completed all details below before signing this declaration.
請先填妥以下資料，才簽署此聲明作實。

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，並在適當空格填上「✓」號。如有塗改，請於方格旁簽署作實。

Use separate sheet if more space is needed.
如有需要另加紙填寫。

1. Has any person to be covered been advised to have abnormal findings in previous check-up including but not limited to Blood Tests, Chest X-ray, Faecal Test, ECG Test, Mammogram, Pap Smear, Diagnostic Imaging (e.g. Ultrasound, CT Scan or MRI), or been recommended for more tests based on the findings (whether there is abnormality or not)? If yes, please give details.

   在申請內的受保人曾否在過去接受身體檢查（包括但不限於抽血檢驗、胸部X光、糞便檢查、靜態心電圖、乳房造影圖、柏氏子宮頸抹片檢查或放射造影診斷，如超聲波、電腦掃描或磁力共振掃描）時得知有異常結果，或曾否就有關結果（無論是否有異常情況），被建議接受進一步測試？如「是」，請詳述。

   ❑ No 否 ❑ Yes 是 _____

   _____

2. Does any person to be covered have any symptoms, illness or disorders and foreseeable need for consultation or treatment of Coronary Heart Disease or Anaemia or Thalassaemia or other chronic illness? If yes, please give details.

   本申請內的受保人是否出現與冠心病或貧血或地中海貧血症或其他慢性疾病等有關的症狀、疾病、失調及有可預見之治療或診視需要？如「是」，請詳述。

   ❑ No 否 ❑ Yes 是 _____

   _____

3. Has any person to be covered been diagnosed with cancer or tumor of any nature? If yes, please give details.

   本申請內的受保人是否曾被診斷患有任何形式的癌病或腫瘤？如「是」，請詳述。

   ❑ No 否 ❑ Yes 是 _____

   _____

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 Policyholder 保單持有人簽署	Date 日期

Financial Consultant's Name & Contact No.
理財顧問名稱及聯絡電話
(Please complete in BLOCK LETTERS 請用正楷填寫)

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Approved by :		Effective Date :
Date :	Loading:	Restrictions: ❑ No / ❑ Yes

註：所有中文簡譯，如與英文有異，一概以英文為準。