Prudential General Insurance Hong Kong Limited
Part of Prudential plc (United Kingdom)
P.O. Box No. 28162
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PRUDENTIAL
保 誠 保 險

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

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

Please complete Section 1 and 2 as required and return the completed form to Prudential General Insurance Hong Kong Limited
請依指示填寫第一及第二部份，及將填妥之申請表寄回保誠財險有限公司

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. 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表寄抵本公司。)

Name
姓名

☐ B. Change of Level of Cover 更改投保等級

(Application is only allowed at renewal. Please complete Section 2 as well and make sure that this form is received by us within a month before the renewal date.)
(只可於續保時申請。並請同時填寫第二部份及於續保到期前一個月內將申請表寄抵本公司。)

Name for Insured Person
受保人姓名

Height (cm)
身高(厘米)*

Weight (kg)
體重(公斤)*

☐ Private Room 私家病房 ☐ Semi-Private Room 半私家病房 ☐ Ward Bed 大房病床

* Applicable to level upgrade only
只適用於病房級別提升

☐ C. Change of Claim Reimbursement Method 更改賠償入賬方法

☐ Cheque 支票 ☐ Bank Account 銀行戶口 (Please complete the bank account details below.)
(請填妥以下銀行戶口資料。)

Bank Name
銀行名稱

Account No.
戶口號碼

1. 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。
2. Cheque shall be issued to the Insured only should no bank account be designated for claim reimbursement. The Insured must report to the Company in writting in case of the loss of claims cheque. A handling fee of HK$100 shall be charged for each cheque reissuance.
   在未有就賠償指定銀行戶口時，將只會向保單持有人發出賠償支票。如有遺失賠償支票，保單持有人請以書面通知本公司。本公司將為每張補發支票收取HK$100行政費。
3. For changing direct debit account premium settlement, 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。

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

New Address
新地址

New Telephone No.
新電話號碼

☐ E. 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。

☐ **F. Other Changes – 其他更改** (Please fill in the details of your required changes that have not been covered in above section.)
（如以上部分未有閣下所需更改的項目，請在此填妥有關資料。）

☐ **G. Addition or Cancellation of Optional Medical Plus Plan/ Hospital Cash Plan**
參加或取消自選「醫療寶上寶」計劃/「住院現金」計劃

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

Name for Insured Person 受保人姓名	Height (cm) 身高 (厘米)*	Weight (kg) 體重 (公斤)*

Optional Medical Plus Plan 自選「醫療寶上寶」計劃

☐ I would like to apply for Optional Medical Plus Plan
本人欲申請自選「醫療寶上寶」計劃
(Please complete Section 2 as well. 請同時填寫第二部份。)

☐ I would like to cancel Optional Medical Plus Plan
本人欲取消自選「醫療寶上寶」計劃

Optional Hospital Cash Plan 自選「住院現金」計劃

☐ I would like to apply for Optional Medical Cash Plan
本人欲申請自選「住院現金」計劃
(Please complete Section 2 as well. 請同時填寫第二部份。)

☐ I would like to cancel Optional Medical Cash Plan
本人欲取消自選「住院現金」計劃

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

(For change of Level of Cover and addition of Optional Medical Plus Plan/ Hospital Cash Plan only.)
(只供更改投保等級及申請自選「醫療寶上寶」計劃/「住院現金」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。

	No 否	Yes 是
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? 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? 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, raised blood pressure, stroke or anaemia? 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? 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? 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? 腺脹大、腫瘤、水囊、癌、瘤或其他惡性病變？	☐	☐
2. Apart from the symptoms, illness or disorders mentioned in question 1, has any person to be covered had any other illness, injury, physicalimpairment/deformity or condition requiring in-patient treatment, operation, or consultation with a doctor? 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 or blood test, biopsies, ultrasound, mammogram or PAP smears, etc? 本申請表內所包括之受保人曾否接受或被建議接受X光，心電圖或抽血檢查、活體檢視、超聲波、乳房X光或子宮頸細胞塗片檢驗等？	☐	☐
4. Has any person to be covered had or been recommended for tests or counseling in connection with HIV, sexually transmitted disease, AIDS, AIDSrelated complex or any other AIDS related conditions? 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、愛港病、愛港衍生疾病及其他因愛港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 accountof haemophilia or any other reason? 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、接受輸血或其它血辭產品？	☐	☐
6. Does any person to be covered have any foreseeable need for treatment or for consulting any doctor? 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? 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. Has any person to be covered ever been insured against Medical Insurance? 本申請表內所包括之受保人曾否購買醫療保險？ Please specify the name of Insurance Company: 請列明保險公司名稱：_____	☐	☐
9. Has any person to be covered ever been declined for Medical Insurance or had any special conditions or exclusions imposed? 本申請表內所包括之受保人曾否因醫療保險而被保險公司拒絕受保、或附加特別條款？	☐	☐

If you reply "YES" in any of the above questions, please give name(s), date and full details and use separate sheet if more space is needed.
如上述任何問題回答"是"，請列出其姓名、日期及詳細情況，如有需要，請用另頁填寫。

Declaration 聲明

I hereby request to change my policy in accordance with the particulars set out in Section I of this Form.
本人謹此要求將上述之保單依據此申請表第一部份所填寫的細則作出修改。

I acknowledge that benefits are not payable under the **PRU**Choice Medical Insurance for any cost of treatment arising from any existing illness, injuries or other conditions unless complete current details are fully disclosed by me in this Form and accepted by Prudential General Insurance Hong Kong Limited ("Prudential"). I hereby apply to be the Insured and to include the Insured Person listed above in the Policy under this application. I declare that, to the best of my knowledge and belief, the statements contained in this Form are true and complete. Prudential reserves the right to ask for submission of more details of health status or medical reports for me and other Insured Person(s) as listed at my own cost. I have read and agree to be bound by the Policy of the **PRU**Choice Medical Insurance and I agree that this declaration and the answers given in this Form shall be the basis of the contract between me and Prudential.
本人知道，根據**保誠精選**「醫療寶」醫療保障計劃之規定，凡因已存在之疾病、損傷或其他情況而引起之治療，除非本人在申請表內已詳細列出及獲得保誠財險有限公司（「保誠」）接納，否則一律不予賠償。本人茲申請為保單持有人，並在本申請中，將上列人士增加成本保單的受保人。本人聲明，就本人所知所信，本申請表填報之一切資料，均屬確實完整。保誠有權要求提供更多有關本人及受保人之健康情況或醫療報告，一切費用將由本人支付。本人已細讀並同意遵守**保誠精選**「醫療寶」醫療保障計劃之保單條款，並同意以本申請表內之聲明及填報之一切資料，作為本人與保誠之間所訂合約之根據。

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 Applicant* 申請人簽署* X	Financial Consultant's Name (Please complete in BLOCK LETTERS) 理財顧問名稱（請用正楷填寫） Financial Consultant's Division and Code 理財顧問組別及編號	
Date 日期	Mobile Number 流動電話號碼	Office Location 辦公地點

* The signature of this Application Form is only valid for 30 days from the date of your signature. 此申請表上的簽署只於簽署日期起30日內有效。

For Office Use Only 本公司專用		
Approved by	Date	Effective Date
Restrictions ☐ No ☐ Yes		

註：所有中文簡譯，如與英文有異，一概以英文為準。