Application For Change In Policy (With Health Questionnaire)
更改保單申請表（附健康狀況問卷）

PRUDENTIAL 保誠保險

Please darken the appropriate circle. 請塗黑適當的選項。 Correct form 正確方式為：●

Policy Number 保單號碼 * Please complete the boxes and darken the appropriate numbered circles to indicate the policy number. **請填寫方格和塗黑適當號碼格，以註明保單號碼。**												**Name of Policyowner 保單持有人姓名**	
												Name of Life Assured 受保人姓名	
⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪	**Name of Consultant 顧問姓名**	
①	①	①	①	①	①	①	①	①	①	①	①		
②	②	②	②	②	②	②	②	②	②	②	②	**Consultant Code 顧問編號**	
③	③	③	③	③	③	③	③	③	③	③	③		
④	④	④	④	④	④	④	④	④	④	④	④		
⑤	⑤	⑤	⑤	⑤	⑤	⑤	⑤	⑤	⑤	⑤	⑤	**Division Code & Branch Office 分區編號及分行地點**	
⑥	⑥	⑥	⑥	⑥	⑥	⑥	⑥	⑥	⑥	⑥	⑥		
⑦	⑦	⑦	⑦	⑦	⑦	⑦	⑦	⑦	⑦	⑦	⑦		
⑧	⑧	⑧	⑧	⑧	⑧	⑧	⑧	⑧	⑧	⑧	⑧	**Consultant Contact No. 顧問聯絡電話號碼**	
⑨	⑨	⑨	⑨	⑨	⑨	⑨	⑨	⑨	⑨	⑨	⑨		

Is the policyowner currently a customer in mainland China? 保單持有人現在是否是個中國內地客户？

☐ Yes 是
(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.
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。)

☐ 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.
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/)。

☐ No 否

Important Note 重要提示

1. Please complete in BLOCK LETTERS. 請以正楷填寫。
2. Please return to Prudential Hong Kong Limited ("Prudential") within 30 days after signing this form. 請於簽署此表格後30天內交回保誠保險有限公司（「保誠」）處理。
3. Please do not sign on blank or incomplete form. Any changes or amendments in this form must be countersigned by the Policyowner in full signature. 請勿在空白表格或尚未填妥的表格上簽署。保單持有人必須在此表格內任何更改或修改的地方簽署作實。
4. Policyowner MUST sign and date in Part 9 of this form. 保單持有人必須在此表格第九部分簽署及填寫簽署日期。
5. This application MUST be signed in Hong Kong if you apply increase of Sum Assured / Notional Amount / Guaranteed Monthly Income / Guaranteed Monthly Annuity, addition of rider(s), and /or upgrade of benefit level. 若閣下申請提高保障額 / 名義金額 / 保證每月入息 / 保證每月年金，增加附加保障及 / 或調高保障級別，此表格必須於香港簽署。
6. With effect from 1 January 2018, levy collected by the Insurance Authority has been imposed on relevant policy at the applicable rate. For further information, please visit www.prudential.com.hk/levy or contact: (852) 2281 1333. Any excess premium and levy after policy alteration (if applicable) will be deposited into Premium Deposit Account unless otherwise specify. 由2018年1月1日起，保險業監管局已按適當的比率於相關保單徵收徵費。如需更多資訊，請瀏覽www.prudential.com.hk/levy或聯絡: (852) 2281 1333。所有於保單更改後多繳之保費及徵費（如有），將存入保費儲蓄戶口內（特別註明除外）。
7. Please complete the form in appropriate position as instructed, any information written in non-designated blank spaces will not be processed. 請根據此表格之指示於適當的位置填寫資料，於其他非指定空白位置填寫的資料恕不受理。
8. Prudential shall have the right to reject this form if you fail to fulfill Prudential's requirements. 若閣下未能符合保誠的有關規定，保誠有權拒絕此表格。
9. All outstanding levy must be settled before the request can be completed. 閣下必須繳清所有徵費欠款方能完成此申請。
10. This form shall not be valid until (i) it is received and recorded by Prudential during the lifetime of both the Policyowner and the Life Assured of the above-mentioned policy (the "Policy"), and (ii) it is finally confirmed by Prudential by way of a letter. 此表格需於 (i) 上述保單（「本保單」）之保單持有人及受保人生存期間獲保誠收到並存檔及 (ii) 最終經保誠以信函確認方為有效。
11. Receipt of this form by your Financial Consultant or Broker does not constitute receipt by Prudential. 閣下的理財顧問或經紀收到此表格並不代表保誠亦已收到。
12. In any circumstances, a person who is not a party to the above policy (including but not limited to the Life Assured or the Beneficiary) has no right to enforce any of the terms of the above policy. 任何不是上述保單某一方的人士或實體（包括但不限於受保人或受益人），在任何情況下均不能強制執行上述保單的任何條款。

Part 1 第一部分 Details of Change In Policy 更改保單保障計劃詳情

A. Change in Policy / Rider 更改保單保障 / 附加保障 (Please complete Part 3 & 4 請填寫第三及第四部分)

If applying for addition of Voluntary Health Insurance Scheme, please read Part 8 carefully regarding the Cancellation Right and Refund of Premium & Levy.
如申請附加自願醫保計劃，請細閱本表格第八部分有關取消權利及退回保費及保費徵費。

- ○ **Increase Sum Assured / Notional Amount / Guaranteed Monthly Income / Guaranteed Monthly Annuity**
  提高保障額 / 名義金額 / 保證每月入息 / 保證每月年金
- ○ **Addition of Rider(s) 增加附加保障**
  Prescribed Effective Date (mm/yyyy) 指定生效日期（月 / 年）# _____ (if applicable 如適用)
  #The Company shall have the right to determine the effective date upon acceptance of this Application. 於接受此申請時，本公司有權決定更改之生效日期。
- ○ **Upgrade of Benefit Level 調高保障級別**
- ○ **Shorten Premium Term 縮短供款年期 (Please complete Part 3 Section B only 只需填寫第三部分B項)**

Details of Change in Policy / Riders 更改保單保障 / 附加保障詳情

Benefit Description 保障名稱	Premium Term 供款年期	Benefit Term 保障年期	Total Sum Assured / Notional Amount / Guaranteed Monthly Income / Guaranteed Monthly Annuity (after change) 總保障額 / 名義金額 / 保證每月入息 / 保證每月年金（更改後）

B. Revival 保單復效 (Please complete Part 2 / Part 3 & 4 請填寫第二部分 / 第三及第四部分)

1. If the Life Assured / Policyowner's policy has been accepted at special rate; and / or with exclusion(s); and / or with any rider benefit(s) being declined / postponed; and / or with claims history; and / or the Life Assured / Policyowner's condition of health and occupation has / have not been declared **when signing the original Proposal for Assurance or has / have been changed afterward**, please complete Part 3 & 4. 如受保人 / 保單持有人之保單曾被徵收額外保費，及 / 或附加不保條款，及 / 或其附加保障曾被拒絕或擱置受保，及 / 或有索償記錄，及 / 或受保人 / 保單持有人之健康狀況及職業**於人壽保險申請書簽署時未有申報或其後有所改變**，請填寫第三及第四部分。
2. Unless the situations specified above, if the policy is lapsed WITHIN 6 months, please complete Part 2; if the policy is lapsed OVER 6 months, please complete Part 3 & 4. 如非上述所提及之情況，及保單失效不多於六個月，請填寫第二部分；而保單失效多於六個月，則填寫第三及第四部分。
3. Revival must be applied within a specified period, details please refer to relevant Policy Provision. For Policy Revival application on "PRUHealth Cancer ReCover", please submit "Policy Revival Form [Only applicable for PRUHealth Cancer ReCover]". 有關保單復效之申請必須於指定期內提出，詳情請參閱有關計劃的保單條款。如申請「癌症痊癒保」保單復效，請遞交“保單復效申請表 [只適用於「癌症痊癒保」]”。
4. The Company will charge a late payment fee on overdue premiums. 本公司將對逾期保費徵收額外款項。
5. The company reserves the right to require the Life Assured / Policyowner to provide satisfactory evidence of the health (including but not limited to undergo the medical examination(s); and / or medical report(s) from the attending registered doctor(s)) at Life Assured's / Policyowner's own expense. 本公司保留權利，要求受保人 / 保單持有人自費提供令本公司滿意的健康證明（包括但不限於體檢，及 / 或主診醫生報告）。
6. Revival application must fulfill the relevant underwriting / administration guidelines of the Plan / Rider. 保單復效申請須符合有關計劃 / 附加保障的核保 / 行政指引。
7. The policyowner is obliged to report to Prudential (which is a Reporting Financial Institution) by submitting our "Individual Tax Residence Self-Certification Form" / "Supplementary Form for Business Insurance" if the tax residency status has changed during the course of policy. For details, please refer to instructions and glossary in website: 如保單持有人在保單生效期間更改稅務居民身分，應盡快通知保誠(作為一所申報財務機構) 並遞交「個人稅務居住地自我申報證明書」或「商業保險補充表格」以作申報，詳情請細閱以下連結之指引及定義摘要：http://www.ird.gov.hk/eng/tax/aeoi/self_cert.htm

1. Traditional (Non Investment-Linked) Policy 傳統（非投資相連）壽險保單

- ○ **Normal Revival 一般復效**
- ○ **Revival by Redating 復效並更改保單生效日期** (The product must still be active and it is not applicable to the policy lapsed within 6 months 計劃必須仍可供銷售及此選項不適用於六個月內失效之保單)

2. Investment-Linked Policy 投資相連壽險保單

- ○ **With Coverage Guarantee 包括保障保證**
  Please note that this option is ONLY applicable to the policy under the following conditions: 請注意，此選擇只適用於以下情況：
  a. the Coverage Guarantee was in force before the lapse of the policy; and 保障保證於保單失效前為有效；及
  b. Revival is applied before the policy anniversary immediately following the Life Assured's 65th birthday (only applicable to PRUlink assurance and PRUlink assurance plus). 於受保人緊接六十五歲生日後的保單周年日前申請保單復效（只適用於「運籌」智選保障計劃及「運籌」財智保障計劃）。
- ○ **Without Coverage Guarantee / Coverage Guarantee is not applicable 不包括保障保證 / 保障保證不適用**
  (Coverage Guarantee will cease permanently. 保障保證將永久終止。)

C. Revision of Policy Contract 保單條款再審核 (Please complete Part 2 / Part 3 / Part 4 請填寫第二部分 / 第三部分 / 第四部分)

- ○ **Review of Loading / Exclusion 額外保費 / 不保事項調整** (Please complete Part 3 & 4 請填寫第三及第四部分)
- ○ **Redeclaration of Insurability 受保資格重新申報** (Applicable to Policyowner reports Life Assured's pre-existing health condition to the Company which was missed to declare before issuance of policy / endorsement of supplementary benefit. Please note that all inforce policies concerned may be reviewed. Please complete Part 4. 適用於保單持有人向本公司申報有關受保人於保單 / 附加保障批註繕發前遺漏申報的健康狀況。請注意本公司或會重新審核所有有關之生效保單。請填寫第四部分。)

  Reason for redeclaration 重新申報之原因：_____
- ○ **Change of Smoking Habit 吸煙習慣轉變** (If the Life Assured / Policyowner's policy has been accepted at special rate; and / or with exclusion(s); and / or with any rider benefit(s) being declined / postponed; and / or with claims history, please complete Part 4. Otherwise, please complete Part 2. 如受保人 / 保單持有人之保單曾被徵收額外保費，及 / 或附加不保條款，及 / 或其附加保障曾被拒絕受保或擱置受保，及 / 或有索償記錄，請填寫第四部分。否則請填寫第二部分。)
- ○ **Change of Occupation 更改職業** (Please complete Part 3 請填寫第三部分)
- ○ **Change of Avocation 活動轉變** (Please complete Part 4 and related Avocation Questionnaire(s) and / or give details on separate sheet. 請填寫第四部分及有關活動問卷及 / 或另紙書寫有關詳情。)

D. Other Changes 其他更改 (Please specify and give full particulars of change(s) in the space below. 請於以下空白地方說明有關更改詳情。)

E. Downgrade to PRUHealth CoreChoice Medical Plan 下調計劃至保誠自主醫保計劃

(Only applicable to VHIS products 只適用於自願醫保計劃)

Please note: After the application of downgrade plan is approved, the original VHIS products will be terminated.
請注意: 當下調計劃的申請獲批核後，原有自願醫保計劃將會終止。

1. Plan Change Effective Date must be on or before Paid-to-Date of the benefit to be changed. 計劃轉換生效日必須為被更改之保障之保費到期日或之前。
2. Only applicable to downgrade to rider of PRUHealth CoreChoice Medical Plan in HKD currency. 只適用於下調至保誠自主醫保計劃附加保障之港幣保單。

   Downgrade benefit to PRUHealth CoreChoice Medical Plan 下調保障至保誠自主醫保計劃

   ○ In same policy 於相同保單

   ○ Under Policy No. 至保單號碼：_____ (Applicable to HKD policy only 只適用於港幣保單)

F. Downgrade benefit to PRUHealth FlexiChoice Medical Plan 下調計劃至保誠靈活自主醫保計劃

(Only applicable to PRUHealth VHIS VIP Plan purchased under designated sales channels 只適用於指定銷售渠道投保之保誠自願醫保尚實計劃)

Please note: After the application of downgrade plan is approved, the original VHIS products will be terminated.
請注意: 當下調計劃的申請獲批核後，原有自願醫保計劃將會終止。

1. Plan Change Effective Date must be on policy anniversary. 計劃轉換生效日必須為保單週年日。
2. Only applicable to downgrade to rider of PRUHealth FlexiChoice Medical Plan with same policy currency of original plan. 只適用於下調至與原有計劃保單貨幣相同之保誠靈活自主醫保計劃附加保障。

Downgrade benefit to PRUHealth FlexiChoice Medical Plan 下調保障至保誠靈活自主醫保計劃	Covered Room 受保病房	Option 選項
○ In same policy 於相同保單 ○ Under Policy No. 至保單號碼： _____ (Applicable to policy with same policy currency of original plan only 只適用於與原有計劃保單貨幣相同之保單)	○ Ward 普通病房	○ PRUHealth Major Option 1 額外醫療計劃選項一 ○ PRUHealth Major Option 2 額外醫療計劃選項二
	○ #Semi-Private #半私家病房	○ PRUHealth Major Option 1 額外醫療計劃選項一 ○ PRUHealth Major Option 2 額外醫療計劃選項二

Only applicable to policy with deductible HKD0/USD0. 只適用於自付額為0港幣/0美元之保單。

Part 2 第二部分 Health Declaration 健康狀況聲明

	Life Assured 受保人	^Policyowner ^保單持有人
1. Since the date of policy or the date of any reinstatement of this policy, whichever is later: i) I have not suffered from any disease, disorder, symptom or injury requiring operation, medical advice, medical test, assessment or treatment apart from the medical condition(s) which had been reported to the Company; ii) I have not changed any medication, treatment, hospitalized or undergone operation for the medical condition(s) which have been reported to the company; iii) I have not undergone any routine health checkup or medical investigation with abnormal result; iv) I have been free from physical defects or infirmities; and v) there has been no change in my occupation, leisure or sporting activities. 自保單生效日或任何保單復效日期起，以較後者為準: i) 除了已向保誠保險有限公司(貴公司)申報之病況外，本人並沒有因任何疾病、失調、病徵或受傷而需要接受手術、醫療建議、醫學檢驗、評估或治療； ii) 對於已向貴公司申報之病況，本人並沒有改變任何藥物或治療方法，亦沒有因相關病況而再需要住院或接受手術治療; iii) 本人並沒有進行任何常規身體檢查或醫學檢驗而有不正常的檢測結果; iv) 本人並無任何身體缺陷或衰退；及 v) 本人在職業、消閑或康體活動上沒有任何改變。	○ No 否* ○ Yes 是 (*Please complete Part 3 & 4 請填寫第三及第四部分)	○ No 否* ○ Yes 是 (*Please complete Part 3 & 4 請填寫第三及第四部分)
2. Do you smoke or have you smoked in the last 12 months? If "Yes", please answer next question. 您有沒有吸煙或在過去 12 個月內曾否吸煙？ 若「是」，請回答下題。 Note: For the purpose of this question, the meaning of "smoking" includes but is not limited to cigarettes, tobacco pipes, chewing tobacco and the use of nicotine replacement products (such as e- cigarettes). 注意：「吸煙」在此問題的含義包括但不限於香煙、煙斗、嚼煙及使用尼古丁補充劑產品（例如電子煙)。	○ No 否 ○ Yes 是	○ No 否 ○ Yes 是
Please state your average daily quantity of smoking in the past 12 months. 請說明過去 12 個月每日平均吸煙數量。	Quantity 數量：_____ / day 天	Quantity 數量：_____ / day 天

^ Policyowner information is required for applying Payor Benefit Series, but not applicable to VHIS Plan.
保單持有人資料適用於申請投保人保障系列，申請「自願醫保」計劃不需填寫投保人資料。

Part 3 第三部分 Occupation Details 職業詳情

A. Occupation 職業

If Life Assured is at ANB 15 or below, Life Assured please skip this question. 如受保人的下次生日年齡為十五歲或以下，受保人則無須回答此問題。	Life Assured 受保人	Policyowner 保單持有人
Since the date of policy or the date of any reinstatement of this policy, whichever is later, there has been no change in my occupation. 自保單生效日或任何保單復效日期起，以較後者為準，本人在職業上沒有任何改變。	○ No 否* ○ Yes 是 (*Please complete the below occupation details 請填寫以下職業狀況資料)	○ No 否* ○ Yes 是 (*Please complete the below occupation details 請填寫以下職業狀況資料)
Name of Employer 僱主名稱		
Business Nature 業務性質		
Occupation & Duties 職業及工作性質		
Business Address 公司地址		
Occupation Change Date (dd/mm/yyyy) 入職日期（日 / 月 / 年）		

B. Income, Education Level and Employment Details 收入、教育程度及就業情況

For **Addition or revival of Disability Income Benefit** (please complete Q1-3 for Life Assured) / **Upgrade of Benefit Level** or **Shorten Premium Term** (please complete Q1-2 for Policyowner) 只適用於**附加或復效傷病入息保障**（受保人請回答問題1-3）／ **調高保障級別**或**縮短供款年期**（保單持有人請回答問題1-2）

1. Total regular income (full-time and part-time jobs) in the past 12 months 過去十二個月之固定收入總額（全職及兼職工作）	HKD 港元	HKD 港元
2. Please give education level and professional membership attained 請提供教育程度及已獲取之專業資格		

3. Please give full details of the **Life Assured's** employment, includes full-time and part-time, in the past 5 years:
請列出**受保人**的最近五年就業情況，包括全職及兼職工作：

Date of Employment 在職日期	Name and Address of Employer 公司名稱及地址	Occupation 職業	Actual Duties 工作性質

Part 4 第四部分 Insurance and Personal Details 投保及個人資料

A. Insurance Details 投保資料

If you are applying Voluntary Health Insurance Scheme ("VHIS") Plan only, you are not required to answer Part 4 Section A. 如您只申請「自願醫保」計劃，您無需回答第四部分A項。

	Life Assured 受保人 No 否	Life Assured 受保人 Yes 是	^Policyowner ^保單持有人 No 否	^Policyowner ^保單持有人 Yes 是
1. Do you have any Life, Accident Insurance, Crisis Cover, Disability Income Benefit, Long Term Care Benefit, Medical Benefit or Hospital Income Benefit now in force, or currently proposed with this or any other company, excluding this policy? If "Yes", please give details in Part (a) below. For Prudential policies, please state policy number only. 除本保單外，您現在是否持有本公司或其他公司的有效人壽、意外、危疾、傷病入息保障、長期護理保障、醫療保障或住院入息保障的保單，或正在申請中之保單？若「是」，請在下表項目 (a) 詳述。如保單由本公司簽發，只需列明保單號碼。	○	○	○	○
2. Has any proposal for assurance (including Life & Living Benefits) on your life to this or any company been declined, deferred, or accepted at special rates or with exclusions (whether issued or not)? If "Yes", please give details in Part (b) below. For Prudential policies, please state policy number only. 無論保單繕發與否，您曾否被任何公司拒絕受保、擱置受保、徵收額外保費或附加任何除外條款（包括人壽及在生保障）？若「是」，請在下表項目 (b) 詳述。如保單由本公司簽發，只需列明保單號碼。	○	○	○	○

Part 項目 (a)	Name of Company 公司名稱	Issue Date 簽發日期	Policy Number 保單號碼	Sum Assured 投保額 (Hong Kong Dollars 港元)		
Life Assured 受保人				Life 人壽	Accidental Death 意外死亡	Crisis Cover 危疾
				DIB 傷病入息	Long Term Care 長期護理保障	Hospital Income 住院入息
Policyowner 保單持有人				Life 人壽	Accidental Death 意外死亡	Crisis Cover 危疾
				DIB 傷病入息	Long Term Care 長期護理保障	Hospital Income 住院入息

Part 項目 (b)	Name of Company 公司名稱	Date 日期	Benefit Type 保障種類	Substandard Reason 非標準原因
Life Assured 受保人				
Policyowner 保單持有人				

^ Policyowner information is required for applying Payor Benefit Series, but not applicable to VHIS Plan.
保單持有人資料適用於申請投保人保障系列，申請「自願醫保」計劃不需填寫投保人資料。

B. Avocation Details 業餘興趣資料	**Life Assured 受保人** No 否 Yes 是		**^Policyowner ^保單持有人** No 否 Yes 是	
1. Have you engaged in the following activities within the last 12 months or will you engage / intend to engage in the following activities within the next 12 months? 您曾否在過去 12 個月內或會否在未來 12 個月內參與以下活動？				
(a) flying activities other than as a fare-paying passenger of a licensed air service operating within recognised scheduled routes. 飛行活動（不包括以付費乘客身份乘搭由商業性民航客機提供並獲認可的定期航班服務）	○	○	○	○
(b) any hazardous sports or activities (such as diving, motor racing, mountaineering or rock climbing, parachuting, sky diving, hang gliding). 任何危險性運動或活動（例如：潛水、賽車、攀山或攀石、跳傘、高空跳傘、懸掛滑翔飛行）	○	○	○	○
If "Yes", please specify type of activity and complete related questionnaires. 若「是」，請填寫活動種類及繼續填寫有關問卷。				

C. Residency and Travel Details 居住與外遊資料	**Life Assured 受保人** No 否 Yes 是		**^Policyowner ^保單持有人** No 否 Yes 是	
1. In the **past 12 months**, did you travel or reside outside of your residential address for 183 days or more? 您在**過去12 個月**曾否在您居住地址以外的國家 / 地區 / 城市累積逗留 183 日或以上？	○	○	○	○

#Name of Country / Region and City #國家 / 地區及城市名稱	Duration (number of days) 時間（日數）	Purpose of stay (such as holiday / family visit, business, overseas study, working holiday) 逗留目的（例如：假期 / 探親 、 商務 、 海外留學、工作假期）

2. In the **next 12 months**, will you travel or reside outside of your residential address for 183 days or more? 您在**未來 12 個月**會否在您居住地址以外的國家 / 地區 / 城市累積逗留 183 日或以上？	○	○	○	○

#Name of Country / Region and City #國家 / 地區及城市名稱	Duration (number of days) 時間（日數）	Purpose of stay (such as holiday / family visit, business, overseas study, working holiday) 逗留目的（例如：假期 / 探親 、 商務 、 海外留學、工作假期）

Only country / region with duration of stay for 90 days or above would be required to disclose.
逗留 90 日或以上的國家 / 地區才需要申報。

^ Policyowner information is required for applying Payor Benefit Series, but not applicable to VHIS Plan.
保單持有人資料適用於申請投保人保障系列，申請「自願醫保」計劃不需填寫投保人資料。

D. Personal Information 個人狀況	Life Assured 受保人	^Policyowner ^保單持有人
1. Height 身高	_____ cm 厘米	_____ cm 厘米
2. Weight 體重	_____ kg 公斤	_____ kg 公斤
Applicable to Life Assured and Policyowner is at ANB 16 or above only 只適用於下次生日年齡為十六歲或以上的受保人及保單持有人		
3. **Smoking habit 吸煙習慣**		
Do you smoke or have you smoked in the last 12 months? If "Yes", please answer next question. 您有沒有吸煙或在過去 12 個月內曾否吸煙？ 若「是」，請回答下題。 Note: For the purpose of this question, the meaning of "smoking" includes but is not limited to cigarettes, tobacco pipes, chewing tobacco and the use of nicotine replacement products (such as e- cigarettes). 注意：「吸煙」在此問題的含義包括但不限於香煙、煙斗、嚼煙及使用尼古丁補充劑產品（例如電子煙）。	○ No 否 ○ Yes 是	○ No 否 ○ Yes 是
Please state your average daily quantity of smoking in the past 12 months. 請說明過去 12 個月每日平均吸煙數量。	Quantity 數量：_____ / day 天	Quantity 數量：_____ / day 天
4. **Alcohol consumption 飲酒**		
In the last 12 months, on average do you drink alcoholic beverage for more than 3 times in a week? If "Yes", please answer next question. 在過去 12 個月內，您是否平均每週飲用酒精飲品超過 3 次？ 若「是」，請回答下題。	○ No 否 ○ Yes 是	○ No 否 ○ Yes 是
How many glasses of standard drinks do you have per week? 請說明每星期飲用多少杯標準份量酒？ Note: A glass of standard drink is any drink containing 10 grams of alcohol, which is regardless of container size or alcohol type. 1 glass of standard drink = 30 ml shot of spirits (40% alcohol per volume) 1 glass of standard drink = 100 ml glass of red wine (13% alcohol per volume) 1 glass of standard drink = 375 ml bottle of mid strength beer (3.5% alcohol per volume) 注意： 1 杯標準份量酒是任何含有 10 克酒精的飲料，與容器大小或酒精類型無關。 1 杯標準份量酒= 30 毫升烈酒（酒精濃度40%） 1 杯標準份量酒= 100 毫升紅酒（酒精濃度13%） 1 杯標準份量酒= 375 毫升中等強度啤酒（酒精濃度3.5%）	_____ glass 杯	_____ glass 杯
5. **Taking of drugs not prescribed by doctors 服用未經醫生處方之藥物**		
In the last 5 years, have you used any drugs (excluding dietary supplements) which are not prescribed by doctors (including habit-forming or recreational drugs such as cocaine, ecstasy, heroin, methadone, anabolic steroids) for a continuous period of more than 1 month? 在過去 5 年內，您曾否持續超過一個月使用未經醫生處方之藥物（包括成癮性或消遣性藥物，例如可卡因、興奮劑、海洛英、美沙酮、同化性類固醇；惟不包括營養補充品）？	○ No 否 ○ Yes 是	○ No 否 ○ Yes 是
If "Yes", please provide type of drugs, duration, frequency and quantity of consumption 若「是」，請提供藥物種類，用藥持續時間，頻密度及份量	_____ _____	_____ _____

^ Policyowner information is required for applying Payor Benefit Series, but not applicable to VHIS Plan.
保單持有人資料適用於申請投保人保障系列，申請「自願醫保」計劃不需填寫投保人資料。

E. Family History 家庭狀況	**Life Assured 受保人**		**^Policyowner ^保單持有人**	
At your best knowledge, have any of your parents or siblings by blood been diagnosed with any of the following diseases or medical conditions at or before age 60: If "Yes", please give name of disease(s) together with onset age below. 就您所知，您的親生父母或兄弟姊妹 曾否於 60 歲或以前被確診下列疾病或健康狀況： 若「是」，請在以下列表說明發病年齡及疾病名稱。	No 否	Yes 是	No 否	Yes 是
(a) Cancer 癌症	○	○	○	○
(b) Coronary heart disease 冠心病	○	○	○	○
(c) Diabetes mellitus 糖尿病	○	○	○	○
(d) Motor neuron disease 運動神經元疾病	○	○	○	○
(e) Multiple sclerosis 多發性硬化症	○	○	○	○
(f) Stroke 中風	○	○	○	○
(g) Parkinson's disease 柏金遜症	○	○	○	○
(h) Hereditary diseases - *including cystic fibrosis, familial adenomatous polyposis, Alzheimer's disease, familial cardiomyopathy, inherited blood disorders (hemophilia, thalassemia, sickle cell disease), muscular dystrophy, polycystic kidney disease or Huntington's disease.* 遺傳病 - *包括囊性纖維化、家族性大腸腺息肉病、亞茲海默氏症、家族性心肌病、遺傳性血病（血友病、地中海貧血、鐮刀型貧血）、肌肉萎縮症、多囊性腎病或亨丁頓舞蹈症。*	○	○	○	○

	Life Assured 受保人			**Policyowner 保單持有人**		
	Family Member 親屬	Disease(s) 疾病	Onset Age 發病年齡	Family Member 親屬	Disease(s) 疾病	Onset Age 發病年齡
Family Member 1 親屬1	○ Father 父親 ○ Mother 母親 ○ Brother(s) 兄弟 ○ Sister(s) 姊妹		○ Age at or below 30 30 歲或以下 ○ Age 31 - 40 31 - 40 歲 ○ Age 41 - 50 41 - 50 歲 ○ Age 51 - 60 51 - 60 歲	○ Father 父親 ○ Mother 母親 ○ Brother(s) 兄弟 ○ Sister(s) 姊妹		○ Age at or below 30 30 歲或以下 ○ Age 31 - 40 31 - 40 歲 ○ Age 41 - 50 41 - 50 歲 ○ Age 51 - 60 51 - 60 歲
Family Member 2 親屬2	○ Father 父親 ○ Mother 母親 ○ Brother(s) 兄弟 ○ Sister(s) 姊妹		○ Age at or below 30 30 歲或以下 ○ Age 31 - 40 31 - 40 歲 ○ Age 41 - 50 41 - 50 歲 ○ Age 51 - 60 51 - 60 歲	○ Father 父親 ○ Mother 母親 ○ Brother(s) 兄弟 ○ Sister(s) 姊妹		○ Age at or below 30 30 歲或以下 ○ Age 31 - 40 31 - 40 歲 ○ Age 41 - 50 41 - 50 歲 ○ Age 51 - 60 51 - 60 歲
Family Member 3 親屬3	○ Father 父親 ○ Mother 母親 ○ Brother(s) 兄弟 ○ Sister(s) 姊妹		○ Age at or below 30 30 歲或以下 ○ Age 31 - 40 31 - 40 歲 ○ Age 41 - 50 41 - 50 歲 ○ Age 51 - 60 51 - 60 歲	○ Father 父親 ○ Mother 母親 ○ Brother(s) 兄弟 ○ Sister(s) 姊妹		○ Age at or below 30 30 歲或以下 ○ Age 31 - 40 31 - 40 歲 ○ Age 41 - 50 41 - 50 歲 ○ Age 51 - 60 51 - 60 歲

Important Note: If necessary, please use 'Supplementary Information Form'. 注意：如有需要，請用「補充資料表格」補充。

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保單持有人資料適用於申請投保人保障系列，申請「自願醫保」計劃不需填寫投保人資料。

F. Health Questions Part 1 健康狀況 第一部分
(If "Yes", please give full particulars in Section H.) (若「是」，請在H項詳述。)

Note for applicant(s): Questions of Section F do not require the applicant(s) to disclose information regarding the medical conditions or treatments below:
申請人須知：無需於 F 項問題披露以下健康狀況或治療：

- Cold 傷風
- Flu 感冒
- Sore throat 喉嚨痛
- Gastroenteritis (fully recovered) 腸胃炎（已痊癒）
- Food poisoning (fully recovered) 食物中毒（已痊癒）
- Indigestions (no investigations required) 消化不良（無需檢查）
- Acne 痤瘡
- Muscle sprained (fully recovered) 肌肉扭傷（已痊癒）
- Thrush 鵝口瘡
- Routine scan / blood test for pregnancy (normal result) 常規產前掃描 / 血液檢驗（檢驗結果正常）
- Routine cervical smear (normal result) 常規子宮頸細胞塗片檢驗（檢驗結果正常）
- Routine health check (normal result) 常規健康檢查（檢查結果正常）
- Preventive vaccination 預防疫苗
- Hormonal Replacement Therapy (menopause) 荷爾蒙補充治療（更年期）
- Infertility treatment or uncomplicated pregnancy 不育治療或胎兒生長情況正常的懷孕
- Myopia / hyperopia / astigmatism / presbyopia 近視 / 遠視 / 散光 / 老花

	Life Assured 受保人		**^Policyowner ^ 保單持有人**	
	No 否	Yes 是	No 否	Yes 是
1. Have you ever been diagnosed with any of the following diseases or medical conditions? 您是否曾被確診下列疾病或健康狀況？				
(a) Cancer or carcinoma in situ 癌症或原位癌	○	○	○	○
(b) Brain tumor 腦部腫瘤	○	○	○	○
(c) Heart disease 心臟疾病	○	○	○	○
(d) Stroke (including transient ischemic attack (TIA) 中風（包括短暫性腦缺血，俗稱「小中風」）	○	○	○	○
(e) Hypertension 高血壓	○	○	○	○
(f) Diabetes mellitus or impaired glucose tolerance 糖尿病或葡萄糖耐量異常	○	○	○	○
(g) Kidney disease 腎病	○	○	○	○
(h) Prolapsed intervertebral disc or degenerative spine conditions 椎間盤突出或脊椎退化性疾病	○	○	○	○
(i) Diseases or medical conditions requiring a medical device or prosthesis to be implanted within the body 需要植入醫療儀器或義肢的疾病或健康狀況	○	○	○	○
(j) Human immunodeficiency virus ("HIV") infection 人體免疫力缺乏病毒（愛滋病病毒）感染	○	○	○	○
(k) Congenital conditions (medical, physical or mental abnormalities that existed at the time of or before birth) 先天性疾病（指於出生時或之前已存在的醫學、生理或精神上的異常）	○	○	○	○
(l) Physical defects, impairments, deformities, and / or conditions affecting mobility, sight, speech or hearing 身體缺陷、不健全、畸形，及 / 或影響活動能力、視力、說話能力或聽力的狀況	○	○	○	○
(m) Mental health conditions (such as depression, anxiety, schizophrenia, eating disorders, or bipolar disorders) 精神健康狀況（例如抑鬱、焦慮、精神分裂、飲食失調或躁狂抑鬱症）	○	○	○	○
(n) Hypercholesterolemia or Hyperlipidemia 高膽固醇症或高血脂症	○	○	○	○
(o) Liver disorder (such as hepatitis B or hepatitis C (including tested positive), fatty liver or cirrhosis of liver) 肝臟疾病（例如乙型或丙型肝炎（包括測試呈陽性反應）、脂肪肝或肝硬化）	○	○	○	○
(p) Multiple sclerosis 多發性硬化症	○	○	○	○
2. Do you currently have any of the following diseases or medical conditions? 您目前是否患有下列疾病或健康狀況？				
(a) Hernia 疝氣（俗稱「小腸氣」）	○	○	○	○
(b) Breast lesion (tumour / mass / lump / cyst / nodule / growth) 乳房病變（腫瘤 / 硬塊 / 腫塊 / 囊腫 / 結節 / 增生）	○	○	○	○
(c) Uterine or ovarian lesion (tumour / mass / lump / cyst / polyp / nodule / growth) *(Applicable to female only)* 子宮或卵巢病變（腫瘤 / 硬塊 / 腫塊 / 囊腫 / 息肉 / 結節 / 增生）*（只適用於女性）*	○	○	○	○
(d) Benign prostatic hypertrophy *(Applicable to male only)* 良性前列腺肥大*（只適用於男性）*	○	○	○	○
(e) Gall bladder stone or urinary stone (renal stone, ureteric stones or urinary bladder stone) 膽結石或泌尿道結石（腎結石、輸尿管結石或膀胱結石）	○	○	○	○
(f) Cataract, glaucoma or retinopathy 白內障、青光眼或視網膜病變	○	○	○	○
(g) Arthritis or other joint disorder 關節炎或其他關節疾病	○	○	○	○

^ Policyowner information is required for applying Payor Benefit Series, but not applicable to VHIS Plan.
保單持有人資料適用於申請投保人保障系列，申請「自願醫保」計劃不需填寫投保人資料。

F. Health Questions Part 1 (Continued) 健康狀況 第一部分（續） (If "Yes", please give full particulars in Section H.) (若「是」，請在H項詳述。)	**Life Assured 受保人** No 否	Yes 是	**^Policyowner ^ 保單持有人** No 否	Yes 是
3. In the last 5 years, have you ever had or been advised to have any regular or ongoing (such as monthly, every 2 months, half-yearly, annually) follow-up consultations or medical care with a healthcare professional (such as specialist doctor, physiotherapist, psychiatrist) for any disease or medical condition? 在過去 5 年內，您是否曾經或被建議定期或持續（例如每月、每兩個月、每半年、每年）為任何疾病或健康狀況接受專業醫護人員（例如專科醫生、物理治療師、精神科醫生）的跟進診治或醫療護理？	○	○	○	○
4. In the last 5 years, have you ever been advised by your doctor to take any medications (such as to be taken daily / once per week / as needed as directed by doctor) for a continuous period of more than 1 month ? 在過去 5 年內，您是否曾被醫生建議定期（例如按醫生指示每日 / 每週一次 / 有需要時）服用為期超過一個月的處方藥物？	○	○	○	○
5. In the last 5 years, have you been admitted into a hospital? 在過去 5 年內，您是否曾入住醫院？	○	○	○	○
6. In the last 5 years, have you undergone a surgical procedure (including endoscopy or biopsy) without being admitted into a hospital? 在過去 5 年內，您是否曾在非住院情況下接受外科程序（包括內窺鏡檢查或活組織化驗）？	○	○	○	○
7. In the last 5 years, have you ever had or been advised to undergo investigations (such as blood or urine test, ECG, X-ray, ultrasound, CT scan, MRI, PET scan, HIV test, Hepatitis B test, Hepatitis C test)? 在過去 5 年內，您是否曾接受或曾被建議接受檢查（例如驗血、驗尿、心電圖、X 光、超聲波、電腦掃描、磁力共振、正電子掃描、愛滋病測試、乙型肝炎測試、丙型肝炎測試）？	○	○	○	○
8. Apart from anything you have already disclosed in Questions 1 - 7, do you have any of the following conditions ? 除了您第 1 至 7 項問題中已披露的資料外，您是否有下列情況？				
(a) Unintentional weight loss by more than 3 kg (6.6 lbs) over past 12 months 在過去 12 個月內，體重無故地減少了 3 公斤 (6.6 磅) 以上	○	○	○	○
(b) Abnormal bleeding (such as vaginal bleeding, rectal bleeding, nose bleeding or coughing up of blood) for at least one month 不正常出血（例如陰道出血、便血、流鼻血或咳血）至少一個月	○	○	○	○
(c) In the last 12 months, you had or have been required to have follow-up consultation with a healthcare professional (such as specialist doctor, physiotherapist, psychiatrist) for any medical condition or sign and symptom 在過去 12 個月內，您有任何健康狀況或病徵及症狀曾經接受或需要接受專業醫護人員（例如專科醫生、物理治療師、精神科醫生）的跟進診治	○	○	○	○
(d) Other medical conditions or sign and symptom (such as lump, headache, persistent coughing, chest pain or epigastric pain) that you are seeking or intend to seek medical advice 其他健康狀況或病徵及症狀（例如腫塊、頭痛、持續咳嗽、胸痛或上腹痛）而正在或打算尋求醫療意見	○	○	○	○
Applicable to ANB 16 or above female only 只適用於下次生日年齡為十六歲或以上的女性				
9. Are you currently pregnant? 您現時是否懷孕？	○	○	○	○
Applicable to ANB 7 or below Life Assured only 只適用於下次生日年齡為七歲或以下的受保人				
10. Was the insured child born before 37th week of pregnancy and / or born with body weight less than 2.5 kg (5.5 lbs)? 受保兒童是否於懷孕第 37 週前出生，及 / 或出生時體重少於 2.5 公斤（5.5 磅）？	○	○	Not Applicable 不適用	

G. Health Questions Part 2 健康狀況 第二部分 **If you are applying Voluntary Health Insurance Scheme ("VHIS") Plan only, you are not required to answer Part 4 Section G.** **如您只申請「自願醫保」計劃，您無需回答第四部分G項。** (If "Yes", please give full particulars in Section H.) (若「是」，請在H項詳述。)	**Life Assured 受保人** No 否	Yes 是	**^Policyowner ^ 保單持有人** No 否	Yes 是
1. Do you have any usual / family doctor? 您是否有慣常求診的醫生 / 家庭醫生？	○	○	○	○
If "Yes", please state doctor's name and address. 若「是」，請詳述醫生姓名及地址。	**Life Proposed 受保人** _____ _____		**^Policyowner ^保單持有人** _____ _____	
2. Other than medical conditions declared in Part 4 Section F, have you ever been diagnosed with any of the following diseases or medical conditions? 除了第四部分 F 項已申報之健康狀況外，您是否曾被確診下列疾病或健康狀況？				
(a) Tumour, nodule, mass, growth, polyp or cyst 腫瘤、結節、硬塊 、增生、息肉或囊腫	○	○	○	○
(b) Brain defects such as aneurysm, arteriovenous malformation (AVM) 腦部缺陷，如動脈瘤、動靜脈畸形 (AVM)	○	○	○	○

^ Policyowner information is required for applying Payor Benefit Series, but not applicable to VHIS Plan.
保單持有人資料適用於申請投保人保障系列，申請「自願醫保」計劃不需填寫投保人資料。

G. Health Questions Part 2 (Continued) 健康狀況 第二部分（續） **If you are applying Voluntary Health Insurance Scheme ("VHIS") Plan only, you are not required to answer Part 4 Section G.** **如您只申請「自願醫保」計劃，您無需回答第四部分G項。** (If "Yes", please give full particulars in Section H.) (若「是」，請在H項詳述。)	**Life Assured 受保人** No 否	Yes 是	**^Policyowner ^ 保單持有人** No 否	Yes 是
2. (c) Heart disease 心臟疾病 Such as: 例如： - *Angina, heart attack, coronary artery disease (CAD) and ischemic heart disease (IHD) ;* *心絞痛、心臟病發作、冠心病 (CAD) 及缺血性心臟病 (IHD)* - *Heart rhythm disturbances : such as palpitations, arrhythmia, tachycardia and atrial fibrillation* *心律失常：如心悸、心律不整、心搏過速及心房顫動* - *Heart defects: such as aneurysms, myocardial bridging, atrial septal defect (ASD), ventricular septal defect (VSD) and valve disorders such as regurgitation or prolapse* *心臟缺陷：如動脈瘤、心肌橋、房間隔缺損 (ASD)、室間隔缺損 (VSD) 及心瓣異常，如心瓣反流或脱垂* - *Heart surgery or procedure: such as angioplasty, coronary artery bypass graft (CABG) and ablation* *心臟手術：如血管成形術、冠狀動脈搭橋術 (CABG)、消融術*	○	○	○	○
(d) Intellectual impairment 智力障礙	○	○	○	○
(e) Unexplained chest pain, weakness in limbs or unconsciousness 原因不明的胸痛、肢體無力或喪失意識	○	○	○	○
(f) Unexplained slurred speech 原因不明的口齒不清	○	○	○	○
Applicable to Life Assured is at ANB 15 or below only 只適用於下次生日年齡為十五歲或以下的受保人				
(g) Autism spectrum disorder, attention deficit hyperactivity disorder (ADHD), tourette syndrome, disorder in coordination, movement, learning or language 自閉症譜系障礙、注意力不足過度活躍症、妥瑞症、協調、運動、學習或語言障礙	○	○	Not Applicable 不適用	
(h) Dwarfism, arthritis or kawasaki disease 侏儒症、關節炎或川崎病	○	○		
(i) Hydrocephalus or cerebral palsy 腦積水或腦癱	○	○		
(j) Neonatal jaundice 新生兒黃疸	○	○		
3. Other than medical condition declared in Part 4 Section F and above, which of the following conditions have you ever had and which continue to exist in the last 5 years or have required any investigation or treatment or follow up in the last 5 years? 除了第四部分 F 項及上述已申報之健康狀況外，您曾否患有及在過去 5 年持續存在下列病況，又或在過去 5 年您曾因下列病況需要接受任何檢驗、治療或跟進？				
(a) Asthma, chronic bronchitis, emphysema or obstructive sleep apnea 哮喘、慢性支氣管炎、肺氣腫或阻塞性睡眠窒息症	○	○	○	○
(b) Epilepsy or convulsions, systemic lupus erythematosus or persistent leukocytosis 癲癇症或抽搐、全身性紅斑狼瘡症或持續性白血球增多	○	○	○	○
(c) Thyroid disorder (such as goitre, thyroiditis, hyperthyroidism, hypothyroidism, etc.) 甲狀腺疾病（如甲狀腺腫脹（大頸泡）、甲狀腺炎、甲狀腺功能亢進或甲狀腺機能減退症等）	○	○	○	○
(d) Prostate disorder *(Applicable to male only)* *前列腺疾病（只適用於男性）*	○	○	○	○
(e) Breast hyperplasia, abnormal cervical smear or pap smear, vaginitis with abnormal vaginal discharge or menstrual disorders (amenorrhoea or oligomenorrhoea before menopause, heavy or prolonged menstruation, persistent painful menstruation) *(Applicable to female only)* 乳腺增生、子宮頸抹片結果異常、陰道炎（陰道分泌物異常）或月經失調（更年期前閉經或經血過少、經血過多或經期過長、持續痛經）*（只適用於女性）*	○	○	○	○
4. Other than what you have already told us, are you awaiting to have any medical test, investigation or assessment that is not for this application? 除了上述已提供之病史外，您是否正等待進行任何非針對本投保申請的醫學測試、檢驗或評估？ Note: Assessment refers to assessment for development disorder, behavioral disorder, movement disorder, learning disorder or speech disorder. 注意：評估是指對發育障礙，行為障礙，運動障礙，學習障礙或語言障礙的評估。	○	○	○	○
Long Term Care Section (Applicable to LTC application only 只適用於長期護理保障申請)				
5. (a) Do you require assistance or supervision or are you limited in performing any of the following activities: bathing, dressing, eating, toileting, transferring to or from a bed or chair, walking or do you use a wheelchair or walker, or confine to bed? 在進行以下日常活動時，您是否需要幫助或指導，或在任何方面受到局限：洗澡、更衣、進食、如廁、坐臥及離開睡床或椅子、行走、或您是否需要使用輪椅或扶助器，或需長期臥床？	○	○	Not Applicable 不適用	
(b) Have your ability to perform the above activities been deteriorated over the last 12 months? 過去十二個月以來，在進行上述日常活動時，您的能力有否減退？	○	○		
6. Have you ever suffered from, or been told to have, or are you receiving or planning to receive therapy for any of the following conditions? (Please put a "X" in the box if the specific condition is "Yes" and give details in Section H.) 您是否曾經患上、或獲悉已患有、或正在接受或計劃接受任何因以下狀況而進行之治療？ （若「是」，請於有關之狀況的方格內加上「X」號，並在 H 項詳述。） ☐ Memory Loss 失憶 ☐ Visual Changes 視力變化 ☐ Confusion 混亂 ☐ Skin ulcers 皮膚潰瘍 ☐ Falls 失足 ☐ Osteoporosis 骨質疏鬆症 ☐ Fractures 骨折 ☐ Incontinence 失禁	○	○		

^ Policyowner information is required for applying Payor Benefit Series, but not applicable to VHIS Plan.
保單持有人資料適用於申請投保人保障系列，申請「自願醫保」計劃不需填寫投保人資料。

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H. Health Information 健康資料
(If any answer to the questions in Section F or G is "Yes", please give additional information below. 如F或G項任何一條問題的答案為「是」，請於下表詳述。)

	Health Information 1 健康狀況 1	Health Information 2 健康狀況 2
	Question No. 題號	**Question No. 題號**
1. Disease / medical condition / sign and symptom 疾病 / 健康狀況 / 病徵及症狀		
2. Date of first occurrence of sign and symptom 首次出現病徵及症狀的日期		
3. (a) Treatment / investigations / tests / scans that have been performed 已進行的治療 / 檢查 / 測試 / 掃描		
(b) Date of such treatment / investigation / tests / scan 有關治療 / 檢查 / 測試 / 掃描日期		
(c) Result of such investigations / tests / scans 有關檢查 / 測試 / 掃描結果		
4. Present condition (such as whether fully recovered, follow up action / medication / next follow up date) 現況（例如是否已完成康復、有否跟進 / 服用跟進藥物 / 下次覆診日期）		
5. Date of last follow-up medical consultation / treatment 最後覆診 / 治療日期		
6. Name of doctor who treated the disease / sickness / medical condition / sign and symptom 治療有關疾病 / 不適 / 健康狀況 / 病徵及症狀的醫生姓名		
7. Name of Hospital, where applicable 醫院名稱（如適用）		

Please provide information as detailed as possible (e.g. provide year and month if exact date could not be recalled) for the sake of fair assessment in underwriting.
請盡量提供齊全資料（例如在未能回憶確實日期的情況下提供年份及月份）以便作出公平核保決定。

Important Note: If necessary, please use 'Supplementary Information Form'. 注意：如有需要，請用「補充資料表格」補充。

Part 5 第五部分 Declaration and Authorization 聲明及授權

I / We, the Life Assured / Policyowner, authorize all of the following (1) any doctors, hospitals, clinics, insurance companies, employers, organizations and persons (that have any medical history or records or knowledge of me / us whom or which I / we have attended or may hereafter attend) may disclose such information to the Company for the purpose of assessing and processing this application form and claims and providing subsequent services. To avoid any uncertainty, this authorization shall bind all my / our successors, assignees, executors and administrators and shall remain valid notwithstanding my / our death or incapacity (including but not limited to mental incapacity). A photocopy of this authorization shall be deemed to be valid as the original; (2) the Company or any of its appointed medical examiners or laboratories may perform all the necessary medical assessment and tests to underwrite and evaluate the health status of myself / ourselves in relation to this application form and any claim arising therefrom.

Applicable to Voluntary Health Insurance Scheme ("VHIS") Plan only

I/We, the Life Assured/Policyowner, hereby declare and agree that: (1) any change or revival of the policy shall be subject to the approval by Prudential Hong Kong Limited ("the Company") and shall not commence until an endorsement in respect of such change or revival of policy ("Endorsement") has been issued to me/us; (2) this questionnaire collects health-related information solely for the purpose of underwriting which is a process for the Company to evaluate the health risk of the applicants and decide the application results. The underwriting process that the Company adopts should be fair and reasonable, and the Company should explain the Endorsement application results if requested by me/us; (3) as the applicant, I/we are required to provide the Company with complete and accurate information requested in this questionnaire to the best of my/our knowledge and belief. Based on the information provided, the Company may have follow-up questions or enquiries that require me/us to provide further information for underwriting purpose. Information given herein are true and shall be the basis of the contract; (4) if there are any changes to or updates of the information provided in this questionnaire after the time of submission of this Endorsement application and before I/we receive the Endorsement, I/we are required to notify the Company in a timely manner; (5) even after an Endorsement has been issued upon successful application, the insurance coverage for me/us may be affected or Endorsement and / or the policy may be terminated, voided or rescinded, or claims may be repudiated by the Company, if I/we have not provided the Company with complete and accurate information to the best of my/our knowledge and belief according to (3), or if I/we have not notified the Company on any changes to or updates of the information in time according to (4); (6) in the event of doubt as to whether a fact or information is material it should be disclosed to the Company in this application form.

Applicable to any basic plan or rider other than Voluntary Health Insurance Scheme ("VHIS") Plan

I / We, the Life Assured / Policyowner, hereby declare and agree that: (1) any change or revival of the policy shall be subject to the approval by Prudential Hong Kong Limited ("the Company") and shall not commence until an endorsement in respect of such change or revival of policy ("Endorsement") has been issued to me / us by the Company; (2) neither material fact nor information has been withheld by me / us and the facts and information given herein are true and shall be the basis of the contract; (3) my / our failure to disclose a material fact or information which may influence the assessment and acceptance of the application for change or revival of the policy by the Company, may render the Endorsement and / or the contract voidable; (4) I / we shall disclose to the Company any change in my / our health or insurability (for Policyowner, it is only applicable if payor benefit is applied) after signing the proposal until I / we receive the Endorsement; (5) in the event of doubt as to whether a fact or information is material, it should be disclosed to the Company in this application form.

Part 5 第五部分 Declaration and Authorization (Continued) 聲明及授權（續）

本人 / 吾等，受保人 / 保單持有人，授權以下各項 (1) 任何醫生、醫院、診所、保險公司、僱主、機構或人士，將已經或其後存錄的有關本人 / 吾等之醫療病歷、紀錄或其他資料披露予保誠保險有限公司，作為評估及處理此保單更改或復效申請及索償及提供其後服務之用。為免任何疑問，本授權書對本人 / 吾等之繼承人、承讓人、遺囑執行人及遺產管理人均具有約束力。即使本人 / 吾等死亡或無行為能力（包括但不限於精神上無行為能力），本授權書仍具效力。本授權書之副本將被視為與正本具同樣效力； (2) 貴公司或任何由貴公司指定之醫生、醫務人員或化驗所，可就此保單更改或復效申請或任何有關索償申請替本人 / 吾等進行所有所需之醫療評估及測試，以審核本人 / 吾等之健康狀況。

只適用於「自願醫保」計劃

本人/ 吾等，作為受保人 / 保單持有人，在此聲明並同意：(1) 保誠保險有限公司（「貴公司」）並未正式接納保單更改或復效，且於有關批註 （「批註」）發出予本人 / 吾等前，任何保單更改或復效將不會生效；(2) 此問卷收集與健康相關的資料僅作為核保之用途，而核保是貴公司評估申請人之健康風險及決定申請結果的程序。貴公司採用的核保程序應為公平合理，並會因應本人/ 吾等要求解釋批註申請結果；(3) 作為申請人，本人/ 吾等需要盡其所知所信，按本問卷中要求向貴公司提供完整及準確的資料。貴公司根據本人/ 吾等提供的資料，可能會提出跟進問題或查詢而需要本人/ 吾等進一步提供資料以作核保之用，而已提供之資料完全屬實並將會是合約的依據；(4) 若本人/ 吾等在提交本批註申請書後至本人/ 吾等收到批註前的期間就本問卷中提供的資料有任何改變或更新，本人/ 吾等需要及早通知貴公司；(5) 即使已成功獲簽發批註，若本人/ 吾等未按 (3) 所述盡其所知所信向貴公司提供完整及準確的資料，或未按 (4) 所述就資料的任何改變或更新而及早通知貴公司，本人 / 吾等的保險保障可能會受到影響，貴公司亦可能因此終止、作廢或撤銷有關批註及 / 或保單，或拒絕賠償；(6) 假如對事實或資料的重要性產生疑問時，必須在本申請書上向貴公司披露該事實或資料。

只適用於「自願醫保」以外計劃 (不論基本計劃或附加保障）

本人 / 吾等，受保人 / 保單持有人，在此聲明並同意 (1) 保誠保險有限公司（「貴公司」）未正式接納保單更改或復效及發出有關批註（「批註」）予本人 / 吾等前，任何保單更改或復效將不會生效； (2) 本人 / 吾等沒有保留任何重要的事實或資料，而已提供之事實及資料完全屬實，並將會是合約的依據； (3) 假如本人 / 吾等未披露之事實或資料內容，足以影響貴公司衡量及應否接受保單更改或復效的申請，可令批註及 / 或合約失效； (4) 在本人 / 吾等簽署本申請書後直至本人 / 吾等收到批註前，本人/吾等必須向貴公司披露有關受保人及購買投保人保障系列的投保人的健康狀況或可保權益的任何改變； (5) 假如對事實或資料的重要性產生疑問時，必須在本申請書上向貴公司披露該事實或資料。

Part 6 第六部分 Collection of Levy by the Insurance Authority ("IA") 保險業監管局 (「保監局」) 收取的徵費

From 1 January 2018 onwards, a levy on insurance premiums for insurance policies will be payable to IA by policyowner. IA will collect the levy from policyowner through insurance companies. If you do not pay the overdue levy timely, the Insurance Authority ("IA") may, according to the law, impose on the policyholder a penalty of up to HK$5,000, and may recover the outstanding levy as a civil debt due to the IA. Levy must be paid when the premium is paid.

In this connection, notwithstanding anything contained in this form, policy provision or any other agreements between us, you agree us with the following assistance as may be necessary to enable us to collect any outstanding levy payable to IA in respect of the policy applied under this application form to the extent applicable and relevant, subject to the terms hereof: -

(a) you authorize us to deduct the levy from Premium Deposit Account ("PDA") of the policy; and
(b) you authorize us to deduct the levy by Automatic Premium Loan ("APL") if any renewal premium of the policy is being paid by APL and such levy shall be part of APL on which interest shall be charged in accordance with the policy provisions; and
(c) you agree the prepayment of levy on prepaid premiums if you pre-pay any premium; and
(d) in case the payment you pay to us is insufficient to pay for both premium and levy, you authorize us to settle the premium first; and
(e) in case the payment you pay to us is to settle outstanding levy, you authorize us to first settle the oldest outstanding levy.

由2018年1月1日起，保單持有人必須向保監局繳付保單之保費徵費。保監局將透過保險公司向保單持有人收取徵費。若 閣下未能依時清繳過期徵費，保險業監管局（「保監局」）可根據法例向其施加最高港幣$5,000的罰款，亦可循民事程序追討欠付的徵費。徵費需於繳交保費時同時繳交。

有見及此，儘管載於本表格、保單條款或我們之間其他任何協議所包含的任何內容，閣下同意我們在需要時提供以下協助，使我們能夠就閣下透過此人壽保險申請書申請之保單適當地及相關地根據以下條款，收取任何應向保監局繳付之未繳徵費：

(a) 閣下授權我們從保單保費儲蓄戶口扣除所需的徵費; 及
(b) 閣下授權我們可於保單之任何續期保費以自動保費貸款形式扣除時，同時以自動保費貸款形式扣除徵費，該扣除之徵費將成為自動保費貸款的一部份並將按保單條款計算利息；及
(c) 閣下同意如預繳任何保費，將同時就預繳保費預付徵費；及
(d) 如閣下所繳付的金額不足以扣除保費及徵費，閣下同意我們先扣除保費；及
(e) 如閣下所繳付的金額是用作繳付逾期徵費，閣下授權我們先扣除最前期的逾期徵費。

Part 7 第七部分 Personal Information Collection Statement ("PICS") 收集個人資料聲明 (「收集個人資料聲明」)

Prudential Hong Kong Limited (referred to as "**Company**", "**our**", "**we**", or "**us**") take the privacy and protection of your personal information seriously. We collect personal information from you that is necessary or helpful for us to either provide you with the product or service you have requested or to comply with statutory or contractual requirements (including the purposes mentioned below), or even for security purpose. We may collect personal information including, but not limited to, full name, address, contact details, contact details history, date of birth, gender, nationality, family members, beneficiaries, identity card copy and details, travel document information, health/medical records, credit information, product history, claims history, biometric data including but not limited to your voice pattern, fingerprint and facial images, your location information based on your device, financial and medical information ("**Personal Information**") to provide you with the insurance or financial products or services. "Personal information" shall also include, but not be limited to, the personal information relating to your beneficiaries (or any other person designated or entitled to receive any benefits under an insurance policy), dependents, authorised representatives, company staff, and other individuals in relation to which you have provided personal information. If you provide personal information about another person to us, you confirm that you are either their parent or guardian or you have obtained that person's consent to provide such personal information for use and transfer by the Company for the purposes set out in this PICS. We may also collect Personal Information about you from third parties such as other insurance companies, agents, credit reference/reporting agencies, vendors, financial institutions, fraud prevention agencies, government agencies, medical personnel, courts or public record.

China Personal Information Protection Law (PIPL)
The PIPL Addendum supplements the Personal Information Collection Statement and applies to you if you are located in Mainland China. The PIPL Addendum is available on our website at https://www.prudential.com.hk/en/china-personal-information-protection-law/

1. Purpose of Collection
We may use your Personal Information for the following purposes: (a) the administration of our products and services, including to provide any relevant services as discussed with you prior to any purchase of a product or service; (b) to process your application; (c) to administer and process insurance policies, insurance claims, medical, security and underwriting checks; (d) to process payment instructions; (e) to verify your eligibility for insurance, financial or wealth management products and services; (f) to design and provide you with insurance, financial and related products and services; (g) to communicate with you; (h) to comply with any regulatory or other legal requirements or other internal business requirements (whether imposed on us or any third parties in Section 2 below), including but not limited to anti-money laundering and Know-Your-Client obligations; (i) to investigate and settle claims and detect and prevent fraud (whether or not relating to the policy issued in respect of this application) and/or other illegal activity, or security or technical issues; (j) to carry out checks using agencies including credit reference agencies, tracing companies or publicly available information; (k) to provide customer services; (l) to perform automated decision-making or profiling; (m) to perform a policy review or needs analysis; (n) to conduct research and statistical analysis (including use of new technologies); (o) to administer lucky draws and other contests; (p) to enable us to perform our obligations to you; (q) to keep your information on record and carry out other internal business administration; (r) with your specific consent where required for direct marketing as explained in Section 3 below, personalise and tailor, customised promotions, messages and suggestions to you; and (s) any other purpose directly relating to any of the above purposes. With your consent, we may also use your personal data to send you marketing communications, as described in Section 3 below.
Some of the purposes above are necessary to allow us to perform our contractual obligations to you and to enable us to comply with applicable laws and regulation. We may also use and share your Personal Information for the purposes described above to improve our products and services. Your Personal Information will be stored either for as long as you (or your joint policyholder) are our customer, or longer if required by law or as is otherwise necessary.

2. Classes of Transferees
We may disclose your Personal Information to the group of companies including the Company and those of other entities whose ultimate parent company is Prudential plc including but not limited to Prudential General Insurance Hong Kong Limited ("**companies within the Prudential Group**") and their respective insurance agents, and to our financial/medical/wellness/health business partners. We may also disclose your Personal Information to the following third parties (within or outside Hong Kong) for the purposes outlined at Section 1 above: (a) insurance agents; (b) insurance brokers; (c) re-insurance companies; (d) claims investigation companies; (e) organisations that consolidate claims and underwriting information for the insurance industry, fraud prevention organisations, other insurance companies (whether directly or through fraud prevention organisations or other persons named in this paragraph) and databases or registers (and their operators) used by the insurance industry to analyse and check information provided against existing information; (f) third party service providers who provide administrative, telecommunications, computer, information technology, data processing and storage, customer satisfaction analysis, payment, printing, redemption or other services to us to enable us to operate our business (including without limitation other insurers, lawyers, bankers, accountants, professional advisors, financial institutions and trustees, auditors, IT service and platform providers, insurance intermediaries, investment managers, agents, pension trustees (and other stakeholders), scheme advisors, introducers, and selected third party financial and insurance product providers); (g) industry associations and federations; (h) medical bill review companies; (i) your joint policy or investment holder; (j) researchers; (k) credit reference agencies; (l) debt collection agencies; (m) partnering financial institutions and partnerships; and (n) financial crime prevention agencies, any legal, regulatory, law enforcement or government bodies and the courts. We may also disclose your Personal Information to an actual or proposed assignee or participant in connection with a transaction with another company which affects the control, governance, structure and/or management of all or a substantial part of our business, or if required to satisfy applicable legal or regulatory requirements. With your consent, we may also disclose your personal data to third parties to allow them to send you marketing communications, as described below.

3. Use and Transfer of Personal Data for Direct Marketing Purposes
With your consent, we intend to use your name and contact details for promotional and marketing purpose including sending marketing communications and conducting direct marketing to you by electronic and non-electronic means including by post, in relation to the following products, services and subjects, and we require your consent in order to do so: insurance; annuities; retirement schemes; pensions; wealth and financial management; estate management; investment; financial; medical/wellness/health related products, reward/loyalty programme services and subjects ("**Classes of Marketing Subjects**").
We also intend to transfer your name and contact details to our insurance agents, other companies within the Prudential Group and their respective insurance agents, our Business Partners, and our Marketing Partners, to enable them to market any of the Classes of Marketing Subjects to you, and your written consent is required in order for us to do so. We may provide your personal data to such transferees for gain.
If you change your mind, and / or you would like to opt-out of receiving direct marketing, you can advise our Data Protection Officer at service@prudential.com.hk.

4. Consequence of failing to provide Personal Information
Unless otherwise specified by us, it is mandatory for you to provide the Personal Information requested by us. If you do not provide such Personal Information, we may not be able to provide you the product or service that you've requested.

5. Access and Correction Rights
Under the Personal Data (Privacy) Ordinance (the "**Ordinance**"), you have the right to request access to and correction of any Personal Information that you provide to us. If want to exercise your rights, or if you require any other information, you can advise our Data Protection Officer at service@prudential.com.hk or contact us using the details on "Contact Us" section of the Company website (https://www.prudential.com.hk/scws/pages/en/contact-us/contact-us-home/index.html) or our Privacy Notice.
If you move/moved to a European Union ("**EU**") jurisdiction, we may be required to provide you with further information, and you may have additional rights, under the EU General Data Protection Regulation. This information and these rights are set out in the Privacy Notice on our Company website.
We update our Privacy Notice from time to time. We encourage you to familiarise yourself with the Privacy Notice on our Company website. The Privacy Notice is available on our Company website at https://www.prudential.com.hk/scws/pages/en/privacy-policy/index.html. By completing and progressing with this form, you confirm that you have read and understood this PICS.
Business Partners means our service providers who provide administrative, telecommunications, computer, information technology, data processing and storage, customer satisfaction analysis, payment, printing, redemption or other services to us to enable us to operate our business, accountants, auditors, IT service and platform providers, insurance intermediaries, reinsurers, investment managers, agents, pension trustees (and other stakeholders), scheme advisors, introducers, selected third party financial and insurance product providers, and our legal advisers.
Marketing Partners means our service providers who provide administrative, telecommunications, computer, payment, printing, third-party rewards/loyalty/privileges programs, medical/health/wellness related products, redemption or other services to us to enable us to operate our business, insurance intermediaries, pension trustees (and other stakeholders), scheme advisors, introducers and selected third party financial and insurance product providers.

Part 7 第七部分 Personal Information Collection Statement ("PICS") (Continued) 收集個人資料聲明 (「收集個人資料聲明」)(續)

保誠保險有限公司（簡稱「**本公司**」或「**我們**」）認真對待閣下個人資料的私隱及保護。為使我們可以向閣下提供閣下要求的產品或服務，或為遵守法定及合約要求，我們會向閣下收集必要或有幫助的個人資料。為向閣下提供保險或金融產品或服務 , 遵守法定或合同要求（以下概述的其他目的），及保安目的，我們可能會向閣下收集個人資料，包括但不限於全名、地址、聯絡資料、過往聯絡資料、出生日期、性別、國籍、家庭成員、受益人、身分證副本及資料、旅遊證件資料、健康 / 醫療紀錄、信貸資料、過往產品紀錄、過往索償紀錄、生物辨識資料，包括但不限於閣下的聲音模式、指紋及面部圖像、基於閣下的流動或其他電子裝置收集閣下的位置資料、財務及醫療資料（「**個人資料**」）。「個人資料」將包括但不限於與有關以下人士的個人資料：閣下的受益人（或任何其他根據保單被指定或有權獲得任何利益的人）、收養人、授權代表、公司職員和閣下曾提供其個人資料的其他人士。如閣下向我們提供其他人士的個人資料，即表示閣下確認閣下是該人的父母或監護人或閣下已取得該人士的同意以提供個人資料供本公司按此收集個人資料聲明的目的使用和轉移。我們亦可能會從第三方，如其他保險公司、代理、信貸資料服務 / 報告機構、供應商、金融機構、防欺詐機構、政府機構、醫務人員、法院或公開紀錄，收集關於閣下的個人資料。

《中華人民共和國個人信息保護法》

中國內地補充內容是對本個人信息收集聲明的補充，如果您在中國內地則適用此補充內容。您可在本網站 https://www.prudential.com.hk/tc/china-personal-information-protection-law/ 查閱中國內地補充內容。

1. 收集資料之目的

我們可能會使用閣下的個人資料作下列目的：(a) 管理我們的產品和服務，包括在購買產品或服務之前提供已與閣下討論的任何相關服務；(b) 處理閣下的申請；(c) 管理和處理保單、保險索償、醫療、抵押和承保檢查；(d) 處理付款指示；(e) 核實閣下申請保險、金融或財富管理產品及服務的資格；(f) 設計及為閣下提供保險、金融及相關的產品和服務；(g) 與閣下進行通訊；(h) 遵守任何監管或其他法律規定或其他內部業務規定（不論是向我們或下述第 2 部分所列的任何第三方實施），包括但不限於打擊洗錢和認識你的客戶（KYC）義務；(i) 就索償進行調查及和解，以及偵查及防止欺詐（不論是否有關就本申請簽發的保單）及 / 或其他非法行為或安全 / 技術問題；(j) 使用代理機構（包括信貸資料服務機構）、追蹤公司或公開可得資料以執行核查；(k) 提供客戶服務；(l) 執行自動決策或資料剖析；(m) 進行保單審查或需求分析；(n) 進行研究和統計分析（包括使用新科技）；(o) 進行管理幸運抽獎和其他比賽；(p) 使我們能夠履行對閣下的義務；(q) 保持閣下的資料記錄並執行其他內部業務管理；(r) 為直接市場推廣需要並在有需要時經閣下的特定同意下，如以下第 3 部分所述，為閣下量身訂製個性化的促銷、消息和建議；及 (s) 與上述任何目的直接相關的任何其他目的。經閣下同意，我們亦可能會按照以下述第 3 部分所列使用閣下的個人資料以向閣下發出促銷通訊。

為履行對閣下的合約責任及至使我們能夠遵守適用法律及法規，上述部分目的屬必要的。我們亦可能會為上述所列的目的使用及分享閣下的個人資料以改善我們的產品及服務。只要閣下（或閣下的聯名保單持有人）仍為我們的客戶，我們將一直保存閣下的個人資料，或如法律有所規定或因其他原因而為必要，我們則將其保存更長時間。

2. 被資料轉交者的類別

我們可能會向該公司集團，包括本公司以及其他母公司為英國保誠集團的實體包括但不限於保誠財險有限公司（「**保誠集團內的公司**」）及他們各自的保險代理，及我們的金融 / 醫療 / 保健 / 健康業務夥伴，透露閣下的個人資料。為達到上述第一部分所列明之目的，我們亦可能會向下列第三方（在香港境內或境外）透露閣下的個人資料：(a) 保險代理；(b) 保險經紀；(c) 再保險公司；(d) 索償調查公司；(e) 為保險業整合索償及承保資料的組織、防欺詐組織、其他保險公司（不論直接或透過防欺詐組織或本段指名的其他人士），及保險業用作分析及核查現有資料與及後提供的資料而使用的數據庫或登記冊（及其營運商）；(f) 提供行政、電訊、電腦、信息技術、數據處理及儲存、客戶滿意度分析、付款、印刷、贖回或其他服務以令我們的業務可以運作的第三方服務供應商（包括但不限於其他保險公司、律師、銀行家、會計師、專業顧問、金融機構及受託人、審計師、IT 服務及平台供應商、保險中介、投資經理、代理、退休金受託人（及其他持份者）、計劃顧問、介紹人及選定的第三方金融和保險產品供應商）；(g) 行業協會及聯會；(h) 醫療賬單審查公司；(i) 閣下的聯名保單或投資持有人；(j) 研究人員；(k) 信貸資料服務機構；(l) 收賬代理；(m) 夥伴金融機構及合作夥伴；及 (n) 預防金融罪案機構、任何法律、監管和執法機構或政府機構及法院。在有關影響到我們全部或重大部分業務的控制權、治理、結構及 / 或管理的與另一公司的交易時，或在必須符合適用的法律或監管要求下，我們亦可能會透露閣下的個人資料予該等的實在或擬議受讓人或參與人。經閣下同意，我們亦會向第三方透露閣下的個人資料以讓該等第三方向閣下發出促銷通訊（如下文所述）。

3. 使用及轉移個人資料作直接促銷用途

經閣下的同意，我們擬使用閣下的姓名和聯絡資料，用於宣傳和市場推廣用途，包括通過電子和非電子方式（包括郵寄）向閣下發送市場推廣通訊和進行直接促銷，就以下產品、服務和目的，我們需要閣下的同意才可以這樣做 : 保險；年金；退休計劃；退休金；財富和財務管理；遺產管理；投資；金融；醫療 / 保健 / 健康相關產品；獎賞/ 優惠計劃服務及目的（「**促銷標的類別**」）。

我們亦擬將閣下的姓名和聯絡資料轉移給我們的保險代理人、保誠集團內的其他公司及其保險代理人、我們的業務合作夥伴和營銷合作夥伴，以使他們能夠向閣下推銷任何促銷標的類別，並且需要閣下的書面同意才能這樣做。 我們可能因向此類受讓人提供閣下的個人資料而獲得利益。

如閣下改變主意，及 / 或閣下想選擇不接受直接市場推廣，可以與我們的資料保護主任聯絡 (service@prudential.com.hk)。

4. 未能提供個人資料的影響

除非我們另有規定，否則閣下必須提供我們要求的個人資料。若閣下未提供有關個人資料，我們可能無法為閣下提供所要求的產品或服務。

5. 查閱和更正的權利

根據《個人資料（私隱）條例》（「**條例**」），閣下有權要求查閱及更正任何閣下提供給我們的個人資料。閣下如欲行使閣下的權利，或如閣下需要任何其他資料，請聯絡我們，閣下可以發送電郵至 service@prudential.com.hk 或使用本公司網站 (https://www.prudential.com.hk/scws/pages/tc/contact-us/contact-us-home/index.html) 或我們的私隱通知中「聯絡我們」部分所列的資料與我們的資料保護主任聯絡。

如閣下搬遷 / 已搬遷至歐洲聯盟（「**歐盟**」）司法管轄區，我們可能需要向閣下提供進一步資料，且閣下可能在歐盟《通用數據保障條例》下享有額外權利。此類資料及此等權利均載於本公司網站上的私隱通知中。

我們會不時更新我們的私隱通知，並建議閣下瀏覽本公司網站以了解該私隱通知。該私隱通知可在本公司網站〔https://www.prudential.com.hk/scws/pages/tc/privacy-policy/index.html〕上查閱 。閣下填妥並繼續提交本表格，即表示閣下確認已閱讀並理解本收集個人資料聲明。

業務合作夥伴指我們的服務供應商、提供行政、電信、電腦、信息技術、數據處理及儲存、客戶滿意度分析、支付、印刷、贖回或其他服務予我們，以使我們能夠經營我們業務，會計師、審計師、IT 服務和平台供應商、保險中介機構、再保險承保人、投資經理、代理、退休金受託人（和其他持分者）、計劃顧問、介紹人、核准的第三方金融和保險產品供應商以及我們的法律顧問。

營銷合作夥伴指我們的服務供應商提供行政、電信、電腦、支付、印刷、第三方獎賞 / 會員 / 優惠計劃、醫療 / 健康 / 保健相關產品、贖回或其他服務，以使我們能夠經營我們業務、保險中介、退休金受託人（和其他持分者）、計劃顧問、介紹人和核准的第三方金融和保險產品供應商。

Part 8 Cancellation Right and Refund of Premium(s) and Levy (Only applicable to Voluntary Health Insurance Scheme)
第八部分 取消權利及退回保費及保費徵費 （只適用於自願醫保計劃）

Cancellation Rights & Refund of Premium(s) and Levy within Cooling-off Period

I/We, the Policyowner, understand that I/We have the right to cancel this supplementary benefit and obtain a refund of any premium(s) paid (less any market value adjustment and any withdrawals, if any) and any levy(ies) by returning the original policy endorsement and policy provision# (#only applicable for receiving policy endorsement and policy provision in physical copy) by giving written notice to Prudential Hong Kong Limited. Such notice must be signed by me/us and received directly by Prudential Hong Kong Limited at 8/F, Prudential Tower, The Gateway Harbour City, 21 Canton Road, Tsim Sha Tsui, Kowloon, Hong Kong within Cooling-off Period. I/We understand that the Cooling-off Period is the period of 21 calendar days immediately following either the day of delivery of the policy or the Cooling-off Notice to me or my nominated representative (whichever is the earlier). I/We understand that the cooling-off notice is a notice that will be sent to me/us or my/our nominated representative by Prudential Hong Kong Limited to notify me of the Cooling-off Period around the time the policy is delivered. The day of delivery of the insurance policy or the Cooling-off Notice is not included for the calculation of the 21 calendar day period. If the last day of the 21 calendar day period is not a working day, the period shall include the next working day. Working day means a day other than (i) a public holiday; (ii) a Saturday; or (iii) a gale warning day or black rainstorm warning day. For investment-linked policies/ or supplementary benefits, the refund of premium(s) and any levy(ies) paid will be subject to a deduction of the amount, by which the value of my/ our investment has fallen (if any) at the time when my/ our cancellation letter is received by Prudential Hong Kong Limited. No refund will be made if a claim payment has been made paid. This proposal should only be issued in conjunction with the principal brochure and the illustration document (in respect of the insurance plan) which I/We have read and understood before signing this proposal.

This document is intended to be distributed in Hong Kong only and shall not be construed as an offer to sell or solicitation to buy or provision of any insurance product outside Hong Kong. Prudential Hong Kong Limited does not offer or sell and insurance product in any jurisdictions outside Hong Kong in which such offering or sale of the insurance product is illegal under the laws of such jurisdictions.

在冷靜期內取消權利及退回保費及保費徵費

本人 / 吾等，作為保單持有人，明白本人 / 吾等有權把保單批註及保單條款正本退回#(#只適用於收取紙張保單批註及保單條款)並以書面通知要求取消自願醫保計劃及取回所有已繳保費(扣除市場價值調整及任何曾提取之現金金額，如適用)及保費徵費；但是本人 / 吾等必須簽署該通知，並確保保誠保險有限公司設於香港九龍尖沙咀廣東道21號海港城港威大廈英國保誠保險大樓8樓之辦事處於冷靜期內直接收到該通知。本人 / 吾等了解，冷靜期為緊接保單或冷靜期通知書交付予本人 / 吾等或本人/ 吾等的指定代表後起計的21個曆日內，以較先者為準。本人/ 吾等了解，冷靜期通知書是由保誠保險有限公司在交付保單時致予本人/ 吾等或本人 / 吾等的指定代表的一份通知書，以就冷靜期一事通知本人。交付保單或冷靜期通知書當天並不包括在計算 21個曆日的期間內。若第 21個曆日當天並非工作天，則冷靜期將包括隨後的工作天的一天在內。「工作天」指除 (i)公眾假期；(ii)星期六；或 (iii)《釋義及通則條例》所定義的烈風警告日或黑色暴雨警告日以外的日子。 如屬投資相連壽險保單 / 或附加保障，所退回之已繳保費及保費徵費將必須先扣除當於保誠保險有限公司收到本人 / 吾等取消保單的申請時本人 / 吾等之投資可能出現之市值虧損。惟已獲得理賠償者，將不獲得任何退款。

此申請書只可連同保險計劃的主要銷售刊物及保險利益說明書一併發出。本人 / 吾等在簽署本申請書前，已細閱及明白與申請書有關的主要銷售刊物 及保險利益說明書的內容。此文件僅旨在香港派發，並不能詮釋為在香港境外提供或出售或游說購買任何保險產品。如在香港境外之任何司法管轄區的法律下提供或出售任何保險產品屬於違法，保誠保險有限公司不會在該司法管轄區提供或出售該保險產品。

Part 9 第九部分 Signature 簽署

If the signatory is a Company / Partnership / Sole Proprietorship, its authorized signatories should sign and chop. 如簽署方為公司 / 合夥 / 獨資經營持有，須由公司授權人員簽署及蓋章。

/ /				
Day日 Month月 Year年	Signed Place 簽署地點	Signature of Policyowner 保單持有人簽署 (It must be consistent with that in our record 保單持有人的簽署必須與本公司的記錄相符)	Signature of Life Assured (whose attained age is 18 or above) 受保人簽署（適用於18歲或以上的受保人）	Signature of Irrevocable Trustee / Collateral Assignee (if applicable) 不可撤換信託人 / 抵押轉讓之承讓人簽署 （如適用）

The witness must be an individual third party aged 18 or above. If the Policyowner uses signature chop or fingerprint, two witnesses are required. The personal particulars of the witness(es) will only be used for the purpose of verification and confirmation of the identity(ies) of the signatory(ies) of this form. 見證人必須為年滿18歲或以上的第三者。若保單持有人以圖章蓋印或指紋簽署，必須有兩位見證人。見證人之個人資料只會用於處理本申請及確認此表格簽署人的身份之用。

Signature of Witness 見證人簽署	Name and Identity Document Number of Witness 見證人姓名及身份證明文件號碼	Signature of Witness 見證人簽署	Name and Identity Document Number of Witness 見證人姓名及身份證明文件號碼

Please DO NOT sign on BLANK form. 請勿在空白表格上簽署。