Voluntary Health Insurance Scheme ("VHIS")
Migration Application Form (Migration to VHIS Rider)
自願醫保計劃轉移申請表格
(轉移至自願醫保計劃附加保障)

PRUDENTIAL 英國保誠

VHIS – PA

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 **現有受保人姓名**	
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		

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. 請勿在空白表格或尚未填妥的表格上簽署。
4. Any changes or amendments in this form must be countersigned by the Policyowner in full signature. 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。
5. Policyowner MUST sign and date in Part 10 of this form. 保單持有人必須在此表格第十部分簽署及填寫簽署日期。
6. This application MUST be signed in Hong Kong. 此表格必須於香港簽署。
7. 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. 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。
8. Any excess premium and levy after policy alteration (if applicable) will be deposited into Premium Deposit Account unless otherwise specify. 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）。
9. 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。
10. 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。
11. 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。
12. 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。
13. 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。
14. 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。
15. This form is only applicable to Hong Kong residents with HKID card and children who are Hong Kong residents under ANB 12. 此表格只適用於持有香港身份證的香港居民和身為香港居民及下次生日年齡為十二歲以下的兒童。

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Part 1 第一部分 Details of Policy Migration 保單轉移詳情

I/We, the Policyowner/Life Assured, confirm that I/we have read all information provided below for the medical plan migration.
(Please provide the Policy number of the Plans and put a "X" to the appropriate boxes.)
本人 / 吾等（保單持有人 / 受保人）確認本人 / 吾等已閱讀以下就醫療計劃轉移所提供的資料。
（請於適當位置內填上保單號碼及「X」號。）

Migration from ("Original Medical Plan") 由（「原有醫療計劃」）轉移 Policy number 保單號碼	Proposed Application of Migration to ("Newly Issued Plan") 擬申請轉移至（「新簽發計劃」）
Plan Name 計劃名稱	**Plan Name 計劃名稱**
☐ PRUhealth secure top-up plan – HTPR 智安心康健計劃 ☐ PRUhealth medical plus – PMP / PMPR 醫療加倍保 ☐ PRUmed better care plan – MBC 健樂醫療計劃 ☐ PRUmed care plan – MCP 醫療護惠計劃 ☐ PRUmed health care plan – MHC 健愉醫療計劃 ☐ PRUmed lifelong care plan – MLP 終身保醫療計劃 ☐ PRUmyhealth prestige medical plan – PPM 「摯為您」優悅醫療保險計劃 ☐ PRUparent medical care plan – MCP1 「親恩寶」醫療保障計劃	☐ PRUHealth CoreChoice Medical Plan - VSPR 保誠自主醫保計劃 ☐ PRUHealth FlexiChoice Medical Plan - VFPR 保誠靈活自主醫保計劃

Covered Room 受保病房	Option 選項
☐ Ward 普通病房	☐ PRUHeatlh Major Option 1 額外醫療計劃選項一 ☐ PRUHeatlh Major Option 2 額外醫療計劃選項二
☐ Semi-Private 半私家病房	☐ PRUHeatlh Major Option 1 額外醫療計劃選項一 ☐ PRUHeatlh Major Option 2 額外醫療計劃選項二
☐ Private 私家病房	☐ PRUHeatlh Major 額外醫療計劃

☐ PRUHealth VHIS VIP Plan - VIPR
保誠自願醫保尚賓計劃

Deductible 自付費
☐ HKD 0 per Policy Year 每保單年度 港元0
☐ HKD 20,000 per Policy Year 每保單年度 港元20,000
☐ HKD 50,000 per Policy Year 每保單年度 港元50,000
☐ USD 0 per Policy Year 每保單年度 美元0
☐ USD 2,500 per Policy Year 每保單年度 美元2,500
☐ USD 6,250 per Policy Year 每保單年度 美元6,250

Part 2 第二部分 Education and Income Level 教育及收入等級

1. Education Level 教育程度 ☐ Primary School or below 小學或以下 ☐ Secondary School 中學 ☐ Tertiary or above 大專或以上 ☐ Others (Please specify) 其他（請列明）_____

2. What is your average monthly income from all sources in the past 2 years? 在過去兩年裡，閣下從所有來源的平均每月的收入是多少？	Monthly Income 每月的收入 (include salary, bonus and commission, investment income, property rental income, interest from bank deposit, dividend from shares, financial support from family members and other incomes) （包括薪酬、花紅及佣金、投資收入、物業收入、銀行存款利息及股票分紅、家庭成員財政支持及其他收入）	Total not less than 總數不少於 HKD 港元 _____

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Please refer to table below to complete Part 3 or Part 4 請參閱以下內容並填寫第三或第四部分

From 由		To 至		
Original Medical Plan 原有醫療計劃	**Life Assured's age next birthday ("ANB") 受保人下次生日年齡**	**PRUHealth Core Choice Medical Plan 保誠自主醫保計劃**	**PRUHealth FlexiChoice Medical Plan 保誠靈活自主醫保計劃**	
			Same or lower class of Covered Room 相同或較低受保病房級別	**Upgrade of Covered Room or Benefit Level[1] 提升受保病房級別或保障[1]**
- PRUmed better care plan – MBC 健樂醫療計劃 - PRUmed care plan – MCP 醫療護惠計劃 - PRUmed lifelong care plan – MLP 終身保醫療計劃 - PRUmed health care plan – MHC 健愉醫療計劃 - PRUparent medical care plan – MCP1 「親恩寶」醫療保障計劃	Not applicable 不適用	Part 3 Simplified Underwriting applications 第三部分 簡易核保程序之申請	Part 3 Simplified Underwriting applications 第三部分 簡易核保程序之申請	Part 4 Full Underwriting applications 第四部分 一般核保程序之申請
- PRUhealth medical plus – PMP / PMPR 醫療加倍保 - PRUmyhealth prestige medical plan – PPM 「摯為您」優悅醫療保險計劃 No Deductible 沒有自付額	Life Assured age 18 (ANB) or above 受保人下次生日年齡18歲或以上	Guaranteed Insurability Option (Not required to complete Part 3 or Part 4) 保證核保（不需填寫第三或第四部分）	Guaranteed Insurability Option (Not required to complete Part 3 or Part 4) 保證核保（不需填寫第三或第四部分）	**PPM:** Guaranteed Insurability Option (Not required to complete Part 3 or Part 4) 保證核保（不需填寫第三或第四部分） **PMP / PMPR:** Part 4 Full Underwriting applications 第四部分 一般核保程序之申請
	Life Assured age 17 (ANB) or below 受保人下次生日年齡17歲或以下	Part 3 Simplified Underwriting applications **- question 4 Only** 第三部分 簡易核保程序之申請 **- 只需填寫問題4**	Part 3 Simplified Underwriting applications **- question 4 Only** 第三部分 簡易核保程序之申請 **- 只需填寫問題4**	
- PRUhealth medical plus – PMP / PMPR 醫療加倍保 - PRUmyhealth prestige medical plan – PPM 「摯為您」優悅醫療保險計劃 Deductible / Co-pay[2] 有自付額 / 共付保障[2]	Not applicable 不適用	Part 4 Full Underwriting applications 第四部分 一般核保程序之申請	Part 4 Full Underwriting applications 第四部分 一般核保程序之申請	
- PRUhealth secure top-up plan – HTPR 智安心康健計劃	Not applicable 不適用	Part 4 Full Underwriting applications 第四部分 一般核保程序之申請	Part 4 Full Underwriting applications 第四部分 一般核保程序之申請	

From 由	To 至	
Original Medical Plan 原有醫療計劃	**PRUHealth VHIS VIP Plan 保誠自願醫保尚賓計劃**	
	Same or lower Benefit Level 相同或較低保障	**Upgrade of Benefit Level[1] 提升保障[1]**
- PRUmed better care plan – MBC 健樂醫療計劃 - PRUmed care plan – MCP 醫療護惠計劃 - PRUmed lifelong care plan – MLP 終身保醫療計劃 - PRUmed health care plan – MHC 健愉醫療計劃 - PRUparent medical care plan – MCP1 「親恩寶」醫療保障計劃 - PRUhealth secure top-up plan – HTPR 智安心康健計劃	Part 4 Full Underwriting applications 第四部分 一般核保程序之申請	
- PRUhealth medical plus – PMP / PMPR 醫療加倍保 - PRUmyhealth prestige medical plan – PPM 「摯為您」優悅醫療保險計劃	Guaranteed Insurability Option (Not required to complete Part 3 or Part 4) 保證核保（不需填寫第三或第四部分）	Part 4 Full Underwriting applications 第四部分 一般核保程序之申請

1 Upgrade of Covered Room or Benefit Level including: (i) add PRUHealth Major Coverage; or (ii) upgrade to PRUHealth Major option 2; or (iii) the Original Medical Plan with deductible or co-pay applies migration; or (iv) lower the deductible. 提升受保病房級別或保障包括：(i) 新增額外醫療計劃；或 (ii) 提升額外醫療計劃至選項二；或 (iii)於原有醫療計劃下附有自付額 / 共付保障並申請轉移；或 (iv)調低自付額。

2 Applicable to PRUhealth medical plus Plan 2. 適用於醫療加倍保之計劃二。

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Part 3 第三部分 Simplified Underwriting applications 簡易核保程序之申請

Please answer the following questions. If the answer is "YES", please give full particulars in below section. 請回答下列問題。若"是"，請在下面方格詳述有關資料。		No 否	Yes 是
1.	Has the Life Assured ever had cancer? 受保人曾否患有癌症?	○	○
2.	Has the Life Assured ever had chronic kidney diseases? (e.g. kidney failure, etc.) 受保人曾否患有慢性腎病（如腎衰竭等）?	○	○
3.	In the past 7 years, has the Life Assured ever had any signs or symptoms of mental disorders (e.g. mood problem, anxiety state, etc.) or had been advised to have medication, follow up, treatment for mental diseases by a registered medical doctor? 在過去七年，受保人曾否患有精神疾病的徵狀（如情緒障礙、焦慮狀態等）或因精神疾病被註冊醫生建議服用藥物、覆診或接受治療？	○	○
4.	Applicable for Life Assured with ANB 17 or below 只適用於受保人之下次生日年齡為十七歲或以下		
	Has the Life Assured ever had inherited disorder (e.g. Huntington's disease, Motor neuron disease, etc.) or developmental disorder (e.g. attention deficit hyperactivity disorder (ADHD), intellectual impairment, etc.)? 受保人曾否患有遺傳性疾病（如亨廷頓舞蹈症、運動神經細胞疾病等）或發展障礙（如注意力不足過度活躍症、智力障礙等）?	○	○

Details 詳情

Details of Health Condition (including date of first diagnosis & last symptoms, name of Life Assured medical condition) 健康狀況詳情（包括首次診斷日期、最後發病日期、受保人所患疾病的名稱）	Date, Type & result of investigation 檢查日期、項目及結果	Type of operation / treatment & duration of treatment 手術或治療的名稱及所需的治療時間	Degree of recovery 痊癒程度	Full name and address of doctor / clinic / hospital (If applicable). 主診醫生、診所或醫院的名稱及地址（如適用）。

Part 4 第四部分 Full Underwriting applications 一般核保程序之申請

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
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. Insurance Details 投保資料	Life Assured 受保人 No 否	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 4 第四部分 Full Underwriting applications (Continued) 一般核保程序之申請（續）

B. Insurance Details (Continued) 投保資料（續）

	Life Assured 受保人 No 否	Yes 是

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
				Disability Income Benefit 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	Reason 原因
Life Assured 受保人				

C. Avocation, Residency and Travel Details 業餘興趣、居住與外遊資料

	Life Assured 受保人 No 否	Yes 是
1. Have you engaged or intended to engage in flying (except as a fare-paying passenger on a scheduled public air service)? If "Yes", please complete aviation questionnaire. 您曾否參與或計劃參與飛行（乘搭固定航線的付費乘客除外）？若「是」，請繼續填寫飛行問卷。	○	○
2. Have you engaged or intended to engage in any hazardous pursuit (e.g. motor car, motor cycle racing or diving, etc.)? If "Yes", please complete related questionnaires. 您曾否參與或計劃參與有危險性之活動（如賽車、電單車賽事或潛水等）？若「是」，請繼續填寫有關問卷。	○	○
3. In the past 12 months / next 24 months, did you / will you travel or reside more than 3 months outside Hong Kong? If "Yes", please complete the following table. 你在過去12個月 / 未來24個月曾否 / 會否在香港以外的國家 / 城市逗留3個月以上？	○	○

		Name of Country and City 國家及城市名稱	Duration (number of days) 時間（日數）	Purpose of stay 逗留目的
Life Assured 受保人	In the past 12 months 過去12個月			
	In the next 24 months 未來24個月			

D. Personal Information 個人狀況

	Life Assured 受保人 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。	_____ _____	
2. Height 身高	_____ cm 厘米	
3. Weight 體重	_____ kg 公斤	

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Part 4 第四部分 Full Underwriting applications (Continued) 一般核保程序之申請（續）

D. Personal Information (Continued) 個人狀況（續）	Life Assured 受保人 No 否	Yes 是
4. Have you experienced weight loss of more than 5 kg in the past 12 months? If "Yes", please give details including the weight you lose in kg and reason (if known). 過去十二個月內，您的體重有否減輕超過5公斤？若有，請詳細說明包括體重減輕之公斤數值及體重減輕之原因（若知道）。	○	○
5. Have you ever smoked? 您曾否吸煙？	○	○
If "Yes", please state your average daily consumption of cigarette in the past 12 months. 若「是」，請說明過去十二個月每日平均吸煙數量。	Quantity 數量：_____ / day 天	
If you have stopped smoking, please state date ceased, reason and average daily consumption of cigarette before ceased. 若您已經停止吸煙，請說明停止日期、原因及停止吸煙前的每日平均吸煙數量。	Date ceased 停止日期：_____ Reason 原因：_____ Quantity before ceased 停止吸煙前的數量：_____ / day 天	
6. Do you drink alcohol? 您有否飲用含酒精飲料的習慣？	○	○
If "Yes", please state type and quantity consumed per week. 若「是」，請說明種類及每星期飲用的數目。	Beer 啤酒 _____ Can 罐 (330ml 毫升) Wine 餐酒 _____ Glasses杯 (100ml 毫升) Spirit 烈酒 _____ Tots杯 (30ml 毫升)	
If you have ever stopped drinking, please state ceased date and reason. 若您曾停止飲用含酒精飲料的習慣，請說明停止日期及原因。	Date ceased 停止日期：_____ Reason 原因：_____	
7. Have you ever used any habit-forming drugs or narcotics? If "Yes", please give details. 您曾否服用任何成癮藥物或毒品？若「是」，請詳述。	○	○

E. Family History 家庭狀況	Life Assured 受保人 No 否	Yes 是
Have any of your immediate family members ever had blood disease, liver disease (e.g. hepatitis B carrier), heart or kidney disease (e.g. polycystic kidney disease), stroke, diabetes, hypertension, cancer, AIDS or known hereditary disease? If "Yes", please give name of disease(s) together with onset age below. 您的直系親屬曾否患有血液疾病、肝病（例如：乙型肝炎帶菌者）、心臟病、腎病（例如：多囊性腎病）、中風、糖尿病、高血壓、癌症、愛滋病或遺傳性疾病？若「是」，請在以下列表說明發病年齡及疾病名稱。	○	○

	Life Assured 受保人	
Relationship 關係	Disease(s) 疾病	Onset Age 發病年齡
Father 父親		
Mother 母親		
Brother(s) 兄弟		
Sister(s) 姊妹		
Others 其他		

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Part 4 第四部分 Full Underwriting applications (Continued) 一般核保程序之申請（續）	
F. Health Questions 健康狀況 **If "Yes", please give full particulars in Section G. 若「是」，請在G項詳述。**	**Life Assured 受保人** **No 否** / **Yes 是**
1. Have you ever had any symptoms, diseases or disorders of the f`ollowing: 您曾否患有下列疾病或出現以下病徵？ 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，或其他骨骼及脊椎的問題？	○ ○
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、精神或與腦相關的疾病，眼或耳的疾病，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, urinary system, breast or reproductive system, e.g. ulcer, hepatitis (including hepatitis B carrier), other disorders of the stomach, liver, bowels, kidneys or bladder? 與消化系統、泌尿系統、乳房或生殖系統有關的疾病，如：潰瘍、肝炎（包括乙型肝炎帶菌者），或其他腸胃、肝、腎或膀胱的問題？	○ ○
f) Enlarged glands, tumours, cancer, growth or other malignancy? 腺脹大、腫瘤、癌、瘤或其他惡性病變？	○ ○
2. Have you ever had any illness or injury in the last 5 years not mentioned in any of the questions above? 在過去五年內，您曾否遇上意外，或患上任何疾病而未有在上述提及？	○ ○
3. Have you at any time, 您曾否： a) Had any accident or illness necessitating you being under medication or drugs for more than 14 days, not mentioned above? 遇上意外或患有疾病，以致需要接受醫療或藥物治療超過十四天以上，而未有在上述提及？	○ ○
b) Undergone or been advised to have or are you awaiting any surgical operation? 接受過或被建議或正等待進行任何外科手術？	○ ○
c) Undergone or been advised to have or are you awaiting any investigations (including X-rays, ECGs, blood tests, biopsies, ultrasound, mammogram or PAP smears, etc.)? If "Yes", please state WHEN, WHY and RESULTS in Section G. 接受過或被建議或正等待進行任何檢驗（包括X光、心電圖、驗血、活體檢視、超聲波、乳房X光或子宮頸細胞塗片檢查等）？若「是」，請在G項說明日期、原因及結果。	○ ○
d) Received or do you expect to receive any medical advice, counselling or treatment in connection with sexually transmitted diseases, AIDS, AIDS related Complex or any other AIDS related condition, or been told you have any of these? 因透過性接觸而患上傳染病（性病）、愛滋病、愛滋病相關複合症或任何其他與愛滋病相關的疾病，而接受過或將會接受診斷、輔導或治療或獲告知有任何上述病情？	○ ○
Female Section 女性受保人適用 **(Applicable to female is at ANB 12 or above only 只適用於下次生日年齡為十二歲或以上的女性)**	
4. a) Have you experienced any gynaecological problems, such as menstrual disorders, pelvic inflammatory diseases or disorders of the cervix or breast? 您曾否患有婦科疾病，如：月經方面的疾患，盆腔炎或子宮頸或乳房的疾患？	○ ○
b) Are you now pregnant? If "Yes", please state expected delivery date. 您現在是否懷孕？若「是」，請說明您的預產期。 ____ / ____ / ____ Day 日 Month 月 Year 年	○ ○
c) Have you ever suffered from complications during pregnancy or delivery (e.g. ectopic pregnancy, diabetes, hypertension, protein in urine)? 您曾否在懷孕或分娩期間出現併發症（ 如宮外孕、糖尿病、高血壓、蛋白尿）？	○ ○

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Part 4 第四部分 Full Underwriting applications (Continued) 一般核保程序之申請（續）

F. Health Questions (Continued) 健康狀況（續） If "Yes", please give full particulars in Section G. 若「是」，請在G項詳述。	Life Assured 受保人 No 否	Yes 是
Juvenile Section 兒童受保者適用 **(Applicable to Life Assured is at ANB 15 or below 只適用於受保人之下次生日年齡為十五歲或以下)**		
5. a) Was Life Assured's birth premature or postmature? 受保人是否早產或逾期分娩？	○	○
b) Any special care needed after birth? 出生後曾否接受特別護理？	○	○
6. Has the Life Assured missed any normal immunization procedure? 受保人曾否遺漏正常的防疫注射程序？	○	○
7. Has the child had any sign, diagnosis, or counselling for behavioral, mental and developmental disorder including but not limited to autism spectrum disorder, mental or intellectual impairment, attention deficit hyperactivity disorder (ADHD), tourette syndrome, coordination disorder, movement disorder, learning disorder or language disorder? 受保人是否有行為、精神及發展障礙的任何跡象、診斷或輔導，行為、精神及發展障礙包括但不限於自閉症譜系障礙、精神或智力障礙、注意力不足/過度活躍症、妥瑞症、協調障礙、運動障礙、學習障礙或語言障礙?	○	○
8. Has the child had any physical defects, sign of slow physical development, or any congenital disorder not mentioned in any of the questions above? 受保人曾否有任何身體缺陷、生理上發育緩慢的跡象、或任何先天性疾病而未有在上述提及?	○	○

G. Details 詳情
(If any answer to the questions in Section F is "Yes", please give full details below. 如F項任何一條問題的答案為「是」，請於下表詳述。)

Question No. 題號	Details of Health Condition (including onset date, nature of disease / health condition, diagnosis, treatment received and planned, date and result of last follow up) 健康狀況詳情（包括病發日期，疾病 / 健康狀況，診斷，曾接受或打算接受的治療，最後跟進日期及結果）	Type, Date and Result of Investigation (Please attach report, if available) 檢驗類別、日期及結果（如有，請附上報告）	Degree of Recovery 痊癒程度	Full name of Doctor / Clinic / Hospital 主診醫生、診所或醫院名稱

Important note: Please use "Supplementary Information Form" if the space provided above is not sufficient.
注意：如以上空間不敷應用，請用「補充資料表格」補充。

Part 5 第五部分 Migration and Financial Needs Analysis Declaration 轉移及財務需要分析聲明

I/We also understand and accept migration from the Original Medical Plan (as defined in Part 1) to the proposed application of Newly Issued Plan ("Newly Issued Plan" as defined in Part 1) is subject to the following:
本人/吾等亦明白並接受有關由原有醫療計劃（定義請參閱第一部分）轉移至擬申請的新簽發計劃（定義請參閱第一部分的「新簽發計劃」）將受以下所規限：

1. [Applicable to Simplified Underwriting or Full Underwriting application] Migration from the Original Medical Plan to the Newly Issued Plan will be subject to underwriting. I/We agree that Prudential Hong Kong Limited ("Prudential") will have the right to accept, decline, postpone or apply loadings and/or exclusion(s) to my application of migration. I/We agree that after application of migration is approved and the Newly Issued Plan is effective, Prudential will base on the Terms and Conditions together with the Benefit Schedule (including the Schedule of Surgical Procedures) and any related Supplement(s) of the Newly Issued Plan including but not limited to newly imposed exclusion(s) to assess the medical claim for the hospitalisation/treatment incurred on or after the effective date of the Newly Issued Plan. No benefit will be payable for the specified benefit item in respect of the related illness under the newly imposed exclusion(s) (as set out in Special Condition Letter and endorsement, if applicable) of the Newly Issued Plan.
[適用於簡易核保程序或一般核保程序] 由原有醫療計劃轉移至新簽發計劃將受限於核保。本人/吾等同意保誠保險有限公司（「保誠」）有權接納、拒絕受保、擱置受保或附加額外保費及/或不保事項於本人的轉移申請。本人/吾等同意當轉移申請獲批核及新簽發計劃生效後，保誠將按新簽發計劃的條款及細則、保障表(包括手術表)和任何相關的補充文件 (包括但不限於新增的不保事項) 處理新簽發計劃生效日及以後任何住院/診治所引致的醫療索償。若於指定的保障項目下就有關之疾病有新增的不保事項 (列明於特別條件書及批註，如適用)，其不保事項在新簽發計劃下將不獲賠償。
2. I/We understand that I/we have the right of migration once during the specified period as determined by Prudential. I/We understand that if (i) the migration application is being rejected; or (ii) the migration application is being loaded up and/or with new exclusion after underwriting and I/we do not accept the special conditions applied on the Newly Issued Plan; or (iii) I/we would revert back to the Original Medical Plan within the cooling-off period of the Newly Issued Plan, I/we will have the option to stay insured with the Original Medical Plan.
本人/吾等明白本人/吾等可於保誠所指定的期限內轉移計劃一次。本人/吾等明白若(i) 轉移申請被拒；或 (ii) 轉移申請於核保後被新增附加額外保費及/或新增不保事項，本人/吾等因而拒絕接受於新簽發計劃的特別條件；或 (iii) 本人/吾等於新簽發計劃之冷靜期內欲回復原有醫療計劃，本人/吾等可以選擇以原有醫療計劃續保。

Part 5 第五部分 Migration and Financial Needs Analysis Declaration (Continued) 轉移及財務需要分析聲明（續）

3. The benefit coverage under Terms and Conditions together with the Benefit Schedule (including the Schedule of Surgical Procedures) and any related Supplement(s) of the Newly Issued Plan, including but not limited to the benefit limit, Annual Benefit Limit, Lifetime Benefit Limit, coverage area, no claim discount, covered room at hospital, the payment amount of individual surgical procedure and general exclusions as listed therein, are different from those in the Original Medical Plan.
Note: The use of terminologies is different under the Newly Issued Plan and Original Medical Plan, below please find a summary of glossary:

Newly Issued Plan	*Original Medical Plan*	*Remarks*
"Annual Benefit Limit"	*"Overall Annual Limit"*	*Only applicable when:* *- the Newly Issued Plan refers to PRUHealth VHIS VIP Plan; and* *- the Original Medical Plan refers to PRUmyhealth prestige medical plan or PRUhealth medical plus*
"benefit limit"	*"maximum benefit limit"*	*Applicable to all Newly Issued Plans and Original Medical Plans*
"no claim discount"	*"No Claim Bonus"*	*Only applicable when:* *- the Newly Issued Plan refers to PRUHealth FlexiChoice Medical Plan; and* *- the Original Medical Plan refers to PRUmed lifelong care plan*
"Lifetime Benefit Limit"	*"Overall Lifetime Limit"*	*Only applicable when:* *- the Newly Issued Plan refers to PRUHealth VHIS VIP Plan; and* *- the Original Medical Plan refers to PRUmyhealth prestige medical plan or PRUhealth medical plus*
"Schedule of Surgical Procedures"	*"Surgical Procedure Schedule"*	*Schedule of Surgical Procedures is not applicable when the Original Medical Plan refers to PRUmyhealth prestige medical plan or PRUhealth medical plus*
"Terms and Conditions"	*"policy provisions"*	*Applicable to all Newly Issued Plans and Original Medical Plans*

按新簽發計劃的條款及細則、保障表(包括手術表)和任何相關的補充文件下的保障範圍，包括但不限於賠償限額、每年保障限額、終身保障限額、保障地區、無索償折扣、受保病房、個別手術之賠償金額及一般不保事項等均與原有醫療計劃有所不同。
註：新簽發計劃與原有醫療計劃之的詞彙有所不同，下表為詞彙對照一覽表：

新簽發計劃	*原有醫療計劃*	*註釋*
「每年保障限額」	*「每年最高保障金額」*	*只適用於：* *- 新簽發計劃為保誠自願醫保尚實計劃；及* *- 原有醫療計劃為「摯為您」優悅醫療保險計劃或醫療加倍保*
「賠償限額」	*「最高賠償限額」*	*適用於所有新簽發計劃及原有醫療計劃*
「無索償折扣」	*「無索償獎賞」*	*只適用於：* *- 新簽發計劃為保誠靈活自主醫保計劃；及* *- 原有醫療計劃為終身保醫療計劃*
「終身保障限額」	*「終身賠償保障額」*	*只適用於：* *- 新簽發計劃為保誠自願醫保尚實計劃；及* *- 原有醫療計劃為「摯為您」優悅醫療保險計劃或醫療加倍保*
「手術表」	*「外科程序表」*	*手術表不適用於原有醫療計劃為「摯為您」優悅醫療保險計劃或醫療加倍保*
「條款及細則」	*「保單條款」*	*適用於所有新簽發計劃及原有醫療計劃*
「保障表」	*「賠償表」*	*適用於所有新簽發計劃及原有醫療計劃*

4. I/We declare and confirm that there is no pending claim in process or any claim pending to be submitted under the Original Medical Plan and/or its attaching supplementary benefits, if applicable, at the signing date of this migration declaration. If there is subsequent claim submission after the signing date of this declaration where the period of hospitalisation / treatment date of such claim is before the policy effective date of the Newly Issued Plan, I/we agree that Prudential has the right to reject or postpone the application of migration.
本人/吾等聲明及確認於簽署此轉移聲明時在原有醫療計劃及/或附加保障 (如適用) 並沒有任何等待處理的索償，或將遞交索償申請。若在簽署本轉移聲明後有提交索償申請而住院期間 / 診治日期在新簽發計劃生效日前，本人/吾等同意保誠保留權利拒絕此轉移申請或延遲處理轉移申請。

5. If there is any hospitalisation / treatment after the signing date of this declaration form and before the effective date of the Newly Issued Plan, the benefit payable will be calculated according to the Original Medical Plan. If there is any hospitalisation / treatment on or after the effective date of the Newly Issued Plan, the benefit payable will be calculated according to the Newly Issued Plan. In case the period of hospitalisation spans across the coverage periods of the Original Medical Plan and the Newly Issued Plan, the benefit payable will be calculated according to both the Original Medical Plan and the Newly Issued Plan depending on the actual dates of the eligible expenses incurred.
若於簽署此轉移聲明後及於新簽發計劃的生效日前有任何住院 / 診治，應支付之賠償將會按原有醫療計劃計算。若於新簽發計劃的生效日或之後有任何住院 / 診治，應支付之賠償將會按新簽發計劃計算。倘若住院時期是橫跨原有醫療計劃及新簽發計劃之保障期，應支付之賠償將會按合資格費用的實際發生日期計算並分別於原有醫療計劃及新簽發計劃下作出賠償。

6. I/We understand that if the Original Medical Plan is in the period of premium waiver upon the migration application, the premium waiver on the Original Medical Plan will be ended upon the effective date of the Newly Issued Plan and I/We agree to pay the premium of the Newly Issued Plan after the application of migration to the Newly Issued Plan is approved.
本人/吾等明白若轉移申請是在原有醫療計劃的保費豁免期間進行，原有醫療計劃的保費豁免會於新簽發計劃生效日終止。當轉移申請至新簽發計劃獲批核後，本人/吾等同意繳付新簽發計劃的保費。

7. All personal exclusions and/or loadings and/or special terms and conditions, if applicable, in the Original Medical Plan shall be carried over and applied under the Newly Issued Plan.
所有在原有醫療計劃的個人不保事項及/或附加保費及/或特別條款（如適用），將會一併適用於新簽發計劃。

8. I/We declare and confirm that after the application of migration to the Newly Issued Plan is approved, the Original Medical Plan will be terminated on the effective date of the Newly Issued Plan.
本人/吾等聲明及確認當轉移至新簽發計劃的申請獲批核後，原有醫療計劃將於新簽發計劃生效日終止。

9. I/We declare and confirm that all of the Supplementary Benefits, including Outpatient Benefit, Maternity Benefit and Dental Benefit, if applicable, attached to the Original Medical Plan shall be terminated on the effective date of the Newly Issued Plan. (Only applicable for migration application from PRUmyhealth prestige medical plan).
本人/吾等聲明及確認當轉移至新簽發計劃的申請獲批核後，所有附加於原有醫療計劃，包括門診保障、產科保障及牙科保障（如適用）將於新簽發計劃生效日終止。（只適用於由「摯為您」優悅醫療保險計劃轉移的申請）

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Part 5 第五部分 Migration and Financial Needs Analysis Declaration (Continued) 轉移及財務需要分析聲明（續）

10. If the policy attaching with the Original Medical Plan has been assigned as collateral, I/we understand that, after migration to VHIS rider, the medical and death benefit are not assignable for the Newly Issued Plan, and the medical and death benefit will be paid to the policyowner and beneficiary respectively according to the Policy Provisions.
若附加有原有醫療計劃之保單已經轉讓作抵押品，我/吾等明白在轉移至自願醫保計劃附加保障後，在新簽發計劃下之醫療及身故賠償保障為不可轉讓，醫療及身故賠償保障將依保單條款分別給付予保單持有人及受益人。
11. I/We understand that I/we could obtain a specimen of the Terms and Conditions together with the Benefit Schedule (including the Schedule of Surgical Procedures) and any related Supplement(s) of the Newly Issued Plan at the time of application of migration.
本人/吾等明白本人/吾等可於申請轉移時索取新簽發計劃之條款及細則、保障表(包括手術表)和任何相關的補充文件樣本。
12. I/We confirm that I/we have interest in the Voluntary Health Insurance Scheme ("VHIS") migration and such VHIS plan is suitable to me/us and continues to fulfill my/our health care need under my/our current circumstances and priorities.
本人/吾等確認本人/吾等有興趣轉移至自願醫保計劃，並根據本人/吾等現時的情況及優先事項，確認此自願醫保計劃適合本人/吾等及能繼續滿足本人/吾等的健康保障需要。
13. I/We confirm that I/we have adequate insurance knowledge and experience, and fully understand the change in benefits and premium as a result of the migration application. I/We have read and understood the information contained in the Product Brochure and related marketing materials (as applicable) including the product features, key risks and key exclusions.
本人/吾等確認本人/吾等有足夠保險知識及經驗，並充分明白在轉移申請後保障及保費的更改。本人/吾等已閱讀及明白產品小冊子及相關銷售文件(如適用)內所載的資料，包括產品特點、主要風險及主要不保事項。
14. I/We confirm that I/we understand and can afford this VHIS plan's premiums and its subsequent increments after migration and that payment of such premiums and its subsequent increments would not adversely affect my/our daily living.
本人/吾等確認本人/吾等明白及有能力能承擔此自願醫保計劃的保費及轉移後的保費增幅，及就繳付此保費及其後的保費增幅並不會對本人/吾等的日常生活有嚴重的影響。
15. I/We confirm that I/we understand that I/we may contact the sales representative for a comprehensive financial needs analysis when needed.
本人/吾等確認本人/吾等明白如有需要本人/吾等可聯絡銷售代表進行詳細財務需要分析。

Part 6 第六部分 Declaration and Authorization 聲明及授權

I / We, the Life Assured / Policyowner, hereby declare and agree that: (1) any change 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 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 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.

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.

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及發出有關批註（「批註」）予本人/吾等前，任何保單更改將不會生效；（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。

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。

Part 7 第七部分 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。

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Part 8 第八部分 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 for us to either provide you with the product or service you have requested or to comply with statutory or contractual requirements. 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, financial and medical information (”Personal Information”) to provide you with the insurance or financial products or services. 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.

1. Purpose of Collection

We may use your Personal Information for the following purposes: (a) to process your application; (b) to administer and process insurance policies, insurance claims and medical, security and underwriting checks; (c) to process payment instructions; (d) to verify your eligibility for insurance, financial or wealth management products and services; (e) to design and provide you with insurance, financial and related products and services; (f) to communicate with you; (g) 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); (h) to investigate and settle claims and detect and prevent fraud (whether or not relating to the policy issued in respect of this application); (i) to carry out checks using agencies including credit reference agencies, tracing companies or publicly available information; (j) to provide customer services; (k) to perform automated decision-making or profiling; (l) to perform a policy review or needs analysis; (m) to conduct research and statistical analysis (including use of new technologies); and (n) 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 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 (”companies within the Prudential Group”) and to our financial/health business partners. We may also disclose your Personal Information to third parties (within or outside Hong Kong) for the purposes outlined at Section 1 above, including but without limitation, to the following third parties: (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, payment, printing, redemption or other services to us to enable us to operate our business (including without limitation insurers, lawyers, bankers, accountants, professional advisors, financial institutions and trustees); (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) regulators and government agencies, law enforcement agencies and the courts. We may also disclose your Personal Information 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. 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.

4. 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 using the details on “Contact Us” section of the Company website 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. By completing and progressing with this form, you confirm that you have read and understood this PICS. The Privacy Notice is available on our Company website at https://www.prudential.com.hk/scws/pages/en/privacy-policy/index.html.

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的個人資料。為向閣下提供保險或金融產品或服務，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、財務及醫療資料（「個人資料」）。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。

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) 處理閣下的申請；(b) 管理和處理保單、保險索償、醫療、抵押和承保檢查；(c) 處理付款指示；(d) 核實閣下申請保險、金融或財富管理產品及服務的資格；(e) 設計及為閣下提供保險、金融及相關的產品和服務；(f) 與閣下進行通訊；(g) 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）；(h) 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）；(i) 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；(j) 提供客戶服務；(k) 執行自動決策或資料剖析；(l) 進行保單審查或需求分析；(m) 進行研究和統計分析（包括使用新科技）；及 (n) 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說明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（「保誠集團內的公司」），及我們的金融 / 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，我們亦可能還會向第三方（在香港境內或境外）透露閣下的個人資料，包括但不限於以下第三方： (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、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（包括但不限於保險公司、律師、銀行家、會計師、專業顧問、金融機構及受託人）；(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) 監管機構及政府機構、執法機構及法院。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。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. 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。

4. 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，請發送電郵至 service@prudential.com.hk 或使用本公司網站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。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。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 。

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Part 8 第八部分 Personal Information Collection Statement ("PICS") (Continued) 收集個人資料聲明 (「收集個人資料聲明」)（續）

Opting-out of Marketing Communications or Materials 拒絕接收促銷信息或資料

We intend to send you marketing communications but we can only do so with your consent. If you consent, we may use your contact details and information about the products you have purchased (including the sales channel from which such products were purchased).

我們有意向閣下發送促銷信息或資料，但僅經閣下同意我們才可以這樣做。如閣下同意，我們將可能使用閣下的聯絡資料及有關閣下已購買的產品的資料（包括購買有關產品的銷售渠道）。

☐ I/we do not wish to receive any marketing communications from Prudential Hong Kong Limited.
本人 / 我們不希望收到保誠保險有限公司發出的任何促銷信息。

The Life Assured / Policyowner, and Irrevocable Trustee / Collateral Assignee (if applicable), hereby confirm understanding of and agreement to the contents in this Part entitled "Personal Information Collection Statement".

受保人 / 保單持有人及不可撤換信託人 / 抵押轉讓之承讓人（如適用）特此確認明白並同意在題為「收集個人資料聲明」之本部分中的內容。

Part 9 第九部分 Cancellation Right and Refund of Premium(s) and Levy 取消權利及退回保費及保費徵費

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 'Newly Issued Plan' and obtain a refund of any premium(s) 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 [name of authorized insurer] 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「新簽發計劃」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，冷靜期是在保單或《冷靜期通知書》交付本人 / 吾等或本人 / 吾等的代表後起計的21個日曆日內，以較先者為準。本人 / 吾等了解，《冷靜期通知書》由[授權保險公司的名稱]發送給本人 / 吾等或本人 / 吾等的代表，以說明本保單已經備妥及冷靜期的屆滿日期。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 10 第十部分 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。

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