

Group Life Assurance Scheme -
Member Enrollment and Change Form for Voluntary Benefits
團體人壽保險計劃-自願性保障成員申請及更改表

For Office Use: _____

U/W :
Movt No
Cert. No :
Input by :
Date:

This form must be completed and submitted to us within **31 days** of the membership effective date of Core Life Benefit (for new member) or with **31 days** before the Policy Anniversary (for existing member), otherwise, the enrollment or change will not be accepted.
僱員必須填妥此表格並於基本人壽保障生效日期起**31日**（適合新成員）或保單續保日期前**31日**（適合現有成員）內交予本公司，否則其申請或更改將不獲接受。

Please complete clearly in ENGLISH BLOCK LETTERS 請以英文正楷填寫

A. EMPLOYER INFORMATION 僱主資料

Name of Employer 僱主名稱 : _____
Policy No. 保單編號 : _____

B. PERSONAL DETAILS 個人資料

Full Name of Employee 僱員姓名 : _____
(English 英文) (Chinese 中文)
H.K. ID/Passport No. 香港身分證/護照號碼 : _____ Date of Birth 出生日期 : _____
(DD日 / MM月 / YYYY年)
Sex 性別 : Male 男 Female 女
Job Nature 工作性質 : _____ Date of Employment 受僱日期 : _____
(DD日 / MM月 / YYYY年)
Address 地址 : _____
Telephone No. 電話 : _____
(Home 住宅) (Office 公司) (Mobile/Pager 手提電話/傳呼機)

C. VOLUNTARY BENEFITS DETAILS 自願性保障內容

(Please the appropriate box below 請 以下合適之選擇)

Selection of Benefit for New Member 新成員之保障選擇 Change of Benefit for Existing Member (pls. specify Cert. No. _____) 現有成員之保障更改 (請註明成員編號 _____)

Benefit Item (please <input checked="" type="checkbox"/> the selected benefit) 保障項目 (請 <input checked="" type="checkbox"/> 所選擇的保障)	No. of Unit (please choose integer from 1 to 10) 單位數目 (請選擇1至10之整數)	Sum Assured per Unit 每單位保障額	Total Sum Assured 總保障額	Annual Premium per Unit (please refer to the premium table below) 每單位之全年保費 (請參考以下之保費表)	Annual Premium** 全年保費**
	[A]	[B]	= [A] x [B]	[C]	= [A] x [C]
<input checked="" type="checkbox"/> Top-up Life Benefit* 額外人壽保障*	_____ units 單位	@HK\$50,000.00	HK\$ _____	HK\$ _____	HK\$ _____
<input type="checkbox"/> Accidental Death and Dismemberment Benefit 意外死亡及傷殘保障	_____ units 單位 #	@HK\$50,000.00	HK\$ _____	HK\$ _____	HK\$ _____
<input type="checkbox"/> Total and Permanent Disability Benefit (Any Occupation) 完全及永久殘疾保障 (任何職業)	_____ units 單位 #	@HK\$50,000.00	HK\$ _____	HK\$ _____	HK\$ _____
<input type="checkbox"/> Living Assurance Benefit 嚴重疾病保障	_____ units 單位 #	@HK\$25,000.00	HK\$ _____	HK\$ _____	HK\$ _____
Total Annual Premium 合共年費 :					HK\$ _____

Note : The final sum assured for each Voluntary Benefit is subject to Prudential Hong Kong Limited's underwriting approval. Group life business is underwritten by Prudential Hong Kong Limited ("PHKL"). Prudential General Insurance Hong Kong Limited has been delegated and authorized by PHKL to provide administrative support in relation to the Group life business.

注意：每項自願性保障之保障額最終將以保誠保險有限公司之審批後作準。團體人壽業務乃由保誠保險有限公司（「保誠保險」）承保。保誠保險委託及授權保誠財險有限公司處理相關行政事宜。

Remarks : * "Top-up Life Benefit" is compulsory for member choosing Voluntary Benefits.

The no. of unit of "Accidental Death and Dismemberment Benefit", "Total and Permanent Disability Benefit" and "Living Assurance Benefit" selected must not be greater than that of "Top-up Life Benefit".

** The rates are annual premium rates for twelve months. Members joining the Scheme after the Policy Effective Date or Policy Anniversary will be charged on pro-rata basis.

備註：* 「額外人壽保障」是必須選擇之自願性保障。

「意外死亡及傷殘保障」、「完全及永久殘疾保障」及「嚴重疾病保障」所選之單位數目不可超過「額外人壽保障」所選之單位數目。

** 此保費乃是以12個月保障計算之全年保費。若於團體保單生效日期或每年續保日期後才參加此計劃之成員，所需之保費將以受保障期按比例計算。

Premium Table for Voluntary Benefits 自願性保障保費表

Age Next Birthday 下次生日歲數	Annual Premium per Unit 每單位之全年保費 (HK\$ 港幣)			
	Top-up Life Benefit 額外人壽保障	Accidental Death and Dismemberment Benefit 意外死亡及傷殘保障	Total and Permanent Disability Benefit 完全及永久殘疾保障	Living Assurance Benefit 嚴重疾病保障
16 - 24	39.00	42.00	7.00	46.00
25 - 29	46.00	42.00	7.00	57.00
30 - 34	57.00	42.00	7.00	65.00
35 - 39	85.00	42.00	10.00	89.00
40 - 44	132.00	42.00	17.00	129.00
45 - 49	207.00	42.00	32.00	203.00
50 - 54	342.00	42.00	56.00	303.00
55 - 59	580.00	42.00	96.00	418.00
60 - 64	975.00	42.00	162.00	600.00

Remark: for renewal members only. 註: 只適用於續保之計劃。

Note: The above premium rates are applicable currently and may subject to change.

注意: 以上乃現時之保費, 日後可能會有所更改。

D. HEALTH STATUS 健康狀況

(Please circle the correct answer 請圈出合適的答案)

1. Have you ever had any application for life insurance declined, postponed, rated up or modified in any way? 你曾否於投保任何人壽保險遭拒絕、延遲起保、增加保費或須修改保障?	Yes 是	No 否
2. Are you currently undergoing any form of medical treatment for any illness or injury? 你現在是否因任何傷病正接受醫療或藥物治療?	Yes 是	No 否
3. In the past 5 years, have you attended, or been advised to attend or do you plan to attend any hospital, clinic or doctor for a check-up, diagnostic test, investigation, surgical operation or for medical treatment (other than in respect of minor ailments which required / require treatment for less than 5 days). 在過去五年內你曾否、被建議或將會住院、到任何診所或醫生而接受身體檢查或化驗、接受外科手術或接受藥物治療 (不包括因小病而須接受少於五日之藥物治療)?	Yes 是	No 否
4. Have you ever received or do you expect to receive any medical advice or treatment in connection with a sexually transmitted disease, HIV or AIDS? 你曾否或將會因透過性關係而傳染的(性病)、愛滋病或人體缺乏免疫力過濾性病毒感染而須接受診斷或治療?	Yes 是	No 否
5. Have you ever suffered from, experienced symptoms of, or received medical advice, investigation or treatment for any disorder of the heart or circulatory system, chest pain, stroke, raised blood pressure, cancer, tumour, diabetes, thyroid disorder, disorder of the kidney, bladder, stomach, bowel or liver, hepatitis, depression, mental or psychiatric condition, epilepsy, disease of the brain or nervous system, disorder of the musculoskeletal system, asthma, tuberculosis, other respiratory condition, blood disorder or any other disease, disorder, or disability? 你曾否有下列疾病或病徵或因下列疾病或病徵而接受醫療診斷、檢查或治療: 心臟或循環系統有關的疾病、胸部疼痛、中風、高血壓、癌、腫瘤、糖尿病、甲狀腺有關的疾病、腎臟或膀胱有關的疾病、胃、腸或肝有關的疾病、肝炎、抑鬱症、精神病、癲癇症、與腦或神經系統有關的疾病、與肌肉及骨骼系統有關的疾病、哮喘、肺結核或其他呼吸系統疾病、與血液有關的疾病或任何其他疾病或傷殘?	Yes 是	No 否
6. Do you intend to engage in any hazardous sports or activity (e.g. motor sport, mountaineering, scuba diving) or fly other than as a fare-paying passenger on a licensed air service within recognised scheduled routes? 你是有參與或正打算參與任何危險性運動或活動(如: 賽車、爬山、水肺潛水)或參與非以乘客身分乘坐民航客機之飛行活動?	Yes 是	No 否

E. DECLARATION AND AUTHORIZATION 聲明及授權

I hereby declare and agree that (1) the assurance is subject to acceptance of the proposal by Prudential Hong Kong Limited ("the Company") and will not commence until the policy has been issued; (2) nothing material has been withheld and the information given herein is true and shall be the basis of the issuance of assurance for me under the Group Policy; (3) failure to disclose a material fact, being a fact which may influence the assessment and acceptance of the proposal by the Company, may render the contract voidable. I shall disclose to the Company any change in the health after signing the proposal until I receive the policy; (4) in the event of doubt as to whether a fact is material it should be disclosed to the Company in this proposal.

I authorize that (1) any doctors, hospitals, clinics, insurance companies, organizations, or persons that have any medical history or records or knowledge of me who I have attended or may hereafter attend to disclose such information to the Company for the purpose of assessing and processing this proposal or claims or subsequent services. A photocopy of this authorization shall be valid as the original; (2) the Company or any of its appointed medical examiners or laboratories to perform the necessary medical assessment and tests to underwrite and evaluate the health status of myself in related to this proposal and any claim arising therefrom.

I consent that (1) my employer can make deduction from my payroll for offsetting the premium; (2) all premium payment or premium refund for this insurance will be made through the Employer, not directly with the Company; (3) the life benefit will be made payable to the Employer first to give to the member's beneficiary unless an authorization letter from the Employer requesting the benefit to be payable to the beneficiary directly is received; (4) no prior notice will be given to the Employees for any change of premium rate.

本人在此聲明並同意(1)保誠保險有限公司未正式接納此申請書及未發出保單前, 保險並未生效; (2)本人沒有保留任何應該提供的資料, 而已提供之資料完全屬實, 並明白此等資料將會是批核團體保險中本人之保障的根據; (3)本人明白假如所隱瞞之資料內容, 足以影響保誠保險有限公司衡量及應否接受本申請書, 可令合約失效。本人未收到保單前的健康狀況如有改變, 必須向保誠保險有限公司申報; (4)本人亦明白一旦對任何填寫之資料內容產生疑問時, 必須在本申請書上向保誠保險有限公司坦白陳述。

本人茲授權(1)任何醫生、醫院、診所、保險公司、機構及任何人士, 將已經或準備存錄的本人之醫療病歷、紀錄及其他資料給予保誠保險有限公司, 作為評估及辦理此申請、索償及售後服務之用。本授權書之副本與正本具同樣效力; (2)保誠保險有限公司或任何由保誠保險有限公司指定之醫生、醫務人員或化驗所, 可就此申請或任何有關賠償申請替本人進行所需之醫療評估及測試, 以審核本人之健康狀況。

本人同意(1)僱主由本人的薪金中扣除需繳之保費; (2)有關此保險之保費繳付及保費退回將會經由本人之僱主與保誠保險有限公司處理, 並非與保誠保險有限公司直接處理; (3)除非得到僱主之授權信要求本公司直接將人壽保障之賠償給予本人之受益人, 否則人壽保障之賠償將會經由本人之僱主轉發予受益人; (4)如有任何保障之改變, 本人將不會獲得預先通知。

F. PERSONAL INFORMATION COLLECTION STATEMENT 收集個人資料聲明

Prudential Hong Kong Limited (referred to as "the Company", "our", "we", or "us" in this Part entitled "Personal Information Collection Statement") may collect certain personal information, including without limitation your name, identity card number (and copy of identity card), passport number, contact information, family history, health and medical information and financial information ("Personal Information") from you when you apply for insurance or financial products and services from us, or when you apply to make changes to your policy, or when you make a claim against a policy. We may also collect Personal Information about you from third parties such as other insurance companies or agents, government agencies, medical personnel, credit reporting agencies, courts or public records.

保誠保險有限公司（在題為「收集個人資料聲明」之本部份，簡稱「本公司」或「我們」）可能會於閣下向我們申請保險或金融產品及服務、申請更改保單或就保單提出索償時向閣下收集一些個人資料，包括但不限於閣下的姓名、身份證號碼（及身份證副本）、護照號碼、聯絡資料、家族歷史、健康和醫療資料，以及財務資料（以下簡稱「個人資料」）。我們還可能從第三方，如其他保險公司或代理、政府機構、醫務人員、信用報告機構、法院或公開記錄等，收集關於閣下的個人資料。

1. Purpose of Collection 收集資料之目的

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 services and products; (f) to communicate with you; (g) to provide you with promotional materials relating to insurance or financial services or related wealth management products of the Company, and those of other entities whose ultimate parent company is Prudential plc ("companies within the Prudential Group") or partnering financial institutions; (h) to perform a policy review or needs analysis; (i) to conduct research and statistical analysis; and (j) to meet disclosure requirements imposed by law or regulatory authorities.

我們可能會使用閣下的個人資料作下列用途：(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、金融及相關的服務和產品；(f) 與閣下進行通訊；(g) 為閣下提供關於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」）或夥伴金融機構的保險或金融服務或相關的財富管理產品的推廣材料；(h) 進行保單審查或需求分析；(i) 進行研究和統計分析；及(j) 符合法律或監管當局實施的披露要求。

2. Classes of Transferees 被資料轉交者的類別

We may disclose your Personal Information to third parties (within or outside Hong Kong) for the purposes outlined at Section 1 above, including without limitation the following third parties: (a) insurance agents; (b) re-insurance companies; (c) other companies within the Prudential Group; (d) claims investigation companies; (e) third party administrators; (f) third party service providers (including without limitation insurers, bankers, lawyers, accountants, and other third party service providers who provide administrative, telecommunications, computer, payment, printing, redemption or other services to us to enable us to operate our business); (g) industry associations and federations; (h) medical bill review companies; (i) professional advisors; (j) researchers; (k) credit reference agencies; (l) debt collection agencies; (m) partnering financial institutions; (n) regulators and government agencies; (o) law enforcement agencies; (p) the Courts.

We may transfer your name, contact information and information about the products you have purchased (including the sales channel from which such products were purchased) to other companies within the Prudential Group, and other partnering financial institutions, for the purpose of providing you with promotional materials relating to those entities' insurance or financial services or related wealth management products. However, we will not disclose your Personal Information to any other third parties for direct marketing purposes without your consent.

We may transfer 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.

為達到上述第一部分所列之目的，我們可能會向第三方（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) 再保險公司；(c) 其他保誠集團內的公司；(d) 索償調查公司；(e) 第三方管理人；(f) 第三方服務供應商（包括但不限於保險公司、銀行、律師、會計師，以及其他提供行政、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）；(g) 行業協會及聯會；(h) 醫療帳單審查公司；(i) 專業顧問；(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；(n) 監管機構及政府機構；(o) 執法機構；(p) 法院。

我們可能將閣下的姓名、聯絡資料和閣下已購買的產品資料（包括購買該等產品的銷售渠道），轉交其他保誠集團內的公司及其他夥伴金融機構，以向閣下提供有關這些實體的保險、金融服務或相關的財富管理產品的有關推廣材料。然而，我們不會未經閣下的同意，向任何其他第三方透露閣下的個人資料作直接促銷用途。

在有關影響到我們全部或重大部分業務的控制權、治理、結構和/或管理的交易時，或在必須符合適用的法律或監管要求下，我們可能會轉交閣下的個人資料。

3. Consequence of failing to provide Personal Information 未能提供個人資料的影響

Unless otherwise specified by us, it is mandatory for you to provide the Personal Information requested by us. In the event that any such Personal Information is not provided, we may be unable to provide you with the services or carry out the activities outlined at Section 1 above.

除非我們另有規定，否則閣下必須提供我們所要求的個人資料。若未能提供任何此等個人資料，我們可能無法為閣下提供服務或進行上述第一部分所列出的活動。

4. Access and Correction Rights 查閱和更正的權利

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. You may make such a request by writing to our Data Protection Officer at 6/F Berkshire House, 25 Westlands Road, Quarry Bay, Hong Kong. In accordance with the Ordinance, we have the right to charge a reasonable fee for the processing of any Personal Information access or correction request.

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。閣下如欲查閱或更正個人資料，請向我們的資料保護主任作出書面要求，地址是香港鰂魚涌華蘭路25號栢克大廈6樓。根據條例的規定，我們有權就處理查閱及更正任何個人資料的要求，收取合理的費用。

Opting-out Marketing Communications or Materials 拒絕接受促銷信息或資料

We intend to send you marketing communications or materials (as set out in the above Personal Information Collection Statement), but we cannot do so without your consent. In the event that you do not wish to receive such marketing communications or materials, please let us know by ticking the opt-out box below, and returning the form to us in person or at 6/F Berkshire House, 25 Westlands Road, Quarry Bay, Hong Kong.

我們有意向閣下發送（載於上述收集個人資料聲明的）促銷信息或資料，但未經閣下的同意，我們不能這樣做。假若閣下不希望收到該等促銷信息或資料，請在以下拒絕接受方格內劃上「✓」號以讓我們知道閣下的意向，並親身交回本表格或送交本表格至香港鰂魚涌華蘭路25號栢克大廈6樓。

Opt-out box 拒絕接受方格

The Applicant / Policyholder / Insured Person / Employee hereby confirm understanding of and agreement to the contents in this Part entitled "Personal Information Collection Statement".

申請人 / 保單持有人 / 受保人 / 僱員特此確認明白並同意在題為「收集個人資料聲明」之本部份中的內容。

Employee's Signature 僱員簽署

Authorized Signature & Company Chop 公司負責人簽署及公司印鑑

Date 日期

Name & Position 簽署人姓名及職位

Prudential Hong Kong Limited

6/F, Berkshire House, 25 Westlands Road, Quarry Bay, Hong Kong Tel: (852) 3656 8362 Fax: (852) 2530 5542

保誠保險有限公司

香港鰂魚涌華蘭路25號栢克大廈6樓 電話：(852) 3656 8362 傳真：(852) 2530 5542