

PRU^{choice} HealthCheck Medical Insurance - Variation Form
保誠精選「康檢寶」醫療保障計劃 - 更改保單申請表



Please complete Section 1 and 2 as required and return the completed form to: 請依指示填寫第一及第二部份, 及將填妥之申請表寄回:

Prudential General Insurance Hong Kong Limited
 (A member of Prudential plc group)
 3/F, Berkshire House, 25 Westlands Road, Quarry Bay, Hong Kong
 Telephone: 3656 8362 Facsimile: 2164 8445

保誠財險有限公司
 (英國保誠集團成員)
 香港鰂魚涌華蘭路25號栢克大廈3樓
 電話: 3656 8362 傳真: 2164 8445

Name of the Insured
 保單持有人姓名

Telephone No.
 電話號碼

Policy No.
 保單號碼

Facsimile No.
 圖文傳真號碼

Section 1 - Types of Changes 第一部份 - 更改項目

(Please tick the change(s) requested and fill in details as required.)
 (請用“✓”號選擇所需更改, 並填妥有關資料。)

A. Addition of Insured Person(s) 增加受保人

(Please complete Section 2 as well. 請同時填寫第二部份。)
 (Application is only allowed at renewal. Please make sure that this form is received by us 1 month before the renewal date.)
 (只可於續保時申請。請於續保到期前一個月將申請寄抵本公司。)

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

B. Deletion of Insured Person(s) 減除受保人

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

Name
 姓名

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

New Address
 新地址

Telephone No.
 電話號碼

D. Change of Coverage 更改保障

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

Coverage 保障範圍	Applicant 申請人	Spouse 配偶	Premium 保費
Coverage Period 投保年期	<input type="checkbox"/> Once Every Year 每年一次 <input type="checkbox"/> Once Every Two Years 每兩年一次		
Standard Plan 基本計劃	<input type="checkbox"/>	<input type="checkbox"/>	HK\$1,480
Optional Items 自選項目			
A. Cancer Detection Options 癌症測試選項			
A.1 Total PSA* 前列腺癌抗原*	<input type="checkbox"/>	<input type="checkbox"/>	HK\$520
A.2 Pap Smear* 柏氏子宮頸抹片檢查*	<input type="checkbox"/>	<input type="checkbox"/>	HK\$410
A.3 Ultrasound of Breasts* 乳房超聲波*	<input type="checkbox"/>	<input type="checkbox"/>	HK\$1,060
A.4 CA72.4 癌抗原72.4	<input type="checkbox"/>	<input type="checkbox"/>	HK\$630
A.5 EBV IgA 鼻咽癌病毒抗體	<input type="checkbox"/>	<input type="checkbox"/>	HK\$500
A.6 AFP 甲種胎兒蛋白	<input type="checkbox"/>	<input type="checkbox"/>	HK\$340
A.7 CEA 癌胚抗原	<input type="checkbox"/>	<input type="checkbox"/>	HK\$530
	Total items/總項 _____	Total items/總項 _____	
B. Female Plan* 女性計劃*			
Pap Smear, Ultrasound of Breasts, Ultrasound of Pelvis 柏氏子宮頸抹片檢查, 乳房超聲波及盆腔超聲波	<input type="checkbox"/>	<input type="checkbox"/>	HK\$2,030
C. Hepatitis B Tests 乙型肝炎測試			
Hepatitis B Antigen, Hepatitis B Antibody 乙型肝炎抗原及乙型肝炎抗體	<input type="checkbox"/>	<input type="checkbox"/>	HK\$360
D. Helicobacter Pylori Test 幽門螺旋菌測試			
Helicobacter Pylori Breath Test 幽門螺旋菌呼吸氣測試	<input type="checkbox"/>	<input type="checkbox"/>	HK\$890
Total Premium 總保費			

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

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

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

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

F. Termination of policy 終止保單

(Application is only allowed at renewal. Please make sure that this form is received by us 10 working days before the renewal date.)

Note: Premium paid is not refundable.

(只可於續保時申請。請於續保到期前十個工作天將申請表寄抵本公司。)

注意：已繳保費，一概不發還。

Section 2 - Evidence of Insurability 第二部份 - 可保證明

Please ensure you have completed all details below before signing this declaration.

請先填妥以下資料，才簽署此聲明作實。

Please read the following questions carefully and tick as appropriate. Please sign next to the box whenever any correction is done.

請詳閱以下問題，並在適當空格填上「✓」號。如有塗改，請於方格旁簽署作實。

Use separate sheet if more space is needed.

如有需要另加紙填寫。

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

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

No 否 Yes 是

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

本申請內的受保人是否就冠心病或貧血或地中海貧血症或其他慢性疾病有可預見之治療或診視需要？如「是」，請詳述。

No 否 Yes 是

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

本申請內的受保人是否被診斷患有任何形式的癌病或腫瘤？如「是」，請詳述。

No 否 Yes 是

Declaration 聲明

I hereby request to change my policy in accordance with the particulars set out in Section I of this Form.

本人謹此要求將上述之保單依據此申請表第一部份所填寫的細則作出修改。

I acknowledge that benefits are not payable under the **PRU^{choice} HealthCheck Medical Insurance** for any cost of treatment arising from any existing illness, injuries or other conditions unless complete current details are fully disclosed by me in this Form and accepted by Prudential General Insurance Hong Kong Limited ("Prudential"). I hereby apply to be the Insured and to include the Insured Person listed above in the Policy under this application. I declare that, to the best of my knowledge and belief, the statements contained in this Form are true and complete. Prudential reserves the right to ask for submission of more details of health status or medical reports for me and other Insured Person(s) as listed at my own cost. I have read and agree to be bound by the Policy of the **PRU^{choice} HealthCheck Medical Insurance** and I agree that this declaration and the answers given in this Form shall be the basis of the contract between me and Prudential.

本人知道，根據保誠精選「康檢寶」醫療保障計劃之規定，凡因已存在之疾病、損傷或其他情況而引起之治療，除非本人在申請表內已詳細列出及獲得保誠財險有限公司（「保誠」）接納，否則一律不予賠償。本人茲申請為保單持有人，並在本申請中，將上列人士增加成保單的受保人。本人聲明，就本人所知所信，本申請表填報之一切資料，均屬確實完整。保誠有權要求提供更多有關本人及受保人之健康情況或醫療報告，一切費用將由本人支付。本人已細讀並同意遵守保誠精選「康檢寶」醫療保障計劃之保單條款，並同意以本申請表內之聲明及填報之一切資料，作為本人與保誠之間所訂合約之根據。

Important Note to Policyholder 保單持有人須知

Collection of Levy by the Insurance Authority ("IA") - From 1 January 2018 onwards, a levy on insurance premiums for insurance policies will be payable to IA by policy holders. IA will collect the levy from policy holders through insurance companies. The amount of the levy may be subject to change depending on the applicable levy rate, which shall be determined by when the first premium is due which is the date when the policy becomes effective. Policy holder shall commit an offence and be liable to a pecuniary penalty not exceeding HK\$5,000 for failure to timely pay the levy. Levy must be paid when the premium is paid. To avoid any doubt, you must pay us the premium and levy once policy is effective.

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: -

- you agree the prepayment of levy on prepaid premiums if you pre-pay any premium.

The corresponding levy rate (based on premium payable) and cap per policy per policy year for insurance policies with effective date falling in the period from 1 January 2018 till 31 March 2019 (both dates inclusive) are 0.04% and HK\$2,000; from 1 April 2019 till 31 March 2020 (both dates inclusive) are 0.06% and HK\$3,000; from 1 April 2020 till 31 March 2021 (both dates inclusive) are 0.085% and HK\$4,250; and from 1 April 2021 onwards (date inclusive) are 0.1% and HK\$5,000. For details of levy information, please visit www.prudential.com.hk/levy.

All the premiums listed in this application form exclude levy.

保險業監管局（「保監局」）收取的徵費 - 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，徵費金額會因應適用徵費比率而有所變更，而該比率則以首期保費須繳付當日，即是保單生效日而定。如保單持有人未能依時繳交徵費，即屬違法，可被罰款不超過港幣五千元。徵費需於繳交保費時同時繳交。為免任何疑問，閣下必須於保單生效之日向本公司繳交保費及徵費總額。

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：

- 閣下同意如繳付預繳保費，將同時被收取預繳徵費。

於2018年1月1日至2019年3月31日（包括首尾兩日）期間生效的保單的徵費比率（以保費為基準）及每份保單每保單周年徵費上限為0.04%及港幣二千元；於2019年4月1日至2020年3月31日（包括首尾兩日）期間生效為0.06%及港幣三千元；於2020年4月1日至2021年3月31日（包括首尾兩日）期間生效為0.085%及港幣四千二百五十元；而於2021年4月1日起（包括該日）生效為0.1%及港幣五千元。有關徵費詳情請瀏覽www.prudential.com.hk/levy。

本表格內列出的所有保費並不包括徵費。

Personal Information Collection Statement 收集個人資料聲明

Prudential General Insurance 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.

保誠財險有限公司（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 on us or any third parties mentioned in Section 2 below 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向我們或在上述第二部分所列的第三方實施的披露要求。

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明之目的，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 3/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 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，地址是香港鰗魚涌華蘭路25號栢克大廈3樓。根據條例的規定，我們有權就處理查閱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 3/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鰗魚涌華蘭路25號栢克大廈3樓。

Opt-out box 拒絕接受方格

The Applicant/ Policyholder/ Insured Person 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。

Signature of Policyholder 保單持有人簽署		Date 日期
Financial Consultant's Name & Contact No. 理財顧問名稱及聯絡電話 (Please complete in BLOCK LETTERS 請用正楷填寫)		
For Office Use Only 本公司專用		
Approved by :	Effective Date :	
Date :	Loading:	Restrictions: <input type="checkbox"/> No / <input type="checkbox"/> Yes