

**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)**



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	
①	①	①	①	①	①	①	①	①	①	①	①	Name of Consultant 顧問姓名
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	Division Code & Branch Office 分區編號及分行地點
④	④	④	④	④	④	④	④	④	④	④	④	Consultant Contact No. 顧問聯絡電話號碼
⑤	⑤	⑤	⑤	⑤	⑤	⑤	⑤	⑤	⑤	⑤	⑤	
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	
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中國內地客戶？

- 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. 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 <hr/>	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 <input type="checkbox"/> PRUhealth secure top-up plan – HTPR 智安心康健計劃 <input type="checkbox"/> PRUhealth medical plus – PMP / PMPR 醫療加倍保 <input type="checkbox"/> PRUmed better care plan – MBC 健樂醫療計劃 <input type="checkbox"/> PRUmed care plan – MCP 醫療護惠計劃 <input type="checkbox"/> PRUmed health care plan – MHC 健愉醫療計劃 <input type="checkbox"/> PRUmed lifelong care plan – MLP 終身保醫療計劃 <input type="checkbox"/> PRUmyhealth prestige medical plan – PPM 「摯為您」優悅醫療保險計劃 <input type="checkbox"/> PRUparent medical care plan – MCP1 「親恩寶」醫療保障計劃	Plan Name 計劃名稱 <input type="checkbox"/> PRUHealth CoreChoice Medical Plan - VSPR 保誠自主醫保計劃 <input type="checkbox"/> PRUHealth FlexiChoice Medical Plan - VFPR 保誠靈活自主醫保計劃 <table border="1" data-bbox="842 629 1509 987"> <thead> <tr> <th>Covered Room 受保病房</th> <th>Option 選項</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Ward 普通病房</td> <td><input type="checkbox"/> PRUHealth Major Option 1 額外醫療計劃選項一 <input type="checkbox"/> PRUHealth Major Option 2 額外醫療計劃選項二</td> </tr> <tr> <td><input type="checkbox"/> Semi-Private 半私家病房</td> <td><input type="checkbox"/> PRUHealth Major Option 1 額外醫療計劃選項一 <input type="checkbox"/> PRUHealth Major Option 2 額外醫療計劃選項二</td> </tr> <tr> <td><input type="checkbox"/> Private 私家病房</td> <td><input type="checkbox"/> PRUHealth Major 額外醫療計劃</td> </tr> </tbody> </table> <input type="checkbox"/> PRUHealth VHIS VIP Plan - VIPR 保誠自願醫保尚賓計劃 <table border="1" data-bbox="842 1088 1509 1496"> <thead> <tr> <th>Deductible 自付費</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> HKD 0 per Policy Year 每保單年度 港元0</td> </tr> <tr> <td><input type="checkbox"/> HKD 20,000 per Policy Year 每保單年度 港元20,000</td> </tr> <tr> <td><input type="checkbox"/> HKD 50,000 per Policy Year 每保單年度 港元50,000</td> </tr> <tr> <td><input type="checkbox"/> USD 0 per Policy Year 每保單年度 美元0</td> </tr> <tr> <td><input type="checkbox"/> USD 2,500 per Policy Year 每保單年度 美元2,500</td> </tr> <tr> <td><input type="checkbox"/> USD 6,250 per Policy Year 每保單年度 美元6,250</td> </tr> </tbody> </table>	Covered Room 受保病房	Option 選項	<input type="checkbox"/> Ward 普通病房	<input type="checkbox"/> PRUHealth Major Option 1 額外醫療計劃選項一 <input type="checkbox"/> PRUHealth Major Option 2 額外醫療計劃選項二	<input type="checkbox"/> Semi-Private 半私家病房	<input type="checkbox"/> PRUHealth Major Option 1 額外醫療計劃選項一 <input type="checkbox"/> PRUHealth Major Option 2 額外醫療計劃選項二	<input type="checkbox"/> Private 私家病房	<input type="checkbox"/> PRUHealth Major 額外醫療計劃	Deductible 自付費	<input type="checkbox"/> HKD 0 per Policy Year 每保單年度 港元0	<input type="checkbox"/> HKD 20,000 per Policy Year 每保單年度 港元20,000	<input type="checkbox"/> HKD 50,000 per Policy Year 每保單年度 港元50,000	<input type="checkbox"/> USD 0 per Policy Year 每保單年度 美元0	<input type="checkbox"/> USD 2,500 per Policy Year 每保單年度 美元2,500	<input type="checkbox"/> USD 6,250 per Policy Year 每保單年度 美元6,250
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Part 2 第二部分 Education and Income Level 教育及收入等級

1. Education Level <input type="checkbox"/> Primary School or below <input type="checkbox"/> Secondary School <input type="checkbox"/> Tertiary or above <input type="checkbox"/> Others (Please specify) 教育程度 小學或以下 中學 大專或以上 其他 (請列明) _____		
2. Are you received income from a regular income source in the past 2 years? What is your average monthly income from all sources in the past 2 years? 在過去兩年裡，閣下是否從固定來源獲得收入？閣下從所有來源的平均每月的收入是多少？	<input type="checkbox"/> A. Yes. My income is received from a regular income source 是。我的收入是從固定來源獲得 <input type="checkbox"/> B. No. My income is not received from a regular income source 否。我的收入不是從固定來源獲得 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
<ul style="list-style-type: none"> - 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
<ul style="list-style-type: none"> - 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	
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<ul style="list-style-type: none"> - 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 VHS VIP Plan 保誠自願醫保尚實計劃	
		Same or lower Benefit Level 相同或較低保障	Upgrade of Benefit Level ¹ 提升保障 ¹
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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 (Applicable to Simplified Underwriting applications 只適用於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
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？		<input type="radio"/>	<input type="radio"/>
(a)	Cancer 癌症	<input type="radio"/>	<input type="radio"/>
(b)	Kidney disease 腎病	<input type="radio"/>	<input type="radio"/>
(c)	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)	<input type="radio"/>	<input type="radio"/>
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			
(d)	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)	<input type="radio"/>	<input type="radio"/>
(e)	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	<input type="radio"/>	<input type="radio"/>

Supplementary Information 補充資料

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.	Treatment / investigations / tests / scans that have been performed 已進行的治療 / 檢查 / 測試 / 掃描 Date of such treatment / investigation / tests / scan 有關治療 / 檢查 / 測試 / 掃描日期 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 (例如是否已完全康復、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。

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. Avocation Details 業餘興趣資料

	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)	<input type="radio"/>	<input type="radio"/>
(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)	<input type="radio"/>	<input type="radio"/>
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。	_____	

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

C. Residency and Travel Details 居住與外遊資料		Life Assured 受保人	
		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?		<input type="radio"/>	<input type="radio"/>
#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?		<input type="radio"/>	<input type="radio"/>
#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)	
<p># 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。</p>			

D. Personal Information 個人狀況	Life Assured 受保人
1. Height 身高	_____ cm 厘米
2. Weight 體重	_____ kg 公斤

Applicable to Life Assured 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

3. Smoking habit 吸煙習慣	
<p>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)。</p>	<input type="radio"/> No 否 <input type="radio"/> Yes 是
<p>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。</p>	Quantity 數量: _____ / day 天

4. Alcohol consumption 飲酒	
<p>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。</p>	<input type="radio"/> No 否 <input type="radio"/> Yes 是
<p>How many glasses of standard drinks do you have in a typical week per week? 請說明每星期飲用多少杯標準份量酒? Note: A standard drink is any drink containing 10 grams of alcohol, which is regardless of container size or alcohol type. 1 standard drink = 30 ml shot of spirits (40% alcohol per volume) 1 standard drink = 100 ml glass of red wine (13% alcohol per volume) 1 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%)</p>	_____ glass 杯

5. Taking of drugs not prescribed by doctors 服用未經醫生處方之藥物	
<p>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)?</p>	<input type="radio"/> No 否 <input type="radio"/> Yes 是
<p>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</p>	_____ _____

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

E. Family History 家庭狀況		Life Assured 受保人	
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
(a) Cancer 癌症		<input type="radio"/>	<input type="radio"/>
(b) Coronary heart disease 冠心病		<input type="radio"/>	<input type="radio"/>
(c) Diabetes mellitus 糖尿病		<input type="radio"/>	<input type="radio"/>
(d) Motor neuron disease 運動神經元疾病		<input type="radio"/>	<input type="radio"/>
(e) Multiple sclerosis 多發性硬化症		<input type="radio"/>	<input type="radio"/>
(f) Stroke 中風		<input type="radio"/>	<input type="radio"/>
(g) Parkinson's disease 帕金森症		<input type="radio"/>	<input type="radio"/>
(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。		<input type="radio"/>	<input type="radio"/>
	Life Assured 受保人		
	Family Member 親屬	Disease(s) 疾病	Onset Age 發病年齡
Family Member 1 親屬1	<input type="radio"/> Father 父親 <input type="radio"/> Mother 母親 <input type="radio"/> Brother(s) 兄弟 <input type="radio"/> Sister(s) 姊妹		<input type="radio"/> Age at or below 30 30 歲或以下 <input type="radio"/> Age 31 - 40 31 - 40 歲 <input type="radio"/> Age 41 - 50 41 - 50 歲 <input type="radio"/> Age 51 - 60 51 - 60 歲
Family Member 2 親屬2	<input type="radio"/> Father 父親 <input type="radio"/> Mother 母親 <input type="radio"/> Brother(s) 兄弟 <input type="radio"/> Sister(s) 姊妹		<input type="radio"/> Age at or below 30 30 歲或以下 <input type="radio"/> Age 31 - 40 31 - 40 歲 <input type="radio"/> Age 41 - 50 41 - 50 歲 <input type="radio"/> Age 51 - 60 51 - 60 歲
Family Member 3 親屬3	<input type="radio"/> Father 父親 <input type="radio"/> Mother 母親 <input type="radio"/> Brother(s) 兄弟 <input type="radio"/> Sister(s) 姊妹		<input type="radio"/> Age at or below 30 30 歲或以下 <input type="radio"/> Age 31 - 40 31 - 40 歲 <input type="radio"/> Age 41 - 50 41 - 50 歲 <input type="radio"/> 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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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。)

**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

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？	Life Assured 受保人	
	No 否	Yes 是
(a) Cancer or carcinoma in situ 癌症或原位癌	<input type="radio"/>	<input type="radio"/>
(b) Brain tumor 腦部腫瘤	<input type="radio"/>	<input type="radio"/>
(c) Heart disease 心臟疾病	<input type="radio"/>	<input type="radio"/>
(d) Stroke (including transient ischemic attack (TIA) 中風 (包括短暫性腦缺血，俗稱「小中風」)	<input type="radio"/>	<input type="radio"/>
(e) Hypertension 高血壓	<input type="radio"/>	<input type="radio"/>
(f) Diabetes mellitus or impaired glucose tolerance 糖尿病或葡萄糖耐量異常	<input type="radio"/>	<input type="radio"/>
(g) Kidney disease 腎病	<input type="radio"/>	<input type="radio"/>
(h) Prolapsed intervertebral disc or degenerative spine conditions 椎間盤突出或脊椎退化性疾病	<input type="radio"/>	<input type="radio"/>
(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	<input type="radio"/>	<input type="radio"/>
(j) Human immunodeficiency virus ("HIV") infection 人體免疫力缺乏病毒 (愛滋病病毒) 感染	<input type="radio"/>	<input type="radio"/>
(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)	<input type="radio"/>	<input type="radio"/>
(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	<input type="radio"/>	<input type="radio"/>
(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)	<input type="radio"/>	<input type="radio"/>
(n) Hypercholesterolemia or Hyperlipidemia 高膽固醇症或高血脂症	<input type="radio"/>	<input type="radio"/>
(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)	<input type="radio"/>	<input type="radio"/>
(p) Multiple sclerosis 多發性硬化症	<input type="radio"/>	<input type="radio"/>

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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
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」)	<input type="radio"/>	<input type="radio"/>
(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)	<input type="radio"/>	<input type="radio"/>
(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)	<input type="radio"/>	<input type="radio"/>
(d) Benign prostatic hypertrophy (Applicable to male only) 良性前列腺肥大 (只適用於男性)	<input type="radio"/>	<input type="radio"/>
(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)	<input type="radio"/>	<input type="radio"/>
(f) Cataract, glaucoma or retinopathy 白內障、青光眼或視網膜病變	<input type="radio"/>	<input type="radio"/>
(g) Arthritis or other joint disorder 關節炎或其他關節疾病	<input type="radio"/>	<input type="radio"/>
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?	<input type="radio"/>	<input type="radio"/>
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?	<input type="radio"/>	<input type="radio"/>
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?	<input type="radio"/>	<input type="radio"/>
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)?	<input type="radio"/>	<input type="radio"/>
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)?	<input type="radio"/>	<input type="radio"/>
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	<input type="radio"/>	<input type="radio"/>
(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	<input type="radio"/>	<input type="radio"/>
(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	<input type="radio"/>	<input type="radio"/>
(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	<input type="radio"/>	<input type="radio"/>
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?	<input type="radio"/>	<input type="radio"/>
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 37 th 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)?	<input type="radio"/>	<input type="radio"/>

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Part 4 第四部分 Full Underwriting applications (Continued) 一般核保程序之申請 (續)**G. Health Information 健康資料**

(If any answer to the questions in Section F is "Yes", please give additional information below. 如F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 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：

- [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准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。
- 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。
- 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

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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)

3. 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)
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。

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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 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.

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，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。

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、承讓者、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: -

- you authorize us to deduct the levy from Premium Deposit Account ("PDA") of the policy; and
- 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
- you agree the prepayment of levy on prepaid premiums if you pre-pay any premium; and
- 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
- 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逾期徵費，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：

- 閣下授權我們從保單保費儲蓄戶口扣除所需的徵費；及
- 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
- 閣下同意如預繳任何保費，將同時就預繳保費預付徵費；及
- 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
- 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 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.

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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、法院、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、醫院或公開紀錄，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實；(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實現有資料與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。

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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 to Marketing Communications and Materials 拒絕市場推廣通訊及資料

- If you do not agree to receive materials from the Company, please check this opt-out box. If you **do not** check the opt-out box and sign below, you agree to the provision and use of your personal data by the Company for direct marketing purposes in accordance with Section 3 of the PICS.
如果你不同意接收本公司的市場推廣通訊及資料，請選擇此拒絕方格。
如果你**沒有**選擇此拒絕方格，並在下方簽署，則代表你同意本公司根據收集個人資料聲明第三部分，使用及轉移你的個人資料作直接促銷用途。

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

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