



CARING Employee Medical Insurance Plan

CARING 僱員醫療 保險計劃





CARING 僱員醫療保險計劃

選擇保特保險的 **CARING 僱員醫療保險計劃**，為員工送上關懷。此產品是團體醫療賠償保障計劃。設有住院保障，亦可選擇附加門診及牙科等更切合僱員需要的保障，令他們倍感安心。

保障員工的健康，才能讓他們發揮應有的實力。我們靈活的 **CARING 僱員醫療保險計劃**，可根據您的預算及要求，度身訂造全年的團體醫療保障計劃。此產品保障期為一年。即使公司規模小亦可投保，獲享計劃的全球保障及服務，讓您的員工安心無憂，全力為公司發展業務！

大小同享

投保人數的門檻低，公司員工少至 4 位亦可參與。

附加額外保障

除了基本的住院保障外，您亦可自由選擇附加額外醫療保障，以支付因嚴重疾病或受傷而引致的額外住院費用，甚至可增選附加門診及牙科保障。

靈活自在

可因應不同職級的員工及員工家屬*，度身訂造不同級別的住院、附加額外醫療保障、門診及牙科保障。

計劃特色一覽

- 無須醫療批核及健康申報
- 不會因個別索償紀錄而增加保費**
- 不設最低住院時數限制
- 外科手術費包括於診所、醫院門診部或日間治療中心進行之手術
- 醫院雜項費包括於日間治療中心進行之癌症化學療法、放射療法及腎臟透析、先進診斷檢測（磁力共振、電腦斷層掃描及正電子放射斷層掃描）
- 入住香港醫院管理局轄下醫院之大房設有額外每日住院現金保障
- 第二索償住院現金保障（入住香港醫院管理局轄下醫院之大房除外）
- 24 小時全球醫療保障及緊急支援服務
- 附加門診保障提供中醫治療（包括跌打及針灸治療）
- 於專科索償時毋須提供醫生轉介信
- 設有電子醫療咭^^以享用門診醫療網絡服務，網絡遍佈香港、印尼、馬來西亞、菲律賓及新加坡

* 如提供家屬保障，則同一家庭中所有合資格之家屬必須參加及參與同一計劃。

** 保特保險保留一切於保單期滿前會否延續保單的權利，並給予不少於31日的書面通知。保特保險保留作出更改、修改或調整此保單的保障賠償、條款及/或於每保單續保時的保費率的權利。

^^ 電子醫療咭可於 eServices 流動程式中取得。實體醫療咭將不再提供。

於此產品小冊子所載的產品資料只供參考，並且不包含保單的全部條款和細則、產品主要風險及保單全部的不保事項。有關權益及產品主要風險詳情，請參閱產品小冊子；有關條款和細則及保單全部的不保事項，請參閱本計劃的保單條款。



CARING Employee Medical Insurance Plan

Show your care when you provide your employees with our **CARING Employee Medical Insurance Plan**. This product is a group indemnity medical insurance plan. The plan provides coverage for hospitalisation, while add-ons like outpatient and dental coverage to give your staff that extra comfort.

Help your employees stay healthy so they can put their best foot forward. With our flexible **CARING Employee Medical Insurance Plan**, you can provide your staff with a yearly affordable group medical coverage that has been tailored to your specific budget and requirements. The period of cover is 1 year. Coverage is possible even for small businesses, with protection and services extending around the world. Protect your employees, and they will do their best for you.

Small is beautiful

You can set up a plan with as few as 4 employees.

Optional benefits

In addition to basic Hospitalisation Benefits, you can opt for Supplementary Major Medical Benefits for extra protection for serious illnesses and injuries in excess of basic hospitalisation coverage. You can also opt for Outpatient Benefits and/or Dental Benefits.

Complete flexibility

Customise your plan with different levels of hospitalisation, supplementary major medical, outpatient and/or dental benefits for different categories of employees and their dependants*.

Plan features at a glance

- Waiver of medical underwriting and health declaration
- No additional premium loading will be imposed for your company's own claims history upon policy renewal**
- No minimum hours of hospital confinement
- Day case surgery and clinical operation conducted at registered clinic or hospital are covered under Surgeon's Fee under Hospitalisation Benefits (Basic Cover)
- Day case chemotherapy, radiotherapy, kidney dialysis and advanced diagnostic tests (MRI, CT Scan, PET scan) are covered under Miscellaneous Hospital Services under Hospitalisation Benefits (Basic Cover)
- Additional Daily Cash Benefit for each day of confinement in general ward of hospitals under Hong Kong Hospital Authority
- Hospital Cash Benefit for Second Claim (except for confinement in general ward of hospitals under Hong Kong Hospital Authority)
- 24-hour worldwide medical coverage and emergency assistance services
- Optional Outpatient Benefits cover Chinese medicine practitioner's treatment (including bone setting and acupuncture)
- Doctor referral letter is waived for specialties
- Offer of eHealthcare card^^ to enjoy the outpatient panel network services in Hong Kong, Indonesia, Malaysia, Philippines and Singapore.

* If dependant coverage is provided, all eligible dependants of the same family must join and enroll in the same plan.

** bolttech Insurance reserves the right to offer renewal before the expiry of the Policy by giving no less than 31 days prior written notice. bolttech Insurance also reserves the right to revise, modify or adjust the benefits and terms and conditions under the Policy and/or premium rates at each Policy Renewal.

^^ The eHealthcare card can be accessed from the eServices App. Physical card is not available.

The product information in this brochure is for reference only and does not contain the full terms and conditions, key product risks and full list of exclusions of the policy. For the details of benefits and key product risks, please refer to the brochure; and for exact terms and conditions and the full list of exclusions, please refer to the policy provisions of the plan.



24 小時全球緊急支援服務

若受保人出外旅遊或公幹時遇上緊急事故，而每次旅程期間連續不超過 90 天，緊急支援可提供以下服務：

- 24 小時電話諮詢服務
 - 緊急醫療撤離
 - 緊急醫療遣返
 - 運送遺體返國或原居地
 - 提供高達 \$5,000 美元之入院按金保證（包括中國內地指定醫院）
 - 如在外地住院超過 7 天，可安排 1 位親友前往探望
 - 可安排未成年子女返國或原居地
 - 中國緊急醫療支援服務
- 合共高達 \$1,000,000 美元

此服務由國際思奧思援助(香港)有限公司（「國際思奧思」）提供，保持保險將不會就國際思奧思及專業人員的行為或疏忽負上任何責任。而保持保險或將不時調整有關服務詳情，恕不提前通知。

以上資料只供參考，有關服務或需經過國際思奧思預先批核。請參閱隨保單附上的緊急支援服務條款。

全天候客戶支援

- iConnect - 專為僱主而設的服務網站，提供廣泛的保單及理賠服務，範圍包括：
 - 查看保單資料，福利範圍和理賠查詢
 - 成員資料查詢
 - 保費賬單及付款狀況查詢
 - 實用資料包括行政指南，一般不保事項及下載表格等
- **醫療索償最快於遞交電子索償申請 24 小時內^{**}賠償**
 - 透過 eServices 流動程式遞交團體醫療保單之住院、門診或牙科索償，整個索償過程最快可以於幾分鐘內完成

^{**} 適用於星期一至五晚上八時前遞交之團體醫療保單之門診電子索償申請（公眾假期除外），賠償可於 24 小時內轉賬至銀行戶口（銀行入賬不適用於星期六、星期日及公眾假期）。
- 登入 eServices 流動程式，客戶亦可享以下服務：
 - 可隨時隨地檢視或查詢保障範圍及下載網上表格
 - 助您快捷地搜尋附近醫療網絡醫生的地址及聯絡資料
 - 以流動程式的推送通知服務及電郵，收取有關索償狀況及理賠詳情通知，使保單管理變得更輕鬆
- 致電服務熱線 (852)3123 3344，我們的客戶服務主任隨時為您服務，處理您的保險需要。



24-Hour Worldwide Emergency Assistance Services

In case emergency assistance is needed while travelling abroad for a period not exceeding 90 consecutive days per trip, the Worldwide Emergency Assistance Services provide the following services:

- 24-hour hotline service
 - Emergency medical evacuation
 - Emergency medical repatriation
 - Repatriation of mortal remains
 - Guarantee of any required hospital admission deposit up to US\$5,000 (including designated hospital in Mainland China)
 - Compassionate visit can be arranged for a relative or a friend for overseas hospitalisation of more than 7 days
 - Return of minor children to home country or usual country of residence
 - Emergency Medical Assistance Services in China
- } Up to US\$1,000,000 in total

The service is provided by International SOS Assistance (HK) Limited ("International SOS"). bolttech Insurance shall not be responsible for any act or failure to act on the part of International SOS and the professionals. bolttech Insurance may revise the details of the services from time to time without prior notice.

The information above is for reference only and pre-approval from International SOS for some services may be necessary. Please refer to the full terms and conditions of the Emergency Assistance Services which are provided to you with the Policy.

Ubiquitous Customer Support

- iConnect – a dedicated employer services portal with a wide range of policy and claims services include:
 - viewing policy information, benefit schedule and claims enquiry
 - member information enquiry
 - premium billing and payment status enquiry
 - useful information including administration guide, general exclusions and forms download etc.
 - **Group Medical eClaims with speedy settlement within 24 hours^{**} upon claims submission**
 - via eServices App for submission of group medical insurance claims including hospitalisation, outpatient and dental claims. E-claims application can be completed in a matter of minutes.
- ^{**} Applicable to group medical outpatient eClaims submitted before 8:00pm on Monday to Friday (excluding public holidays), and the payment will be settled in bank account within 24 hours (bank deposit arrangement not available on Saturday, Sunday and public holidays).
- eServices App also allows you
 - to access the benefit schedule and online forms anytime, anywhere;
 - to search for location and contact details of nearby panel doctors quickly; and
 - keep you posted of claim status and settlement details via app's push notification and email
 - Just call us at (852)3123 3344 and our Customer Service Representatives are at your service to address your insurance needs



主要不保項目

除非於保單條款或保單資料頁另有註明外，以下情況將不受保特保險保障：

適用於基本住院，附加額外醫療保障及門診保障：

1. 受保人或受保家屬在受保生效日期前90日內曾接受過醫療或診治之傷病（除非受保人或受保家屬已在此保單下受保連續超過12個月）；
2. 參加計劃前已感染的愛滋病或受人類免疫力缺乏病毒感染之任何相關的併發症；
3. 已獲豁免，或由第三方提供的醫療或保險計劃（例如勞工保險）賠償的合資格費用；
4. 美容治療、外科整形手術、配戴眼鏡或鏡片、為矯正視力或屈光不正而進行的任何手術及相關服務、助聽器、購買義肢及輔助儀器；
5. 牙科治療或手術（由意外引起而傷及健全的牙齒或已於本計劃明確列明之保障除外）；
6. 酗酒或濫用藥物；
7. 先天性疾病；
8. 懷孕有關的治療（包括產科檢查）、生育（包括手術分娩）、墮胎或小產、產前或產後護理、節育或絕育有關的治療；
9. 心理病或精神病（包括任何神經科及其生理或心理上的表現）；
10. 例行體格檢查、接種疫苗、與傷病的治療或診斷無關的測試、或非醫學上必須的任何選擇性治療或服務或任何替代治療、包括但不限於順勢療法或足病醫生提供的任何服務、任何預防性治療、藥物或檢查（於本計劃明確列明之保障除外）；
11. 性病及其後遺症、治療女性更年期的荷爾蒙療法；
12. 自殺、自殺未遂或蓄意自我毀傷；及
13. 戰爭、內戰、兵變、騷亂、起義、叛亂、革命謀反、軍事政變或奪權事故、戒嚴法或包圍狀態、參予暴動或非法活動。

附加牙科保障（如適用）的不保項目：

1. 已獲豁免，或由第三方提供的醫療或保險計劃（例如勞工保險）賠償的合資格費用；
2. 自我毀傷；
3. 美容治療（包括但不限於牙齒矯形及漂白）；
4. 酗酒或濫用藥物；
5. 戰爭（宣戰與否）、騷亂、叛亂、革命謀反、軍事政變、暴動、罷工或非法活動；及
6. 口腔衛生指引、預防牙菌膜及飲食指引。

所有不保事項詳情，請參閱保單條款。



Major Exclusions

Unless otherwise specified in the Policy provisions or Policy Schedule, bolttech Insurance shall not be liable to pay any Benefits under the Policy in the following circumstances:

Applicable to Hospitalisation Benefits, Supplementary Major Medical Benefits and Outpatient Benefits

1. Pre-existing conditions for which the Insured Person or Insured Dependant received medical treatment during the 90 days prior to the date he first becomes insured under this Policy, unless such Insured Person or Insured Dependant affected by these conditions has been insured under this Policy continuously for 12 months;
2. Disabilities arising as a result of or in connection with AIDS (Acquired Immune Deficiency Syndrome) and ARC (AIDS Related Complex) or any sequela, contracted before participation in the plan;
3. Care or treatment for which payment is not required or is waived or is recoverable from a third party or under any other insurance including (without limitation) Employees' Compensation Insurance;
4. Any charges of services for beautification purposes, cosmetic surgery or treatment, fitting of eye glasses or lens, any surgery and related services for the purpose of correcting visual acuity or refractive error, hearing aids and prescriptions therefor, purchase of artificial limbs and prosthetic devices;
5. Dental care and treatment, except necessitated by accidental Injuries to sound natural teeth (unless the benefit is available and specified in the benefit schedule);
6. Disabilities arising out of consumption of alcohol or narcotics or similar drugs or agents;
7. Congenital Conditions;
8. Pregnancy (including pregnancy test), childbirth (including surgical delivery), abortion, miscarriage, pre-natal or post-natal care and conditions arising from surgical, mechanical or chemical contraceptive methods of birth control or treatment pertaining to infertility;
9. Psychotic, mental or nervous disorders, (including any neuroses and their physiological or psychosomatic manifestations);
10. Routine physical examinations, vaccinations, health check-ups or tests not incidental to treatment or diagnosis of a Disability or any elective treatments or services which are not Medically Necessary[◇] or any alternative treatment including but not limited to homeopathy or any services rendered by a Podiatrist, or any preventive treatments, medicines or examinations (unless the benefit is available and specified in the benefit schedule);
11. Conditions related to sexually transmitted diseases, sexual dysfunction or their sequela; hormone therapy for climacteric or menopause;
12. Suicide, attempted suicide or intentionally self-inflicted injury; and
13. Any Disabilities arising from the followings: war, civil war, mutiny, civil commotions, insurrection, rebellion, revolution conspiracy, military or usurped power, martial law or state of siege, participation in riots or illegal activities.

Applicable to Dental Benefits

1. Care or treatment for which payment is not required or is waived or is recoverable from a third party or under any other insurance including (without limitation) Employees' Compensation Insurance;
2. Self-inflicted Injury;
3. Cosmetic treatment (including but not limited to orthodontic treatment and bleaching);
4. Conditions or Injury arising out of consumption of alcohol or narcotics or similar drugs or agents;
5. Conditions or Injury caused by declared or undeclared war, civil commotions, rebellion, revolution conspiracy, military, riot, strikes or illegal acts; and
6. Oral hygiene instructions, plague control program and dietary instructions.

For the full exclusions under the Policy, please refer to the Policy provisions.



重要事項

1. 此產品是由保特保險(香港)有限公司(「保特保險」)承保及發出的團體醫療賠償保障計劃。
2. *如提供家屬保障,則同一家庭中所有合資格之家屬必須參加及參與同一計劃。
3. **保特保險保留一切於保單期滿前會否延續保單的權利,並給予不少於31日的書面通知。保特保險保留作出更改、修改或調整此保單的保障賠償、條款及/或於每保單續保時的保費率的權利。
4. 申請人必須填報所有可能影響保特保險接受承保及評估之重要事實。如未能確定這項事實是否具有實質性的關係,申請人應該等事實填報。我們建議申請人將有關的資料(包括申請表副本)作記錄,以備日後作參考之用。為確保申請人的利益,申請人應如實呈報所有有關資料,否則此保單將可能無法提供所需的保障,甚至可能會導致此保單無效。
5. ◇醫學上必需的治療或服務是指按照良好的醫療標準,符合該傷病的診斷及慣常治療所需的醫療服務;並非為相關的受保人或受保家屬或醫生帶來方便而提供,有關的收費是公平合理及提供必需的治療的實際費用。
6. ▲就正常及慣常費用而言,是指金額不超過於當地由同等經驗和專業地位的人,在類似情況下提供的服務所收取之合理平均費用,至於就物資或服務相關的正常及慣常的費用是指金額不超過於同一地方就獲取相等質量及經濟考慮之相似物資或服務所收取之合理平均費用。
7. **保費調整**
保特保險有權在每次續保時更改保費。每次續保之保費將根據續保時受保人或受保家屬的年齡及當時的保費表釐定。保費表會不時根據各種因素,包括但不受限於相關的醫療費用的通脹及保特保險的理賠數據及保單續保情況釐定,並給予不少於31日的預先通知。
8. **保費年期及欠繳保費**
保單的保費供款期與權益年期相同。任何到期繳付之保費及有關保費徵費均可獲保特保險准予保費到期日起計31天的寬限期。若在寬限期完結時仍未繳付保費及有關保費徵費,保單將由寬限期完結時自動終止。保單持有人需繳付寬限期內應付的保費及有關保費徵費予保特保險。
9. **取消保單條款**
保特保險可通過向保單持有人發出31天的書面通知來取消本保單,但受限於任何受保人或受保家屬對在取消生效之日前發生的任何傷病的權益。如果取消,則保單持有人可獲退還任何已支付的保費及有關保費徵費,惟須先按比例扣除本保單於生效期間的保費和有關徵費。
保單持有人可隨時以掛號信件通知本公司以申請取消保單,並於該信件上指明取消保單之生效日。如在該保單未曾作出賠償或沒有應付之賠償,在扣除行政費用後(即該保單之全年保費之10%),保單持有人將按比例獲退還部份已付之保費及保費徵費。
10. **終止受保人或受保家屬的保險**
受保人或受保家屬的保險將在下列其中一個日期自動終止,以最早者為準:
 - 此保單終止日;
 - 受保人最後一次支付保費的期限屆滿日;
 - 受保人與保單持有人的關係終止日;
 - 受保家屬不再是受保人的家屬之日;及
 - 受保人或受保家屬在保單資料頁中指定年齡上限的生日後的保單有效日期結束為止。
11. **不保項目**
請參閱“主要不保項目”。
12. 此產品小冊子所載的產品資料只供參考,並且不包含保單的全部條款和細則、產品主要風險及保單全部的不保事項。有關權益及產品主要風險詳情,請參閱產品小冊子;有關條款和細則及保單全部的不保事項,請參閱本計劃的保單條款。



Important Notes

1. This product is a group indemnity medical insurance plan underwritten and issued by Bolttech Insurance (Hong Kong) Company Limited ("bolttech Insurance").
2. *If dependant coverage is provided, all eligible dependants of the same family must join and enroll in the same plan.
3. ** bolttech Insurance reserves the right to offer renewal before the expiry of the Policy by giving no less than 31 days prior written notice. bolttech Insurance also reserves the right to revise, modify or adjust the benefits and terms and conditions under the Policy and/or premium rates at each Policy Renewal.
4. The applicant is required to disclose all material facts which is likely to influence the acceptance and assessment of the Application. If the applicant is in doubt whether certain facts are material, the applicant should disclose them. We recommend the applicant to keep a record (including a copy of the completed application form) for future reference of all information given. Providing correct answers and making sure we are informed is for your own protection, as failure to disclose such information may affect your coverage and may even invalidate the Policy altogether.
5. ◇Medically Necessary Treatment or Service in relation to a Disability means a medical service which is consistent with the diagnosis and customary medical treatment for such Disability in accordance with standards of good medical practice; not for the convenience of the relevant Insured Person or Insured Dependant or the Physician, and for which the charges are fair and reasonable for such Disability, and Medically Necessary shall be construed accordingly.
6. ▲Normal and Customary in relation to fees means a sum not exceeding a reasonable average of the fees charged under similar conditions by persons of equivalent experience and professional status in the area in which the service was provided; and when in relation to material or services means a sum not exceeding a reasonable average of the charges for similar material or services in equivalent circumstances of quality and economic consideration in the same area as that in which any such material or services were obtained.
7. **Premium adjustment**
bolttech Insurance shall have the right to change the rate at which premium shall be calculated on Renewal Date. Premium for each renewal are determined based on the Age of the Insured Person and Insured Dependant and the premium rate on the applicable premium table upon renewal. Premium table is subject to change from time to time based on factors including but not limited to the inflation of related medical expenses, bolttech Insurance's medical claims experience and persistency of policies, and bolttech Insurance shall notify the Policyholder at least 31 days in advance of the change.
8. **Premium term and non-payment of premium**
The premium payment period of the Policy is same as the benefit term. A grace period of thirty one (31) days following the premium due date shall be allowed to the Policyholder for the payment of each premium and applicable levy after the first. If any premium and applicable levy is not paid before the expiration of the grace period, this Policy shall automatically terminate at the expiration of the grace period. The Policyholder shall be liable to bolttech Insurance for the premium and applicable levy for the time the Policy was in force during the grace period.
9. **Cancellation conditions**
bolttech Insurance may cancel this Policy by giving thirty one (31) days notice in writing to the Policyholder subject to the rights of any Insured Person or Insured Dependant in respect of any Disability which had occurred prior to the effective date of cancellation of this Policy. In the event of cancellation the Policyholder is entitled to a refund of any premium and applicable levy paid by him after a deduction of a proportionate part of the period during which this Policy has been in force.
The Policyholder may cancel this Policy at any time by notifying bolttech Insurance of such intent by posting a registered letter addressed to bolttech Insurance, specifying the effective date of cancellation of this Policy; and provided that no claim have been paid or are payable under this Policy, he shall be entitled to a refund of a proportionate amount of the premium and applicable levy paid by him less an administration charge of 10% of the annual premium in respect of this Policy.
10. **Termination of insurance of Insured Person/Insured Dependant:**
The Insurance of an Insured Person/Insured Dependant shall automatically cease on the earliest of the following dates:
 - the date of termination of this Policy;
 - the date of expiration of the period for which the last premium payment is made in respect of such Insured Person/Insured Dependant;
 - the date on which the Insured Person's relationship with the Policyholder shall cease;
 - the date the Insured Dependant ceases to be a Dependant of the Insured Person; and
 - the end of Insurance Period following the Insured Person's/Insured Dependant's birthday of the Upper Age Limit as specified in the Policy Schedule.
11. **Exclusions**
Please refer to the section for "Major Exclusions".
12. The product information in this brochure is for reference only and does not contain the full terms and conditions, key product risks and full list of exclusions of the policy. For the details of benefits and key product risks, please refer to the brochure; and for exact terms and conditions and the full list of exclusions, please refer to the policy provisions of the plan.



(1) 基本住院保障 Hospitalisation Benefits (Basic Cover)

計劃類別 Plan Level	大房 Ward (GHH1)	大房 Ward (GHH2)	半私家房 Semi-Private (GHH3)	半私家房 Semi-Private (GHH4)	私家房 Private (GHH5)
保障金額 (港幣) Cover Limit (HK\$)					
每日住院及膳食費 (最高賠償180天) Hospital Room & Board per day (Max. 180 days)	\$400	\$600	\$1,000	\$1,500	\$2,500
每日醫生巡房費 (最高賠償180天) Physician's Visit per day (Max. 180 days)	\$400	\$600	\$1,000	\$1,500	\$2,500
醫院雜項費 Miscellaneous Hospital Services	\$7,000	\$10,000	\$14,000	\$20,000	\$30,000
外科手術費 Surgeon's Fee					
複雜手術 Complex Operation	\$42,000	\$54,000	\$66,000	\$84,000	\$105,000
嚴重手術 Major Operation	\$14,000	\$18,000	\$22,000	\$28,000	\$35,000
普通手術 Intermediate Operation	\$7,000	\$9,000	\$11,000	\$14,000	\$17,500
簡單手術 Minor Operation	\$2,800	\$3,600	\$4,400	\$5,600	\$7,000
麻醉師費 Anaesthetist's Fee					
複雜手術 Complex Operation	\$12,600	\$16,200	\$19,800	\$25,200	\$31,500
嚴重手術 Major Operation	\$4,200	\$5,400	\$6,600	\$8,400	\$10,500
普通手術 Intermediate Operation	\$2,100	\$2,700	\$3,300	\$4,200	\$5,250
簡單手術 Minor Operation	\$840	\$1,080	\$1,320	\$1,680	\$2,100
手術室費 Operating Theatre Fee					
複雜手術 Complex Operation	\$12,600	\$16,200	\$19,800	\$25,200	\$31,500
嚴重手術 Major Operation	\$4,200	\$5,400	\$6,600	\$8,400	\$10,500
普通手術 Intermediate Operation	\$2,100	\$2,700	\$3,300	\$4,200	\$5,250
簡單手術 Minor Operation	\$840	\$1,080	\$1,320	\$1,680	\$2,100
專科治療費 Specialist's Fee	\$2,000	\$3,000	\$5,000	\$7,000	\$10,000
每日深切治療費 (最高賠償15天) Intensive Care Unit per day (Max. 15 days)	\$1,500	\$2,000	\$3,000	\$4,000	\$6,000
每日家庭看護費 (最高賠償60天) Home Nursing per day (Max. 60 days)	\$200	\$300	\$500	\$600	\$700
緊急門診費 (意外發生後24小時內之醫院門診部之治療費) Emergency Outpatient Treatment (Outpatient treatment in a Hospital within 24 hours of an injury)	\$500	\$800	\$1,200	\$1,600	\$2,000
出院後的治療費 (出院後31日內之跟進治療費) Post Hospitalisation Treatment (Follow-up treatment within 31 days after discharge from Hospital)	\$500	\$800	\$1,200	\$1,600	\$2,000
每病症最高賠償額 Overall Limit Per Disability	\$255,700	\$365,000	\$562,000	\$800,600	\$1,244,000
每日住院現金保障 (入住香港醫院管理局轄下醫院之大房, 最高賠償60天) Daily Cash Benefit (for confinement in general ward of Hospital Authority's Hospital in Hong Kong, Max. 60 days)	\$200	\$300	\$500	\$750	\$1,000
第二索償每日住院現金保障 (受保人需先於其他保險公司獲得賠償; 此福利不適用於入住香港醫院管理局轄下醫院之大房, 最高賠償60天) Hospital Cash Benefit for Second Claim per day (Primary payer must be other insurer; benefit not available for confinement in general ward of Hospital Authority's Hospital in Hong Kong, Max. 60 Days)	\$200	\$300	\$500	\$750	\$1,000
意外身故保障 (只適用於僱員) Accidental Death Benefit (for employee only)	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000
緊急支援服務 Emergency Assistance Services					
緊急醫療撤離 Emergency medical evacuation 緊急醫療遣返 Emergency medical repatriation 運送遺體返國或原居地 Repatriation of mortal remains	合共高達\$1,000,000美元 Up to US\$1,000,000 in total				

(2) 附加額外醫療保障 Supplementary Major Medical Benefits (Optional Cover)

計劃類別 Plan Level	大房 Ward (GMH1)	大房 Ward (GMH2)	半私家房 Semi-Private (GMH3)	半私家房 Semi-Private (GMH4)	私家房 Private (GMH5)
保障金額 (港幣) Cover Limit (HK\$)					
每病症最高賠償額 Maximum Limit Per Disability	\$50,000	\$60,000	\$80,000	\$100,000	\$150,000
自付額 Deductible	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000
賠償率 Reimbursement%	80%	80%	80%	80%	80%

此附加額外醫療保障為基本住院保障的正常及慣常支出提供外保障。若住院期間的醫療費用超過基本住院保障項目之最高賠償額，餘額於扣除自付額後可獲80%賠償，而當中之每日住院及膳食費及每日醫生巡房費不受最高賠償日數限制，均可獲得賠償。

附註：

如選擇附加額外醫療保障，保障等級必須與基本住院保障之等級相同。如入住之住房等級高於保障等級，賠償率將作以下調整：

大房升至半私家房：25%
 大房升至私家房：25%
 半私家房升至私家房：50%

The Supplementary Major Medical Benefits cover the Normal and Customary charges in excess of the benefits payable under Hospitalisation Benefits (Basic Cover). If the medical expenses during hospital confinement incurred under Hospitalisation Benefits (Basic Cover) items exceed the cover limit, 80% of the excess amount after deductible will be reimbursed, in which, the excess amount incurred for the Hospital Room & Board and Physician's Visit Benefits, can be reimbursed regardless of the number of days of the confinement.

Note :

If option of Supplementary Major Medical Benefits is taken, the level of benefit must correspond to same level with Hospitalisation Benefits (Basic Cover).

If confinement is at higher accommodation level than the insured benefit level, the reimbursement% shall be reduced as follow:

Ward to Semi-Private: 50%
 Ward to Private: 25%
 Semi-Private to Private: 50%



(3) 附加門診保障 Outpatient Benefits (Optional Cover)

計劃類別 Plan Level	經濟 Economic (GOH1/GPH1)	標準 Standard (GOH2/GPH2)	特等 Superior (GOH3/GPH3)	特等 Superior (GOH4/GPH4)	優等 Premier (GOH5/GPH5)
保障金額 (港幣\$) Cover Limit (HK\$)					
醫生診所治療費 (每日1次) Consultation at Physician's Office (per visit per day)	\$140	\$160	\$180	\$250	\$350
賠償率 Reimbursement%	80%/100%	80%/100%	80%/100%	80%/100%	80%/100%
每次網絡自付費用 ^A Network co-payment per visit ^A	\$40/\$30	\$20/\$20	\$0/\$0	\$0/\$0	\$0/\$0
中醫、跌打及針灸治療費 (每日1次, 每年最多10次) Chinese Medicine Practitioner's Treatment (Including Bonesetter's & Acupuncturist's Treatment) (per visit per day, Max. 10 visits per year)	\$120	\$130	\$150	\$200	\$250
賠償率 Reimbursement%	80%/100%	80%/100%	80%/100%	80%/100%	80%/100%
每次網絡自付費用 ^A Network co-payment per visit ^A	\$50/\$40	\$40/\$30	\$20/\$10	\$0/\$0	\$0/\$0
以上2項治療每年合共最多30次。 Max. 30 visits per year for the above 2 items.					
物理治療師及脊椎治療師之治療費 (每日1次, 每年最多10次) Physiotherapist's & Chiropractor's Treatment (per visit per day, Max. 10 visits per year)	\$210	\$240	\$270	\$300	\$350
賠償率 Reimbursement%	80%/100%	80%/100%	80%/100%	80%/100%	80%/100%
每次網絡自付費用 ^A Network co-payment per visit ^A	\$70/\$50	\$50/\$20	\$20/\$0	\$0/\$0	\$0/\$0
專科醫生治療費 (每日1次, 每年最多10次) Specialist's Consultation (per visit per day, Max. 10 visits per year)	\$280	\$320	\$360	\$500	\$700
賠償率 Reimbursement%	80%/100%	80%/100%	80%/100%	80%/100%	80%/100%
每次網絡自付費用 ^A Network co-payment per visit ^A	\$90/\$80	\$60/\$40	\$20/\$0	\$0/\$0	\$0/\$0
每年X光檢驗及化驗費 Diagnostic X-Ray & Laboratory Tests per year	\$1,500	\$1,800	\$2,200	\$3,000	\$4,000
賠償率 Reimbursement%	80%/100%	80%/100%	80%/100%	80%/100%	80%/100%

△ 適用於網絡醫生診療費 (包括3天西藥或中藥2劑)。 Applicable for consultation of network doctors (includes 3 days of medication or 2 packs of Chinese Medicine).

附註 Note:

物理治療師及脊椎治療師治療費、X光檢驗及化驗費須由主診醫生以書面推薦才可獲得賠償。

網絡醫生只限普通科醫生、物理治療師、脊椎治療師、專科醫生及中醫師，並不包括針灸及跌打治療。

Written referral by the attending physician is required for Physiotherapist's & Chiropractor's Treatment, and Diagnostic X-ray & Laboratory Tests.

Network doctors include General Practitioners, Physiotherapist, Chiropractor, Specialist and Chinese Medicine Practitioner excluding acupuncture and Chinese bonesetter treatment.

(4) 附加牙科保障 Dental Benefits (Optional Cover)

計劃類別 Plan Level	標準 Standard (GDH1)	優等 Premier (GDH2)
保障金額 (港幣\$) Cover Limit (HK\$)		
例行口腔檢查 (洗牙及預防治療, 每年1次) Routine Oral Examination (Scaling, Polish & Prophylaxis, 1 visit per year)	\$350	\$500
賠償率 Reimbursement%	100%	
牙科服務前之X光檢驗 (每片) X-rays required prior to the performance of dental service (Each film)	\$100	\$150
賠償率 Reimbursement%	80%	
牙齦膿腫 (每膿腫) Abscesses (Each abscess)	\$350	\$500
賠償率 Reimbursement%	80%	
補牙 (每顆牙齒) Fillings (Each tooth)	\$350	\$500
賠償率 Reimbursement%	80%	
脫牙 (每顆牙齒) Extractions (Each tooth)	\$350	\$500
賠償率 Reimbursement%	80%	
整體每年最高賠償限額 Overall Maximum Limit per year	\$3,000	\$5,000



CARING 僱員醫療保險計劃 CARING Employee Medical Insurance Plan

每年保費表 (港幣\$) Annual Premium Table (HK\$)

(以下保費並未包括保費徵費 Insurance levy is not included in the below premium)

(1) 基本住院保障 Hospitalisation Benefits (Basic Cover)		大房 Ward (GHH1)		大房 Ward (GHH2)		半私家房 Semi-Private (GHH3)		半私家房 Semi-Private (GHH4)		私家房 Private (GHH5)	
		受保人數 No. of insured	每年保費 Annual premium	受保人數 No. of insured	每年保費 Annual premium	受保人數 No. of insured	每年保費 Annual premium	受保人數 No. of insured	每年保費 Annual premium	受保人數 No. of insured	每年保費 Annual premium
年齡 [^] Age [^]	1*-19		\$701		\$970		\$1,422		\$2,080		\$3,576
	20-41		\$930		\$1,285		\$1,884		\$2,757		\$4,737
	42-65		\$1,084		\$1,498		\$2,197		\$3,215		\$5,524
	66-70		\$3,252		\$4,494		\$6,589		\$9,646		\$16,573
(2) 附加額外醫療保障 Supplementary Major Medical Benefits (Optional Cover)		大房 Ward (GMH1)		大房 Ward (GMH2)		半私家房 Semi-Private (GMH3)		半私家房 Semi-Private (GMH4)		私家房 Private (GMH5)	
		受保人數 No. of insured	每年保費 Annual premium	受保人數 No. of insured	每年保費 Annual premium	受保人數 No. of insured	每年保費 Annual premium	受保人數 No. of insured	每年保費 Annual premium	受保人數 No. of insured	每年保費 Annual premium
年齡 [^] Age [^]	1*-19		\$268		\$370		\$541		\$793		\$1,363
	20-41		\$334		\$461		\$676		\$991		\$1,703
	42-65		\$491		\$679		\$996		\$1,413		\$2,428
	66-70		\$1,282		\$1,771		\$2,597		\$3,688		\$6,334
(3a) 附加門診保障 (賠償率80%) Outpatient Benefits (Optional Cover) (80% reimbursement)		經濟 Economic (GOH1)		標準 Standard (GOH2)		特等 Superior (GOH3)		特等 Superior (GOH4)		優等 Premier (GOH5)	
		受保人數 No. of insured	每年保費 Annual premium	受保人數 No. of insured	每年保費 Annual premium	受保人數 No. of insured	每年保費 Annual premium	受保人數 No. of insured	每年保費 Annual premium	受保人數 No. of insured	每年保費 Annual premium
年齡 [^] Age [^]	1*-19		\$1,882		\$2,136		\$2,409		\$3,299		\$4,538
	20-41		\$1,595		\$1,812		\$2,043		\$2,797		\$3,849
	42-65		\$1,595		\$1,812		\$2,043		\$2,797		\$3,849
	66-70		\$1,995		\$2,264		\$2,554		\$3,497		\$4,810
(3b) 附加門診保障 (賠償率100%) Outpatient Benefits (Optional Cover) (100% reimbursement)		經濟 Economic (GPH1)		標準 Standard (GPH2)		特等 Superior (GPH3)		特等 Superior (GPH4)		優等 Premier (GPH5)	
		受保人數 No. of insured	每年保費 Annual premium	受保人數 No. of insured	每年保費 Annual premium	受保人數 No. of insured	每年保費 Annual premium	受保人數 No. of insured	每年保費 Annual premium	受保人數 No. of insured	每年保費 Annual premium
年齡 [^] Age [^]	1*-19		\$2,241		\$2,543		\$2,868		\$3,928		\$5,402
	20-41		\$1,900		\$2,157		\$2,432		\$3,331		\$4,581
	42-65		\$1,900		\$2,157		\$2,432		\$3,331		\$4,581
	66-70		\$2,375		\$2,696		\$3,040		\$4,164		\$5,726
(4) 附加牙科保障 Dental Benefits (Optional Cover)		標準 Standard (GDH1)		優等 Premier (GDH2)							
		受保人數 No. of insured	每年保費 Annual premium	受保人數 No. of insured	每年保費 Annual premium						
年齡 [^] Age [^]	1*-19		\$497		\$714						
	20-70		\$621		\$892						

[^] 下次生日年齡 Age at next birthday

[1] 歲指出生滿15日 *1 year old means 15 days of age

附註 Note:

子女: 任何未婚而年齡超過14日但少於19歲 (實際年齡) 之子女、如屬全日制學生在認可教育機構就讀、可包括至25歲 (實際年齡) (請附上有效證明文件)。

Child: Any unmarried children aged more than 14 days but less than 19 years old (attained age), or up to 25 years old (attained age) if registered as full time student at a recognized educational institution (please provide evidence).

全年保費總額(港幣\$) Total Annual Premium (HK\$): _____

(不包括保費徵費 excluding insurance levy)

保費徵費表 Insurance Levy Rate Table

保單起保日 Date of Policy Inception	徵費率 Rate	最高徵費 (港幣\$) Cap (HK\$)
由2021年4月1日之後 From 1 April 2021 onwards	0.100%	\$5,000

保監局將按照適用之徵費率就此保單收取徵費。如有任何查詢，請瀏覽 boltechinsurance.hk 或致電：(852)3123 3344。

Levy collected by the Insurance Authority has been imposed on relevant policy at the applicable rate. For further information, please visit boltechinsurance.hk or contact: (852) 3123 3344.

CARING 僱員醫療保險計劃申請表 CARING Employee Medical Insurance Plan Application Form

bolttech
Insurance

電郵 E-mail: employeebenefits@bolttechinsurance.com

請以正楷填寫 Please complete in block letters

申請人詳情 Details of Applicant

公司名稱 Name of Company

商業登記號碼 Business Registration No.	註冊國家 Country of Incorporation	
業務性質 Nature of Business	聯絡人及其職位 Contact Person & Position	
電話號碼 Telephone No.	傳真號碼 Fax No.	電郵地址 Email Address

地址 Address

保單有效日期 Insurance Period (日 / 月 / 年 DD/MM/YYYY)	會員總人數 Total Number of Member
生效日期由 Effective from / / 至 To / /	

文書通知和保單文件將會經電郵分別發送給保單持有人和中介人。

Correspondence and policy documents will be dispatched to the policyholder and intermediary by email separately.

參加資格 Eligibility

現任全職僱員 For EXISTING Permanent Full-time Employee

將來全職僱員 For FUTURE Permanent Full-time Employee

保單生效日參加 On Policy Effective Date

受僱日參加 On Employment Date

受僱 _____ 個月後參加

受僱 _____ 個月後參加

Immediate Cover After _____ Months of Employment

Immediate Cover After _____ Months of Employment

計劃等級 Plan Level					僱員類別 Classification of Employee Type (例：職位 e.g. Job Position)	家屬保障 (有 / 否) Dependant Coverage (Yes/No)
計劃 Plan No.	基本保障 Basic Cover	附加保障 Optional Cover				
	基本住院保障 Hospitalisation Benefits	額外醫療保障 Supplementary Major Medical Benefits	門診保障 Outpatient Benefits	牙科保障 Dental Benefits		
例 e.g.	GHH1	GMH1	GPH1	GDH1	所有僱員 All staff / 經理 Managers / 董事 Directors	有 / 否 Yes/No
1						有 / 否 Yes/No
2						有 / 否 Yes/No
3						有 / 否 Yes/No

計劃守則 PLAN RULES :

- 此保險計劃只適用於香港註冊及僱用至少有 4 名僱員參與之公司申請。
This insurance plan is only applicable to company registered in Hong Kong and employed at least 4 participating employees.
- 69 歲以下 (實際年齡) 之僱員及 / 或其配偶及 / 或僱員之未婚而年齡超過 14 日但未滿 19 歲 (實際年齡), 及已滿 19 歲 (實際年齡) 但未滿 25 歲 (實際年齡) 而正在認可教育機構接受全日制教育的子女均合乎資格參加。
The employees and/or their spouses who are under the age of 69 (attained age) and the employees' unmarried children who are over the age of 14 days but under 19 years old (attained age) and those at the age of 19 (attained age) but under 25 (attained age) who are receiving full time education at a recognized educational institution are eligible to enroll.
- 所有合資格僱員必須參加此計劃及在生效日正常上班。
All eligible employees must participate in the plan, must be actively at work on effective date of coverage.
- 所有同一僱員類別之合資格僱員必須參與同一計劃。
All eligible employees with same classification of Employee Type must enroll in the same plan.
- 如提供家屬保障, 則同一家庭中所有合資格之家屬必須參加及參與同一計劃。
If dependant coverage is provided, all eligible dependants of the same family must join and enroll in the same plan.
- 如須申請附加額外醫療保障、門診或牙科保障, 參加僱員的人數必須不少於 4 人。
For optional Supplementary Major Medical, Outpatient or Dental Benefits, the number of participating employees must not be less than 4.
- 每保單最多可設定三個計劃。
Maximum 3 plan levels per policy.



申請人明白及同意 The Applicant understands and agrees that:

- 保費及有關的徵費必須由申請人支付，以及所有合資格的僱員及其家屬（如適用）必須參加有關計劃。
The Applicant shall pay all the premium and applicable insurance levy and all eligible employees and their dependants (if applicable) shall enroll in the plan.
- 保單於保特保險（香港）有限公司（「保特保險」），接納此申請及生效日期由保特保險批核後才正式生效。
The Policy shall take effect upon acceptance of this Application and the effective date shall be approved by Bolttech Insurance (Hong Kong) Company Limited ("bolttech Insurance")
- 受保人之保障將於保特保險接納其參加表格後才正式生效。此申請以保特保險的最終決定為準。
The insurance coverage of each insured shall take effect immediately after the application form is accepted by bolttech Insurance. The Application is subject to final decision of bolttech Insurance.
- 此申請經批核後，此申請表將成為保單持有人與保特保險所訂立的合約之一部份。
Upon approval of this Application, this Application Form shall form part of the contract between the policyholder and bolttech Insurance.
- 申請人必須提供所有可能影響保特保險接受承保及評估之重要事實，如未能確定這項事實是否具有實質性的關係，應將該等事實填報，我們建議貴公司將有關的資料（包括申請表副本）作記錄，以備日後作參考之用。為確保貴公司的利益，貴公司應如實呈報所有有關資料，否則此保單將可能無法提供貴公司所需的保障，甚至可能會導致此保單無效。
The applicant is required to disclose all material facts which is likely to influence the acceptance and assessment of the Application. If the applicant is in doubt whether certain facts are material, please disclose them. It is recommended to keep a record (including a copy of the completed application form) for future reference of all information given. Failure to disclose such information may affect the coverage under the Policy and even invalidate the Policy.

聲明

本人 / 我們，謹此聲明並同意：

- 本人 / 我們已參閱並明白有關此申請之產品小冊子及保單條款。
- 此申請表格內所提供的資料及細節均是準確無誤，真實及為事實之全部，並且是盡本人 / 我們所知及所信而作答的。本人 / 我們並沒有隱瞞任何重要資料及同意此申請表格之內容及聲明將成為保特保險（香港）有限公司（「本公司」）及本人 / 我們之保險合約之承保根據。本人 / 我們在此確認，如未能提供真實及準確無誤之資料或通知本公司任何有關此保險申請之重要資料，將可能導致本公司不能接受或處理此保險申請或令本保單失效。
- 保障一概必須在本申請獲本公司接納後及本人 / 我們已繳交應付保費後始可生效。
- 本人 / 我們已閱過、明白及接受本公司的收集個人資料聲明。透過以下簽名，本人 / 我們確認此申請並同意本公司可根據收集個人資料聲明列出之目的使用及披露本公司目前或將來持有的關於本人 / 我們的所有個人資料，並理解本人可以掃描以下二維碼查看本公司的收集個人資料聲明，或可致電本公司的客戶服務熱線 3123 3344 索取收集個人資料聲明副本。



- 如閣下不同意本公司根據收集個人資料聲明第 8 和 9 段使用及提供本人的個人資料以作直銷目的，請在以下有關方格內加上剔（✓）號。
 本人 / 我們不同意本公司使用及提供本人的個人資料以作直銷目的，並不願意接收任何推廣訊息或直銷資訊。
- （如適用）本人 / 我們已獲受保人授權提供本申請所需之一切資料，並就本申請之相關事宜，與本公司進行交涉，並向其接收或索取與受保人有關之資料。本人 / 我們並確認受保人已獲明確通知及同意，其個人資料將會轉介予本公司作辦理本申請之用，亦已獲通知其在收集個人資料聲明下所享有的權利（見上文第 4 段）。
- 如申請人有保險經紀：
本人 / 我們明白、確知及同意，本公司會就本人 / 我們購買及接受其簽發的保單，於保單有效期內（包括續保期）向負責替本人 / 我們安排有關保單的獲授權保險經紀支付佣金。（如適用）假如申請人為法人團體，本人 / 我們為代表申請人簽署的獲授權人員並向本公司確認本人 / 我們已獲該法人團體授權。
本人 / 我們亦明白本公司必須取得申請人的上述同意，才可以處理其保險申請。

Declaration

I/WE HEREBY DECLARE AND AGREE THAT:

- I/We have read and understood the product brochure and the terms and/or conditions of the policy provisions of the product in this application.
- The information and particulars provided on this application form are accurate, true and complete and are given to the best of my knowledge and belief. I/We have not withheld any material information and accept that this application and declaration shall form the basis of the contract between Bolttech Insurance (Hong Kong) Company Limited ("the Company") and me/us. I hereby acknowledge that failure to supply true and accurate answers to this application or inform the Company of all material information about this application may render the Company unable to accept or process this application or the insurance policy void.
- The insurance coverage applied for shall only take effect when this application has been accepted by the Company and I/ We have paid the required premium.
- I/We have read, understood and accepted the Personal Information Collection Statement of the Company ("PICS"). By signing below, I/We confirm this application and agree that the Company may use and disclose all personal data about me/us that the Company currently or subsequently hold for the purposes as set out in the PICS, and I understand I can scan the QR code below for review of the PICS or else I can request a copy of the PICS by calling the Company's Customer Service Hotline at 3123 3344.



- If you do not agree to the use and provision of your personal data for direct marketing as set out in paragraphs 8 and 9 of the PICS, please tick the box below and we will not use your personal data for direct marketing.
 I/We do not agree with the use and provision of my/our personal data for direct marketing purposes and do not wish to receive any promotional and direct marketing materials.
- (If applicable) I/We have obtained the authorisation from the insured person to provide the information requested in this application and to deal with and receive or request information concerning the insured person from the Company in relation to any matters arising from this application. I/We further acknowledge that the insured person has been explicitly informed and agrees that his/her personal data will be transferred to the Company for the purpose of this application and has been informed of his/ her rights under the PICS (see paragraph 4 above).
- Where the Applicant(s) has/have an Insurance Broker:
I/We understand, acknowledge and agree that, as a result of the purchasing and taking up the policy by me/us, with the policy issued by the Company, the Company will pay my/our authorized insurance broker commission during the continuance of the policy including renewals, for arranging the said policy. (If applicable) Where the applicant is a body corporate, I/We am/ are the authorized person(s) signing on behalf of the applicant and I/We further confirm to the Company that I/We am/are authorized to do so. I/We understand that the above agreement is necessary for the Company to proceed with the application.

代表申請人的授權人 / 獲發收集個人資料聲明人士簽署及公司蓋章
Authorised Signature on behalf of Applicant with Company Chop to whom the Personal Information Collection Statement of the Company is given

獲授權人姓名
Name of Authorised Person

獲授權人職銜
Job Title of Authorised Person

日期 (日 / 月 / 年)
Date (DD / MM / YYYY)

SUN FLOWER INSURANCE BROKERS LTD.

SF1AHH

FB1387

25211881

代理人 / 經紀 / 業務代表
Name of Agent / Broker/ Technical Representative

編號
Code

牌照號碼
License No.

聯絡電話
Contact No.

本申請表格的中英文版本如有差異，以英文版本為準。

Should there be any discrepancy between the English and the Chinese versions of this application form, the English version shall apply and prevail.

請提交以下文件及保費和有關的徵費並交回保特保險以辦理此申請：

Please submit the following documents and **the premium and applicable insurance levy** to bolttech Insurance for processing:

- 此申請表 This Application Form
- 商業登記或公司註冊證書副本 A copy of Business Registration Certificate or Certificate of Incorporation
- 以「保特保險（香港）有限公司」為抬頭的支票 A cheque payable to "Bolttech Insurance (Hong Kong) Company Limited"
- 僱員福利保險參加表格 Employee Enrollment Form for Employee Benefits Insurance
- 投保申請補充聲明書 — 客戶背景及保險產品適合性 Supplementary Application Form - Customer's Background & Insurance Product Suitability
- 保特保險可能需要的額外文件 Any additional documents required by bolttech Insurance

保監局將按照適用之徵費率就此保單收取徵費。如有任何查詢，請瀏覽 www.bolttechinsurance.hk/zh-hk/insurance-levy 或致電：(852) 3123 3344。

Levy collected by the Insurance Authority has been imposed on relevant policy at the applicable rate. For any query, please visit www.bolttechinsurance.hk/en/insurance-levy or contact: (852) 3123 3344.

富衛人壽保險（百慕達）有限公司（於百慕達註冊成立之有限公司）擔任保特保險的團體醫療保險保單的第三方管理人。

FWD Life Insurance Company (Bermuda) Limited (Incorporated in Bermuda with limited liability) acts as the third-party administrator for bolttech Insurance's group medical insurance policies.



僱員福利保險參加表格

Employee Enrollment Form for Employee Benefits Insurance



電郵 E-mail: employeebenefits@bolttechinsurance.com

備註 NOTE:

- 適用於團體醫療保險：如於保單生效日公司僱員人數少於 4 人，新增加之僱員須填寫健康申請表及須連同此表格一併交回本公司以作核保之用。
 For Group Medical Insurance: For companies with less than 4 employees on the Policy Effective Date, the new employee is required to complete the Health Declaration Form and return it to us together with this form for underwriting purposes.
- 僱員 / 家屬投保申請及資料 / 保障更改須於生效日期起計 31 日內申報；而有關申請或資料 / 保障更改的最早生效日只可逾期至本公司收取通知當日起計 31 日為限。逾期者之申請或資料 / 保障更改需通過核保才可生效。
 Please note that Employee/Dependant addition and changes should be submitted within 31 days from the date of eligibility and no back date of more than 31 days from our received date would be allowed. Otherwise, coverage will be subject to satisfactory underwriting.
- 富衛人壽保險 (百慕達) 有限公司 (於百慕達註冊成立之有限公司) 擔任保持保險的團體醫療保險保單的第三方管理人。
 FWD Life Insurance Company (Bermuda) Limited (Incorporated in Bermuda with limited liability) acts as the third-party administrator for bolttech Insurance's group medical insurance policies.

公司名稱 (「申請人」) / 「保單持有人」 Name of Company ("the Applicant" / "Policyholder") : _____

附屬公司 Affiliated Company : _____

團體醫療保單號碼 Group Medical Policy No.: _____

是否有僱員在香港以外工作? Does any employee(s) work outside Hong Kong? 是 Yes 否 No

如是，請於附加檔案提供額外資料包括所涉及的僱員人數、每名僱員的姓名、國籍、工作地點和僱用狀況 (長期員工 / 派駐員工 (兩年內))

If yes, please give additional information in terms of No. of employee(s), name, nationality, working location and status of employment (Permanent / Secondment (within 2 years)) of each employee in separate file.

僱員編號 Employee Code (如適用 If applicable)	僱員姓名 Employee's Name (必須與提供的銀行 戶口之姓名相同 must exactly same as the provided bank account name)	家屬姓名 Dependant's Name (如適用 If applicable)@	關係 Relationship *	婚姻狀況 Marital Status #	性別 Sex	出生日期 Date of Birth (DD/MM/YYYY)	身份證 / 護照號碼 ID Card / Passport No.	僱員類別 Employee Type	受僱日期 Employment Date (DD/MM/YYYY)	職位 Position	僱員之銀行名稱及戶口號碼 (僱員必須提供此項資料用 作醫療賠償用途) Employee's Bank Name and Account No. (This information must be provided and will be used for medical benefit reimbursement)	電郵地址 E-mail Address ##	生效日期 Effective Date (DD/MM/YYYY)
												僱員之手提電話號碼 Employee's Mobile No.	
1													
2													
3													
4													

* EE - 僱員 Employee, SP - 配偶 Spouse, CH - 子女 Child
 # S - 未婚 Single, M - 已婚 Married, D - 離婚 Divorced, W - 寡居 Widowed
 @ 只適用於有家屬保障的員工填寫 Applicable for employee with dependant coverage only

如有提供電郵地址，醫療索償理賠表將以電郵送遞。CARING 僱員醫療保險計劃之醫療索償理賠表只會以電郵形式發送，而理賠表亦可於 eServices 流動程式中取得。Claim adjustment statement will be sent by email if email address is provided. For CARING Employee Medical Insurance Plan, the claim adjustment statement will only be sent by email. The statement can also be accessed from eServices App.

保持保險 (香港) 有限公司
 香港中環德輔道中 308 號富衛金融中心 9 樓
 Bolttech Insurance (Hong Kong) Company Limited
 9/F, FWD Financial Centre, 308 Des Voeux Road Central, Hong Kong
 T (852) 3123 3344 bolttechinsurance.hk

僱員編號 Employee Code (如適用 If applicable)	僱員姓名 Employee's Name (必須與提供的銀行 戶口之姓名相同 must exactly same as the provided bank account name)	家屬姓名 Dependant's Name (如適用 If applicable)@	關係 Relationship *	婚姻狀況 Marital Status #	性別 Sex	出生日期 Date of Birth (DD/MM/YYYY)	身份證 / 護照號碼 ID Card / Passport No.	僱員類別 Employee Type	受僱日期 Employment Date (DD/MM/YYYY)	職位 Position	僱員之銀行名稱及戶口號碼 (僱員必須提供此項資料用 作醫療賠償用途) Employee's Bank Name and Account No. (This information must be provided and will be used for medical benefit reimbursement)	電郵地址 E-mail Address ##	生效日期 Effective Date (DD/MM/YYYY)
												僱員之手提電話號碼 Employee's Mobile No.	
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													

聲明

本人 / 我們，謹此聲明並同意：

1. 本人 / 我們已參閱並明白有關此申請之產品小冊子及保單條款。
2. 此申請表格內所提供的資料及細節均是準確無誤，真實及為事實之全部，並且是盡本人 / 我們所知及所信而作答的。本人 / 我們並沒有隱瞞任何重要資料及同意此申請表格之內容及聲明將成為保特保險 (香港) 有限公司 ("本公司") 及本人 / 我們之保險合約之承保根據。本人 / 我們在此確認，如未能提供真實及準確無誤之資料或通知本公司任何有關此保險申請之重要資料，將可能導致本公司不能接受或處理此保險申請或令本保單失效。
3. 保障一概必須在本申請獲本公司接納後及本人 / 我們已繳交應付保費後始可生效。
4. 本人 / 我們已閱讀、明白及接受本公司的收集個人資料聲明。透過以下簽名，本人 / 我們確認此申請並同意本公司可根據收集個人資料聲明列出之目的使用及披露本公司目前或將來持有的關於本人 / 我們的所有個人資料，並理解本人可以掃描以下二維碼查看本公司的收集個人資料聲明，或可致電本公司的客戶服務熱線 3123 3344 索取收集個人資料聲明副本。



5. 如閣下不同意本公司根據收集個人資料聲明第 8 和 9 段使用及提供本人的個人資料以作直銷目的，請在以下有關方格內加上剔 (✓) 號。
 本人 / 我們不同意本公司使用及提供本人的個人資料以作直銷目的，並不願意接收任何推廣訊息或直銷資訊。
6. (如適用) 本人 / 我們已獲受保人授權提供本申請所需之一切資料，並就本申請之相關事宜，與本公司進行交涉，並向其接收或索取與受保人有關之資料。本人 / 我們並確認受保人已獲明確通知及同意，其個人資料將會轉介予本公司作辦理本申請之用，亦已獲通知其在收集個人資料聲明下所享有的權利 (見上文第 4 段)。
7. 如申請人有保險經紀：
本人 / 我們明白、確知及同意，本公司會就本人 / 我們購買及接受其簽發的保單，於保單有效期內 (包括續保期) 向負責替本人 / 我們安排有關保單的獲授權保險經紀支付佣金。(如適用) 假如申請人為法人團體，本人 / 我們為代表申請人簽署的獲授權人員並向本公司確認本人 / 我們已獲該法人團體授權。
本人 / 我們亦明白本公司必須取得申請人的上述同意，才可以處理其保險申請。

Declaration

I/WE HEREBY DECLARE AND AGREE THAT:

1. I/We have read and understood the product brochure and the terms and/or conditions of the policy provisions of the product in this application.
2. The information and particulars provided on this application form are accurate, true and complete and are given to the best of my knowledge and belief. I/We have not withheld any material information and accept that this application and declaration shall form the basis of the contract between Bolttech Insurance (Hong Kong) Company Limited ("the Company") and me/us. I hereby acknowledge that failure to supply true and accurate answers to this application or inform the Company of all material information about this application may render the Company unable to accept or process this application or the insurance policy void.
3. The insurance coverage applied for shall only take effect when this application has been accepted by the Company and I/ We have paid the required premium.
4. I/We have read, understood and accepted the Personal Information Collection Statement of the Company ("PICS"). By signing below, I/We confirm this application and agree that the Company may use and disclose all personal data about me/us that the Company currently or subsequently hold for the purposes as set out in the PICS, and I understand I can scan the QR code below for review of the PICS or else I can request a copy of the PICS by calling the Company's Customer Service Hotline at 3123 3344.



5. If you do not agree to the use and provision of your personal data for direct marketing as set out in paragraphs 8 and 9 of the PICS, please tick the box below and we will not use your personal data for direct marketing.
 I/We do not agree with the use and provision of my/our personal data for direct marketing purposes and do not wish to receive any promotional and direct marketing materials.
6. (If applicable) I/We have obtained the authorisation from the insured person to provide the information requested in this application and to deal with and receive or request information concerning the insured person from the Company in relation to any matters arising from this application. I/We further acknowledge that the insured person has been explicitly informed and agrees that his/her personal data will be transferred to the Company for the purpose of this application and has been informed of his/ her rights under the PICS (see paragraph 4 above).
7. Where the Applicant(s) has/have an Insurance Broker:
I/We understand, acknowledge and agree that, as a result of the purchasing and taking up the policy by me/us, with the policy issued by the Company, the Company will pay my/our authorized insurance broker commission during the continuance of the policy including renewals, for arranging the said policy. (If applicable) Where the applicant is a body corporate, I/We am/ are the authorized person(s) signing on behalf of the applicant and I/We further confirm to the Company that I/We am/are authorized to do so. I/We understand that the above agreement is necessary for the Company to proceed with the application.

代表申請人的授權人 / 獲發收集個人資料聲明人士簽署及公司蓋章
Authorised Signatory on behalf of Applicant with Company Chop to whom
the Personal Information Collection Statement of the Company is given

獲授權人姓名
Name of Authorised Person

獲授權人職銜
Job Title of Authorised Person

代理人 / 經紀 / 業務代表
Name of Agent / Broker/ Technical Representative

日期 (日 / 月 / 年)
Date (DD / MM / YYYY)

本申請表格的中英文版如有差異，以英文版為準。

Should there be any discrepancy between the English and the Chinese versions of this application form, the English version shall apply and prevail.

保特保險 (香港) 有限公司
香港中環德輔道中 308 號富衛金融中心 9 樓
Bolttech Insurance (Hong Kong) Company Limited
9/F, FWD Financial Centre, 308 Des Voeux Road Central, Hong Kong
T (852) 3123 3344 bolttechinsurance.hk



Sun Flower Insurance Brokers Limited
Room 1105-08, Hing Yip Commercial Centre, 282 Des Voeux Road Central, Hong Kong
Tel: 2521 1881 Fax: 2521 1919 Email: vip@sunflowergroup.com.hk www.sunflowerVIP.com
Thank you for considering Sun Flower to be one of your selected intermediaries.
We are pleased to get in touch should you have any enquiry regarding the captioned insurance.

Supplementary Application Form – Customer’s Background & Insurance Product Suitability

投保申請補充聲明書 – 客戶背景及保險產品適合性

Note 備註：

- Please submit this Supplementary Application Form together with Group Medical Insurance Application Form.
請將此投保申請補充聲明書連同團體醫療保險投保申請表一併遞交。
- FWD Life Insurance Company (Bermuda) Limited (Incorporated in Bermuda with limited liability) acts as the third-party administrator for bolttech Insurance’s group medical insurance policies.
富衛人壽保險(百慕達)有限公司(於百慕達註冊成立之有限公司)擔任保持保險的團體醫療保險保單的第三方管理人。

Name of Company (“The Applicant”):
公司名稱(「申請人」)

For supporting application, please complete the following questions:
用於支援投保申請，請完成以下問題：

- What insurance product(s) is(are) your company going to purchase?
貴公司準備購買哪一種保險產品？
 Group Medical Insurance
團體醫療保險
- What are your company’s needs and objectives in sourcing the group insurance product selected above?
貴公司選購以上的團體保險的需要和目的是
 as part of your company’s competitive Employee Benefits your company’s package
作為有競爭力的僱員福利計劃的一部份
 ensuring employees can access medical treatment when needed and / or obtain medical protection
確保僱員在有需要時可以接受治療及 / 或獲得醫療保障
 within specific budget
在具體的預算內
 others, please specify : _____
其他，請註明： _____
- What is your company’s annual budget for the insurance product selected above?
貴公司對以上選擇的團體保險每年預算是多少
HK\$ 港幣 \$: _____

PRODUCT SELECTION DECLARATION 產品選擇聲明

<input type="checkbox"/> We have read and understood the product brochure, proposal of basic cover and optional cover / rider(s) (if any), information sheet, policy provisions of the product and its key product risks we selected (where applicable). 我們已閱讀及明白於我們所選擇產品之產品小冊子、建議書上基本及附加保障(如有)、資料文件、保單條款及相關風險披露的資料(如適用)。 We confirm the insurance product(s) selected is(are) suitable for our company's insurance needs, in respect of any group insurance product, including types of the products (e.g. group medical), and our company can afford and pay the required premium(s). 我們確認所選擇的產品適合我們的需要，涉及任何團體保險產品包括產品類型(如團體醫療保障)，並確定我們能夠負擔所選擇產品的保費。 We confirm the insurance product(s) selected is(are) suitable for our company's needs and objectives for seeking to purchase a group medical insurance product, including but not limited to (i) as part of a competitive Employee Benefits package; (ii) ensuring employees can access medical treatment when needed and obtain medical protection; (iii) within specific budget; and/or other needs and objectives as specified in question 2. 我們確認所選擇的產品適合我們購買醫療保險產品的目標，包括但不限於(i)作為有競爭力的僱員福利計劃的一部份；(ii)確保僱員有需要時可以接受治療及/或獲得醫療保障；(iii)在具體的預算內；及/或在第二題內提及的其他需要和目的。	
Authorised Signature on behalf of the Applicant with Company Chop 代表申請人的獲授權人簽署及公司蓋章	Date of Sign (DD/MM/YYYY) 簽署日期(日/月/年)
Name of Authorised Person 獲授權人姓名	Job title of Authorised Person 獲授權人職銜

