

# Corporate HealthNet Plus Group Health Insurance Scheme Application Form

## 公司僱員健康網團體醫療保障計劃申請表



Please complete this form in **ENGLISH and BLOCK LETTERS**. Please tick as appropriate.  
請以**英文正楷**填寫本申請表，並於適用地方加「✓」號。

1 January 2021 Edition 2021年1月1日版本

### Particulars of Applicant 申請人資料 (Also known as Subscriber 亦稱為投保人)

Company Name 公司名稱		Name and Job Title of Contact Person 聯絡人姓名及職位			
		<input type="checkbox"/> Mr 先生 <input type="checkbox"/> Mrs 女士 <input type="checkbox"/> Miss 小姐			
Correspondence Address* 通訊地址	Flat / Room 單位 / 室	Floor 層數	Block 座	Bldg. / Mansion / House 大廈 / 樓	
	Court / Estate / Street 閣 / 屋苑 / 街道	District 地區		Kln 九龍 / HK 香港 / NT 新界	
Telephone No. 電話號碼	Fax No. 傳真號碼	Contact Email Address 聯絡電郵地址			
Associated Company Participating (If any) 參與聯營公司 (如有)		Total No. of Employees 公司僱員總人數	Business Nature # 業務性質 #		
Corporate Credit Rating 企業信貸評級					
<input type="checkbox"/> Yes 有      Credit Rating ^: _____      Credit Rating Agency : <input type="checkbox"/> Fitch 惠譽 <input type="checkbox"/> Standard & Poor's 標準普爾 <input type="checkbox"/> Moody's 穆迪 <input type="checkbox"/> No 沒有      信貸評級 ^      評級機構 <input type="checkbox"/> Others, please specify 其他，請註明： _____					
* P. O. Box, hotel address and overseas address are not acceptable. 郵政信箱、酒店地址及海外地址恕不接納。 # Please submit a copy of the Business Registration Certificate with this Application. 請連同商業登記證之副本與本申請表一併遞交。 ^ If the business has more than one credit rating from different agencies, please provide the highest rating. If the credit rating changes, please inform us on the next Contract Anniversary Date in writing. 如貴公司擁有超過來自一個評級機構的信貸評級，請填寫最高的信貸評級。如信貸評級有所更改，請於下年度的保障週年日透過書面通知我們。					

### Particulars of Cover (Minimum 5 Employees) 投保資料 (最少 5 位僱員)

Contract Effective Date 合約生效日: 01 / / (DD / MM / YY年)								
Coverage Commencement Date (For new Employees): 保障生效日 (適用於新僱員):			Whichever is later, the Contract Effective Date or 於合約生效日後或以下日期，以後者為準					
			<input type="checkbox"/> The first day of employment 受僱第一天 <input type="checkbox"/> The first day following _____ month(s) of service 受僱 _____ 月後的第一天 <input type="checkbox"/> Others, please specify 其他，請註明： _____					
Plan 計劃	Eligibility (All full-time Employees of applicant and their Dependants, if chosen, as defined below subject to the terms and conditions of the Contract) 資格 (所有根據以下定義及合約條款所指的全職僱員及其家屬)	With Dependand Cover 包括家屬保障	No. of Person 人數				Annual Subscription Per Person (HK\$) 每人年費 (港幣) (b)	Total Annual Subscription (HK\$) 總年費 (港幣) (a) x (b)
			Employee 僱員	Spouse 配偶	Child(ren) 子女	Sub-total (合共) (a)		
Hospital and Surgical Benefit + Free Supplementary Major Medical Benefit + Free Hospital Cash Benefit + Free Bupa Worldwide Assistance Programme 住院及手術保障 + 免費附加醫療保障 + 免費住院現金保障 + 免費保柏國際援助計劃								
<input checked="" type="checkbox"/> 1	(Example 例子) Manager	<input checked="" type="checkbox"/>	8	3	2	13	\$10,722	\$ 139,386
<input type="checkbox"/> 1		<input type="checkbox"/>					\$10,722	
<input type="checkbox"/> 2		<input type="checkbox"/>					\$ 5,170	
<input type="checkbox"/> 3		<input type="checkbox"/>					\$ 2,123	
Hospital and Surgical Benefit + Free Supplementary Major Medical Benefit + Free Hospital Cash Benefit + Free Bupa Worldwide Assistance Programme + Clinical Benefit (100% reimbursement) + Free Dental Benefit 住院及手術保障 + 免費附加醫療保障 + 免費住院現金保障 + 免費保柏國際援助計劃 + 門診保障 (100% 賠償) + 免費牙科保障								
<input type="checkbox"/> 4		<input type="checkbox"/>					\$16,914	
<input type="checkbox"/> 5		<input type="checkbox"/>					\$ 9,272	
<input type="checkbox"/> 6		<input type="checkbox"/>					\$ 5,158	
Hospital and Surgical Benefit + Free Supplementary Major Medical Benefit + Free Hospital Cash Benefit + Free Bupa Worldwide Assistance Programme + Clinical Benefit (80% reimbursement) + Free Dental Benefit 住院及手術保障 + 免費附加醫療保障 + 免費住院現金保障 + 免費保柏國際援助計劃 + 門診保障 (80% 賠償) + 免費牙科保障								
<input type="checkbox"/> 7		<input type="checkbox"/>					\$ 15,744	
<input type="checkbox"/> 8		<input type="checkbox"/>					\$ 8,412	
<input type="checkbox"/> 9		<input type="checkbox"/>					\$ 4,594	
Total Annual Subscription (HK\$) 總年費 (港幣)								

## Subscription and Levy 保費及徵費

Sum of Annual Subscription (HK\$)  
年費總額 (港幣)

Subscription levy (HK\$)  
保費徵費 (港幣)

+

=

Total annual payable (HK\$)  
每年應付總額 (港幣)

For general information on the applicable levy rates, please visit [www.bupa.com.hk/levy](http://www.bupa.com.hk/levy)  
有關徵費率詳情，請瀏覽 [www.bupa.com.hk/levy](http://www.bupa.com.hk/levy)

## Payment Method 繳付保費方法

All subscription and levy should be paid by cheque ANNUALLY and made payable to 'Bupa (Asia) Limited'  
所有保費及保費徵費請以支票每年繳付及抬頭請註明「保柏(亞洲)有限公司」

## Claims Settlement Method 賠償方法

- By autopay to Employee's bank account 以自動轉賬存入僱員銀行戶口  
 By cheque to Employee 以支票給僱員  
 By cheque to insured company 以支票給投保公司

## Set up myBupa Account 建立myBupa帳戶

Bupa will set up a myBupa account for your company to access a range of online services. Please provide the following information for Bupa to provide a HR administration number to the contact person stated below. (Please be reminded that only ONE contact person can be assigned for EACH company / associated company)

保柏將會為貴公司建立myBupa帳戶，讓你使用一系列網上服務。請提供以下資料，以便保柏向所列的聯絡人提供人事管理編號。(請注意每一間公司/附屬公司只可安排一位聯絡人)

Contact Person 聯絡人	Company Name / Associated Company Name 公司名稱 / 附屬公司名稱	Job Title 職位	Contact Phone No. 聯絡人電話	Contact Email Address 聯絡電郵地址

## Application for e-Statement Service 申請電子結算表服務

- The applicant agrees to receive an e-Statement notification to access the document type(s) indicated below (if applicable) via myBupa and understands that no printed copies of the below document type(s) will be issued to the applicant or its Employees thereafter.  
申請人同意透過myBupa收取電子結算表通知以接收以下文件(如適用)及明白其後將不會再獲發下列的書面形式文件予申請人或其僱員。
- Consolidated Claims Statement 綜合賠償單  
 Consolidated Shortfall Invoice 綜合差額通知書  
 Individual Member Claims Statement (Applicable only if claims payment is via autopay) 個別會員賠償單 (只適用於自動轉賬收取賠償的會員)  
 Individual Member Shortfall Invoice 會員差額通知書

Notes 附註：

- All Employees with the same eligibility must be enrolled in the same plan.  
所有資格相同的僱員必須參加同一計劃。
- If Dependant cover is selected in any plan, all eligible Dependents must join the same plan as that of the relevant Employee.  
如在任何計劃內選擇家屬保障，所有合資格的家屬必須跟相關僱員參加同一計劃。
- All eligible children in the same family will be considered as one Member for Subscription calculation.  
同一家庭的所有合資格子女在計算保費時將視作一名會員計算。

## Declaration and Authorisation 聲明及授權

The applicant hereby declares and agrees:

申請人謹此聲明及同意：

- that the relevant insurance product features were able to fulfil the applicant's current medical protection needs, financial situation and premium affordability;  
有關保險計劃的產品內容及特色符合申請人現時的醫療保障需求、財務狀況及保費承擔能力；
- that the health insurance applied for will be governed by the terms and conditions of the Contract issued by Bupa (Asia) Ltd. ("Bupa");  
此醫療保障申請將受保柏(亞洲)有限公司(「保柏」)合約中之各項條款及細則所限制；
- to insure 100% of eligible persons as defined and submit all required Personal Information of Members to Bupa within 31 days after the Member's Coverage Commencement Date;  
替所有合資格人士投保，並於會員保障生效日後31日內向保柏提交所有所需的會員個人資料；
- that all statements in the Member Enrolment Form, Member census (if any), and the information received by Bupa as to the Member's subsequent changes shall form a part of this Application and shall be the basis for underwriting thereof;  
於會員登記表或會員資料表(如有)內的聲明，以及日後保柏收到更改會員資料的更改通知，均為本申請的一部分，將會作為核保的基礎；

## Declaration and Authorisation 聲明及授權

- (5) that if a Member is hospitalised or disabled on the date on or from which he / she would otherwise have been entitled to the Benefits under this Contract, he / she shall not be entitled to such Benefits until the day that the Member returns to full time employment or study;  
如會員於保障生效日當日或之前已入院或染有殘疾，在本合約下他/她將不能享有保障，直至他/她返回全職工作或全日制課程當日，保障計劃才正式生效；
- (6) that if there is any untruth in the Application or any other statement in connection with the insurance of the Members, Bupa has the right to reject all claims for the amount insured;  
倘若與會員有關的保障申請或其他任何聲明有失實之處，保柏有權拒絕接受所有就投保金額作出的索償申請；
- (7) that the applicant understands that it is duly authorised to release the information of its Employees (and their Dependants, if opted for) and will fully indemnify Bupa for any losses, damages or claims that might result from the release of such information; and  
申請人明白申請人獲得正式授權，可以提供其僱員(及其家屬，如選擇投保)的資料予保柏，並全面保障保柏免因透露該資料而遭受任何損失、損害或索償；及
- (8) that the applicant has read and understood the Personal Information Collection Statement included in this application.  
申請人已細閱並明白本申請表所述的「個人資料收集聲明」。

### Applicable to Application through authorised insurance broker 適用於透過獲授權保險經紀進行之申請

The applicant understands, acknowledges and agrees that, as a result of the applicant purchasing and taking up the policy to be issued by Bupa, Bupa will pay the authorised insurance broker commission during the continuance of the policy including renewals, for arranging the said policy. Where the applicant is a body corporate, the authorised person who signs on behalf of the applicant further confirms to Bupa that he or she is authorised to do so.

The applicant further understands that the above agreement is necessary for Bupa to proceed with the Application.

保柏會就申請人購買及接受其簽發的保單，於保單有效期內(包括續保期)向負責安排有關保單的獲授權保險經紀支付人佣金。假如申請人為法人團體，代表申請人簽署的獲授權人員須向保柏確認他/她已獲該法人團體授權。

申請人亦明白保柏必須取得申請人以上的同意，才可以處理其保險申請。

Authorised Signature of the Applicant and Company Chop 申請人的授權簽署及公司印章	Printed Name and Position of the Applicant 申請人的姓名及職位
X	Date of Signature 簽署日期 (DD日 / MM月 / YY年) X
Agent's / Broker's / Sales' Name (If applicable and must be completed by applicant) 代理人 / 經紀 / 營業代表姓名 (如適用及必須由申請人填寫)	Agent's / Broker's / Sales' Code 代理人 / 經紀 / 營業代表編號

### Bupa use only 只供保柏填寫

Contract No. 合約編號	Remarks 備註
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## Personal Information Collection Statement 個人資料收集聲明

Bupa (Asia) Limited (the "Company")

Personal Information Collection Statement ("Statement") relating to the Personal Data (Privacy) Ordinance (the "Ordinance")

In compliance with the Ordinance, the Company would like to inform you of the following:

- From time to time, it is necessary for you, or other members covered under your policy (each a "Member"), to supply the Company with certain personal information (including where relevant, credit information and claims history) relating to you, or the Member, when you apply for insurance or financial products and services from the Company, or when you apply to make changes to your policy, or when you renew a policy.
- Failure to supply personal information requested by the Company may result in the Company being unable to process your Application and/or provide products, services and other related services to you, or the Member.
- During the course of your relationship with the Company, further personal information relating to you, or the Member, may also be collected in the ordinary course of our business, for example, when you lodge insurance claims with the Company in relation to yourself or the Member.
- The Company may collect, use or disclose personal information relating to you, or the Member, for the following purposes:
  - processing, assessing and determining any Applications for insurance products and services;
  - offering and providing products and services to you, or the Member, and processing requests made by you, or the Member, from time to time, including but not limited to requests for addition, alteration, deletion, maintenance, management and operation of insurance benefits or insured Members;
  - any purposes in connection with any claims made by or against or otherwise involving you, or the Member, in respect of any products and/or services provided by the Company including, without limitation, making, defending, analysing, investigating, detecting and preventing fraud (whether or not relating to the policy issued in respect of any application or claim) processing, assessing, determining, settling or responding to such claims;
  - performing any functions and activities related to the products and/or services provided by the Company including, without limitation, audit, reporting, market research, general servicing, maintenance of online and other services, identity verification, data matching, research and statistical analysis, and reinsurance arrangements;
  - provision and design of products and services of the Company;
  - exercising the Company's rights in connection with provision of insurance products and services to you, or the Member, from time to time, for example, to determine any amount of indebtedness from you, and collecting and recovering owing from you or any person who has provided any security or undertaking for your liabilities;
  - communication with you or the Member (or with you on behalf of the Member) in relation to any of the purposes set out in this Statement;
  - enabling an actual or proposed assignee, transferee, participant or sub-participant of all or a substantial part of the Company's rights or business to evaluate the transaction intended to be the subject of the assignment, transfer, participation or sub-participation; and
  - making disclosure to satisfy the requirements of any laws, rules and regulations, codes of practice, guidance notes or guidelines binding on the Company.
- Personal information collected or held by the Company relating to you, or the Member, will be kept confidential but the Company may transfer such personal information inside or outside the Hong Kong Special Administrative Region, for the purposes specified in paragraph (4) to the following classes of transferees:
  - the Company's group companies ("Group Company");
  - any insurance adjusters, agents and brokers;
  - any re-insurance companies authorised by the Company;
  - employers (for members of corporate policy only);
  - healthcare professionals and hospitals;
  - any agent, contractor or third party service providers who provide administrative, telecommunications, computer, payment, data processing or storage, printing, research or other services to the Company in connection with the operation of business, (including without limitation insurers; banks; lawyers; accountants; claims investigators; fraud prevention organisations; other insurance companies (whether directly or through fraud prevention organisations or other persons named in this paragraph); organisations that consolidate claims and underwriting information for the insurance industry; the police and databases or registers (and their operators) used by the insurance industry to analyse and check information provided against existing information; debt collection agencies; data processing companies; research agencies and professional advisors;
  - any actual or proposed assignee, transferee, participant or sub-participant of all or a substantial part of the Company's rights or business; and
  - any person to whom the Company is under an obligation to make disclosure under the requirements of any law, rules, regulations, codes of practice or guidelines binding on the Company including, without limitation, any applicable regulators, governmental bodies, industry recognised bodies, credit reference agencies, the Courts, and where otherwise required by law.
- Under and in accordance with the terms of the Ordinance, you have the following rights:
  - to check whether the Company holds personal information relating to you or the Member and to access such personal information;
  - to require the Company to correct any personal information relating to you or the Member which is inaccurate; and
  - to ascertain our policies and practices in relation to personal data and to be informed of the kind of personal data held by the Company.

Requests can be made in writing to the Company's Data Protection Officer at the following address:

Data Protection Officer  
18/F, Berkshire House  
25 Westlands Road, Quarry Bay, Hong Kong

- In accordance with the terms of the Ordinance, the Company has the right to charge a reasonable fee for the processing of any personal information access or correction request.
- For any enquiries about this Statement, please do not hesitate to contact our Customer Care helpdesk at 2517 5333.
- Nothing in this Statement shall limit the rights of customers under the Ordinance.
- In case of discrepancies between the English and Chinese versions of this Statement, the English version shall prevail.

保柏 (亞洲) 有限公司 (「本公司」)

有關個人資料 (私隱) 條例 (「條例」) 之個人資料收集聲明 (「本聲明」)

遵照條例, 本公司特通知閣下以下事項:

- 在閣下或受保於閣下保單的其他會員 (每位「會員」) 向本公司申請保險或金融產品及服務, 或當閣下更改保單或續保時, 必須不時向本公司提供閣下或會員的個人資料 (包括信用資料和以往申索紀錄, 如適用);
- 如閣下未能提供本公司所要求的個人資料, 本公司可能無法處理閣下之申請及/或向閣下或會員提供保險產品、服務或其他相關服務;
- 本公司亦可能會在日常業務運作的過程中向閣下或會員收集更多個人資料, 例如當閣下為本人或代會員向本公司提出保險索償時。
- 本公司可能會收集、使用或披露閣下或會員的個人資料作下列用途:
  - 處理、評估、決定任何保險產品及服務之申請;
  - 為閣下或會員提供保險產品及服務及處理閣下或會員不時提出的要求, 包括但不限於要求增加、更改、刪除、維持及管理保障項目或受保會員;
  - 任何有關閣下或會員對本公司所提供之保險產品及服務提出之索償, 包括但不限於賠償、辯護、分析、調查、偵測及防止欺詐行為 (無論是否與就此申請而簽發之保單及相關的任何申請或索償)、處理、評估、決定、解決或回應該等索償;
  - 執行與本公司所提供的保險產品及/或服務相關的功能及活動, 包括但不限於審計、報告、市場調查、一般服務和維持網上及其他服務、核實身份、資料配對、研究及統計分析及再保險之安排;
  - 提供及設計本公司的產品及服務;
  - 行使本公司向閣下或會員提供保險和服務時有關的權利, 例如釐定閣下拖欠的任何款項的金額, 及向閣下或任何已為閣下的債務提供任何擔保或承諾的人士, 追收和收回拖欠的任何款項;
  - 就任何本聲明中所述的用途與閣下或會員 (或與代表會員的閣下) 聯絡;
  - 允許本公司全部或部份的權益或業務的實際或建議承讓人、受讓人、參與人或次參與人, 就涉及的轉讓、出讓、參與或次參與的交易進行評估; 及
  - 為遵守任何法例之要求, 或根據監管或其他機關所發出對本公司具有約束力或要求其遵守的規則、規例、實務守則、須知或指引, 而作出披露。
- 有關閣下或會員被本公司收集或持有的個人資料將會保密, 但本公司可能會向以下不論在香港特別行政區境內或境外之資料承讓人轉移該等個人資料作第(4)段列出的用途:
  - 本公司的集團公司 (「集團公司」);
  - 任何由本公司授權的保險理算人、代理及經紀;
  - 任何由本公司授權的再保險公司;
  - 僱主 (只適用於團體保單之會員);
  - 醫護專業人員及醫院;
  - 任何代理人、承包商, 或向本公司提供行政、電訊、電腦、付款、資料處理或儲存、印刷、研究或其他向本公司提供服務的第三方服務供應商 (包括但不限於保險公司、銀行、理財顧問、律師、會計師、理賠調查員、防欺詐組織、其他保險公司 (無論是直接地, 或是通過防欺詐組織或本段中指定的其他人士)、為保險業界整合申索及承保資料之組織、警察、供保險業界用作分析及核對所提供的資料與既有資料的資料庫及登記冊 (及其運營者)、收數公司、資料處理公司、研究服務機構及專業顧問);
  - 本公司的任何全部或部份的權益或業務的實際或建議承讓人、受讓人、參與人或次參與人; 及
  - 為遵守任何法例之要求, 或根據監管或其他機關所發出對本公司具有約束力或要求其遵守的規則、規例、實務守則或指引, 而作出披露, 包括但不限於適用監管機構、政府機構、相關行業認可機構、信貸資料服務機構或法院, 及在其他情況下, 法律規定本公司必向其披露的人士或機構。
- 根據有關條例中的條款, 閣下有權:
  - 查核本公司是否持有閣下或會員的個人資料及查閱該等個人資料;
  - 要求本公司改正任何有關閣下或會員的不準確的個人資料; 及
  - 查明本公司對於資料的政策及處理方法和獲告知本公司持有的個人資料種類。

有關要求請致函本公司保障資料主任, 地址如下:

香港鰗魚涌華蘭路25號栢克大廈18樓  
保柏 (亞洲) 有限公司  
保障資料主任

- 根據有關條例之條款, 本公司有權就任何處理個人資料查閱或更改的要求收取合理費用。
- 如閣下對本聲明有任何查詢, 請隨時致電本公司的客戶服務專線 2517 5333。
- 本聲明不會限制客戶在條例下所享有之權利。
- 中英文本如有歧義, 概以英文為準。