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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.

VFlexi Voluntary Health Insurance Plan Application Form
智適選自願醫療保險計劃申請表

1. One application form for one Insured Person only.
   每份申請表只限投保一名受保人。

2. Insured Person must be applicant himself or his spouse, children (aged below 18, aged 18 to 25 with full-time education or aged 18 or above disabled), siblings/siblings of spouse (aged below 18, aged 18 to 25 with full-time education or aged 18 or above disabled), parents and grandparents/ parents and grandparents of spouse (aged 55 or above or aged 55 or below disabled).
   受保人必須是申請人自己或其配偶、子女（年齡小於18歲、18歲至25歲而接受全日制教育者或18歲或以上之殘疾人士），其兄弟姐妹/配偶的兄弟姐妹（年齡小於18歲、18歲至25歲而正接受全日制教育者或18歲或以上之殘疾人士），其父母或祖父母/其配偶的父母或祖父母（年齡達55歲或以上或年齡小於55歲之殘疾人士）。

3. If there is more than one Policyholder, a "Representative Policyholder" must be jointly designated by all the other Policyholder(s), the Representative Policyholder shall be authorised to give instructions or notices, and receive notices or benefits on behalf of all the Policyholders. The Applicant here will be set as the Representative Policyholder unless otherwise is specified. The relationship between the other Policyholder(s) (non-Representative Policyholder(s)) and the insured person must be the relationship listed in the above point no. 2.
   本保險計劃允許多於一名保單持有人；如保單持有人多於一人，需要所有保單持有人共同委任一名保單持有人作為「保單持有人代表」，授權其對本公司發出指示或通知，並代表所有保單持有人接收通知或保障，除非另有所指，此申請表之申請人將設定為保單持有人代表，其他保單持有人（非保單持有人代表）與受保人之關係亦必須符合以上第2點所列要求。

4. This policy will be auto renewed on the policy expiry date. The Policyholder has to pay the relevant renewal premium. The Policyholder will be notified on the renewal premium separately until the policyholder›s prior written instruction for cancellation.
   此保單於到期日將自動續保，保單持有人需繳付相關保費，而續保保費將另函通知保單持有人或保單持有人代表（如適用），直至保單持有人書面通知取消為止。

5. To ensure your future benefits, you have to disclose this application. ALL material fact should be declared at application and will become part of the contract material. Fail to do that will result in voiding the contract at the discretion of Bolttech Insurance (Hong Kong) Company Limited. please declare all the uncertain information for your own good.
   為保閣下的未來利益，閣下必須在此申請書上填報一切有關之事宜，因閣下與保特保險(香港)有限公司（「保特保險」）之合約將以這些事實為根據，否則保特保險有權將所續發之保單宣告無效。如閣下不清楚某一項事實是否重要，亦請在此申請書上對之披露。

Please choose your benefit(s) and ✓ as appropriated 請選擇所需保障並加上 ✓ 號	Effective date: 生效日期：
☐ F00078-01-000-01 ☐ F00078-02-000-01 ☐ F00078-03-000-01 ☐ F00078-01-001-01 ☐ F00078-02-001-01 ☐ F00078-03-001-01	
Optional benefits (Optional benefits are not part of the VHIS certified plan and cannot be use for tax deduction) 自選保障 (自選保障不屬於自願醫保認可計劃的部分，不能扣減稅務)	(For bolttech Insurance use only 保持保險專用)
Supplementary outpatient benefits 附加門診保障 ☐ OP260Z ☐ OP320Z ☐ OP400Z	
Supplementary dental benefits 附加牙科保障 ☐ DE500Z ☐ DE800Z	

(I)   Applicant Details (must be 18 years old or above) (if more than one Policyholder, please fill in "Other Policyholders Information section", the applicant will then be the Representative Policyholder.)
申請人資料（年齡必須為18歲或以上）（如保單持有人多於一人，並請填寫其他保單持有人資料部份，申請人將設定為保單持有人代表）

Name in English (same as HKID Card) Family Name Given Name	中文姓名 (與香港身份證相同)
HKID Card No. 香港身份證號碼	Date of Birth (DD/MM/YYYY) 出生日期(日/月/年)	☐ Male ☐ Female 男 女
Nationality 國籍		
Address* 地址* (Please complete in ENGLISH 請以英文填寫) Flat/Room 單位/室 Floor 層數 Block 座 Building 大廈 / Mansion 閣 / House 樓 / Estate 屋苑		
Street 街/ Road 道	District 地區	☐ HK Island ☐ Kowloon ☐ N.T. 香港島 九龍 新界
Contact No. 聯絡電話/ Mobile No. 流動電話號碼		Email Address^ 電郵地址^

(II) Insured Person Details 受保人資料

Occupation# 職業#	Please provide average stay of Insured Person in Hong Kong per year: 受保人每年平均居港時間：_____months月 If the average stay is less than 9 months, please provide the place of residence outside Hong Kong#: 受保人之每年平均居港時間少於9個月，請提供海外居住地#： _____

(III) Insured Person Details 受保人資料 (如與申請人不同)	
Name in English (same as HKID) Family Name　　　　　Given Name	中文姓名 (與香港身份證相同)

HKID Card No. 香港身份證號碼	Date of Birth (DD/MM/YYYY) 出生日期(日/月/年)	☐ Male　☐ Female 男　　　女
Please provide Relationship with the Applicant 請提供與申請人關係		Nationality 國籍

Footnotes注釋：

\# In the event of any changes in the insured person›s place of residence or occupation, the policyholder must notify bolttech Insurance at the time of renewal.

It's important to note that such changes will require re-underwriting, which may result in a modification of premiums or certain terms and benefits or even termination of the policy.
若受保人的職業或居住地有所變更，保單持有人需於續保時通知保特保險。請注意有關變更需重新核保及其結果有可能導致保費或相關條款出現轉變，或終止保障。

* P.O. Box, hotel address and overseas address are not acceptable.
信箱、酒店地址和海外地址均不可接受。

^ Please provide email address to receive the policy and the corresponding documents, including medical claim statement and renewal notice.
請提供電郵地址以收取保單及相關文件，包括醫療索償、理賠表及續保通知書。

Health Declaration of Insured Person 受保人健康申報

Part A - General Information 甲部 - 基本資料

1. Height 身高:　　　　　cm 厘米	2. Weight 體重:　　　　　kg 公斤

3. Smoking Habit 吸煙習慣

("Smoking" includes but is not limited to cigarettes, cigars, tobacco pipes, chewing tobacco and the use of nicotine replacement products (such as e-cigarettes))(「吸煙」包括但不限 於香煙、雪茄、煙斗、嚼煙及使用尼古丁補充劑產品(例如電子煙))

a. Do you smoke or have you smoked in the last 5 years? 您有沒有吸煙或在過去五年內曾否吸煙？	☐ Yes 是*　　　　☐ No 否 * if answer 'Yes', please complete 3(b) - 3(e) *如答「是」，請完成3(b) - 3(e)

b. Type of tobacco product 煙草產品種類

_____

c. Duration of smoking habit 吸煙習慣的持續時間 _____	d. Frequency and quantity of consumption 頻密度及吸食份量 On average 平均每日 _____ sticks(s) per day 支

e. If you no longer smoke now, 若您現時已沒有吸煙，

　i. When did you quit smoking?
　　請問您是何時戒煙的？ _____

ii. Are you advised by doctor to quit smoking and for what reason? 是否醫生建議戒煙及原因為何？	☐ Yes 是　☐ No 否 Reason 原因 _____

4. Alcohol Consumption 飲酒

a. In the last 12 months, on average do you drink alcoholic beverage for more than 3 times in a week? 在過去十二個月內，您是否平均每週飲用酒精飲品超過三次？	☐ Yes 是*　　　　☐ No 否 * if answer 'Yes', please complete 4(b) - 4(e) *如答「是」，請完成4(b) - 4(e)

b. Type of alcoholic beverage 酒精飲品種類

c. Duration of drinking habit 飲酒習慣的持續時間 _____	d. Frequency and quantity of consumption 頻密度及飲用份量 On average 平均每星期 _____ glass(es) per week 杯 (1glass杯 = Beer啤酒 250ml毫升/ Wine葡萄酒 125ml毫升 / Spirit烈酒 25ml毫升)

e. If you no longer drink now, 若您現時已沒有飲酒，

　i. When did you quit drinking?
　　請問您是何時戒酒的？ _____

ii. Are you advised by doctor to quit drinking and for what reason? 是否醫生建議戒酒及原因為何？	☐ Yes 是　☐ No 否 Reason 原因 _____

5. Taking of drugs not prescribed by doctors 服用未經醫生處方之藥物

a. 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 one (1) month? 在過去五年內，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)？	☐ Yes 是*　　　　☐ No 否 * if answer 'Yes', please complete 5(b) - 5(e) *如答「是」，請完成5(b) - 5(e)

b. Type of drugs 藥物種類

_____

c. Duration 用藥持續時間 _____	d. Frequency 頻密度 每日 _____ 次 Time(s) per day	e. Quantity of consumption 份量 _____

6. 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?您曾否在過去十二個月內或會否在未來十二個月內參與以下活動？

a. 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)？	☐ Yes 是*　　　　☐ No 否 * if answer 'Yes', please complete 6(c) - 6(d) *如答「是」，請完成6(c) - 6(d)
b. 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)	☐ Yes 是*　　　　☐ No 否 * if answer 'Yes', please complete 6(c) - 6(d) *如答「是」，請完成6(c) - 6(d)

c. Type of activity 活動種類		
_____		

d. Engagement in the activity 活動的參與		
i. Duration 持續時間		ii. Frequency 頻密度
_____		每年 _____ 次 Time(s) per year

Part B – Health Information 乙部 – 健康資料

Note for applicant(s): Questions of Part B do not require the applicant(s) to disclose information regarding the medical conditions or treatments below –
申請人須知：無需於乙部問題披露以下健康狀況或治療 –

Cold / flu / sore throat, gastroenteritis / food poisoning (fully recovered), indigestions (no investigations required), acne, muscle sprained (fully recovered), thrush, routine scan / blood test for pregnancy (normal result), routine cervical smear (normal result), routine health check (normal result), preventive vaccination, Hormonal Replacement Therapy (menopause), infertility treatment or uncomplicated pregnancy, myopia / hyperopia / astigmatism / presbyopia.
傷風 / 感冒、喉嚨痛、腸胃炎 / 食物中毒 (已痊癒)、消化不良 (無需檢查)、痤瘡、肌肉扭傷 (已痊癒)、鵝口瘡、常規產前掃描 / 血液檢驗 (檢驗結果正常)、常規子宮頸細胞塗片檢驗 (檢驗結果正常)、常規健康檢查 (檢查結果正常)、預防疫苗、荷爾蒙補充治療 (更年期)、不育治療或胎兒生長情況正常的懷孕、近視 / 遠視 / 散光 / 老花

If your answer to any of the questions 7 - 14 below is "Yes", please proceed to answer the relevant follow-up questions in Part C.
若以下第 7 至 14 項任何一項問題之答案為「是」者，請於丙部回答相關的跟進問題。

7. 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？

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

8. 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」)	☐ Yes 是	☐ No 否
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)	☐ Yes 是	☐ No 否
c. Uterine or ovarian lesion (tumour / mass / lump / cyst / polyp / nodule / growth) 　子宮或卵巢病變 (腫瘤 / 硬塊 / 腫塊 / 囊腫 / 瘜肉 / 結節 / 增生)	☐ Yes 是	☐ No 否
d. Benign prostatic hypertrophy 　良性前列腺肥大	☐ Yes 是	☐ No 否
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)	☐ Yes 是	☐ No 否
f. Cataract, glaucoma or retinopathy 　白內障、青光眼或視網膜病變	☐ Yes 是	☐ No 否

g. Arthritis or other joint disorder 關節炎或其他關節疾病	☐ Yes 是	☐ No 否
9. 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? 在過去五年內，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？	☐ Yes 是	☐ No 否
10. In the last 5 years, have you 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 one (1) month? 在過去五年內，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？	☐ Yes 是	☐ No 否
11. In the last 5 years, have you been admitted into a hospital? 在過去五年內，您是否曾入住醫院？	☐ Yes 是	☐ No 否
12. In the last 5 years, have you undergone a surgical procedure (including endoscopy or biopsy) without being admitted into a hospital? 在過去五年內，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)？	☐ Yes 是	☐ No 否
13. 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)? 在過去五年內，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)？ *If answer 'Yes', do your investigation result(s) include the followings? *如答「是」，您的檢查結果是否包括下列情況？	☐ Yes 是*	☐ No 否
a. Normal test result is advised 檢驗結果正常	☐ Yes 是	☐ No 否
b. Abnormal test result is advised 檢驗結果異常	☐ Yes 是	☐ No 否
c. You are still awaiting test / test result 您正等候檢驗或檢驗結果	☐ Yes 是	☐ No 否
d. Test result is inconclusive or uncertain (retesting or follow up test is required) 檢驗結果為無定論或不確定(需要重新或進一步檢驗)	☐ Yes 是	☐ No 否
e. Medical advice has been sought or treatment is required for the test result (such as liver cyst / brain cyst / joint degeneration or calcification / lung or breast or thyroid calcification discovered on imaging test, that may not require immediate treatment) 就檢驗結果已尋求醫療意見或需要接受治療 (例如一些未必需要即時治療的情況如肝囊腫 / 腦囊腫 / 關節退化或鈣化 / 於成像檢測中發現肺部或乳房或甲狀腺出現鈣化)	☐ Yes 是	☐ No 否
14. Apart from anything you have already disclosed in Questions 7 - 13, do you have any of the following conditions? 除了您在第7 至13 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 5 kg (11 lbs) over past 1 year 在過去一年內，體重無故地減少了5 公斤 (11 磅) 以上	☐ Yes 是	☐ No 否
b. Abnormal bleeding (such as vaginal bleeding, rectal bleeding, nose bleeding or coughing up of blood) for at least one (1) 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	☐ Yes 是	☐ No 否
c. In the last 1 year, 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 在過去一年內，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	☐ Yes 是	☐ No 否
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	☐ Yes 是	☐ No 否
(This question is for female only 這題只適用於女性) 15. Are you currently pregnant? 您現時是否懷孕？	☐ Yes 是* *if answer 'Yes', please provide the expected date of delivery: *如答「是」，請提供預產日期： _____ DD日 _____ MM月 _____ YY年	☐ No 否
(This question is for insured children aged 6 or below only 這題只適用於六歲或以下之受保兒童) 16. Was the insured child born before 37th 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)？	☐ Yes 是* *if answer 'Yes', please complete 16(a) - 16(b) *如答「是」，請完成16(a) - 16(b)	☐ No 否

a. At which week of pregnancy was the insured child born?
受保兒童在孕期哪一週出生？

☐ less than 少於 28 weeks 週　　☐ 28 - 31 weeks週　　☐ 32 - 37 weeks週　　☐ more than 多於 32 weeks 週

b. Body weight at birth
出生時體重？

☐ less than 少於 1kg 公斤 (2.2 lbs 磅)　　☐ 1 - 1.5 kg 公斤 (2.2 - 3.31 lbs 磅)　　☐ 1.51 - 2.5 kg 公斤 (3.32 - 5.51 lbs 磅)　　☐ more than 多於 2.5 kg 公斤 (5.51 lbs 磅)

17. 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: 就您所知，您的親生父母或兄弟姊妹曾否於六十歲或以前被確診下列疾病或健康狀況：		
a. Cancer 癌症	☐ Yes 是*	☐ No 否
b. Coronary heart disease 冠心病	☐ Yes 是*	☐ No 否
c. Diabetes mellitus 糖尿病	☐ Yes 是*	☐ No 否
d. Motor neuron disease 運動神經元疾病	☐ Yes 是*	☐ No 否
e. Multiple sclerosis 多發性硬化症	☐ Yes 是*	☐ No 否
f. Stroke 中風	☐ Yes 是*	☐ No 否
g. Parkinson's disease 柏金遜症	☐ Yes 是*	☐ No 否
h. Hereditary diseases 遺傳病	☐ Yes 是*	☐ No 否

h. Hereditary diseases (cont.)	
▪ 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. ▪ 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。	*if answer 'Yes' in any of 17(a) - 17(h), please complete 17(i) - 17(k) *如在 17(a) - 17(h) 中任何一題答「是」，請完成17(i) - 17(k)

i. Which family member? 哪個親屬?				
j. Which disease? 哪種疾病?				
k. Onset age of disease 病發年齡				
age at or below 30 30 歲或以下	☐	☐	☐	☐
age 40-31歲	☐	☐	☐	☐
age 50-41歲	☐	☐	☐	☐
age 60-51	☐	☐	☐	☐

Part C – Supplementary Health Information 丙部 – 健康資料補充

If you answered 'Yes' to any of the questions 7 - 14, please provide additional information for each relevant question.
如您在問題 7 - 14 中任何一題答「是」，請提供每一條相關問題的更多資料。

Notes註解:

1. 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。

2. Please provide the date in the format DD/MM/YY.
   請以 日/月/年 格式提供日期。

	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	3a. Treatment / investigations / tests / scans that have been performed 已進行的治療 / 檢查 / 測試 / 掃描 3b. Date of such treatment / investigation / tests / scan 有關治療 / 檢查 / 測試 / 掃描日期	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)
Question No. 題號							
Question No. 題號							
Question No. 題號							

i. 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 application results if requested by the customers.

ii. As the applicant, you are required to provide the Company with complete and accurate information requested in this questionnaire to the best of your knowledge and belief. Based on the information provided, the Company may have follow-up questions or enquiries that require you to provide further information for underwriting purpose.

iii. If there are any changes to or updates of the information provided in this questionnaire after the time of submission of this application and before you receive the Policy, you are required to notify the Company in a timely manner

iv. Even after an insurance policy has been issued upon successful application, the insurance coverage for you may be affected or the policy may be terminated, voided or rescinded, or claims may be repudiated by the Company, if you have not provided the Company with complete and accurate information to the best of your knowledge and belief according to (ii), or if you have not notified the Company on any changes to or updates of the information in time according to (iii).

i. 此問卷收集與健康相關的資料僅作為核保之用途，而核保是本公司評估申請人之健康風險及決定申請結果的程序。本公司採用的核保程序應為公平合理，並會因應客戶要求解釋申請結果。

ii. 作為申請人，閣下需要盡其所知所信，按本問卷中要求向本公司提供完整及準確的資料。本公司根據閣下提供的資料，可能會提出跟進問題或查詢而需要閣下進一步提供資料以作核保之用。

iii. 若閣下在提交本申請表後至閣下收到保單前的期間就本問卷中提供的資料有任何改變或更新，閣下需要及早通知本公司。

iv. 即使已成功投保並獲簽發保單，若閣下未按 (ii) 所述盡其所知所信向本公司提供完整及準確的資料，或未按 (iii) 所述就資料的任何改變或更新而及早通知本公司，閣下的保險保障可能會受到影響，本公司亦可能因此終止、作廢或撤銷有關保單，或拒絕賠償。

Applicable to Insurance Broker only:

The applicant understands, acknowledges and agrees that, as a result of the applicant purchasing and taking up the policy to be issued by bolttech Insurance, bolttech Insurance 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 bolttech Insurance that he or she is authorised to do so. The applicant further understands that the above agreement is necessary for bolttech Insurance to proceed with the application.

只適用於保險經紀：

申請人明白、確知及同意，保特保險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佣金。如申請人為法人團體，則代表申請人簽署的獲授權人員在此向保特保險確認他/她已獲該法人團體授權。申請人亦明白保特保險必須取得申請人的同意，才可以處理其保單申請。

Cancellation Rights and Refund of Premium(s) within Cooling-off Period

I understand that I have the right to cancel the policy and obtain a refund of any premium(s) and levy paid by giving a written notice to Bolttech Insurance (Hong Kong) Company Limited. I understand that to exercise this right, the notice of cancellation must be signed by me and received directly by Bolttech Insurance (Hong Kong) Company Limited at 9/F, 308 Central Des Voeux, No. 308 Des Voeux Road Central, Sheung Wan, Hong Kong within the cooling-off period. I understand that the cooling-off period is the period of 21 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 understand that the cooling-off notice is a notice that will be sent to me or my nominated representative by Bolttech Insurance (Hong Kong) Company Limited to notify me of the cooling-off period around the time the policy is delivered.

冷靜期內取消保單的權利及退還保費

本人明白本人有權以書面通知要求保特保險(香港)有限公司取消保單並獲退還 所有已繳保費及保費徵費。本人明白為行使這項權利，該取消保單的通知 必須由本人簽署並由保特保險(香港)有限公司在香港上環德輔道中308號9樓於冷靜期內直接收到。本人明白冷靜期為 緊接保單或冷靜期通知書交付予本人或本人的指定代表之日起計的 21 天的期間 (以較早者為準)。本人明白冷靜期通知書是 由保特保險(香港)有限公司在交付保單時致予本人或本人的指定代表的一份通知 書，以就冷靜期一事通知本人。

Applicant Signature 申請人簽署	Signed in Hong Kong on 於香港簽署之日期DD/MM/YYYY 日/月/年

Advisor/Broker's Information 代理人/經紀資料

Advisor / Broker Name 代理人/經紀姓名	Account Code 帳戶號碼
SUN FLOWER INSURANCE	SF1APH

Email Address 電郵地址 　(Required field 必需填寫)	Contact No. 聯絡電話
medical@sunflowergroup.com.hk Please provide email address to receive policy and medical claim statement. 請提供電郵地址以收取保單及醫療索償理賠表。	25211881

Credit Card Payment Authorisation Form 信用卡付款授權書

☐ Visa 卡　☐ Master Card 萬事達卡

Cardholder Name 持卡人姓名	

Credit Card Account No. 信用卡號碼	Credit Card Expiry Date (MM/YY) 信用卡到期日

I hereby authorise Bolttech Insurance (Hong Kong) Company Limited
本人茲授權保特保險(香港)有限公司從本人上述之信用卡帳戶支取此保險所應繳之保費及保險徵費 (包括續保保費)，直至另行通知。

Cardholder Signature 持卡人簽署	DD/MM/YYYY 日/月/年

Personal Information Collection Statement ("PICS")
收集個人資料聲明

Please scan the following QR code for review of Bolttech Insurance (Hong Kong) Company Limited's (the "Company") PICS. You can also request a copy of the PICS by calling the Company's Customer Service Hotline at 2603 9435.

請掃描以下二維碼查看保特保險(香港)有限公司 (「 本公司」) 的收集個人資料聲明。您亦可致電本公司的客戶服務熱線 2603 9435 索取收集個人資料聲明副本。

English

中文

Important Notes

The Applicant (i.e. You are) is required to disclose all material facts which you know Bolttech Insurance (Hong Kong) Company Limited (the "Company") as an insurer would regard them as likely to influence the acceptance and assessment of this proposal. If you are in doubt whether certain facts are material you should disclose them. We recommend you to keep a record (including a copy of completed proposal) for your 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 mean that your policy will not provide with the cover you require and may even invalidate the policy altogether.

重要事項

申請人(即你)必須提供所有可能影響保特保險(香港)有限公司(「本公司」)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，我們建議你將有關的資料(包括此投保書副本作紀錄)，以備日後作參考之用。為確保你的利益，你應如實呈報所有有關資料，否則此保單將可能無法提供你所需的保障，甚至可能會導致此保單無效。

® **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.

Product Suitability Assessment Form
產品合適性評估表

Please provide the personal information in this Suitability Assessment Form in order for us to analyse your medical, financial, and coverage needs to make suitable medical coverage recommendations for you. By providing the information below, you understand and agree that the information provided in this form will be handled in accordance with the Personal Information Collection Statement ("PICS") of Bolttech Insurance (Hong Kong) Company Limited.
請根據此產品合適性評估表提供個人資料以助我們分析您在醫療、財務及保障上的需要，以便提供合適的醫療保障建議。客戶在填寫此分析表時，即表示您明白及同意有關資料將根據保特保險(香港)有限公司之個人資料收集聲明予以處理。

Applicant's name: 申請人姓名：	Proposed insured's name: 準受保人姓名：	Proposed Insured's Age: 準受保人年齡：	Proposed insured's Sex: 準受保人性別：	Proposed insured's relationship to applicant: 準受保人與申請人關係：

Step 1:   Customer's medical insurance needs and objectives: **第一步：客戶醫療保險需求及目標：**

1) Are you able to to pay medical insurance premium every year to enjoy the benefits and services as stated in the medical insurance policy for future illnesses or injuries?
您確定每年都能支付醫療保險保費，以享用醫療保險保單中所指定的保障項目和服務來保障未來可能出現之疾病或傷患嗎？
   a) Yes 確定
   b) No 不確定

2) What is your annual budget for medical insurance protection?
您的每年醫療保障費用預算為？

   HK$ 港幣 _____

3) Do you have any existing personal medical insurance(s)?
您有現有的個人醫療保險嗎？

   a) Yes 有 _____
      (If yes, please indicate no. of in-force policy)
      如有，請寫出生效之保單數目：
      i)   Medical expense reimbursement insurance 醫療費用實報實銷保險 _____
      ii) Daily cash for hospitalization insurance 每日住院現金保險 _____
      iii) Critical illness insurance 危疾保險 _____
      iv) Personal accident insurance 個人意外保險 _____
   b) No 沒有

4) Why do you want to purchase a new medical insurance？
您為什麼想購買一份新的醫療保險？
   a) For insurance protection of the increasing medical treatment costs 為日益增加的醫療費用提供保險保障
   b) For income protection during sickness 用於疾病期間的收入保障
   c) My existing medical insurance cover is insufficient 我的現有醫療保險保障不足
   d) To enjoy tax allowance of VHIS compliant product ("Voluntary Health Insurance Scheme") 我希望享受「自願醫保」所提供的免稅額
   e) Others, please specify 其他，請註明 : _____

5) What are your preferred benefits and coverages for your newly applied medical insurance?
在您新投保的醫療保險中，您首要考慮的保障項目和保險範圍是什麼？
   a) Basic hospitalization and surgical benefits 基本住院及手術保障之項目
   b) Comprehensive medical insurance protection 全面的醫療保險保障
   c) Income protection during sickness 疾病期間的收入保障
   d) Annual deductible or co-insurance options to lower the annual premium 每年以自付費或共付保險形式投保之選項，以降低每年的保費

Insurance intermediary product recommendations: 保險中介人之產品建議 :

_____
_____
_____

I / we confirm that I have gone through the above product suitability assessment and confirm the below medical insurance product is selected by my / our own decision.
本人/我們確認本人/我們已進行上述之產品合適性評估並確認以下之醫療保險產品選擇是本人/我們自己所決定的。

Plan name計劃名稱: _____

Annual Deductible option (if applicable) 每年自付費選擇(如有): HK$ _____

Optional benefit (if applicable) 自選保障(如有) : _____

客戶聲明 Customer Declaration:

1)   I / We have read and understood the product brochure, information sheet and policy provision of the medical insurance product I / we selected. 本人/我們已細閱及明瞭本人/我們所選擇之醫療保險產品的產品小冊子、資訊單張及保單條款之內容。

2)   I / We confirm the medical insurance product I / we selected (in respect of any type of indemnity, non-indemnity, or combo product) is suitable for my / our insurance needs and my / our objectives for purchasing a medical insurance product (including but not limited to (i) income protection during hospital confinement; (ii) preparation for the hospitalization and medical treatment expenses due to illness or injury), and I / we can afford to pay the required premium. 本人/我們確認本人/我們所選擇之醫療保險產品（包括任何種類之賠償、非賠償、或組合產品）符合本人/我們的保險需要及購買醫療保險產品的目標(包括但不限於(i)住院期間的收入保障；(ii)為疾病或受傷之住院及其醫療費用作準備)，及本人/我們有能力支付其所需的保費。

3)   I/ We confirm the medical insurance product I/we selected is my / our own decision with no forced pressure from any third parties. 本人/我們確認本人/我們所選擇之醫療保險產品是在沒有受第三者壓力下由本人/我們自行決定的。

4)   I / We understand the information contained in this form was used to analyse my / our medical insurance needs and provided as reference only for my choice of medical insurance product and premium amount. I / We also understand and agree that the information contained in this form will be handled in accordance with the Personal information Collection Statement ("PICS") of Bolttech Insurance (Hong Kong) Company Limited. 本人/我們明白此表格內所提供之資料乃用作分析本人/我們的醫療保險需求，並為本人/我們在選擇保險計劃及保費金額時作參考。本人/我們亦明白此表格內之資料會根據保特保險(香港)有限公司的收集個人責料聲明予以處理。

5)   We understand that the analysis and choices made in this form were based upon the information provided and it does not create any liability to Bolttech Insurance (Hong Kong) Company Limited. 本人/我們明白此表格之分析及選擇乃基於本人/我們所提供之資料而作出的，當中並不構成保特保險(香港)有限公司之任何責任。

6)   I / We understand that I /We am required to inform Bolttech Insurance (Hong Kong) Company Limited if there are any substantial changes to the information provided in this form prior to the insurance policy being issued. 本人/我們明白，如本人/我們就此表格內的資料有任何重大更改，本人/我們需在保單生效前通知保特保險(香港)有限公司。

I / We, as the Applicant, confirm that I / we have read and understood all the contents in this form and provided all the correct information for the above on behalf of the proposed insured / existing insured listed in this application. 本人/我們作為申請人確認已細閱及明瞭此表格之內容，並代表此計劃之準受保人/現有受保人就以上問題提供正確無誤之資料。

_____   _____   ____ / ____ / _____
Applicant's name   Applicant's Signature   Date (DD / MM / YYYY)
申請人姓名   申請人簽署   日期（日/月/年）

_____   _____   ____ / ____ / _____
Proposed insured's name   Proposed insured's Signature   Date (DD / MM / YYYY)
(if different from the Applicant)   準受保人簽署   日期（日/月/年）
準受保人姓名(如跟申請人不同)

SUN FLOWER INSURANCE   SF1APH
_____   _____   _____
Name of Agent / Broker   Agent's / Broker's Code   Agent's / Broker's signature
經紀姓名   經紀編號   經紀簽署