

**ManuPlan Employer Particulars Change Form**  
**專業僱員保障計劃 更改僱主資料表格**

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| <p><b>Notes</b></p> <p>1 Please complete this form in BLOCK LETTERS and check the boxes where appropriate. Please initial any corrections you make on this form.</p> <p>2 Request form will be accepted by Manulife only via Fax No. 2234 5371. <b>DO NOT</b> send the form again if you have faxed it already.</p> <p>3 A past change effective date will not be accepted by Manulife. Change request will be effective on the request processing date or the specified effective date, whichever is latter.</p> <p>4 <math>\Delta</math> Means delete whichever is inappropriate.</p> | <p><b>注意事項</b></p> <p>1 請用正楷填寫本表格，並於適當空格內加✓號。如須作出任何更改，請於刪改之位置旁簽署。</p> <p>2 以傳真遞交之申請表格，必須經由傳真號碼2234 5371遞交，否則宏利將不會接受。如已傳真本表格，閣下毋須再次寄交。</p> <p>3 宏利將不會接受過去的生效日期。更改申請將會於更改當日或列明之生效日期生效，以後者為準。</p> <p>4 <math>\Delta</math> 表示把不適當之處刪除。</p> |
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Policy No. 保單編號	_____ - _____ - _____	Policyholder Name 保單持有人名稱	_____
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**A. DETAILS OF EMPLOYER PARTICULARS CHANGE 更改僱主資料詳情**

**1. Change of Name # 更改名稱 #**

If the change of name brings about the change of authorized signature, please also fill in point 2. 如更改名稱而致需要更改獲授權人士簽署，請同時填寫第2點。

**New Name 新名稱**

# For limited company, please put in the new company name appearing in the company registration document or Certificate of Incorporation on Change of Name or Certificate of Registration of Change of Name. For change of name of business in business registration other than for limited company, please put in the new Name of Business/Corporation appearing on top of the new Business Registration Certificate. Please submit related supporting document(s) pertaining to this change.

# 有限公司請填寫公司註冊文件或公司註冊成立證明書（更改名稱）或更改名稱註冊證明書上所載的新公司名稱。對於更改商業登記商號名稱的非有限公司，請填寫商業登記證頂部所載的新商號/公司名稱。就是項更改，請遞交有關之證明文件。

**2. Change of Authorised Signature 更改獲授權人士簽署** Addition / Deletion / Change  $\Delta$  新增 / 刪減 / 更改  $\Delta$

Name 姓名: _____	Authorized Signature & Company Stamp Specimens
Title 職銜: _____	獲授權人士簽名及公司印章式樣 _____

**3. Plan Administrator Change 更改計劃管理人**

New Plan Administrator 新計劃管理人 \_\_\_\_\_

**4. Addition Of New Account 新增附屬公司戶口** \*Please attach a copy of Business Registration Certificate. 請附上商業登記証副本。

If the contact person differs from the Plan Administrator of your Main Account, please specify in the Contact Information Update section below.  
如通訊人與主要公司戶口之計劃管理人不同，請在以下的「更新通訊資料」部份註明。

Attached appropriate form for specifying new enrolment or certificate movement. 已附上有關表格列明僱員新增名單或資料更改。

New Account Full Name 新附屬公司戶口名稱 _____	Effective Date (dd/mm/yy) 生效日期 (日/月/年) _____
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New Account Address 新附屬公司地址 \_\_\_\_\_

**5. Contact Information Update 更新通訊資料**

The change is applicable to 此更改適用於

All Accounts 所有公司戶口  Accounts Name 附屬公司戶口名稱 \_\_\_\_\_

New Contact Person Name & Title 新通訊人名稱及職銜 \_\_\_\_\_

New Correspondence Address 新通訊地址 \_\_\_\_\_

New Phone Number 新電話號碼 \_\_\_\_\_ New Fax Number 新傳真號碼 \_\_\_\_\_

New E-mail Address 新電郵地址 \_\_\_\_\_

Please check this box if you intend to use the new email address in your existing Easy Admin Email Service. 請✓如新電郵地址適用於現有之行政易電子郵件服務。

**6. Change Of Benefit Eligibility Requirement 更改僱員參加計劃資格**

Future full-time employees shall be eligible for benefits coverage 日後新聘請的全職僱員將自下述日期起符合參加計劃資格

Upon fulfillment of 連續服務滿 \_\_\_\_\_ months of continuous service. 個月當日。

Upon completion of the probation period. 試用期滿當日。

Upon the eligible date as specified in employment letter. 聘書內訂明的合資格參加計劃日期。 Effective Date (dd/mm/yy)  
生效日期 (日/月/年) \_\_\_\_\_

**7. Change Medical Claims Payment Method to Autopay 更改支付醫療賠償方式為自動轉賬**

Attached appropriate form for specifying employees' bank account information. 已附上適當的表格註明僱員的銀行賬戶號碼。

**B. DECLARATION 聲明**

The information provided on this form is collected to enable our company to update your customer/policy particulars for the purpose of administering your products/services provided by all companies within the Manulife group of companies in Hong Kong and also companies which provide trustee/custodian services. By writing to Manulife - Employee Benefits, you can correct and have access to your personal data (if applicable).

It is understood and agreed that all information supplied on this form together with any alterations can be used or transferred by our company in the same manner as those being supplied under any previous data collection/change form in respect of similar type of information.

本表格所提供之資料乃供本公司更新閣下之客戶 / 保單資料，以作為管理閣下購自香港宏利集團旗下公司以及為本公司提供信託 / 託管服務的公司的所有產品與服務之用。閣下可致函宏利的僱員福利部，更正及查閱閣下的個人資料(如適用)。

本人明白及同意本公司可以遵照以往之任何數據收集表格 / 更改資料表格所列明的處理方式，使用或轉移本表格內提供之所有資料及任何更改過的資料。

Date Signed 簽署日期 \_\_\_\_\_

Authorized Signature and Company Stamp 獲授權人士簽署及公司印章

Please return the completed form to Manulife (International) Limited, P.O. Box 70302, Kowloon Central Post Office.  
請把填妥的表格寄交九龍中央郵政局郵政信箱70302號宏利人壽保險(國際)有限公司。

The Chinese version of this form is for reference only. In the event of discrepancies between the Chinese and English versions, the English version shall prevail.  
本表格之中文譯本只供參考用途，若與英文版本有異，一概以英文版本為準。

