

**ManuPlan Employee Enrolment Sheet Supplementary Form - To be completed by Employee**  
**專業僱員保障計劃 僱員登記表之附加表格 - 由僱員填寫**

For 20 or above employees only  
只供二十或以上僱員人數使用

Notes

- 1 Please complete this form in BLOCK LETTERS. Please initial any corrections you make on this form.
- 2 Request form will be accepted by Manulife only via Fax No. 2234 5371. **DO NOT** send the form again if you have faxed it already.
- 3 Please submit this form with the Employee Enrolment Sheet.

注意事項

- 1 請用正楷填寫本表格。如須作出任何更改，請於刪改之位置旁簽署。
- 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。
- 3 請將本表格連同僱員登記表一併交回。

Policy No. 保單編號  -  -

Policyholder's Name 保單持有人名稱 \_\_\_\_\_

**A. EMPLOYEE INFORMATION 僱員資料**

(As shown on HKID Card 必須與身份證相同)

Employee's Full Name (Surname first) 僱員姓名(以姓氏先排) \_\_\_\_\_ (in English) 英文 \_\_\_\_\_ (in Chinese) 中文 \_\_\_\_\_

HKID Card/Passport No. 香港身份證/護照號碼

Contact Information 聯絡資料  
Residential Address 住宅地址

Room/Flat/Floor/Block/Name of Building/Estate 室/樓/座/大廈/屋苑名稱 \_\_\_\_\_

E-mail Address 電郵地址 \_\_\_\_\_

Street No./Street Name 街道號碼/街道名稱 \_\_\_\_\_

Mobile No. 手提電話 \_\_\_\_\_

District 區域 \_\_\_\_\_

Office Tel No. 公司電話 \_\_\_\_\_

Hong Kong 香港  Kowloon 九龍  New Territories 新界  Others 其他 \_\_\_\_\_

Home Tel No. 住宅電話 \_\_\_\_\_

The contact information applies to all of your products/services provided by all companies within the Manulife group of companies in Hong Kong and also companies which provide trustee/custodian services. 閣下所提供的聯絡資料，將應用於宏利旗下於香港的公司以及為該等公司提供信託/保管服務的公司，其所提供予閣下的所有產品/服務上。

No, this address only applies to this certificate. 不，所提供的地址只適用於此證明書。

**B. DECLARATION 聲明**

It is understood and agreed that

- 1 Information provided herein together with any subsequent alterations or supplements of it ("data") are collected to enable Manulife to carry on its insurance/financial business and may be
  - i) used by Manulife or its associated companies for the purpose of (a) approving and administering the policy or any alterations, cancellation or renewal of it; (b) underwriting and any claims or analysis of it; (c) statistical or actuarial research of Manulife, Manulife's associated companies or the insurance/financial industry; (d) providing/promoting the insurance or financial related products or services to me through insurance intermediaries or direct marketing; and/or
  - ii) transferred to (a) any related company or other company carrying on insurance or reinsurance related business or an intermediary or a claims or investigation or other service provider providing services relevant to insurance business or any association or federation of insurance companies that exists or is formed from time to time; (b) any person/organization to fulfill any of the above purposes and/or for the purpose of data verification by way of matching procedures or otherwise.
- 2 By writing to Manulife - Employee Benefits, I can request access to and correction of my personal data (if appropriate). I also understand that consent to the use of my personal information to offer me products and services is optional and if I wish to discontinue such use I may write to Manulife at the address shown below.

本人明白並同意下列各項

- 1 本人於本表格內提供之資料及日後作出之任何修訂或補充(「資料」)，旨在確保宏利的保險或金融業務得以順利運作，而該等資料可供
  - i) 宏利作以下用途：(a)批核及管理本保單，或其後進行任何修訂、取消保單或續保事宜；(b)核保、分析及處理賠償申請；(c)供宏利、聯營公司或保險/金融業作統計或精算研究用途；(d)透過保險中介人或直接推廣方式向本人提供/推廣宏利或聯營公司之保險或金融產品資料；及/或
  - ii) 轉交予(a)任何有關連公司；其他從事與保險或再保險有關業務之公司；或保險業中介人、提供理賠、調查或其他保險業相關服務之供應商或現時已存在或日後組成之保險公司聯會或組織；(b)任何人士/機構以作上述用途及/或以配對或其他方法核實資料。
- 2 本人有權以書面通知宏利的僱員福利部，要求索閱及更改個人資料(如需要)。本人亦可致函要求宏利不要向本人寄發宣傳推廣資料。

Date Signed 簽署日期 \_\_\_\_\_

Signature of Employee 僱員簽署 \_\_\_\_\_

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。

(For office use only 公司專用)  
Please affix the policy no. here (if applicable)  
請在此貼上保單編號(如適用)