

How to Fill in the “ManuPlan Application Form”

《專業僱員保障計劃申請表格》填表指引

Employer **MUST** fill in this part.
僱主**必須**填寫此部份。

If there is only **ONE** plan for your employees, you may refer to this example:

如貴公司只設有一項計劃供僱員參與，閣下可參考以下例子：

For example例如：


- Plan 1 - for all employees
計劃一一適用於所有僱員

For **MORE THAN 1** plan, please define in terms of position, seniority and etc., you may refer to the example below:

如多於一項計劃，僱主請以職位、職級等分類，閣下可參考以下例子：

For example例如：

- Plan 1 - for Management Staff inclusive of General Manager, Director, Managers
計劃一一適用於管理層職員，包括總經理、董事、經理
- Plan 2 for Staff of all levels except Management Staff
計劃二 - 適用於管理層職員以外其他各級職員



For Office Use Only 公司專用
Agent Name & Code/Name 代理人姓名及編號/分行: _____
Accepted Proposal No./接受建議書號碼: _____

ManuPlan Application Form

專業僱員保障計劃申請表格

Notes 注意事項

1. Please complete this form in BLOCK LETTERS and check the boxes where appropriate. Please certify with authorized signature and company chop for any amendments.
請用正楷填寫本表格，並於適當空格內打“✓”號，如有任何修改，請蓋公司加蓋印章及公司印作實。

2. Applications received by fax will not be accepted by Manulife.
恕不接納以傳真方式遞交之申請。

3. Proposal with authorized signature and any required documents should be submitted together with this form.
請一併交回已簽署人士簽署的建議書及任何所需文件。

A. EMPLOYER / APPLICANT INFORMATION 僱主 / 投保人資料

1 * Full Name of Employer (Company)/Applicant
僱主(公司)/投保人英文名稱 _____
Address
英文地址 _____

2 * Affiliated Companies 附屬公司

(a) Full Name 英文名稱 _____
Address 英文地址 _____

(b) Full Name 英文名稱 _____
Address 英文地址 _____

3 Nature of Business 業務性質

<input type="checkbox"/> c10-Construction 建築業	<input type="checkbox"/> c11-Manufacturing 製造業	<input type="checkbox"/> c12-Wholesale/Retail Imports & Exports 批發 / 零售 / 出入口
<input type="checkbox"/> c13-Resaurants/Hotels 飲食 / 酒店業	<input type="checkbox"/> c14-Telecommunications 電訊業	<input type="checkbox"/> c15-Transport Services 運輸業
<input type="checkbox"/> c16-Banking/Finance 銀行 / 金融業	<input type="checkbox"/> c17-Insurance/Real Estate 保險 / 地產業	<input type="checkbox"/> c18-Business Services 商業服務
<input type="checkbox"/> c19-Community/Social Services 社會服務	<input type="checkbox"/> c99-Others其他 (Please specify 請註明)	

4 Does your company have any existing Group Employees Benefits Plan, either Pension or Group Life & Health including Long Term Disability, with Manulife?
貴公司現時是否擁有由安邦管理的團體僱員福利計劃，即公積金計劃或包括長期傷殘保障的團體人壽與醫療保障計劃？

Yes 是 Group Life & Health 團體人壽與醫療保障計劃 (Policy No. 保單編號 _____)
 OR SOMP/CPF 公積金計劃 / 勞務金計劃 (Group/Sub-Scheme No. 保單 / 附屬計劃編號 _____)

No 否

* As shown on Business Registration Certificate. 此類名稱必須與國家註冊名稱相同。

B. POLICY DETAILS 保單內容

1 Effective Date of Policy 保單生效日期 _____ / _____ / _____
DD 日 MM 月 YY 年

Policy Effective Period 保單生效期 1 year 年 2 years 年

Anniversary Date 保單周年日 _____ / _____ / _____
DD 日 MM 月

2 Currency to be used for the policy (Applicable only for Life & Disability benefit. If Medical Benefit is chosen, only HK Dollar policy will be issued.)
保單採用的貨幣單位 (只適用於人壽及醫療保障，若選擇醫療保障，只可選定保單幣制。) HK Dollar 港元 or 或 US Dollar 美元

3 Premium will be paid 保費分期 Monthly 每月繳費 Quarterly 每季繳費 Semi-annually 每半年繳費 Annually 每年繳費 Once Every Two Years 每兩年繳費

4 Benefit Eligibility Requirement 參加計劃資格

(a) Each present full-time employee shall be eligible for benefits 現已聘用的全職僱員合資格參加計劃的日期將按於

upon the effective date of the policy 保單生效日

upon fulfillment of 連續服務 _____ months of continuous service 僱月滿日

(b) Future full-time employees shall be eligible for benefits 日後新聘的全職僱員合資格參加計劃的日期將按於

upon fulfillment of 連續服務 _____ months of continuous service 僱月滿日

upon completion of the probation period 試用期滿當日

upon the eligible date as specified in the employment letter 聘書內訂明的合資格參加計劃日期

5 Are dependents covered? 僱員家屬是否包括於計劃內? No 否 Yes 是 (If yes, please specify the plan no. 請註明計劃編號 _____)

6 Plan definition 計劃詳情

Plan 計劃 _____ Definition (In terms of position, seniority, etc; not in benefit amount) 詳情 (請註明僱員職位、年資等，而非保障額) _____

7 Benefits Type 保障類別 (Add "v" to the selected benefit box) 於屬選擇之保障方格內加上“v”號

(a) Life & Disability Coverage 人壽及傷殘保障

Term Life 定期人壽

Accidental Death & Disablement 意外、身故及傷殘

Total and Permanent Disability 完全及永久傷殘

Total Disability Installments 完全傷殘分期

Long Term Disability 長期傷殘 (Please complete Part C in this form if this benefit is selected. 如選擇此保障，請填妥本表格C部份。)

ManuPro (Packaged Long Term Disability Income) (長期傷殘入息保障)

(b) Medical Coverage 醫療保障

Hospital & Surgical Benefit 住院及手術保障

Supplementary Major Medical Benefit 附加醫療保障

Extended Medical Benefit 額外醫療保障

Maternity Benefit 產科分娩保障

Clinical 門診保障



Dental Benefit 牙科保障

ManuPlan medical card services 專業僱員保障計劃醫療服務卡 (“Network Providers”) 網絡供應商;

ManuPlan Out-patient Care 專業僱員保障計劃門診保障

ManuPlan Hospital & Out-patient Care 專業僱員保障計劃住院及門診保障

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

LH/MF/APP (03/2005)

Please ✓ appropriate benefit type. This information will be reflected in the Benefit Schedule of your group policy.

請✓適當的保障類別。有關資料將載於貴公司團體保單的賠償表內。

