

C. HEALTH DECLARATION 健康狀況聲明
 Employee must complete on behalf of spouse and children if dependents are covered. 如有家屬投保，必須由僱員代為填寫。
 "You" and "Your" is defined as the Employee and his / her dependents (if dependents are covered). 閣下，是指僱員及其家屬(如有家屬投保)。
 *You are required to be a FULL-TIME employee and ACTIVE at your job. 閣下必須為全職僱員及處於正常工作。

1 Insured employee 投保之僱員 Height 身高 cm 厘米 ft 英尺 Weight 體重 kg 公斤 lbs 磅 Weight change during past 12 months? 過去十二個月體重的變更? kg 公斤 lbs 磅 Yes 是 No 否

2 Have You smoked cigarettes within the last 12 months? If "yes", how many? 閣下過去十二個月有否吸煙習慣? 如有，每日吸煙的支數為何? a) Average number of cigarettes daily? 每日平均吸煙支數? b) For how many years have You smoked? 閣下吸煙多少年?

- Please declare health condition(s) for the applicant(s) [(either the employee, spouse or child(ren))] HONESTLY in this part. 請在此部份如實申報投保人(僱員、配偶或子女)的健康狀況。
- Information provided here will be used for underwriting / claims assessment. 此部份所提供的資料僅供核保 / 評估索償申請之用。

3 completed? 3

4

5

6

7 (a)

(b)

(c)

8

9

10

11

12 (a)

(b)

For Questions 3-12, please provide details of each question answered "Yes". If you require additional space, please use a separate page. 如第3至12題中有任何答案為「是」，請提供有關詳細資料。如有需要，請另加紙張。

Question No. 問題編號	Employee / Dependent Name 僱員 / 家屬姓名	Details 詳細資料	Duration (From - To) 持續期間 (由 - 至)	Degree of Recovery 康復程度	Name and Address of Attending Doctor 應診醫生姓名及地址

- Please provide details if you answer "Yes" for questions 3 to 12 in "Health Declaration". 如閣下於「健康狀況聲明」的第3至12問題內填寫「是」，請提供詳細資料。
- If space is insufficient, please provide details in separate paper. 如空位不敷應用，請另加紙張書寫。

其他資料 (TO BE COMPLETED BY THE EMPLOYEE 由僱員填寫)
 Under this Part which may be used in conjunction with the data collected under Part A for the purpose of enabling our other products/services to you, by way of direct marketing or otherwise. 部份資料將與資料結合，以便本公司/保險公司透過直接推廣或其他方式向閣下提供產品/服務資料。

c2 - Secondary 中學 c6 - Matriculated/Post Secondary 預科/專科
 c7 - College 專上學院 c4 - University or Above 大學或以上

下 c15 - \$5,000 to \$9,999 c20 - \$10,000 to \$14,999 c25 - \$15,000 to \$19,999 c30 - \$20,000 to \$29,999
 c35 - \$30,000 to \$39,999 c40 - \$40,000 to \$49,999 c45 - \$50,000 to \$99,999 c50 - above \$100,000 以上

壽險或服務 c06 - Disability Insurance 傷殘保險 c07 - Hospital/Medical 住院/醫療保險
 c08 - Mutual Funds 互惠基金 c82 - Fixed Deposits 定期存款

E. DECLARATION 聲明
 Employee's Declaration 僱員聲明
 It is understood and agreed that (1) I have obtained the necessary authorization from my Dependent to supply their information to Manulife for this Request. (2) 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 industry, (d) providing/promoting the insurance or financial related products or services to me through insurance intermediaries or direct marketing, and/or (f) transferred to (e) 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 fulfil any of the above purposes and/or for the purpose of data verification by way of matching procedures or otherwise. (3) 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 the address shown below. (4) I certify that all information provided by me in this Request is complete and true to the best of my knowledge and belief. In applying for the Group Insurance Benefits for which I am, or may become, eligible, I authorize Manulife to make the necessary deductions from my pay. (5) I authorize Manulife to use a copy of this authorization as valid as the original.

本人明白並同意下列各項(1)本人已向所有受保家屬取得授權(如適用)，可將資料提供予其個人資料。本人亦明白本表格內提供的資料是讓安聯利作處理本人參加計劃申請之用。(2)本人於本表格內提供的資料及日後作出之任何修訂或補充(「資料」)，旨在確保安聯利能繼續提供福利運作，而該等資料可供安聯利作以下用途：(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)供安聯利、安聯利保險業務統計或精算研究用途；(d)透過保險中介人或透過推廣方式向本人提供有關安聯利或安聯利之產品資料；及(e)轉交予(a)任何有關公司；其他從事保險或再保險業務之保險業之公司；或保險業中介人、進修學院、協會或其他保險及相關服務之供應商或現時已存在或日後組成之保險公司或協會組織；(b)任何人士應備以作上述用途及/或以配對其他方法核實資料。(3)本人有權以書面通知安聯利有關資料，要求索閱及更改個人資料(如需要)。本人亦同意安聯利在適當情況下，可將此項授權作為有效之原稿。

This enrolment form must be submitted within 31 days from this signed date for underwriting assessment. 僱員必須於此簽署日期起計的三十一日內交回本表格以供核保之用。

Only Employee's signature is required. Employee should sign on behalf of dependent(s), if applicable. 只須僱員簽署。在適用情況下，僱員須代表家屬簽署。

Authorized signature and company stamp should match that of the "ManuPlan Application Form" in order to be effective. 獲授權人士簽署及公司印章須與《專業僱員保障計劃申請表格》所示者相同，方為有效。

Note: This is a separate declaration to be submitted with the Request for Group Insurance Benefits. 此項聲明之三十日內遞交給安聯利作核保備查。

Employee Signature 僱員簽署 _____ Authorized Signature and Company Chop 獲授權人士簽署及公司印章 _____
 Date Signed 簽署日期: _____ Date Signed 簽署日期: _____

Completed Form should be sent to Manulife (International) Limited, P.O. Box 70302, Kowloon Central Post Office. 請將填妥的表格寄交九龍中環郵政局郵政信箱70302號安聯利人壽保險(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。

Remarks: Employer should send us the ORIGINAL copy of this form for processing. 備註：僱主必須交回本表格的正本以便處理。