

Application For Group Life & Health Insurance Plan 團體保險計劃申請表格

Notes

- Please complete this form in BLOCK LETTERS and check the boxes where appropriate. Please certify with authorized signature and company chop for any amendments.
- Applications received by fax will not be accepted by Manulife.
- Proposal with authorized signature and any required documents should be submitted together with this form. All benefit details of this application will be subject to the accepted proposal.
- The information of the contact person(s)/authorized person(s) is collected in their official capacities.
- All application forms/health declaration forms completed by the policyholder and/or insured member shall be true to the best of their knowledge and form the basis of the policy to be issued. Failure to disclose any material facts or information which may influence or which the Company would regard as likely to influence the assessment and acceptance of the coverage, may render the policy voidable by the Company and the Company reserves the right to request the refund of claim payment. In the event of doubt as to whether a fact or information is material, it should be disclosed in all application forms/health declarations forms.

注意事項

- 請用正楷填寫本表格，並於適當空格內加✓號。如有任何修改，請貴公司獲授權人士加簽並蓋上公司印章作實。
- 宏利將不接受以傳真遞交之申請。
- 本表格須連同已獲授權人士簽妥之建議書及任何所需文件一併遞交。所有本計劃申請之保障內容亦將根據獲接納之建議書為準。
- 聯絡人/獲授權人士的資料乃因應其職務身份而收集。
- 所有由僱主及/或受保成員所填報於申請書/健康申報表內之資料均為所知之全部及真實無訛，並為日後簽發保單之基礎。如未有披露任何重要事實或資料，而該等重要事實或資料可能影響本公司評估及接受承保，本公司有權將所簽發的保單宣告無效，並且保留要求退還已支付理賠款項的權利。假如未能確定事實或資料的重要性，則須於所有申請書/健康申報表披露該等事實或資料。

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

* As shown on Business Registration Certificate 公司名稱必須與商業登記證所載相同

2 Business Address 營業地址 (all correspondence will be sent to the following address 所有通訊文件將寄往以下地址)

Room/Flat 室

Floor 層數

Block/Tower 座數

Name of Building 大廈名稱

Name of Estate 屋苑名稱

Street No. and Street Name 街道號碼及街道名稱

District 區域

☐ Hong Kong 香港

☐ Kowloon 九龍

☐ New Territories 新界

☐ Other Location (please specify) 其他地區 (請註明)

3 Attention Person Information 收件人資料

English Name
英文姓名

Mr.先生 /
Ms.小姐 /
Mrs.女士

Title in English:
職銜 (英文)

Office Phone No. : 國家 / 地區號碼

Phone No.
電話號碼

Mobile Phone No. : 國家 / 地區號碼

Phone No.
電話號碼

公司電話號碼

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手提電話號碼

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Email Address : 電郵地址

4 (a) Nature of Business 業務性質

☐ c10-Construction 建築業

☐ c11-Manufacturing 製造業

☐ c12-Wholesale/Retail/Imports & Exports 批發 / 零售 / 出入口

☐ c13-Restaurants/Hotels 飲食 / 酒店業

☐ c14-Telecommunications 電訊業

☐ c15-Transport Services 運輸業

☐ c16-Banking/Finance 銀行 / 金融業

☐ c17-Insurance/Real Estate 保險 / 地產業

☐ c18-Business Services 商業服務

☐ c19-Community/Social Services 社會服務

☐ c99-Others其他 (Please specify 請註明)

(b) Nature of Products/Services (e.g. toys/garments) 商品/服務性質 (如：玩具/衣服)

Please specify 請註明

5 Does your company have any existing Group Employee Benefits Plan, either Pension or Group Life & Health including Long Term Disability, with Manulife? 貴公司現時是否擁有由宏利管理的團體僱員福利計劃，即公積金計劃或團體人壽與醫療保險計劃，包括長期傷殘保障？

☐ Yes 是 ☐ Group Life & Health 團體人壽與醫療保險計劃 (Policy No.保單編號)

☐ ORSO/MPF 公積金計劃 / 強積金計劃 (Group/Sub-Scheme No.保單 / 附屬計劃編號)

☐ No 否

6 Please specify below if you have any objective(s), other than providing employee benefits, for seeking to purchase this insurance coverage: 如閣下擬購買此保障內容的目標為提供僱員福利以外的任何其他目標，請另指明如下：

7 Please fill in and submit a separate "Addition of Sub-Account Form" for each of your affiliated companies (if any) if separate billing is required. 若需為聯營公司 (如有) 作獨立付款安排，請為每間聯營公司分別填寫及遞交「新增附屬公司戶口表格」。

B. POLICY DETAILS 保單內容

1 Effective Date of Policy*

保單生效日期

DD 日 / MM 月 / YYYY 年

* The effective date of ManuSelect must be the first calendar day of the month 「宏利精選」生效日期必須為該月之首個公曆日

Policy Period

保單年期

☐ 1 year 年 ☐ 2 years 年

Anniversary Date*

保單周年日

01

DD 日 / MM 月

* Must be the first calendar day of the month 必須為該月之首個公曆日

2 Currency to be used for the policy will be subject to the accepted proposal

保單採用的貨幣單位將根據獲接納之建議書為準

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 for present full-time employees 現職的全職僱員於保險計劃的參加資格

☐ upon the effective date of the policy 保單生效日

☐ upon the coverage effective date as specified in the Employee Enrolment Form/Sheet 於僱員參加表格/登記表格內註明的保障生效日期

GER01



(For office use only 公司專用)

Please affix the policy no. here

請在此貼上保單編號

5 Benefit Eligibility Requirement for future full-time employees 日後新聘的全職僱員於保險計劃的參加資格
Upon fulfillment of 連續服務滿 _____ * months of continuous service 個月當日 (unless the coverage effective date is otherwise specified in the Employee Enrolment Form/Sheet 於僱員參加表格/登記表格內另有註明保障生效日期則除外)
* deemed to be NIL if not specified, i.e. the eligible date will be set as the date of employment 若沒有註明將視為不適用，即參加資格將被設定為受僱當日

6 Plan Definition 計劃類別

Plan 計劃	Definition (In terms of position, seniority, etc; not in benefit amount) 類別 (請註明僱員職位、年資等，而非保障額)	Are dependents covered? 僱員家屬是否包括於計劃內	Applicable to ManuCare only 只適用於ManuCare保障計劃 Benefit Type 保障類別	
			Hospital 住院	Clinical 門診
_____	_____	Yes 是 / No 否*	Class 級別 1/2/3*	Class 級別 Nil/1/2/3*
_____	_____	Yes 是 / No 否*	Class 級別 1/2/3*	Class 級別 Nil/1/2/3*
_____	_____	Yes 是 / No 否*	Class 級別 1/2/3*	Class 級別 Nil/1/2/3*
_____	_____	Yes 是 / No 否*	Class 級別 1/2/3*	Class 級別 Nil/1/2/3*

* Please delete whichever is inappropriate 請刪去不適用者

7 Long Term Disability 長期傷殘
If this benefit is selected, please specify Pre-Disability income is to be averaged by _____ month. 如選擇此保障，請列明傷殘前入息應以 _____ 個月的平均數計算。

8 Certificate No. 證書編號：
☐ Assigned by Manulife 由宏利編配 * ☐ Assigned by client (ID number is not allowed) 由客戶編配 (身份證號碼將不受理)
* If no choice is specified, this option is deemed to be chosen. 若沒有任何指示，此選項將視為有關安排。

9 Certificate Order Listing 證書編列次序：
☐ Numerical 數字 * ☐ Alphabetical 字母
* If no choice is specified, this option is deemed to be chosen. 若沒有任何指示，此選項將視為有關安排。

10 e-Services 電子服務：
e-Medical Services Card^ will be available online for download by employees via “My Medical Card” at claimsimple.hk.
僱員可於網上claimsimple.hk「我的醫療卡」下載電子醫療服務卡^。
Please put a ✓ in this box ☐ if you **DO NOT** require physical Medical Services Card to be issued by mail for distribution by the employer.
如不需要實體醫療服務卡以郵寄方式予僱主派發，請於此方格內 ☐ 加上✓號。
^ e-Medical Services Card cannot be used in Hong Kong private hospitals out-patient clinics or inpatient service. If this box is ticked but the policy possesses such credit facility services, physical Medical Services Card will still be issued.
電子醫療服務卡不適用於香港私家醫院門診或住院服務。如方格內加上✓號，但保單持有該信貸服務，實體醫療服務卡將繼續派發。
e-Alert Claim Notification will be sent to employees who have email address registered* upon the claim is being processed. Employer/employees can view the Payment Summary/Advice via e-GLH Online Service.
我們會在完成索償申請後，向已登記電郵地址的僱員*發出電子提示賠償通知。僱主 / 僱員可透過e-GLH網上服務閱覽索償賠款摘要 / 索償賠款通知。
Please put a ✓ in this box ☐ if you require Payment Summary/Advice to be delivered by mail for distribution by the employer.
如需索償賠款摘要 / 索償賠款通知以郵寄方式予僱主派發，請於此方格內 ☐ 加上✓號。
* Claim Payment Advice will be delivered by mail and sent to the Employer for distribution if employee's e-mail address is not provided.
若僱員並沒有提供電郵地址，索償賠款通知將以郵寄方式予僱主派發。

Important Notes on Employee and Dependent Enrollment
適用於僱員及家屬申請參加計劃之重要事項：
1. Please make sure that the Country of Residence for the employee and dependent are up-to-date in Manulife's Group policy record as that will determine the destination of any emergency evacuation or repatriation services under the policy.
請確保僱員及家屬備存於宏利團體保障計劃內的居住地資料為正確無誤。如遇上緊急事故，宏利將以此資料作為有關之撤離或遣返安排之目的。
2. Application of employee / dependent enrolment should be submitted to Manulife within 31 days from the date on which the employee / dependent becomes eligible to enroll under this group scheme. (For eligibility under the scheme, please refer to the Benefit Schedule and the policy provisions for details.) Otherwise, Evidence of Insurability, claims declaration and the employer's written request are required for underwriting consideration.
僱員 / 家屬參加表格須於僱員 / 家屬合資格投保於此團體保單計劃的三十一日內遞交給宏利。(有關僱員 / 家屬於計劃內的合資格性，請參閱福利賠償表及保單條款。) 否則便須提交投保資格證明、索償聲明書及僱主的書面申請作核保審批。
3. If the Employer does not provide any information for the occupation / job duties on application of employee enrolment, it is deemed that the Employer declares the employee to be a clerical worker with no time spent on manual work. If the space provided on application of member enrolment is insufficient, the Employer can provide further descriptions on separate sheet.
如僱主沒有在僱員參加表格提供職業/工作職務資料，則視作僱主聲明該僱員從事文職工作，當中沒有任何體力勞動工作的成分。僱主可自行以附頁提供更多有關僱員的職業 / 工作職務的資料。

C. DAILY CONTACT PERSON(S) INFORMATION 日常聯絡人資料

English Name 英文姓名	Mr.先生 / Ms.小姐 / Mrs.女士	Title in English : 職銜 (英文)	
Office Phone No. : 公司電話號碼	Country / Area Code 國家 / 地區號碼 ()	Phone No. 電話號碼	
Email Address : 電郵地址		Mobile Phone No. : 手提電話號碼	Country / Area Code 國家 / 地區號碼 ()

D. ADDITION OF AUTHORIZED PERSON 附加獲授權人士

In addition to the person signing this Application, the following person is authorized to sign (with company chop) any policy documents, letters, notification or other correspondences related to this policy on behalf of the Employer and this authorization shall remain valid unless further written notification is given.
除簽署本申請表格之人士外，下列人士獲授權代表本公司簽署 (並加上公司印章) 任何有關本保單之文件或書信，直至本公司另行發出書面通知為止。

Name in English (As shown on ID card/ passport and copy of such is required) 英文姓名 (必須與身份證/護照相同及提供相關文件副本)	Title in English 職銜 (英文)
Nationality (should match with the information shown on the identity proof submitted) 國籍 (應與提供之身份證明文件副本相符)	Signature Specimen 簽署式樣

<div>E. DECLARATION AND AUTHORIZATION 聲明及授權</div> <div>* Paragraph of Part E (7), (8), (9) and (10) shall be applicable to the Applicant / Policyholder for the use of Manulife medical services cards. 本欄第 (7), (8), (9), (10) 項適用於使用宏利醫療服務卡的投保人 / 保單持有人。</div>		
<div>WE, THE APPLICANT/POLICYHOLDER, DECLARES THAT ALL STATEMENTS AND ANSWERS MADE IN THIS APPLICATION ARE FULL, COMPLETE AND TRUE AS OF THE DATE THIS APPLICATION IS SIGNED AND IT IS UNDERSTOOD AND AGREED THAT</div> <div><div><div><div>1 Insurance will take effect once the Application has been accepted and the effective date approved by, and the first payment has been paid to Manulife (International) Limited ("Manulife"). Coverage will be subject to terms of the contract.</div><div>2 All insureds must be on full-time work on the effective date of their insurance coverage under this contract. If an eligible employee is hospitalized or disabled on the date on or from which he/she would otherwise have been entitled to the benefits under this contract, he/she shall not be entitled to any benefits until termination of such hospital confinement or disablement and he/she returns to normal full-time employment in good health and "Actively at Work".</div><div>3 We have obtained all necessary consents from our employees to (1) supply the information of such employees and their dependents to Manulife by ourselves and/or through our representative involved in this Application; and (2) allow Manulife to transfer back all supplied information from such employees and their dependents to us. All our employees have confirmed that they have obtained all necessary authorizations from their dependents to (1) supply their information to Manulife and/or our representative; and (2) allow Manulife to transfer back all supplied information to us. We shall indemnify Manulife for any loss or expenses incurred by Manulife by reason of any misstatement in the above confirmation by us and/or any claim for breach of Personal Data (Privacy) Ordinance (for Hong Kong policy) / Personal Data Protection Act (for Macau policy) by our employees and/or their dependents.</div><div>4 Should there be any objection/complaint from our employees and/or their dependents in respect of the release/transfer of any information required by Manulife from time to time, Manulife shall have the right to terminate the policy being issued or any part of it and/or reject/terminate any enrollment of the relevant employees and/or their dependents and to charge for any insurance coverage or other services provided by Manulife up to the date of termination.</div><div>5 If our Policy is being represented by an authorized insurance broker ("broker"), any renewal or benefits change in respect of the Policy arranged by the broker and being recognized/enjoyed/acknowledged by us or our insured member(s) will be deemed as our authorization to the broker to act on our company's behalf unless otherwise indicated by us.</div><div>6 We hereby authorize Manulife to process any instructions received from ourselves or our representative through a designated email address authorized by us from time to time (either our email address or our representative's email address, hereunder known as "Email"). We further authorize Manulife to process such instructions received through Email even though they may not bear any signature, company chop or other identification from our company or our representative. We agree and acknowledge that privacy, confidentiality and security cannot be guaranteed for any instructions sent through Email. Manulife shall not be responsible or liable for any harm or loss that any person or party may suffer in any connection with the use of Email; or as a result of any failure to effect or execute instructions sent through Internet or perform any obligation.</div><div>7 We hereby, authorize Manulife to act on our (and the insureds) behalf to (1) arrange and appoint the registered hospitals, medical practitioners and/or other health care provider ("Network Providers") to provide medical care services to the insureds; (2) accept direct billing from Network Providers for health services rendered to the insureds; (3) establish, terminate or suspend relationship with Network Providers as necessary; (4) negotiate all related fees and arrangements with the Network Providers from time to time; and (5) recover from insureds amount for ineligible medical expenses (i.e. those excluded from or exceeded the benefit limit under the Policy) by direct billing.</div><div>8 We shall be fully liable to all shortfalls due to any ineligible expenses incurred by any insureds using medical services card(s) issued by Manulife ("Manulife Medical Services Card(s) ") including both its physical and electronic format, and reimburse Manulife in full for such shortfall amounts upon receipt of invoice.</div><div>9 In any event of loss of physical medical services card(s), we will inform Manulife for full details within 48 hours and will pay the administrative cost for card replacement. Manulife will assume no responsibility and shall not be held liable on account for any further claim, which may arise against the Network Providers.</div><div>10 We further understand that we accept all the terms and conditions in the contract provision for the use of the Manulife Medical Services Card(s) by the insureds under this Policy. In the event of individual membership termination, we shall obtain and return to Manulife all physical medical services cards issued to the insured member(s) and we are fully liable and agree to reimburse Manulife and the Network Providers any ineligible expenses, which arise from unreturned of physical medical services cards or use of medical services cards in its electronic format after the individual membership termination.</div><div>11 Once approved, this Application will form part of the contract between the Policyholder and Manulife.</div><div>12 We undertake that if there is any change in the information provided, we shall notify Manulife as soon as reasonably practicable. We also undertake to supply additional information in respect of our company or our member(s) to Manulife upon request for the purpose of complying with the Anti-Money Laundering and Counter-Terrorist Financing Ordinance (for Hong Kong policy) / Guidelines on Prevention and Combating Money Laundering and Financing of Terrorism in Insurance (for Macau policy).</div><div>13 We declare that we have verified the identification information of the employee and/or their dependents enrolled by us from time to time against the proper identification documents including the Hong Kong Identity Card issued by the government authority in accordance with the Registration of Persons Ordinance or the Macau SAR Resident Identity Card issued by Macau Identification Bureau.</div><div>14 All information and related documents provided under the customer supplemental information collection form, which are submitted to Manulife for the purpose of complying with the Anti-Money Laundering and Counter-Terrorist Financing Ordinance (for Hong Kong policy) / Guidelines on Prevention and Combating Money Laundering and Financing of Terrorism in Insurance (for Macau policy), shall form part of this Application. Failure to provide the requisite information or documents may result in delay in approval of this Application or render the contract voidable at the option of Manulife.</div><div>15 We declare that we are not acting on behalf of another person, means the other person for purchasing and taking up the policy to be issued by Manulife.</div><div>16 We confirm that all copy documents supplied or to be supplied have been and will be verified by us against their original.</div><div>17 We understand, acknowledge and agree that, as a result of our purchasing and taking up the policy to be issued by Manulife, Manulife will pay the authorized insurance broker commission and other remuneration during the continuance of the policy including renewals, for arranging the said policy. Where the applicant is a body corporate, we further confirm to Manulife that we are authorized to sign on behalf of the applicant. We further understand that the above agreement is necessary for Manulife to proceed with the Application.</div><div>18 We have received and read the "Notice to Customers relating to the Personal Data (Privacy) Ordinance" ("Notice") (for Hong Kong policy) / "Manulife Personal Information Collection Statement" ("Statement")* (for Macau policy). We understand and agree to the Notice / Statement (where applicable). *The Notice and the Statement can be viewed and downloaded in Manulife website at www.manulife.com.hk.</div><div>19 We declare that if the authorized person on this application form is a Company Director (for Hong Kong policy) / Company's Administrator (for Macau policy), he/she is authorized by the Board of Directors of the Company to sign on this form.</div><div>20 We confirm that we have read and understood the content of brochure and/or proposal, including the product features and risks, before completing and signing this application form.</div></div><div><div>吾等 (即申請人/保單持有人) 謹此聲明本投保申請書內的所有聲明及答覆為吾等於簽署本投保申請書當日所知之全部並屬真實無訛。吾等明白並同意下列各項</div><div>1 於本投保申請書被接納; 保單生效日期獲批核; 及宏利人壽保險(國際)有限公司 (「宏利」) 受收首期保費後, 保單便隨即生效。保障範圍取決於保單合約條款。</div><div>2 所有受保人於本合約下的保障生效當日必須全職執行職務。倘任何合資格僱員於原定可享有保障之日正留院接受治療或因傷病而未能執行職務, 則須待其出院或康復並於身體健康的狀態下執行全職職務方可享有保障。</div><div>3 吾等已取得所有吾等之僱員同意, 可(1)直接或透過參與本投保申請之吾等之代表向宏利提供其受保家屬之資料; 及(2)允許宏利將有關僱員及其受保家屬提供的所有資料傳回給吾等。 所有吾等之僱員確認已向所有其受保家屬取得一切所需授權, 可(1)向宏利及/或吾等之代表提供其資料; 及(2)允許宏利將所有其提供的資料傳回給吾等。吾等將就任何因上述聲明出現錯漏及/或吾等之僱員及/或其受保家屬就違反個人資料 (私隱) 條例 (適用於香港保單) / 個人資料保護法 (適用於澳門保單) 事宜提出索償而招致之費用或損失, 向宏利作出賠償。</div><div>4 如吾等之僱員及/或其受保家屬就吾等不時按宏利的要求發放/轉交任何資料提出反對/投訴, 宏利有權終止已簽署的保單或取消當中任何部分, 及/或拒絕/終止有關僱員及/或其受保家屬的任何參加計劃申請, 並就宏利於保障終止日前提供的任何保障或其他服務收取費用。</div><div>5 如吾等之保單經由授權保險經紀 (「經紀」) 作為吾等之代表, 除非吾等另作聲明外, 任何經由該經紀為保單安排之有關續保或更改保障內容事宜, 及有關事宜得到吾等或吾等之受保成員認可/享有/確認, 均被視為該經紀已獲吾等授權代表本公司行事。</div><div>6 吾等特此授權宏利處理任何吾等及/或吾等之代表經由已獲吾等不時授權之指定電郵地址所收到之指示 (不論該電郵地址為吾等之電郵地址或吾等之代表之電郵地址, 以下統稱為「電郵」)。即使該等指示未附有吾等或吾等之代表之簽署、公司印章或其他識別, 宏利將獲授權處理經由該電郵遞交之該等指示。吾等同意及確認經電郵遞交指示尚未保證完全的私隱、保密及安全。宏利毋須就使用電郵而導致任何人士或團體蒙受損害或損失而負上責任; 或未能處理或執行經由互聯網遞交的指示或履行任何義務上負責。</div><div>7 吾等特此授權宏利代表吾等 (及受保人): (1) 安排及委任註冊醫院、醫生及/或其他健康護理服務供應商 (「網絡供應商」) 為受保人提供醫療保健服務; (2) 接受網絡供應商就為受保人提供的醫療服務直接開賬; (3) 在有需要時, 建立、終止或暫停與網絡供應商的關係; (4) 不時與網絡供應商商議所有有關收費及安排; 及(5) 以直接開賬方式向受保人追討不合資格的醫療開支 (即不受保或超出保單保障限額之開支)。</div><div>8 吾等將就受保人使用由宏利發出的醫療服務卡 (「宏利醫療服務卡」), 包括其實體及電子格式, 而招致之不合資格醫療開支差額負上全責, 並於接獲有關賬單後, 向宏利全數退還差額。</div><div>9 實體醫療服務卡如有遺失, 吾等須於四十八小時內通知宏利有關詳情並支付補領該卡的行政費用。宏利不會及毋須就其後對網絡供應商提出的索償承擔任何責任。</div><div>10 吾等同時亦明白吾等接納本保單合約內有關使用宏利醫療服務卡之全部條款及條件。如有個別成員終止投保, 吾等必須收回其所獲發之所有實體醫療服務卡並退回予宏利, 同時吾等將就任何因未退回實體醫療服務卡或就個別成員終止投保後使用電子格式之醫療服務卡而招致之不合資格醫療開支負上全責, 並且同意向宏利及網絡供應商作出賠償。</div><div>11 經批核後, 本投保申請書將成為保單持有人及宏利共同訂立的合約的一部份。</div><div>12 吾等承諾假使所提供的資料有任何更改, 吾等將於合理的切實可行範圍內盡快通知宏利有關之改動。吾等並承諾會因應宏利的要求提供本公司或吾等之僱員的附加資料以遵守《打擊洗黑錢及恐怖分子資金籌集條例》(適用於香港保單) / 《保險業務防止及打擊洗黑錢和恐怖主義融資活動指引》(適用於澳門保單)。</div><div>13 吾等聲明吾等已核對吾等不時安排參加計劃的所有僱員及/或其受保家屬載於合法身份證明文件內的資料, 身份證明文件包括由政府機關依人事登記條例發出的香港身份證, 或由澳門身份證明局發出的澳門特別行政區居民身份證。</div><div>14 客戶補充資料收集表格內提供的所有資料或相關文件, 乃提供予宏利以遵守《打擊洗黑錢及恐怖分子資金籌集條例》(適用於香港保單) / 《保險業務防止及打擊洗黑錢和恐怖主義融資活動指引》(適用於澳門保單), 將成為本投保申請書的一部分。若未能提供必要的資料或文件, 宏利有權延遲批核本投保申請或使保單合約無效。</div><div>15 吾等聲明吾等並非代表另一人行事, 指代表該另一人購買及接受宏利發出的保單。</div><div>16 吾等確認所有已提交或將提交的文件均已經及將被吾等核實該等文件的正本。</div><div>17 吾等明白、確知及同意, 宏利會就吾等購買及接受宏利簽發的保單, 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及其他報酬。假如申請人為法人團體, 吾等現向宏利確認吾等已獲授權代表申請人簽署。吾等亦明白宏利必須取得吾等以上的同意, 才可處理有關申請。</div><div>18 吾等已收訖及閱畢《有關〈個人資料 (私隱) 條例〉的客戶通知》(「通知」) (適用於香港保單) / 《宏利個人資料收集聲明》(「聲明」) * (適用於澳門保單)。吾等清楚明白及同意該通知 / 聲明 (如適用) 之內容。 *該通知 / 聲明可於宏利網站www.manulife.com.hk查閱及下載。</div><div>19 吾等聲明假使這申請表格上之獲授權人士是公司董事 (適用於香港保單) / 公司行政成員 (適用於澳門保單), 他 / 她是由公司董事局授權簽署此表格。</div><div>20 吾等確定於填寫及簽署本申請表格前, 已經細閱及明白產品小冊子或或建議書的內容, 包括產品特點及風險。</div></div></div></div>		

Signature of Witness 見證人簽署		Authorized Signature and Company Chop 獲授權人士簽署及公司印章	
Name of Witness 見證人姓名		Nationality 國籍 (should match with the information shown on the identity proof submitted 應與提供之身份證明文件副本相符)	
Date Signed (DD/MM/YYYY) 簽署日期 (日 / 月 / 年)		Date Signed (DD/MM/YYYY) 簽署日期 (日 / 月 / 年)	

Please read the enclosed

"Notice to Customers relating to the Personal Data (Privacy) Ordinance".

**In case you have not read the Notice before, you can obtain such Notice from your
Manulife's intermediary or through Manulife's website at www.manulife.com.hk.**

請參閱附件的《有關〈個人資料（私隱）條例〉的客戶通知》之內容。

**假如閣下未有細閱該通知，閣下可從閣下的宏利中介人或
透過宏利網址www.manulife.com.hk取得該通知。**

Notice to Customers relating to the Personal Data (Privacy) Ordinance (Version 20130401-01)

DEFINITIONS

1. “**Data access request**”, “**data correction request**”, “**data subject**”, “**data user**”, “**direct marketing**”, “**matching procedures**” and “**personal data**” used throughout this Notice shall have the meaning as defined in the Ordinance.

For the purpose of this Notice:

“**customers**” shall mean data subjects and include (but not be limited to) existing and prospective insurance policy owners, insured, beneficiaries and other persons designated or entitled to receive moneys and/or other benefits under an insurance policy; and members under an occupational retirement scheme; and scheme members under a mandatory provident fund scheme; and share/unit holders of investment funds.

“**Hong Kong**” shall mean the Hong Kong Special Administrative Region.

“**Manulife**” shall mean Manulife (International) Limited, Manulife Provident Funds Trust Company Limited, Manulife Investment Management (Hong Kong) Limited, or a Manulife Fund (as the case may be) in respect of its respective customers.

“**Manulife Fund**” shall mean any investment fund sponsored or managed from time to time by a member of the Manulife Group (including but not limited to Manulife Global Fund and Manulife Advanced Fund SPC) and “**Manulife Funds**” shall mean all such investment funds.

“**Manulife Group**” shall mean Manulife Financial Corporation and its subsidiaries and affiliates (including but not limited to Manulife (International) Limited, Manulife Provident Funds Trust Company Limited, Manulife Investment Management (Hong Kong) Limited), and Manulife Funds. The rights and obligations of each member of Manulife Group under this Notice are several and not joint. No member of Manulife Group shall be liable for an act or omission by another member of Manulife Group.

“**Ordinance**” shall mean Personal Data (Privacy) Ordinance.

COLLECTION

2. From time to time, it is necessary for customers to supply Manulife with personal data in connection with the establishment or continuation of business relationship, or provision of products or services. Failure to supply such data may result in Manulife being unable to establish or continue the business relationship, or provide products or services.
3. It is also the case that personal data are collected or received by Manulife from and/or in respect of customers in the ordinary course of the continuation of the business relationship, for example, when an application is made for a change of beneficiary/insured member under the insurance policy; or when notification is made by the employer of a change of employment/address of an employee member of an occupational retirement scheme/mandatory provident fund scheme; or when a joint share holder of an investment fund applies for investment fund switching.

PURPOSES

4. The purposes for which personal data of a customer may be used will vary depending on the nature of the customer's relationship with Manulife. Such purposes may include the following:
- (a) processing, assessing and determining applications or requests made by customers for products and/or services;
 - (b) administering, maintaining, managing and operating products and/or services provided to customers;
 - (c) confirming customer's identity and uniquely identifying customer;
 - (d) confirming the accuracy of the information collected;
 - (e) understanding customer's financial situation better, evaluating customer application, assessing the risks Manulife is assuming and reviewing claims submitted to Manulife;

- (f) any purposes in connection with any claims made by or against or otherwise involving customers in respect of any products and/or services including but not limited to making, defending, analysing, investigating, processing, assessing, determining or responding to such claims;
- (g) providing investment management services, dealing and advisory services, custody services and other services under the terms and conditions of the accounts a customer holds with Manulife;
- (h) performing any functions and activities related to products and/or services including but not limited to marketing, audit, reporting, research, analysis, reinsurance, and general servicing and maintenance of online and other services;
- (i) researching and/or designing products and/or services for customers, and promoting, improving and furthering the provision of products and/or services;
- (j) conducting matching procedures (as defined in the Ordinance, but broadly includes comparison of two or more sets of the data subject's data, for purposes of taking actions adverse to the interests of the data subject, such as declining an application);
- (k) making disclosure under and/or complying with the requirements of any law, rules, regulations, codes of practice, guidelines or guidances binding on or applicable to Manulife or any member of Manulife Group (whether within or outside Hong Kong) including but not limited to making disclosure to local or foreign regulators, governmental bodies, industry recognised bodies (whether within or outside Hong Kong) such as federations or associations of insurers, credit reference agencies or auditors;
- (l) complying with any contractual or other commitment or arrangement with local or foreign regulators, governmental bodies, or industry recognised bodies (whether within or outside Hong Kong) that is assumed by or imposed on Manulife or any member of Manulife Group by reason of its financial, commercial, business or other interests or activities in or related to the jurisdiction of the relevant local or foreign regulators, governmental bodies, or industry recognised bodies;
- (m) for operational purposes, credit assessment, credit scoring models or statistical analysis (including in each case, behaviour analysis and evaluation on the overall relationship with Manulife Group which includes using such data to comply with any obligations, requirements, policies, procedures, measures or arrangements for sharing data and information within Manulife Group and/or other use of data and information in accordance with any Manulife Group-wide programmes for compliance with sanctions or prevention or detection of money laundering, terrorist financing or other unlawful activities), whether on the data subjects or otherwise;
- (n) exercising any rights Manulife may have in connection with the provision to customers of products and/or services;
- (o) conducting identity and/or credit checks;
- (p) determining any amount of indebtedness owing to or from customers, and collecting and recovering any amount owing from customers or any person who has provided any security or undertaking for customers' liabilities;
- (q) enabling an actual or proposed assignee, transferee, participant or sub-participant of the rights or business of Manulife or any member of Manulife Group to evaluate the transaction intended to be the subject of the assignment, transfer, participation or sub-participation;
- (r) purposes specifically provided for in any particular service or product offered by Manulife;
- (s) any purposes relating to the above (including seeking professional advices) or any other purposes in accordance with the general policies of Manulife or any member of Manulife Group in relation to insurance, occupational retirement schemes, mandatory provident fund schemes, investment funds, wealth management services and other financial products and services as set out in notices, circulars, or other terms and conditions made available by Manulife or any member of Manulife Group to customers from time to time.

TRANSFEREES

5. Personal data of a customer held by Manulife will be kept confidential but Manulife may transfer such data to the following persons and/or entities (whether within or outside Hong Kong) for any of the purposes set out in paragraph 4 above:
- (a) any person in connection with any claims made by or against or otherwise involving customers in respect of any products and/or services;
 - (b) any agent, contractor or third party service provider who provides administrative, telecommunications, computer, information technology, payment, data processing or storage, marketing, mailing, printing, telemarketing, customer satisfaction analysis, or other services to Manulife or any member of Manulife Group in connection with the operation of business, including any custodian, administrator, investment manager, investment advisor or distributor;
 - (c) any credit reference agencies or, in the event of default, any debt collection agencies;
 - (d) any advisor (including his or her employees) or other intermediary (including their employees);
 - (e) reinsurers and medical service providers;
 - (f) employers of the customers;
 - (g) any person which has undertaken to Manulife or any member of Manulife Group to keep such data confidential;
 - (h) any actual or proposed assignee, transferee, participant or sub-participant of the rights or business of Manulife or Manulife Group;
 - (i) any member of Manulife Group;
 - (j) any person to whom Manulife or any member of Manulife Group is under an obligation or otherwise required to make disclosure under the requirements of any law, rules, regulations, codes of practice, guidelines or guidances binding on or applicable to Manulife or any member of Manulife Group including but not limited to any local or foreign regulators, governmental bodies, or industry recognised bodies;
 - (k) any person to whom Manulife or any member of Manulife Group is under an obligation or otherwise required to make disclosure pursuant to any contractual or other commitment or arrangement with local or foreign regulators, governmental bodies, or industry recognised bodies (whether within or outside Hong Kong) that is assumed by or imposed on Manulife or any member of Manulife Group by reason of its financial, commercial, business or other interests or activities in or related to the jurisdiction of the relevant local or foreign regulators, governmental bodies, industry recognised bodies.

USE OF PERSONAL DATA IN DIRECT MARKETING

6. Manulife intends to use, from time to time, customer's personal data in direct marketing of the following products and services:
- (a) insurance, provident funds and/or schemes, investment funds, wealth management services, or other financial products and services;
 - (b) reward, loyalty or privilege programmes and related products and services;
 - (c) products and services of co-branding partners of any member of Manulife Group (the names of such co-branding partners can be found in the application form(s) for the relevant products and services as the case may be).

Only the following kinds of personal data of the customer may be used in such direct marketing:

- (a) name;
- (b) gender;
- (c) date of birth;
- (d) part of identity card or passport number;
- (e) contact information (including but not limited to phone number, fax number, email address, correspondence address and residential address);
- (f) information about the products and/or services the customer has purchased or applied, including the distribution channels (including

their individual advisors or intermediaries) through which the products and/or services were purchased or applied for.

Manulife may not so use the data unless it has received the customer's consent to the intended use.

PROVISION OF PERSONAL DATA FOR USE IN DIRECT MARKETING

7. Manulife intends to provide, from time to time and **for money and other property**, customer's personal data to Manulife Group (other than Manulife itself) for use by Manulife Group in direct marketing of the following products and services:
- (a) insurance, provident funds and/or schemes, investment funds, wealth management services, or other financial products and services;
 - (b) reward, loyalty or privilege programmes and related products and services;
 - (c) products and services of co-branding partners of any member of Manulife Group (the names of such co-branding partners can be found in the application form(s) for the relevant products and services as the case may be).

Only the following kinds of personal data of the customer may be provided to Manulife Group (other than Manulife itself) for use by Manulife Group in such direct marketing:

- (a) name;
- (b) gender;
- (c) date of birth;
- (d) part of identity card or passport number;
- (e) contact information (including but not limited to phone number, fax number, email address, correspondence address and residential address);
- (f) information about the products and/or services the customer has purchased or applied, including the distribution channels (including their individual advisors or intermediaries) through which the products and/or services were purchased or applied for.

Manulife may not so provide the data unless it has received the customer's written consent to the intended provision.

8. Under the Ordinance, a data subject has the right to:
- (a) request access to his or her personal data;
 - (b) request correction of any of his or her personal data which is inaccurate;
 - (c) ascertain a data user's policies and practices in relation to personal data;
 - (d) be informed of the kind of personal data held by the data user;
 - (e) be informed of the main purposes for which personal data held by the data user are or are to be used;
 - (f) make data access request and data correction request through the channel set out in paragraph 9 below.
9. In accordance with the provisions of the Ordinance, Manulife has the right to charge a reasonable fee for processing any data access request. Requests may be made in writing to the Privacy Officer at:

Manulife (International) Limited
22/F., Tower A, Manulife Financial Centre, 223-231 Wai Yip Street,
Kwun Tong, Kowloon, Hong Kong.

Manulife Provident Funds Trust Company Limited
22/F., Tower A, Manulife Financial Centre, 223-231 Wai Yip Street,
Kwun Tong, Kowloon, Hong Kong.

Manulife Investment Management (Hong Kong) Limited
23/F., Manulife Tower, One Bay East,
83 Hoi Bun Road, Kwun Tong, Kowloon, Hong Kong.

Manulife Global Fund, Manulife Advanced Fund SPC, or any of other Manulife Funds
23/F., Manulife Tower, One Bay East,
83 Hoi Bun Road, Kwun Tong, Kowloon, Hong Kong.

有關《個人資料（私隱）條例》的客戶通知 (20130401-01 版本)

定義

1. 本通知中使用的「**查閱資料要求**」、「**改正資料要求**」、「**資料當事人**」、「**資料使用者**」、「**直接促銷**」、「**核對程序**」及「**個人資料**」，具有《條例》中規定的含義。

就本通知而言：

「**客戶**」指資料當事人，包括（但不限於）現有及潛在保單持有人、受保人、受益人或指定或有權獲得保單下的款項及/或其他利益的其他人士；及職業退休計劃下的成員；及強積金計劃下的計劃成員；及投資基金的股份/單位持有人。

「**香港**」指香港特別行政區。

「**宏利**」指與各自客戶相關的宏利人壽保險（國際）有限公司、宏利公積金信託有限公司、宏利投資管理（香港）有限公司或某一宏利基金（視情況而定）。

「**某一宏利基金**」指由宏利集團的某一成員不時所發起或管理的任何投資基金（包括但不限於宏利環球基金及宏利盈進基金SPC），而「**宏利基金**」指所有此等投資基金。

「**宏利集團**」指宏利金融有限公司及其子公司和關聯公司（其中包括但不限於宏利人壽保險（國際）有限公司、宏利公積金信託有限公司、宏利投資管理（香港）有限公司）及宏利基金。宏利集團每一成員於本通知下的權利和義務，均為單獨而非連帶的。對於宏利集團另一成員的任何作為或不作為，宏利集團的任何其他成員概不承擔任何責任。

「**條例**」指《個人資料（私隱）條例》。

收集

2. 為建立或繼續業務關係或提供產品或服務，客戶需要不時向宏利提供個人資料。如未能提供該等資料可能導致宏利無法建立或繼續業務關係，或無法提供產品或服務。
3. 另外，宏利在業務關係存續的正常過程中（例如，申請變更保單下的受益人/受保人；或僱主通知變更參與職業退休計劃/強積金計劃的僱員成員的僱用情況/地址；或投資基金聯合股份持有人申請基金轉換）從客戶處及/或針對客戶收集或獲得個人資料。

目的

4. 取決於客戶與宏利的關係性質，使用客戶個人資料的目的各有不同。該等目的可能包括：
- (a) 處理、評估和確定客戶對產品及/或服務的申請或要求；
 - (b) 執行、維持、管理和運作向客戶提供的產品及/或服務；
 - (c) 確認客戶身份並識別客戶；
 - (d) 確認所收集資訊的準確性；
 - (e) 加深了解客戶的財務狀況、評估客戶申請、評估宏利所承擔的風險並審核提交給宏利的理賠；
 - (f) 與客戶提出、針對客戶提出或在其他方面涉及客戶的、與任何產品及/或服務相關的任何索賠有關的任何目的，其中包括但不限於提出該等索賠、就其進行辯護、分析、調查、處理、評估、確定和應對；
 - (g) 根據客戶在宏利持有的帳戶的條款和條件提供投資管理服務、交易和顧問服務、託管服務和其他服務；
 - (h) 履行與產品及/或服務相關的任何職責和活動，包括但不限於市場

推廣、審計、報告、研究、分析、再保險以及一般服務和維持網上及其他服務；

- (i) 為客戶研究及/或設計產品及/或服務、宣傳、改進和改善產品及/或服務的提供；
- (j) 開展核對程序（定義見《條例》，但廣義包括對資料當事人兩套或更多套的資料進行比對，以採取不利於資料當事人的行動，例如拒絕申請）；
- (k) 根據對宏利或宏利集團任何成員（無論在香港境內還是境外）有約束力或對其適用的任何法律、法規、規章、守則、指引或指南的規定進行披露，包括但不限於向當地或外國的監管機構、政府機構、諸如保險公司聯會或協會等公認行業組織（無論在香港境內還是境外）、信貸資料服務機構或審計機構進行披露；
- (l) 由於宏利或宏利集團任何成員在相關當地或外國監管機構、政府機構、或公認行業組織（無論在香港境內還是境外）所在司法管轄區的或涉及該等司法管轄區的財務、商業、業務或其他利益或活動而由宏利或宏利集團任何成員承擔或施加給其的、與該等當地或外國監管機構、政府機構、或公認行業組織之間的任何合同、其他承諾或安排；
- (m) 用於經營目的、信貸評估、信貸評分模型或統計分析（每項均包括行為分析以及對與宏利集團之間總體關係的評估，其中包括為遵守關於在宏利集團內部共用資料和資訊的任何義務、要求、政策、程序、措施或安排而使用該等資料，及/或根據宏利集團內任何有關遵守制裁或防止或發現洗錢、為恐怖分子提供資金或其他非法活動的計劃而對資料和資訊進行的其他使用），無論是針對資料當事人還是其他人的；
- (n) 行使宏利在向客戶提供產品及/或服務方面可能享有的任何權利；
- (o) 進行身份及/或信貸核查；
- (p) 確定應向客戶支付或客戶應付的任何債務金額，向客戶或向為客戶債務提供任何擔保或承諾的任何人收取和追討任何應收金額；
- (q) 使宏利或宏利集團任何成員的權利或業務的實際或擬議受讓人、承讓人、參與人或次級參與人能對該等轉讓、參與或次級參與擬涉及的交易進行評估；
- (r) 宏利提供的任何特定服務或產品中具體規定的目的；
- (s) 與上述相關的任何目的（包括尋求專業意見），或根據宏利或宏利集團任何成員的一般政策進行的、與保險、職業退休計劃、強積金計劃、投資基金、財富管理服務以及宏利或宏利集團任何成員不時向客戶提供的通知、通告或其他條款和條件中所述的其他金融產品和服務相關的任何其他目的。

承轉人

5. 宏利持有的客戶個人資料將予以保密，但宏利可就上文第4條所載的任何目的將該等資料移轉給下列人士及/或實體（無論在香港境內還是境外）：
- (a) 與客戶、針對客戶或涉及客戶就任何產品及/或服務提起的任何索賠相關的任何人士；
 - (b) 向宏利或宏利集團任何成員提供與業務經營相關的行政管理、電信通訊、電腦、資訊技術、付款、資料處理或儲存、市場推廣、郵寄、列

印、電話行銷、客戶滿意度分析或其他服務的任何代理、承辦商或第三方服務供應商，包括任何託管人、執行人、投資管理人、投資顧問或分銷商；

- (c) 任何信貸資料服務機構或（如出現付款違約）任何債務托收機構；
- (d) 任何顧問（包括其僱員）或其他中介人士／機構（包括其僱員）；
- (e) 再保險商和醫療服務供應商；
- (f) 客戶的僱主；
- (g) 已向宏利或宏利集團任何成員承諾將對該等資料保密的任何人士；
- (h) 宏利或宏利集團的權利或業務的任何實際或擬議受讓人、承讓人、參與人或次級參與人；
- (i) 宏利集團的任何成員；
- (j) 宏利或宏利集團任何成員根據對其有約束力或適用的任何法律、法規、規章、守則、指引或指南的規定有義務或必須向其披露的任何人士，其中包括但不限於任何當地或外國的監管機構、政府機構或公認行業組織；
- (k) 根據由於宏利或宏利集團任何成員在相關當地或外國監管機構、政府機構、或公認行業組織（無論在香港境內還是境外）所在司法管轄區的或涉及該等司法管轄區的財務、商業、業務或其他利益或活動而由宏利或宏利集團任何成員承擔或施加給其的、與該等當地或外國監管機構、政府機構、公認行業組織之間的任何合同、其他承諾或安排，有義務或必須向其披露的任何人士。

個人資料在直接促銷中的使用

6. 宏利擬在下列產品和服務的直接促銷中不時使用客戶的個人資料：
- (a) 保險、公積金及／或公積金計劃、投資基金、財富管理服務或其他金融產品和服務；
 - (b) 獎勵、忠誠度或特權計劃及相關產品和服務；
 - (c) 宏利集團任何成員的合作品牌夥伴的產品和服務（合作品牌夥伴名稱見相關產品和服務（視情況而定）的申請表）。

在該等直接促銷中，僅可使用下列類型的客戶個人資料：

- (a) 姓名；
- (b) 性別；
- (c) 出生日期；
- (d) 身份證或護照號碼的一部分；
- (e) 聯絡資料（包括但不限於電話號碼、傳真號碼、電郵地址、通訊地址及住宅地址）；
- (f) 客戶已購買或申請的產品及／或服務的資料，包括購買或申請的產品及／或服務的分銷渠道（包括其個人顧問或中介機構）。

除非宏利已經就擬議使用獲得客戶的同意，否則不得如上所述使用資料。

提供個人資料作直接促銷

7. 宏利擬向宏利集團（除宏利本身之外）不時提供客戶的個人資料供宏利集團就下列產品和服務作直接促銷之用，以換取**金錢和其他財產**：
- (a) 保險、公積金及／或公積金計劃、投資基金、財富管理服務或其他金融產品和服務；
 - (b) 獎勵、忠誠度或特權計劃及相關產品和服務；
 - (c) 宏利集團任何成員的合作品牌夥伴的產品和服務（該等合作品牌夥伴名稱見相關產品和服務（視情況而定）的申請表）。

僅可向宏利集團（除宏利本身之外）提供下列類型的客戶個人資料供宏利集團作該等直接促銷之用：

- (a) 姓名；
- (b) 性別；
- (c) 出生日期；
- (d) 身份證或護照號碼的一部分；
- (e) 聯絡資料（包括但不限於電話號碼、傳真號碼、電郵地址、通訊地址及住宅地址）；
- (f) 客戶已購買或申請的產品及／或服務的資料，包括購買或申請的產品及／或服務的分銷渠道（包括其個人顧問或中介機構）。

除非宏利已就擬議提供獲得客戶的書面同意，否則不得如上所述提供資料。

8. 根據《條例》，資料當事人有權：
- (a) 要求查閱其個人資料；
 - (b) 要求對其任何不準確的個人資料進行改正；
 - (c) 查明資料使用者在個人資料方面的政策和慣例；
 - (d) 了解資料使用者持有的個人資料類型；
 - (e) 了解資料使用者持有的個人資料的主要目的或主要擬議目的；
 - (f) 通過下文第9條所載的渠道提出查閱資料要求和改正資料要求。

9. 根據《條例》規定，宏利有權就處理任何查閱資料要求收取合理費用。要求可以書面形式提交給個人資料主任：

宏利人壽保險（國際）有限公司

香港九龍觀塘偉業街223-231號宏利金融中心A座22樓

宏利公積金信託有限公司

香港九龍觀塘偉業街223-231號宏利金融中心A座22樓

宏利投資管理（香港）有限公司

香港九龍觀塘海濱道83號宏利大樓23樓

宏利環球基金、宏利盈進基金SPC、或任何其他宏利基金

香港九龍觀塘海濱道83號宏利大樓23樓