



## Group Life & Health Insurance Plan - Group Employee Enrolment Sheet (To be Completed by Employer)

### 團體保險計劃 - 團體僱員登記表格 (由僱主填寫)

For ManuPlan (EasySurance Plan) / Group Policy with 10 employees or above 只供專業僱員保障計劃 (易康保) / 僱員人數達十人或以上之團體保單使用

#### Notes:

- Please complete this form in BLOCK LETTERS and check the boxes where appropriate. Please initial any correction you make on this form.
- Please return completed form to us either by email to group\_ins\_admin\_hk@manulife.com or by fax to (852) 2234 5371 or by mail to our address as appeared at the bottom of this form. DO NOT send the form again if you have emailed or faxed it already.

#### 注意事項:

- 請用正楷填寫，並於適當空格內加✓號。請於任何刪改之位置旁簽署。
- 請將填妥的表格電郵至group\_ins\_admin\_hk@manulife.com或傳真至(852) 2234 5371或交回本表格底部之宏利通訊地址。如電郵或已傳真本表格，閣下毋須再次寄交。

Policy No. 保單編號	<div style="border: 1px solid black; width: 100px; height: 1.2em; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 100px; height: 1.2em; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 100px; height: 1.2em; margin: 0 auto;"></div>	Employer Name 僱主名稱
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### A. EMPLOYEE & DEPENDENT INFORMATION# 僱員及家屬資料#

Please fill in (17) - (23) if dependent coverage is provided. If more than one dependent is covered, please fill in (17) - (23) and cross out (1) - (16) of next column.  
如有家屬投保，請提供(17)至(23)項的資料。如多於一名家屬投保，請開新一欄填寫第(17)至(23)項，並刪去第(1)至(16)項。

Employee 僱員		Employee 僱員	
(1) Cert no (Ignore if assigned by Manulife) 證書編號 (若由宏利編發，則毋須填寫)			
(2) Surname in English (as shown on ID card/Passport) 英文姓氏 (必須與身份證/護照相同)			
(3) Given Name(s) in English 英文名字 (as shown on ID card/Passport 必須與身份證/護照相同)			
(4) Date of Birth (dd/mm/yyyy) 出生日期 (日/月/年)	DD / MM / YYYY		DD / MM / YYYY
(5) Sex 性別 (M) Male 男 (F) Female 女	<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> M <input type="checkbox"/> F
(6) Marital Status 婚姻狀況 (S) Single 單身 (M) Married 已婚 (W) Widowed 寡居 (D) Divorced 離婚	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> W <input type="checkbox"/> D		<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> W <input type="checkbox"/> D
(7) ID Card / Passport no. 身份證/護照號碼			
(8) Bank A/C no (For medical claim paid by autopay only. If bank account no. is not provided, such claims payments will be paid by cheque payable to employee.) 銀行賬戶號碼 (只適用於以自動轉賬方式支付醫療賠償 者。如沒有提供戶口號碼，有關醫療賠償 將以僱員為支票收款人。)	<input type="checkbox"/> Hong Kong 香港	Bank code 銀行編號	Bank code 銀行編號
	<input type="checkbox"/> Macau 澳門 Bank Name 銀行名稱 Account No 戶口號碼	Branch code 分行編號	Branch code 分行編號
		Account No 戶口號碼	Account No 戶口號碼
(9) Country of Residence 居住地 (Please complete if not in HK/Macau 若居住在香港/澳門，請無須填寫)			
(10) Email Address 電郵地址			
(11) Mobile No 手提電話號碼			
(12) Date of Employment (dd/mm/yyyy) 受僱日期 (日/月/年)	DD / MM / YYYY		DD / MM / YYYY
(13) Coverage Effective date (dd/mm/yyyy)* 保障生效日期 (日/月/年)	DD / MM / YYYY		DD / MM / YYYY
(14) Division (If applicable) 所屬分行 (如適用)			
(15) Basic Salary 基本薪金	Mode 支付方式 (M) Monthly 月薪 (A) Annual 年薪	<input type="checkbox"/> M <input type="checkbox"/> A	<input type="checkbox"/> M <input type="checkbox"/> A
	Amount (in policy currency) 金額 (團體保單之貨幣單位)		
(16) Plan 計劃			
(17) Dependent's Surname 家屬姓氏 (as shown on ID Card/Passport/Birth Cert. 必須與身份證/護照/出生證明書相同)			
(18) Dependent's Given Name(s) 家屬名字 (as shown on ID Card/Passport/Birth Cert. 必須與身份證/護照/出生證明書相同)			
(19) Related Employee Name 有關僱員姓名			
(20) Relationship with Employee 與僱員關係 (SP) Spouse 配偶 (C) Child 子女	<input type="checkbox"/> SP <input type="checkbox"/> C		<input type="checkbox"/> SP <input type="checkbox"/> C
(21) Dependent's Sex 家屬性別 (M) Male 男 (F) Female 女	<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> M <input type="checkbox"/> F
(22) Dependent's Date of Birth (dd/mm/yyyy) 家屬出生日期 (日/月/年)	DD / MM / YYYY		DD / MM / YYYY
(23) Dependent's ID Card / Passport / Birth Cert no. 家屬身份證/護照/出生證明書號碼			

For office use only 職員專用: ☐ ID



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(3)	Given Name(s) in English 英文名字 (as shown on ID card/Passport 必須與身份證/護照相同)				
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(7)	ID Card / Passport no. 身份證/護照號碼				
(8)	Bank A/C no (For medical claim paid by autopay only. If bank account no. is not provided, such claims payments will be paid by cheque payable to employee.) 銀行賬戶號碼 (只適用於以自動轉賬方式支付醫療賠償者。如沒有提供戶口號碼，有關醫療賠償將以僱員為支票收款人。)	<input type="checkbox"/> Hong Kong 香港	Bank code 銀行編號	Branch code 分行編號	Account No 戶口號碼
		<input type="checkbox"/> Macau 澳門	<input type="checkbox"/> Tai Fung Bank 大豐銀行	<input type="checkbox"/> Tai Fung Bank 大豐銀行	<input type="checkbox"/> Tai Fung Bank 大豐銀行
		Bank Name 銀行名稱	<input type="checkbox"/> Bank of China Limited Macau Branch 中國銀行澳門分行	<input type="checkbox"/> Bank of China Limited Macau Branch 中國銀行澳門分行	<input type="checkbox"/> Bank of China Limited Macau Branch 中國銀行澳門分行
(9)	Country of Residence 居住地* (Please complete if not in HK/Macau 若居住在香港/澳門，請無須填寫)				
(10)	Email Address 電郵地址				
(11)	Mobile No 手提電話號碼				
(12)	Date of Employment (dd/mm/yyyy) 受僱日期 (日/月/年)	DD / MM / YYYY		DD / MM / YYYY	
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(14)	Division (If applicable) 所屬分行 (如適用)				
(15)	Mode 支付方式 (M) Monthly 月薪 (A) Annual 年薪	<input type="checkbox"/> M <input type="checkbox"/> A		<input type="checkbox"/> M <input type="checkbox"/> A	
	Amount (in policy currency) 金額 (團體保單之貨幣單位)				
(16)	Plan 計劃				
(17)	Dependent's Surname 家屬姓氏 (as shown on ID Card/Passport/Birth Cert. 必須與身份證/護照/出生證明書相同)				
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(22)	Dependent's Date of Birth (dd/mm/yyyy) 家屬出生日期 (日/月/年)	DD / MM / YYYY		DD / MM / YYYY	
(23)	Dependent's ID Card / Passport/Birth Cert no. 家屬身份證/護照/出生證明書號碼				

Important Notes 重要事項：  
If the Employer does not provide any information of the Employee's occupation/job duties, it is deemed that the Employer declares the Employee is a clerical staff and not performing any manual work. For Employee involving in manual work, please provide details of the percentage of time spent on manual work on a separate sheet. 如僱主沒有提供有關此僱員的職業 / 工作職務的資料，則視作僱主聲明此僱員從事文職工作，當中沒有任何體力勞動工作的成分。如僱員從事體力勞動工作，僱主需以附頁提供有關此僱員的體力勞動工作佔工作職務時間的百分比。

# If employee would like to report his/her correspondence address to Manulife, he/she should submit the "Change of Contact Details Form". 如僱員需向宏利申報通訊地址，僱員需提交「更改聯絡資料表格」。  
▲ Please make sure that the Country of Residence for the employee is 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. If the Country of Residence of the dependent is not the same as the employee, please specify separately.  
請確保有關僱員備存於宏利團體保障計劃內受保人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地。如家屬之居住地與僱員不同，請另行申報。  
\* Application of employee enrolment should be submitted to Manulife within 31 days from the date on which the employee becomes eligible to enroll under this group scheme. (For eligibility under the scheme, please refer to the Benefit Schedule for details). Otherwise, Evidence of Insurability, claims declaration and the employer's written request are required for underwriting consideration and the coverage effective date is subject to the approval of Manulife. 此僱員參加表格須於僱員合資格投保於此團體保單計劃的31日內遞交給宏利。(有關僱員於計劃內的合資格性，請參閱福利賠償表。)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，而保障生效日期須經宏利批准。

B. DECLARATION 聲明

It is confirmed and agreed that (1) I have obtained all necessary consents from my employees to (a) supply the information of them and/or their dependents to Manulife; and (b) allow Manulife to transfer back all supplied information from such employees and/or their dependents to us. (2) All employees have confirmed that they have obtained all necessary authorizations from their dependents to (a) supply their information to Manulife; and (b) allow Manulife to transfer back all supplied information to us (if applicable). (3) I shall indemnify Manulife for any loss or expenses incurred by Manulife by reason of any misstatement in the above confirmation by me and/or any claim for breach of Personal Data (Privacy) Ordinance / Personal Data Protection Act (where applicable) by my employees and/or their dependents. (4) Upon acceptance of this enrolment, commission or other remuneration may be payable by Manulife to any insurance/MPP Intermediaries involved in this transaction and they are permitted to receive the same on account of their services.  
I declare that I have verified the identification information of the employee and/or their dependents on this enrolment form 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.  
本人確認並同意下列各項(1)本人已取得所有僱員同意，可(a)向宏利提供其及/或與受保家屬之資料；及(b)允許宏利將所有有關由僱員及/或其受保家屬提供的所有資料傳回給本人。(2)所有僱員確認已向所有受保家屬取得一切所需授權，可(a)向宏利提供其資料；及(b)允許宏利將所有其提供的資料傳回給本人（如適用）。(3)本人將就任何因上述聲明出現錯漏及/或本人之僱員及/或其受保家屬就違反個人資料(私隱)條例/個人資料保護法(如適用)事宜提出索償而招致之費用或損失，向宏利作出賠償。(4)當本參加表格被接納時，宏利有可能給予參與此宗交易的保險/強積金中介人佣金或其他待遇，他們現獲得許可就提供的服務接受有關的得益。  
本人聲明本人已核對此表格上的僱員及/或其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。