

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

- 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.
- 2 Applications received by fax will not be accepted by Manulife.
- 3 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.

注意事項

- 1 請用正楷填寫本表格，並於適當空格內加✓號。如有任何修改，請貴公司加簽並蓋上公司印章作實。
- 2 宏利將不接受以傳真遞交之申請。
- 3 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。

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 Correspondence Address 通訊地址

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 HK 香港 KLN 九龍 NT 新界

City/Country 城市/國家

Attention Person 收件人

Mr / Miss / Ms

3 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 _____)

4 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

5 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 YY 年

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 (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 (只適用於人壽及傷殘保障。若選擇醫療保障，只有港元保單發出。)

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落於

- upon the effective date of the policy 保單生效日
- upon fulfillment of 連續服務滿 _____ months of continuous service 個月當日

(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落於

- upon fulfillment of 連續服務滿 _____ months of continuous service 個月當日
- 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



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

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)	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

6 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，請提供傷殘前入息以供計算 _____ 個月的平均數。

7 Certificate No. 證書編號：
 Assigned by Manulife 由宏利編配* Assigned by client (HKID number is not allowed) 由客戶編配 (香港身分證號碼將不受理)
 * 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。

8 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。

9 E-Claim Notification 電子賠償通知：
 If employee(s) e-mail addresses is available, an E-Alert will be sent to employee's e-mail address upon claim processed. You / your employee(s) can check the claim result and view the Payment Summary / Advice via our e-GLH Online Service.
 如僱員已提供電郵地址，我們在完成索償申請後會發出電子提示至僱員電郵地址，閣下 / 有關僱員只需登入e-GLH網上服務查詢索償詳情及閱覽索償賠款摘要 / 索償賠款通知。
 * Claim Payment Advice will be delivered by mail if no employee's e-mail address is provided. 僱員並沒有提供電郵地址，索償賠款通知將以郵寄方式發出。
 Please put a ✓ in this box if Payment Summary and Payment Advice delivered by mail are preferred.
 如欲以郵寄方式收取索償賠款摘要及索償賠款通知，請於此方格內 加上 ✓ 號。

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 Employee Benefits' 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僱員福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地。
 2. 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.
 僱員參加表格須於僱員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。
 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

(a) Name 英文姓名 _____ Tel. No. 電話號碼 _____ Fax No. 傳真號碼 _____ Email Address 電郵地址 _____

(b) Name 英文姓名 _____ Tel. No. 電話號碼 _____ Fax No. 傳真號碼 _____ Email Address 電郵地址 _____

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 姓名 _____ Title 職銜 _____
 (As shown on HKID card 必須與香港身份證相同)

Nationality 國籍 _____ Signature Specimen 簽署式樣 _____

E. DECLARATION AND AUTHORIZATION 聲明及授權

* Paragraph of Part E (7), (8), (9) and (10) shall be applicable to the Applicant / Policyholder for the use of ManuPlan medical services cards.
本欄第 (7), (8), (9), (10) 項適用於使用專業僱員福利計劃醫療服務卡的投保人 / 保單持有人。

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

- 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. Coverage will be subject to terms of the contract.
- 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 for a period of 31 consecutive days.
- We have obtained all necessary consents from our employees to supply the information and data of such employees and their dependents to Manulife (International) Limited (hereinafter collectively called "Manulife") by ourselves and/or through our representative involved in this Application. Our employees and their dependents agree that these information and data can be used by Manulife to carry on its businesses and may be
 - used by Manulife 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, its associated companies or the insurance industry; (d) providing/promoting the insurance or financial related products or services to them through insurance intermediaries or direct marketing; and/or
 - 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/ourselves or our representative to fulfill any of the above purposes and/or for the purpose of data verification within the insurance industry by way of matching procedures or otherwise; and/or reinsurance of the policy.
- All our employees have confirmed that they have obtained all necessary authorizations from their dependents to supply their information and data to Manulife and/or our representative. 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 by our employees and/or their dependents.
- Should there be any objection/complaint from our employees and/or their dependents in respect of the release/transfer of any information and data 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.
- 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.
- 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.
- The Applicant/Policyholder shall be fully liable to all shortfalls due to any ineligible expenses incurred by any insureds using ManuPlan medical services card(s) and reimburse Manulife in full for such shortfall amounts upon receipt of invoice.
- In any event of loss of the ManuPlan medical services card(s), the Applicant/Policyholder 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.
- We further understand that the Applicant/Policyholder accepts all the terms and conditions in the contract provision for the use of the ManuPlan medical service cards by the insureds under this Policy. In the event of individual membership termination, we shall obtain and return to Manulife all medical service 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 cards.
- Once approved, this Application will form part of the contract between the Policyholder and Manulife (International) Limited.
- Upon acceptance of this Application/Enrolment, commission or other remuneration may be payable by Manulife to any insurance/MPF Intermediaries involved in this transaction and they are permitted to receive the same on account of their services.
- We undertake that if there is any change in the information provided, we shall notify your Company as soon as reasonably practicable.
- We declare that we have verified the identification information of all the employees and/or their dependents enrolled by us from time to time against their proper identification documents including the Hong Kong Identity Card issued by the government authority in accordance with the Registration of Persons Ordinance.

- 投保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本公司於簽署本投保申請書當日所知之全部並屬真實無訛。本公司明白並同意下列各項
- 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)有限公司妥收首期保費後, 保單便隨即生效。保障範圍取決於保單合約條款。
 - 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連續執行全職職務滿三十一日後, 方可享有保障。
 - 本公司已取得所有本公司僱員同意, 可直接或透過參與本投保申請之本公司代表向宏利人壽保險(國際)有限公司(以下統稱為「宏利」)提供其與家屬之有關資料。本公司僱員及其家屬均同意該等資料可供宏利使用, 致使宏利之業務得以順利運作, 亦可供
 - 宏利作以下用途: (a) 批核及管理本保單、任何其後作出之修訂、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、其聯營公司或保險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他們提供/推廣宏利或其聯營公司之保險或財務產品或服務資料; 及/或
 - 轉移予: (a) 任何相關公司、其他從事與保險或再保險有關業務之公司; 或現時已存在或日後組成之中介、理賠、調查或其他服務之供應商或由保險公司組成之聯會或組織; (b) 任何人士/機構/本公司或本公司代表作上述用途; 及/或於保險業內以配對或其他方法核實資料; 及/或安排再保險。
 - 所有本公司僱員確認已向所有其受保家屬取得一切所需授權, 可向宏利及/或本公司代表提供其有關資料。本公司將就任何因上述聲明出現錯漏及/或本公司僱員及/或其家屬就違反個人資料(私隱)條例事宜提出索償而招致之費用或損失、向宏利作出賠償。
 - 如本公司僱員及/或其家屬就本公司不時按宏利之要求發放/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。
 - 本公司特此授權宏利處理任何本公司及/或本公司代表經由已獲本公司不時授權之指定電郵地址所收到之指示(不論該電郵地址為本公司之電郵地址或本公司代表之電郵地址, 以下統稱為「電郵」)。即使該等指示未附有本公司或本公司代表之簽署、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。本公司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負責上責任。
 - 本公司特此授權宏利代本公司(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)。
 - 投保人/保單持有人將就受保人使用專業僱員保障計劃醫療服務卡招致的不合資格醫療款項支差額負上全責, 並於接獲有關賬單後, 向宏利全數退還差額。
 - 專業僱員保障計劃醫療服務卡如有遺失, 投保人/保單持有人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。
 - 本公司同時亦明白投保人/保單持有人接納本保單合約內有關使用專業僱員保障計劃醫療服務卡之全部條款及條件。如有個別成員終止投保, 本公司必須收回其所獲發之所有醫療服務卡並退回予宏利, 同時本公司將就任何因未退回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。
 - 經批核後, 本投保申請書將成為保單持有人及宏利人壽保險(國際)有限公司共同訂立的合約的一部份。
 - 當本申請書/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。
 - 本公司承諾假使所提供的資料有任何更改, 本公司將於合理的切實可行範圍內盡快通知貴公司有關之改動。
 - 本公司聲明本公司已核對由本公司不時安排參加計劃的所有僱員及/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。

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

Full name of Authorized Person 獲授權人士全名
(As shown on HKID card 必須與香港身份證相同)

Nationality 國籍

Date Signed 簽署日期

Title & Date Signed 職銜及簽署日期

Please return the completed form to your Manulife Agent. Our Correspondence Address: Employee Benefits, Manulife (International) Limited, P.O. Box 70302, Kowloon Central Post Office.
請把填妥的表格交予你的保險代理人。我們的郵遞地址: 九龍中央郵政局郵政信箱70302號宏利人壽保險(國際)有限公司僱員福利部。

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。