

**ManuPlan Certificate Change Form**  
**專業僱員保障計劃 更改僱員資料表格**
**Notes**

- Please complete this form in BLOCK LETTERS. Please initial any corrections you make on this form.
- Request form will be accepted by Manulife only via Fax No. 2234 5371. **DO NOT** send the form again if you have faxed it already.
- Please **DO NOT** use this form for any update of certificate's personal particulars and contact information. The "Change of Customer Particulars Form" should be used which can be obtained via our Customer Service Hotline 2108 1234.

**注意事項**

- 請用正楷填寫本表格。如須作出任何更改，請於刪改之位置旁簽署。
- 以傳真遞交之申請表格，必須經由傳真號碼2234 5371遞交，否則宏利將不會接受。如已傳真本表格，閣下**毋須**再次寄交。
- 如欲更改僱員個人及聯絡資料，請用「更改客戶資料表格」。如欲索取表格，請致電宏利客戶服務熱線2108 1234。

Policy No. 保單編號	_____-_____-____	Policyholder Name 保單持有人名稱	_____
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**A. DETAILS OF CERTIFICATE CHANGE 僱員資料更改詳情**
**DEPENDENT ADDITION 家屬新增保障**

If the Country of Residence of the dependent is not the same as the employee, please specify it separately. 如家屬之居住國家與僱員不同，請加以另行申報。  
 Evidence of Insurability is required if application is made more than 31 days after the dependent becomes eligible. 若僱員於其家屬合資格參加計劃後超過三十一天才提出申請，便須提供受保資格證明。

Cert. No. 證書編號	Employee's Name (Surname First) 僱員姓名(以姓氏先排)	Dependent's Name (Surname First) 家屬姓名(以姓氏先排)	Relationship# 關係 (SP/S/D)	Dependent's HKID/ Passport/Birth Cert. No. 家屬香港身份証/ 護照/出生證明書號碼	Date of Birth 出生日期 (dd/mm/yy) (日/月/年)	Date of Marriage 結婚日期 (dd/mm/yy) (日/月/年)

# SP - Spouse 配偶, S - Son 兒子, D - Daughter 女兒

**PLAN CHANGE/SALARY CHANGE 更改計劃/薪金**

Salary amount must be specified using the currency of the policy. 薪金金額以團體保單所採用的貨幣單位計算。

Cert. No. 證書編號	Employee's Name (Surname First) 僱員姓名(以姓氏先排)	Revised Salary 經調整後薪金		New Plan 新計劃	Effective Date (dd/mm/yy) 生效日期 (日/月/年)
		A/M*	Amount 金額		

\* A - Annual 年薪, M - Monthly 月薪

**EMPLOYEE ACCOUNT TRANSFER 僱員調遷附屬公司**

Cert. No. 證書編號	Employee's Name (Surname First) 僱員姓名(以姓氏先排)	New Account Code 新附屬公司戶口編號	New Account Name 新附屬公司戶口名稱	Effective Date (dd/mm/yy) 生效日期 (日/月/年)

**B. COVERAGE TERMINATION & OTHER CHANGES 終止保障及其他更改**
**TERMINATION OF COVERAGE 終止保障**

Cert. No. 證書編號	Employee's Name (Surname First) 僱員姓名(以姓氏先排)	Last Date of Employment (dd/mm/yy) 最後受僱日期 (日/月/年)



DEPENDENT TERMINATION 家屬終止保障			
Cert. No. 證書編號	Employee's Name (Surname First) 僱員姓名(以姓氏先排)	Dependent's Name (Surname First) 家屬姓名(以姓氏先排)	Date of Termination (dd/mm/yy) 終止日期(日/月/年)

BANK ACCOUNT NUMBER UPDATE (FOR CLAIMS PAYMENT ONLY) 更新銀行賬戶號碼(只適用於支付賠償)						
Cert. No. 證書編號	Employee's Name (Surname First) 僱員姓名(以姓氏先排)	Bank Name 銀行名稱	Bank No. 銀行編號	Branch No. 分行編號	Bank Account No. 銀行賬戶號碼	Effective Date (dd/mm/yy) 生效日期(日/月/年)

**OTHER CHANGES (Please specify) 其他更改 (請註明)**

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**C. DECLARATION 聲明**

It is confirmed and agreed that

1 I have obtained all necessary consents from my employees to supply the information of them and their dependents to your company. They all agree that these data can be used by your company to carry on its businesses and may be

(i) used by your company 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 your company, your 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

(ii) 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/me to fulfil 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.

2 all employees have confirmed that they have obtained all necessary authorizations from their dependents to supply their information to your company;

3 I shall indemnify your company for any loss or expenses incurred by your company by reason of any misstatement in the above confirmation by me and/or any claim for breach of Personal Data (Privacy) Ordinance by my employees.

本人確認並同意下列各項

1 本人已取得所有僱員同意，可向貴公司提供其與家屬之個人資料。他們均同意該等資料可供貴公司使用，致使貴公司之業務得以順利運作，亦可供

(i) 貴公司作以下用途：(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)供貴公司、相關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/推廣宏利或聯營公司之保險或財務產品資料；及/或

(ii) 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/機構作上述用途；於保險業內以配對或其他方法核實資料；與及安排再保險。

2 所由僱員確認已向所有受保家屬取得一切所需授權，可向貴公司提供其個人資料。

3 本人將就任何因上述聲明出現錯漏及/或本人之僱員就違反個人資料(私隱)條例事宜提出索償而招致之費用或損失，向貴公司作出賠償。

Date Signed 簽署日期

Authorized Signature and Company Chop 獲授權人士簽署及公司印章

Please return the completed form to Manulife (International) Limited, P.O. Box 70302, Kowloon Central Post Office.  
請把填妥的表格寄交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。

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。