

**ManuPlan Employee Enrolment Form**  
**專業僱員保障計劃 僱員參加表格**

- Notes 注意事項
- 1 Please complete this form in BLOCK LETTERS and check the boxes where appropriate. Please initial any corrections you make on this form. 1 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。
- 2 Completed Form should be sent to Manulife (International) Limited, P.O. Box 70302, Kowloon Central Post Office. 2 請將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。
- 3 It is voluntary for you to supply the information items under Part D. 3 閣下可自行決定是否提供D部份資料。

Policy No. 保單編號	_____ - _____ - _____	Policyholder Name 保單持有人名稱	_____
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**A. EMPLOYEE INFORMATION 僱員資料**

**TO BE COMPLETED BY EMPLOYER 由僱主填寫**

(1) Name (as shown on HKID Card) 姓名(必須與香港身份證相同)

Surname in English 英文姓氏 \_\_\_\_\_ Other Name in English 英文名字 \_\_\_\_\_ Name in Chinese 中文姓名 \_\_\_\_\_

(2) HKID Card / Passport No. 香港身份證 / 護照號碼	(3) Cert. No. 證書號碼 Ignore if assigned by Manulife 若由宏利編定，請毋須填寫	(4) Date of Employment 受僱日期 ____ / ____ / ____ DD 日 MM 月 YY 年	(5) Coverage Effective Date 保障生效日期* ____ / ____ / ____ DD 日 MM 月 YY 年
(6) Plan 計劃	(7) Division (If applicable) 所屬分行(如適用)	(8) Occupation / Job Duties 職業 / 工作職務^ (Please specify % of time spent on manual work. 請說明體力勞動工作佔工作職務時間的百分比。)  ( %)	(9) Basic Salary 基本薪金+ <input type="checkbox"/> (M) Monthly 月薪 <input type="checkbox"/> (A) Annual 年薪 Policy Currency 保單貨幣 <input type="checkbox"/> HKD 港幣 <input type="checkbox"/> USD 美金 Amount 金額 _____

\* 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. 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。

^ If the Employer does not provide any information for the occupation / job duties here, it is deemed that the Employer declares this employee to be a clerical worker with no time spent on manual work. If the space provided is insufficient, the Employer can provide further descriptions on separate sheet. 如僱主沒有在此欄提供職業/工作職務資料，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。僱主可自行以附頁提供更多有關此僱員的職業/工作職務的資料。

+ For non-flat amount insurance coverage such as long term disability benefits, the Basic Monthly Salary may be used in determining future benefits and subject to policy provision. 有關非定額保險產品之索償如長期傷殘保障，可以基本月薪釐定及受限於保單條款。

**TO BE COMPLETED BY EMPLOYEE 由僱員填寫**

(1) Date of Birth 出生日期 ____ / ____ / ____ DD 日 MM 月 YY 年	(2) Sex 性別 <input type="checkbox"/> Male 男 <input type="checkbox"/> Female 女	(3) Country of Residence 居住地^ (Please complete if not in HK 若居住在香港，請無須填寫)	(4) Marital Status 婚姻狀況 <input type="checkbox"/> (S) Single 單身 <input type="checkbox"/> (M) Married 已婚 <input type="checkbox"/> (W) Widowed 寡居 <input type="checkbox"/> (D) Divorced 離婚
(5) Employee's Bank Account 僱員戶口號碼 (For medical claim paid by autopay only 只適用於以自動轉賬方式支付醫療賠償者)			
Bank Name 銀行名稱 _____	Bank Account Number 銀行賬戶號碼 _____	Bank Code 銀行編號 _____	Branch Code 分行編號 _____ Account No. 戶口號碼 _____
(6) Contact Information 聯絡資料 Residential Address 住宅地址			
Room/Flat 室 _____	Floor 樓 _____	Block 座 _____	Name of Building 大廈名稱 _____
Name of Estate 屋苑名稱 _____			Street No./Street Name 街道號碼/街道名稱 _____
District 區域 <input type="checkbox"/> Hong Kong 香港 <input type="checkbox"/> Kowloon 九龍 <input type="checkbox"/> New Territories 新界 <input type="checkbox"/> Others 其他 _____			(7) Home Tel No. 住宅電話 _____
			(8) Mobile No. 手提電話 _____
			(9) Office Tel No. 公司電話 _____
(10) Email Address 電郵地址 _____			

The contact information applies to all of your existing products/services in Hong Kong and Macau provided by all companies within the Manulife group of companies and also companies which provide trustee/custodian services. If you are a member of any provident fund scheme(s) administered by Manulife, any information provided here will (unless otherwise stated below) be treated as an instruction to register above address as the registered residential address under the scheme(s). Any residential address(es) previously registered under the scheme(s) will be superseded accordingly. 閣下所提供的聯絡資料，適用於閣下現時持有並由宏利集團旗下公司，以及為本公司提供信託/託管服務的公於香港及澳門所提供的產品/服務上。如閣下是宏利管理的公積金計劃成員，於此部份填寫的資料(除以下作出其他指示外)將視為給予本公司的指示，要求把以上地址作為閣下於宏利公積金計劃內的登記住宅地址，並取代以往於計劃內的所有登記住宅地址。  
 To apply above address to this certificate only, please "✓" this box. 如以上地址只適用於此證書，請在方格內填上「✓」號。

^ Please make sure that your Country of Residence is 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. 請確保閣下備存於宏利僱員福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。

**B. DEPENDENT INFORMATION 家屬資料** Please fill in, if dependent coverage is provided. 如有家屬被保，請提供以下資料。

**TO BE COMPLETED BY EMPLOYEE 由僱員填寫**

Relationship 關係	Dependent Name 家屬姓名		Sex 性別	HKID Card/ Passport/ Birth Cert. No. 香港身份證/護照/出生證明書號碼	Date of Birth (dd/mm/yy) 出生日期 (日/月/年)	Height 身高		Weight 體重		Weight change in the last year 過去一年的體重變化			For smoker only 只供吸煙人士填寫 No. of cigarettes smoked daily 每日吸煙數量
	Surname 姓氏	Other Name 名字				cm 厘米	ft 英尺	kg 公斤	lbs 磅	Gain 上升#	Loss 下降#	Reason 原因	
Spouse 配偶													
Child 子女													
Child 子女													

If the Country of Residence of the dependent is not the same as the employee, please specify it separately. 如家屬之居住地與僱員不同，請另行申報。  
# The unit of weight change specified in gain and loss should be the same as the weight reported in this table. 體重變化的上升及下降單位將與本表上所申報的體重單位相同。



For office use only 職員專用:  ID



### 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，必須由僱員代為填報。  
"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	Reason 原因	Yes 是	No 否						
2	Have You smoked cigarettes within the last 12 months? If "yes", 閣下過去十二個月有否吸煙習慣? 如有， a) Average number of cigarettes daily? 平均每日的吸食香煙數量? b) For how many years have You smoked? 閣下的吸煙年期?												2	<input type="checkbox"/>	<input type="checkbox"/>				
3	Have You ever been advised to have any diagnostic test, hospital confinement or surgical operation which has not been completed? 閣下曾否獲建議進行斷症檢查、住院或接受外科手術，而該等檢查或療程至今尚未完成?												3	<input type="checkbox"/>	<input type="checkbox"/>				
4	Are You currently under observation or taking any treatment or medication? 閣下是否正接受觀察、接受任何形式的治療或正服用藥物?												4	<input type="checkbox"/>	<input type="checkbox"/>				
5	Have You ever been refused any form of life or health insurance or ever had a policy rated, modified or renewal refused, or ever applied for or received benefits, compensation or pension because of sickness or injury? 閣下曾否被拒絕投保任何人壽或醫療保險? 或曾被調高保費、修改保單條款或被拒絕續保? 又或曾否因為傷病或申請或收取賠償、補償或退休金?												5	<input type="checkbox"/>	<input type="checkbox"/>				
6	Have You ever been treated for, or diagnosed as having heart disease, high blood pressure, diabetes, liver disease, lung disease, cancer, ulcer or any other disorder, or being a hepatitis B carrier? 閣下曾否治療或被醫生診斷患上下列疾病: 心臟病、高血壓、糖尿病、肝病、癌症、潰瘍或其他毛病，或已是乙型肝炎帶菌者?												6	<input type="checkbox"/>	<input type="checkbox"/>				
7	Have You ever consulted a physician, ever been treated for, or had any known indication of 閣下曾否被醫生診斷或治療下列的症狀: a) The musculo-skeletal system such as trauma or disorder of the muscles, bones, joints, spine? Amputation, paralysis or deformity? 肌肉骨骼系統毛病例如創傷或肌肉、骨節、關節或骨節毛病? 截肢、癱瘓或畸形? b) The neurological system such as epilepsy, convulsion, migraine, dizziness, paralysis or stroke, mental and/or emotional disorders, impairment of sight or hearing? 神經系統毛病例如癲癇、抽搐、偏頭痛、暈眩、癱瘓或中風、精神及/或情緒失調、視覺或聽覺受損? c) The endocrine (glandular) system such as diabetes, thyroid, enlarged lymph glands, blood disorders such as anemia, leukemia or other blood disorders, breast disease, allergies and other skin disorders, or congenital disorders? 內分泌(腺體)毛病例如糖尿病、甲狀腺或淋巴腺發大; 血液毛病如貧血、白血病或其他血液毛病; 乳房疾病、皮膚敏感及其他皮膚毛病或先天性疾病?												7	(a) <input type="checkbox"/>	<input type="checkbox"/>	(b) <input type="checkbox"/>	<input type="checkbox"/>	(c) <input type="checkbox"/>	<input type="checkbox"/>
8	Have You had any form of sexually transmitted disease or is there anything about Your lifestyle which could expose You to the risk of AIDS? 閣下曾否患上任何性病? 閣下的生活方式是否有可能閣下感染愛滋病?												8	<input type="checkbox"/>	<input type="checkbox"/>				
9	Are You suffering from AIDS? Have You had test results indicated exposure to AIDS virus? 閣下有否患上愛滋病? 閣下曾否接受檢查而報告顯示受愛滋病毒感染?												9	<input type="checkbox"/>	<input type="checkbox"/>				
10	Have You ever participated or intended to participate in aviation (in any capacity other than as a passenger), racing, scuba diving, sky diving or other hazardous sports? (If "yes", please circle the sport and provide details below.) 閣下曾否參與或計劃參與飛行活動(乘客除外)、賽車、潛水、跳傘或其他危險運動?(如答「是」, 請圈出所參與的運動並提供詳細資料。)												10	<input type="checkbox"/>	<input type="checkbox"/>				
11	Have You had any operation, treatment, hospital care or medical examination in the last 5 years not mentioned above or has any been recommended? 閣下過去五年內曾否接受或獲醫生建議接受上文未有提及的手術、治療、住院護理或身體檢查?												11	<input type="checkbox"/>	<input type="checkbox"/>				
12	So far as You know, have You ever had or been told that You 閣下曾否: a) have any medical insurance coverage? 有任何其他醫療保險保障? b) have any application for life or medical insurance now pending? 已申請任何人壽保險或醫療保險但尚未被接納?												12	(a) <input type="checkbox"/>	<input type="checkbox"/>	(b) <input type="checkbox"/>	<input type="checkbox"/>		

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(由一至)	Degree of Recovery 康復程度	Name and Address of Attending Doctor 應診醫生姓名及地址

### D. OPTIONAL INFORMATION 其他資料 (TO BE COMPLETED BY THE EMPLOYEE 由僱員填寫)

It is voluntary for you to supply the information under this Part which may be used in conjunction with the data collected under Part A for the purpose of enabling our company/associated companies to supply the information of our their products/services to you, by way of direct marketing or otherwise. 閣下可自行決定是否提供本部份資料讓本公司將其與從A部份收集所得資料結合, 以便本公司/聯營公司透過直接推廣或其他方式向閣下提供產品/服務資訊。

1. Education Level 教育程度	<input type="checkbox"/> c1 - Primary or Below 小學或以下	<input type="checkbox"/> c2 - Secondary 中學	<input type="checkbox"/> c6 - Matriculated/Post Secondary 預科/專科		
	<input type="checkbox"/> c3 - Technical Institute 工業學院	<input type="checkbox"/> c7 - College 專上學院	<input type="checkbox"/> c4 - University or Above 大學或以上		
2. Monthly Personal Income (HK\$) 個人月入(港元)	<input type="checkbox"/> c10 - below \$5,000 以下	<input type="checkbox"/> c15 - \$5,000 to \$9,999	<input type="checkbox"/> c20 - \$10,000 to \$14,999	<input type="checkbox"/> c25 - \$15,000 to \$19,999	<input type="checkbox"/> c30 - \$20,000 to \$29,999
	<input type="checkbox"/> c35 - \$30,000 to \$39,999	<input type="checkbox"/> c40 - \$40,000 to \$49,999	<input type="checkbox"/> c45 - \$50,000 to \$99,999	<input type="checkbox"/> c50 - above \$100,000 以上	
3. Products/Services that you are now holding 現時擁有之產品或服務					
(i) Individual Insurance 個人保險	<input type="checkbox"/> c01 - Life 人壽保險	<input type="checkbox"/> c06 - Disability Insurance 傷殘保險	<input type="checkbox"/> c07 - Hospital/Medical 住院/醫療保險		
(ii) Investment Products 投資產品	<input type="checkbox"/> c80 - Stock Investment 股票投資	<input type="checkbox"/> c81 - Mutual Funds 互惠基金	<input type="checkbox"/> 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 if my Dependent is to be covered. I also understand that the information requested in this form is required in order for Manulife to process this Enrollment 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 other 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 (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 to fulfill 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 Manulife at 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 my employer to make the necessary deductions (if any) from my pay. (5) I authorize any physician, medical practitioner, hospital, clinic or other medically related facility, insurance company or other organization, institution or person that has any records or knowledge of me or my Dependent to provide to Manulife any such information. A photocopy of this authorization shall be as valid as the original. (6) Upon acceptance of this enrollment, 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. I undertake that if there is any change in the information provided, I shall notify your Company as soon as reasonably practicable.

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), 可向宏利提供其個人資料。本人亦明白本表內提供的資料是讓宏利作處理本人參加計劃申請之用。(2)本人於本表格內提供之資料及日後作出之任何修訂或補充(「資料」), 旨在確保宏利的保險業務得以順利運作, 而該等資料可供(i)宏利作以下用途: (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) 供宏利、聯營公司或保險業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本人提供推廣宏利或聯營公司之產品資料; 及/或(ii)轉交予(a)任何有關連公司; 其他從事與保險或再保險有關業務之公司; 或保險業中之人、提供理賠、調查或其他保險業相關服務之供應商或現時存在或日後組成之保險公司、協會或組織; (b) 任何人士/機構以作上述用途及/或以配對或其他方法核實資料。(3)本人亦同意以書面通知宏利之僱員福利部, 要求索閱及更改個人資料(如需要)。本人亦可致函要求宏利不要向本人寄發宣傳推廣資料。(4)本人謹此證明, 本人於本申請書所提供之一切資料為本人所知之全部及真實無誤, 並當本人申請團體保險福利被接納時, 本人授權僱主在薪酬中扣除應繳之保費(如有需要)。(5)本人授權任何醫生、醫學界執業人士、醫院、診所或其他與醫療有關的機構、保險公司或其他組織、機關或人士, 將其所有關於本人及家屬的記錄或健康狀況資料, 提供予宏利。此項授權書的影印本與正本同樣有效。(6)當本人參加表格被接納時, 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。本人承諾假使所提供的資料有任何更改, 本人將於合理的切實可行範圍內盡快通知貴公司有關之改動。

#### Employer's Declaration 僱主聲明

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 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. (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. (4) Upon acceptance of this enrollment, 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. I declare that I have verified the identification information of the employee and/or their dependents on this enrollment 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.

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)轉交予: (a) 任何有關連公司; 其他從事與保險或再保險有關業務之公司; 或現時存在或日後組成之中介人、理賠、調查或其他服務之供應商或由保險公司組成之協會或組織; (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)所有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誤及/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。(4)當本人參加表格被接納時, 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登記紀錄發出的香港身份證。

Note: This enrollment should be submitted to Manulife within 31 days from the date the employee signed the health declaration for underwriting consideration. 注意事項: 此參加表格須於僱員簽署健康狀況聲明的三十一日內遞交給宏利作核保審批。

Employee Signature 僱員簽署

Full name of administrator with Company Chop 計劃管理人全名及公司印章

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。