# Employer Online Service Guide

Group Life and Health Insurance Plan



This Employer Online Service is designed to provide employers with simple and convenient access to their Group Life and Health insurance policy information. It is also an online management tool that allows employers to manage their account, employees' records and view claims details, and to obtain other customer services, anytime, anywhere.

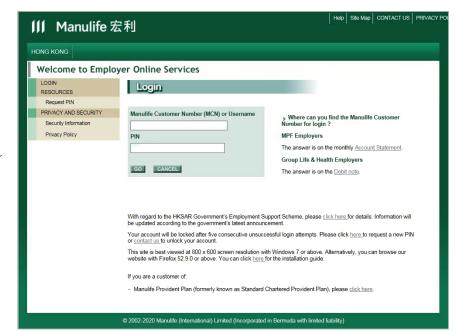
### **Getting started**

Enter www.manulife.com.hk, click LOGIN at the top right corner and login as an Employer using your Manulife Customer Number (MCN) and Personal Identification Number (PIN). The MCN and PIN will be sent to you separately within 10 days after the insurance policy has been issued. The MCN also can be found on your Debit Note or Change Summary.

To get a new PIN subsequently, simply click "Request PIN" and make a request online, a new PIN will be mailed to your company correspondence address within 5 business days.

### **One time password (OTP)**

Select email or SMS to receive OTP, and input OTP to login.



### eStatement

You can read or download the Change Summary, Debit Note and Group Certificate Holders Listing.

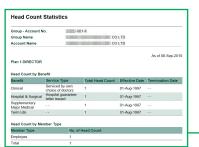
Once the latest e-Statement is available online, e-Notifications will be sent to the registered email address or mobile number to notify you.

| roup Life & Health  |   |  |                           |   |                                      |   |
|---|---|--|---------------------------|---|--------------------------------------|---|
| DEBIT NOTE  | e-Statement   |  |                           |   |                                      |   |
| Account Balance   |   |  |                           |   |                                      |   |
| Premium Details   | Group - Account No.   | -001-  |                           |   |                                      |   |
| Change Summary  | Group Name  |  | LIMITED                   |   |                                      |   |
| E-STATEMENT   | Account Name  |  | LIMITED                   |   |                                      |   |
| e-Statement   |   |  |                           |   |                                      |   |
| ACCOUNT INFORMATION   | Note:   | available from 04/2020 onwards and the   | retention period in       | 26 months   |                                      |   |
|   |   |  |                           |   |                                      |   |
| Account Overview<br>Claims Inquiry  | 2. We will send e-Alert   | notification to you once the latest e-Stat<br>tration Contact Information & Update"  | ement is uploaded.        | To enjoy this service, please update                | your email address                   | and/or mobile pr  |
|   | 2. We will send e-Alert   | notification to you once the latest e-Stat   | Bill Issued<br>(Y/N)      | To enjoy this service, please update period Covered | Dow                                  | and/or mobile pr<br>rnload<br>'DF                           |
| Claims Inquiry<br>Benefit Schedule  | 2. We will send e-Alert<br>number under "Adminis                          | notification to you once the latest e-Stat<br>stration Contact Information & Update".  | Bill Issued               |   | Dow<br>F                             | mload   |
| Claims Inquiry<br>Benefit Schedule<br>Surgical Schedule<br>Find My Doctor<br>Advisor Information  | 2. We will send e-Alert<br>number under "Adminis<br>Date \$               | notification to you once the latest e-Stat<br>tration Contact Information & Update".<br>Statement Type \$  | Bill Issued<br>(Y/N)      | Period Covered                                      | Dow<br>F<br>ur                       | rnioad<br>DF<br>weed<br>Group Certifica                     |
| Claims Inquiry<br>Benefit Schedule<br>Surgical Schedule<br>Find My Doctor   | 2. We will send e-Alert<br>number under "Adminis<br>Date \$               | notification to you once the latest e-Stati<br>stration Contact Information & Update <sup>2</sup> .<br>Statement Type =<br>Change Summary<br>Debit Note with Group Certificate | Bill Issued<br>(Y/N)      | Period Covered<br>Up to 31-Jul-2021                 | Dow<br>F<br>Ur<br>Debit Note         | Group Certifica<br>Holders Listin                           |
| Claims Inquiry<br>Benefit Schedule<br>Surgical Schedule<br>Find My Doctor<br>Advisor Information<br>ACCOUNT ADMINISTRATION                    | 2. We will send e-Alert<br>number under "Adminis<br>Date *<br>17-Aug-2020 | notification to you once the latest e-Stati<br>stration Contact Information & Update".<br>Statement Type +<br>Change Summary   | Bill Issued<br>(Y/N)<br>N | Period Covered                                      | Dow<br>P<br>Ur<br>Debit Note         | rnioad<br>DF<br>Seed<br>Group Certifica<br>Holders Listin   |
| Claims Inquiry<br>Benefit Schedule<br>Surgical Schedule<br>Find My Doctor<br>Advisor Information<br>ACCOUNT ADMINISTRATION<br>Change Username | 2. We will send e-Alert<br>number under "Adminis<br>Date *<br>17-Aug-2020 | notification to you once the latest e-Stati<br>stration Contact Information & Update <sup>2</sup> .<br>Statement Type =<br>Change Summary<br>Debit Note with Group Certificate | Bill Issued<br>(Y/N)<br>N | Period Covered<br>Up to 31-Jul-2021                 | Dow<br>P<br>Ur<br>Debit Note<br>Read | rnload<br>DF<br>wesd<br>Group Certificat<br>Holders Listing |

# Account Information

allows you to view your policy summary, claims and benefit details, and advisor information.

### Account Overview shows the plan summary. Simply click the "Plan"/ "Plan Description" to see policy details with head count statistics.



**Claims Inquiry** provides claim details including claim status, shortfall amount (if applicable) and other information of each individual member for easy reference and follow up.

| EBIT NOTE                           | Accou       | nt Overview             |                       |                        |                  |  |
|-------------------------------------|-------------|-------------------------|-----------------------|------------------------|------------------|--|
| Account Balance                     |             |                         |                       |                        |                  |  |
| Premium Details                     | Group - A   | ccount No.:             | -001-                 |                        |                  |  |
| hange Summary                       | Group Na    | me:                     |                       | CO LTD                 |                  |  |
| TATEMENT                            | Account M   | Name:                   |                       | CO LTD                 |                  |  |
| Statement                           | Policy Typ  | pe:                     | ManuPlan (Empl        | oyer Sponsored Plan)   |                  |  |
| COUNT INFORMATION                   | Currency:   |                         | HK dollar             |                        |                  |  |
| count Overview                      | Effective I | Date:                   | 01-Aug-1997           |                        |                  |  |
| aims Inquiry                        | Payment I   | Mode:                   | Annual<br>01-Aug-2019 |                        |                  |  |
| enefit Schedule                     | Next Rene   | ew Date:                |                       |                        |                  |  |
| urgical Schedule                    | Status:     |                         | Active                |                        |                  |  |
| ind My Doctor<br>dvisor Information | Please      | e select from the follo | owing plans for vi    | ewing headcount statis | tics:            |  |
| COUNT ADMINISTRATION                | Plan        | Plan Description        |                       | Effective Date         | Termination Date |  |
|                                     | 1           | DIRECTOR                |                       | 01-Aug-1997            |                  |  |
| hange Username                      | 2           | SR. EE                  |                       | 01-Aug-1997            |                  |  |

| DEBIT NOTE                               |    | Claims I                       | nguiry  | Details   |               |               |   |                     |
|--|----|--------------------------------|---|---|---------------|---------------|---|---------------------|
| Account Balance                          |    |                                |   |   |               |               |   |                     |
| Premium Details                          |    | Group - Acco                   | ount No.  |   |               | -001-         |   |                     |
| Change Summary                           |    | Group Name                     |   |   |               |               | IMITED                                      |                     |
| E-STATEMENT                              |    | Account Nan                    | ne  |   |               |               | IMITED                                      |                     |
| e-Statement                              |    | 100                            |   |   |               |               |   |                     |
| ACCOUNT INFORMATION                      |    | Printer                        | Friendly Ve   | reion   |               |               |   |                     |
| Account Overview                         |    |                                | Therioly ve   | 1301  |               |               |   |                     |
| Claims Inquiry                           |    | 121                            |   |   |               |               |   |                     |
| Benefit Schedule                         |    | Certificat                     | in the second | lents   | De            | pendent       |   |                     |
| Surgical Schedule                        |    | Certificate I                  | Number  | Plan  |               | lumber        | Na  | ame                 |
| Find My Doctor                           |    | -                              |   | 1 EXECUTIVE<br>OFFICER                          | 1             |               |   |                     |
| Advisor Information                      |    |                                |   |   |               |               |   |                     |
| ACCOUNT ADMINISTRATION                   |    | Claims In                      | quiry   |   |               |               |   |                     |
| Change Username                          |    | Note:                          |   |   |               |               |   |                     |
| Change PIN                               | 1. | Claims inquin<br>All amounts a |   |   | ts service    | d by panel de | octors with unlimited usage.                |                     |
| Employee & Dependent Enquiry<br>& Update |    | If Claims Stat                 | us = "Proc  | essed" but without                              |               |               | er to any Remark Code for exp               | lanation.           |
| New Employee Enrolment                   | 4. |                                |   | processed in the<br>d below does not            |               |               | e shown.<br>red and submitted but not vet n | eceived by Manulife |
| Salary Update                            |    | processed.                     | Claim   | 1 - 111 (H) | Olaina        | Claim         | Benefit                                     | Claimed             |
| Administration Contact                   |    |                                | Number  | Patient Name                                    | Claim<br>Type | Status        | Description                                 | Amount              |
| Information & Update                     |    | 12-Sep-<br>2020                |   | 100 B   | General       | Processed     | Doctor's Visit                              | 440.00              |
| Forms & Manuals                          |    | 2020<br>05-Sep-                |   |   | -             |               |   |                     |
| Transaction Log                          |    | 2020                           |   |   | General       | Processed     | Doctor's Visit                              | 440.00              |
| REPORT                                   |    | 31-Aug-<br>2020                |   |   | General       | Processed     | Doctor's Visit                              | 440.00              |

**Benefit Schedule** lists out the details of the plan benefits of each plan for you.

| Ben    | efit           | Schedule                    |                     |        |  |
|--------|----------------|-----------------------------|---------------------|--------|--|
| Group  | p · A          | ccount No.                  | Read and the lot of |        |  |
| Group  | Group Name     |                             | 1                   | CO LTD |  |
| Accor  | unt h          | iane                        |                     | COLTD  |  |
| Plan   |                |                             | 1 DIRECTOR          |        |  |
| Curre  | ксу            |                             | HK dollar           |        |  |
| Effect | Effective Date |                             | 01-Aug-2014         |        |  |
| 0      | A              | Benefits                    |                     |        |  |
|        | 10             | Term Life                   |                     |        |  |
|        | Ð              | Clinical                    |                     |        |  |
|        | Ð              | Hospital & Surgical         |                     |        |  |
|        | 8              | Supplementary Major Medical |                     |        |  |

You can view the surgical schedule under **Surgical Schedule.** 

#### DEBIT NOTE **Benefit Schedule** Account Balance Premium Details Group - Account No. -001-Change Summary Group Name COLTD CO LTD E-STATEMENT Account Name L. Part Plan 1 DIRECTOR e-Statement Currency HK dollar ACCOUNT INFORMATION 01-Aug-2014 Effective Date Account Overview Claims Inquiry I want to view: Benefit Schedule All Benefits Surgical Schedule Clinical Hospital Find My Doctor **Hospital & Surgical** Advisor Information Supplementary Major Medical ACCOUNT ADMINISTRATION PRINT Change Username Change PIN

| DEBIT NOTE  | Surgical Schedule                 |   |  |
|---|-----------------------------------|---|--|
| Account Balance   |                                   |   |  |
| Premium Details   | Group - Account No.               | :-001-  |  |
| Change Summary  | Group Name                        |   | COLTD  |
| E-STATEMENT   | Account Name                      |   | ICO LTD  |
| e-Statement   | For a cutting operation, fract    | ure or dislocation not                              | listed in this Schedule and not expressly excepted herein  |
| ACCOUNT INFORMATION                                     | or by the other terms of the p    | olicy the Company w                                 | ill pay a benefit, the amount of which is to be determined   |
| Account Overview  | whose decision will be final.     | perations, fractures, o                             | r dislocations, as decided by the Company's Medical Officer  |
| Claims Inquiry<br>Benefit Schedule<br>Surgical Schedule | listed below, the Company w       | rill, subject to all of the<br>th is Reasonable and | ces are used for treatment in place of any cutting operation<br>e other provisions in the Hospital And Surgical Benefits<br>Customary for such treatment up to the amount provided<br>operation. |
| Find My Doctor<br>Advisor Information                   | > ABDOMEN<br>> ABSCESS - See Tumo |   |  |
| ACCOUNT ADMINISTRATION                                  | > AMPUTATION                      | 15  |  |
| Change Username   | > ARTERIES AND VEINS              | 3   |  |
| Change PIN  | BREAST                            |   |  |
| Employee & Dependent Enquiry<br>& Update                | > CHEST                           |   |  |

# Account Administration

allows you to execute member management online. You can update your member status at any time by following simple steps in the user-friendly tool to submit employee enrolment, termination, and information updates.

> Change Summary E-STATEMENT

ACCOUNT INFORMATION Account Overview

e-Statement

Claims Inquiry

Benefit Schedule

Surgical Schedule Find My Doctor

Advisor Information ACCOUNT ADMINISTRATION

Change Username Change PIN Employee & Dependent Enquiry & Update

e-Statement

REPORT

e-Statement

ACCOUNT INFORMATION

Account Overview

Benefit Schedule

Surgical Schedule

Advisor Information

ACCOUNT ADMINISTRATION Change Username Change PIN

Employee & Dependent Enquiry & Update New Employee Enrolment Salary Update Administration Contact Information & Update Forms & Manuals Transaction Log

Find My Doctor

REPORT

Claims Inquiry

Enrolling new employee(s) and their dependent(s) online through New Employee Enrolment.

| STATEMENT                                | New Employee Enr  | olment  |  |  |
|--|---|---|--|--|
| e-Statement                              |   |   |  |  |
| ACCOUNT INFORMATION                      | Group - Account No.   | -001-   |  |  |
| Account Overview                         | Group Name  | COLTD   |  |  |
| Claims Inquiry                           | Account Name  | COLTD   |  |  |
| Claims inquiry                           |   |   |  |  |
| Benefit Schedule                         |   | s required if application is made more than 31 days after the<br>ible. Please indicate the following will be sent by post after the |  |  |
| Surgical Schedule                        | request is submitted on-line:-  |   |  |  |
| Find My Doctor                           | Evidence of insurability 🗌 (The Evidence of Insurability form is in Forms and Manuals section.) |   |  |  |
| Advisor Information                      | Please enter below for new employee enrolment and click the "Submit" button:                    |   |  |  |
| ACCOUNT ADMINISTRATION                   |   |   |  |  |
| Change Username                          | (Employee's name as printed of  | on HKID/Passport)   |  |  |
| Change Dibl                              | Employee's Surname:   |   |  |  |
| Change PIN                               | Employee's Given Name :   |   |  |  |
| Employee & Dependent Enquiry<br>& Update | Employee's 🛞 HKID:  |   |  |  |
| New Employee Enrolment                   | O Passport Nu   | mber:   |  |  |
| Salary Update                            | Sex:  | OMOF  |  |  |

**Employee & Dependent Details** 

Please select from below:

> Change of Contact Details Form

Employee Termination

> Employee Update

BACK

> Dependent Addition

Forms & Manuals

Transaction Log

Date/Time

10-05-2018 16:03:34

12-02-2018 17:43:10

12-02-2018 17:42:33

12-02-2018 17:41:51

12-02-2018 17:41:15

Reference No.

#### **Employee & Dependent Enquiry & Update**

lets you update employee details including employee termination, dependent addition, update bank account details, plan type and salary.

Forms & Manuals provides you the frequently used administration forms.

Administration Guide, claim form or other

ACCOUNT INFORMATION Account Overview Acrobat Reader is required to view the forms & manuals Claims Inquiry Manuals Benefit Schedule Surgical Schedule Administration Guide Find My Doctor Download File Size Notes Title Advisor Information Administration Guide (For Hong Kong policy) 1 318 KB ACCOUNT ADMINISTRATION Change Username Change PIN Employee & Dependent Enquiry & Update Forms New Employee Enrolment Application Forms Salary Update Title Download File Size Notes Administration Contact Information & Update For group with less than 10 employees ManuPlan Employee Enrolment Form A 560 KB Forms & Manuals ManuPlan Employee Enrolment Sheet (for 10 or above employees only) For group with 10 employees or abo A 431 KB Transaction Log ManuPlan (EasySurance Plan) Employee Enrolment Form A 1069 KB

Transaction Descrip

New Employee Enrolment

Employee Termination

Employee Termination

Employee Termination

Employee Termination

Status

RECEIVED

RECEIVED

RECEIVED

RECEIVED

RECEIVED

Please note that all backdate coverage, changes or termination for a period in excess of 31 da NOT be accepted.

Transaction Log allows you to view the submission record.\*

\*The retention periods vary with different types of records.

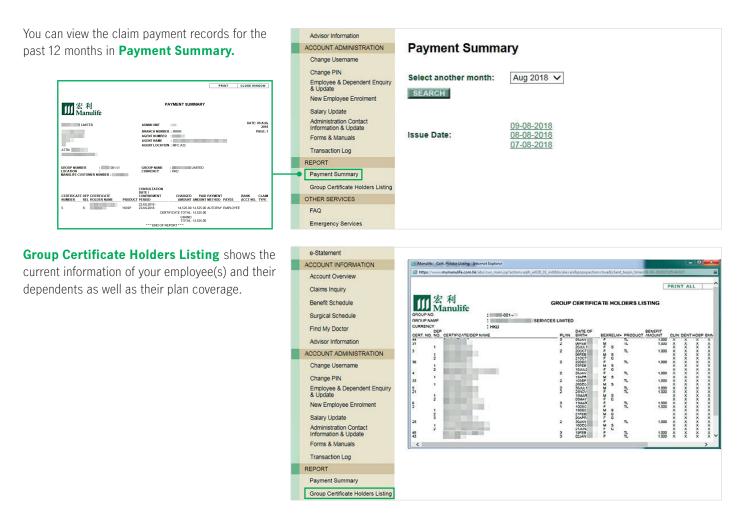
#### Administration Contact Information & Update

allows you to update employer contact information and register email address and mobile phone number in order to receive OTP to login to employer online service and e-Notification once the latest e-Statement is available.

| E-STATEMENT                                    | Group - Account No.  |  |
|--|--|--|
| e-Statement                                    | Group Name   |  |
| ACCOUNT INFORMATION                            | Account Name   |  |
| ACCOUNT INFORMATION<br>Account Overview        |  |  |
|  | Contact for Correspondence *   | As of 12-Feb-202   |
| Claims Inquiry                                 | Attention Person's Prefix (Mr/Ms/Mrs):   |  |
| Benefit Schedule                               | . ,  |  |
| Surgical Schedule                              | Attention Person's Name:   |  |
| Find My Doctor                                 | Attention Person's Title:  |  |
| Advisor Information                            | Office Phone No.:  | Country/Area Code Phone No.                                      |
| ACCOUNT ADMINISTRATION                         | Extension:   |  |
| Change Username                                | Mobile Phone No.^:   | Country/Area Code Phone No.                                      |
| Change PIN                                     |  |  |
| Employee & Dependent Enquiry                   | Email Address*:  | •  |
| & Update                                       | Address:   |  |
| New Employee Enrolment                         | Flat/Floor/Building/Estate:  |  |
| Salary Update                                  | Street No./Street Name:  |  |
| Administration Contact<br>Information & Update | District:  |  |
| Forms & Manuals                                | Location   | Please Select V Others:  |
| Transaction Log                                | (Please select one):   |  |
| REPORT   | ^The contact information will be used to r<br>notification (if applicable)             | eceive the one-time-PIN for e-GLH login verification and e-Alert |
| Payment Summary                                |  |  |
| Group Certificate Holders Listing              | Contact Person's Information *   |  |
| OTHER SERVICES                                 |  | e as the Attention Person stated in above, please skip this      |
| FAQ  | part.  |  |
|  | Contact Person's Prefix (Mr/Ms/Mrs):   |  |
| Emergency Services                             | Contact Person's Name:   |  |
|  | Contact Person's Title:  |  |
|  | Office Phone No.:  | Country/Area Code Phone No.                                      |
|  |  |  |
|  | Extension:   | Country/Area Code Phone No.                                      |
|  | Mobile Phone No.^:   | Country/Area Code Phone No.                                      |
|  | Email Address*:  | •  |
|  | <sup>^</sup> The contact information will be used to r<br>notification (if applicable) | eceive the one-time-PIN for e-GLH login verification and e-Alert |

# Report

allows you to view a payment summary and the latest member list.



# Debit Note

allows you to view and print the premium details and change summary details.

| <b>count Balance</b> shows the current balance. | Group Life & Health   |   |  |                                     |  |   |
|---|---|---|--|-------------------------------------|--|---|
|   | DEBIT NOTE  | Account B                                 | alance   |                                     |  |   |
|   | Account Balance   |   |  |                                     |  |   |
|   | Premium Details   | Group - Accourt                           | t No001-   |                                     |  |   |
|   | Change Summary  | Group Name                                |  | CO LTD                              |  |   |
|   | E-STATEMENT   | Account Name                              |  | CO LTD                              |  |   |
|   | e-Statement   |   |  |                                     |  |   |
|   | ACCOUNT INFORMATION   | Select anoth                              |  |                                     |  |   |
|   | Account Overview  | Printer Frie                              | ndly Version   |                                     |  |   |
|   | Claims Inquiry  |   |  |                                     | As   | of 02-Aug-2018  |
|   | Benefit Schedule  | Transaction D                             | ate Transaction Description  | Debit                               | Credit   | Balance   |
|   |   | 20-Jul-2018                               | Balance forward  |                                     |  | 0.00  |
|   | Surgical Schedule   | 20-Jul-2018                               | Premium for period 01-Aug-<br>2018 to 31-Jul-2019  | 213.321.00                          |  | 213,321.00  |
|   | Find My Doctor  |   | Change summary dated 15-   |                                     | 5,594.24   | 207.726.76  |
|   |   |   |  |                                     |  |   |
|   | Advisor Information   | 20-Jul-2018                               | Aug-2017   |                                     | 3,334.24   | 201,120.10  |
|   | Advisor Information<br>ACCOUNT ADMINISTRATION   | 20-Jul-2018<br>20-Jul-2018                | Change summary dated 15-<br>Dec-2017   |                                     | <u>3,947.93</u>  | 203,778.83  |
|   |   |   | Change summary dated 15-<br>Dec-2017<br>Change summary dated 15-Jan-<br>2018   | <u>3,388.51</u>                     | and the second second                                  | and the second se |
|   | ACCOUNT ADMINISTRATION<br>Change Username<br>Change PIN                                 | 20-Jul-2018                               | Change summary dated 15-<br>Dec-2017<br>Change summary dated 15-Jan-<br>2018<br>Change summary dated 15-Feb-   | <u>3,388.51</u>                     | and the second second                                  | 203,778.83  |
|   | ACCOUNT ADMINISTRATION<br>Change Username   | 20-Jul-2018<br>20-Jul-2018                | Change summary dated 15-<br>Dec-2017<br>Change summary dated 15-Jan-<br>2018<br>Change summary dated 15-Feb-<br>2018<br>Change summary dated 15-             | <u>3,388.51</u>                     | <u>3,947.93</u>  | 203,778.83<br>207,167.34  |
|   | ACCOUNT ADMINISTRATION<br>Change Username<br>Change PIN<br>Employee & Dependent Enquiry | 20-Jul-2018<br>20-Jul-2018<br>20-Jul-2018 | Change summary dated 15-<br>Dec-2017<br>Change summary dated 15-Jan-<br>2018<br>Change summary dated 15-Feb-<br>2018<br>Change summary dated 15-<br>May-2018 | <u>3.388.51</u><br>otal amount due: | <u>3,947.93</u><br><u>16,729.15</u><br><u>5,086.97</u> | 203,778.83<br>207,167.34<br>190,438.19  |

Premium Details allows you to check the premium details for the past 36 months.

| Change | Summa    | ary  | lists | out | the | monthly |
|--------|----------|------|-------|-----|-----|---------|
| member | change i | repo | rts.* |     |     |         |

#### Group Life & Health DEBIT NOTE Account

Advisor Information

| Premium Details   | Group - Account N | o0           | 01-         |                           |
|-------------------|-------------------|--------------|-------------|---------------------------|
| Change Summary    | Group Name        | -            | COLUMN R    |                           |
| -STATEMENT        | Account Name      |              | -           |                           |
| e-Statement       |                   |              |             |                           |
| COUNT INFORMATION | Date              | Bill Type    | Due Date    | Period Covered            |
| Account Overview  | 03-Aug-2020       | Regular bill | 01-Aug-2020 | 01-Aug-2020 - 31-Jul-2021 |
| Oleime lemuie :   | 01-Aug-2019       | Regular bill | 01-Aug-2019 | 01-Aug-2019 - 31-Jul-2020 |
| Claims Inquiry    | 10-Aug-2018       | Regular bill | 01-Aug-2018 | 01-Aug-2018 - 31-Jul-2019 |
| Benefit Schedule  |                   |              |             |                           |

| DEBIT NOTE   | Change Summary                    |                         |                   |
|--|-----------------------------------|-------------------------|-------------------|
| Account Balance<br>Premium Details<br>Change Summary | Group - Account No.<br>Group Name | -001-                   |                   |
| E-STATEMENT  | Account Name                      | COLTD                   |                   |
| e-Statement  |                                   |                         |                   |
| ACCOUNT INFORMATION                                  | Change Summary Date               | Adjustment Through Date | Bill Issued (Y/N) |
| Account Overview                                     | 15-May-2018                       | 31-Jul-2018             | Y                 |
| Claims Inquiry                                       | 15-Feb-2018                       | 31-Jul-2018             | Y                 |
|  | 15-Jan-2018                       | 31-Jul-2018             | Y                 |
| Benefit Schedule                                     | 15-Dec-2017                       | 31-Jul-2018             | Y                 |
| Surgical Schedule                                    | 15-Aug-2017                       | 31-Jul-2018             | Y                 |
| Find My Doctor                                       | 17-Jul-2017                       | 31-Jul-2017             | Y                 |
| Advisor Information                                  | 15-Mar-2017                       | 31-Jul-2017             | Y                 |

\*The retention periods vary with different types of records.

# eClaims

eClaims services is an online platform for your employee<sup>1</sup> to submit claims, find a doctor and download medical card, to enjoy one-stop convenience.



### Manulife eClaims<sup>1</sup>

Manulife eClaims online medical claim service is applicable for outpatient claims and hospitalization claims at any time and anywhere.

| Find My<br>Doctor*                  | ٥ |
|-------------------------------------|---|
| For selected group<br>policies only | 2 |

### Find My Doctor<sup>1</sup>

Provides comprehensive information on panel doctors.

| My Medical<br>Card                          | 0    |  |
|---|------|--|
| For selected group medical<br>policies only |      |  |
|   | - 55 |  |

### My Medical Card<sup>1</sup>

Employees can download and present My Medical Card at the network clinics for registration and verification.

1 Applicable to insured member of selected group insurance policies only. Manulife may, without prior notification, offer or suspend the service at its discretion. Terms and conditions apply. Please visit www.claimsimple.hk

#### For enquiries, please call our Employer Hotline at (852) 2108 1234.

Issued by Manulife (International) Limited (Incorporated in Bermuda with limited liability).

To view our Privacy Policy, go to our website at www.manulife.com.hk. You may also request Manulife not to use your personal information for direct marketing purposes by writing to our Privacy Officer at 22/F, Tower A, Manulife Financial Centre, 223-231 Wai Yip Street, Kwun Tong, Kowloon, Hong Kong, or by calling our Customer Service Hotline on (852) 2108 1188.

III Manulife 宏利