

Group Life & Health Insurance Plan - Employee Enrolment Form 團體保險計劃 - 僱員參加表格

Notes:

1. Please complete this form in BLOCK LETTERS and check the boxes where appropriate. Please initial any corrections you make on this form.

注意事項:

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。

Policy No. 保單編號	Employer Name 僱主名稱
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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 ID Card/Passport) 姓名 (必須與身份證/護照相同)

Surname in English 英文姓氏 _____ Given Name(s) in English 英文名字 _____ Name in Chinese 中文姓名 _____

(2) ID Card / Passport No. 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 / YYYY 年	(5) Coverage Effective Date 保障生效日期 * DD 日 / MM 月 / YYYY 年
(6) Plan 計劃	(7) Division (If applicable) 所屬分行(如適用)	(8) 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 _____	

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。

* 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。

TO BE COMPLETED BY EMPLOYEE 由僱員填寫

(1) Date of Birth 出生日期 DD 日 / MM 月 / YYYY 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/Macau 若居住在香港/澳門，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. If bank account no. is not provided, such claims payments will be paid by cheque payable to employee. 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 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 _____	Account No. 戶口號碼 _____
<input type="checkbox"/> Macau 澳門 Bank Name 銀行名稱 _____ Bank Account Number 銀行賬戶號碼 _____		<input type="checkbox"/> Tai Fung Bank 大豐銀行 <input type="checkbox"/> Bank of China Limited Macau Branch 中國銀行澳門分行	Bank Account Number 銀行賬戶號碼 _____
(6) Residential Address in English 英文住宅地址			
Room/Flat 室	Floor 樓	Block 座	Name of Building 大廈名稱 _____ (7) Mobile Phone No. 手提電話號碼 _____
Name of Estate 屋苑名稱 _____		Street No. / Street Name 街道號碼 / 街道名稱 _____ (8) Email 電郵地址 _____	
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"/> Other Location (please specify) 其他地區 (請註明): _____	

All the above contact information applies to all of your 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 to Manulife. 以上所有聯絡資料，均適用於您持有，並由宏利集團旗下公司，以及為本公司提供信託 / 託管服務的公司，於香港及澳門所提供的產品 / 服務上。

To apply above address to this member account only, please "✓" the box. 如以上地址只適用於此成員帳戶，請在方格內填上「✓」號。

▲ Please make sure that your Country of Residence 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. 請確保閣下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。

B. DEPENDENT INFORMATION 家屬資料

Please fill in, if dependent coverage is provided. 如有家屬投保，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 (as shown on ID Card/Passport/Birth Cert. 必須與身份證/護照/出生證明書相同)		Sex 性別 (M 男 / F 女)	ID Card/ Passport/ Birth Cert. No. 身份證/護照/出生證明書號碼	Date of Birth (dd/mm/yyyy) 出生日期 (日/月/年)	Height (cm) 身高 (厘米)	Weight (kg) 體重 (公斤)	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 in English 英文姓氏	Given Name(s) in English 英文名字						kg 公斤	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。

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	Height 體高	cm 厘米	Weight 體重	kg 公斤			
2	Weight change during past twelve months? 過去十二個月體重的變更?		kg 公斤		please specify reason for the change 請列明原因	Yes 是	No 否
3	Have you smoked cigarettes within the last twelve months? If yes, (a) Average number of cigarettes daily? 平均每日吸食的香煙數量?				閣下在過去十二個月內有否吸煙習慣? 如有， (b) For how many years have you smoked? 閣下的吸煙年期?	3	<input type="checkbox"/> <input type="checkbox"/>
4	Within the past five years have you (a) Had any pension and/or claimed payment for any sickness, accident or injury? (b) Been absent from work because of sickness or injury and need further medical advice, or operation, or hospital treatment during the last six months? (c) Participated or do you intend to participate in aviation (in any capacity other than as a passenger), racing, scuba diving, sky diving or other hazardous sports? If "YES", give details including frequency of participation annually and complete the respective questionnaire. (d) Any condition for which medical consultation or treatment is contemplated or has been advised?				過往五年內閣下曾否 因疾病、意外或受傷而取得賠償或退休金? 在過去六個月內因疾病或受傷而不能工作並需醫療跟進或接受手術或住院治療? 參與或意欲參與飛行(乘客除外)、賽車、水肺潛水、跳傘或其他危險的運動? 如答「是」者，請詳述並列出每年參加次數及填寫有關問卷。 在任何情況下被勸告或準備接受醫生診治?	4(a) (b) (c) (d)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
5	Have you ever had and/or been treated for and/or been told you had and/or had known indication of any of the following disease or disturbance: (a) The heart such as heart murmur, chest pain, angina, heart disease, hypertension, irregular pulse or heart rhythm, or shortness of breath? (b) The respiratory system such as emphysema, asthma, tuberculosis, chronic bronchitis, shortness of breath, chronic obstructive airway disease or other respiratory disorders? (c) The abdominal organs such as peptic ulcer, colitis or colon disease, bleeding, diverticulitis, gallstones, jaundice, hernia, hemorrhoids, liver or gall bladder disease, or being a Hepatitis B carrier? (d) The kidneys, genito-urinary organs such as stones, infections and any other disorders; albumin, sugar, blood or pus in urine? (e) The neurological system such as epilepsy, convulsion, migraine, dizziness, paralysis or stroke, mental and/or emotional disorders, impairment of sight or hearing? (f) 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? (g) The musculo-skeletal system such as trauma or disorders of the muscles, bones, joints, neck, back, spine, nerves including neuritis, sciatica, rheumatism, arthritis or gout? Amputation, paralysis or deformity? (h) Carcinoma (cancer), tumour, or cyst (i) Excessive use of alcohol or drug abuse?				閣下曾否患有及/或被提及患有及/或有徵兆患有以下疾病或機能失調及/或因此接受治療: 心臟如雜聲、胸痛、心絞痛、心臟病、高血壓、不規則脈搏跳動及氣速? 呼吸系統如肺氣腫、哮喘病、肺結核病、慢性支氣管炎、氣速、慢性阻塞性肺病或其他呼吸疾病? 腹部器官例如胃潰瘍、腸炎、出血、腸塞、膽石、黃膽症、疝氣、痔瘡、肝或膽的疾病，或已是乙型肝炎帶菌者? 腎、膀胱、生殖器官如結石、發炎或任何其他疾病；尿中有蛋白質、糖、血液或膿? 神經系統如癲癇、抽搐、偏頭痛、暈眩、癱瘓或中風，精神及/或情緒失調，視覺或聽覺障礙? 內分泌(腺體)毛病如糖尿病、甲狀腺或淋巴腺發大，血液毛病如貧血、白血症或其他血液毛病，乳房疾病，皮膚敏感或其他皮膚毛病，或先天的疾病? 肌肉及骨骼系統如肌肉、骨、關節、頸部、背部、脊椎、神經線之創傷或疾病，包括神經線炎、坐骨神經痛、類風濕症、關節炎或痛風症？或任何部份切除、癱瘓或殘缺? 癌症、腫瘤、或囊腫? 酗酒或濫用藥物?	5(a) (b) (c) (d) (e) (f) (g) (h) (i)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
6	Have you had any form of sexually transmitted disease, AIDS, AIDS-related complex or AIDS-related conditions?				閣下曾否有任何性病或愛滋病、與愛滋病有關的併發症或狀況?	6	<input type="checkbox"/> <input type="checkbox"/>
7	Have you had test results indicating exposure to the HIV virus?				閣下曾否有檢查報告顯示受愛滋病毒感染?	7	<input type="checkbox"/> <input type="checkbox"/>
8	Within the past five years have you had any (a) Diagnostic tests such as x-ray, ultrasound, electrocardiogram, advance scanning, or blood test? (b) Hospital treatment, surgical operation, medical treatment or observation not mentioned above?				閣下在過去五年內曾否 接受斷証檢查如X光，超音波，心電圖，先進X-ray顯影或血液檢查? 接受住院治療、外科手術、醫科治療或跟進觀察病於以上並未提及?	8(a) (b)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
9	Are you currently pregnant? If yes, please provide details of the followings. (Applicable to female only) (a) Expected date of delivery (b) Any serious complications during this pregnancy such as disseminated intravascular coagulation, gestational diabetes, hypertension, protein in urine, etc?				閣下現在是否懷孕? 如「是」，請提供以下詳情。(只適用於女性) 預產期: _____ dd日/ _____ mm月/ _____ yyyy年 在此懷孕期間曾否出現妊娠併發症如彌散性血管內凝血、妊娠期糖尿病、血壓高、蛋白尿等?	9	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
10	Have you ever had an application for life or health insurance declined, postponed or modified in any way? Please provide details.				閣下曾否申請人壽或醫療保險而被拒絕或保單須更改或被拒絕續? 請說明之。	10	<input type="checkbox"/> <input type="checkbox"/>

For Questions 3-10, please provide details of each question answered "Yes". If you require additional space, please use a separate page.
 如第3至10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	Diagnosis/Symptoms details (such as onset date, frequency, last attack date) 診斷 / 病徵詳情 (如病發日期、次數、最近病發日期)	Treatment /Check up details (such as type, date, frequency, last follow up date) 治療 / 檢查詳情 (如種類、日期、次數、最後覆診日期)	Current condition/Check up result (such as recovery degree/complications) 現時情況 / 檢查結果 (如康復程度 / 併發症) Please attach copy of relevant reports 請提供有關報告副本	Names and Address of Attending Doctors or Hospitals 主診醫生或醫院之名稱及地址

D. DECLARATION 聲明

Employee's Declaration 僱員聲明

It is understood and agreed that (1) I agree Manulife to transfer back all supplied information from me to my Employer. I have obtained all necessary authorization from my dependent (if applicable) to (a) supply their information to Manulife; (b) transfer back all supplied information from us to my Employer 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 Enrolment Request. Failure to disclose any material facts or information which may influence or which Manulife would regard as likely to influence the assessment and acceptance of my Enrolment Request, may render voidable by Manulife the insurance coverage that may be issued pursuant to this Enrolment Request. In the event of doubt as to whether a fact or information is material, it should be disclosed in this form. (2) I certify that all information provided by me in this form 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. (3) 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. Such authorization shall survive me and shall be irrevocable. A photocopy of this authorization shall be as valid as the original. (4) Upon acceptance of this enrolment, commission or other remuneration may be payable by Manulife to any insurance/MFP 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 Manulife as soon as reasonably practicable. I also undertake to supply additional information in respect of me to Manulife upon request for the purpose of complying with the Anti-Money Laundering and Counter-Terrorist Financing Ordinance (for Hong Kong policy) / Guidelines on Prevention and Combating Money Laundering and Financing of Terrorism in Insurance (for Macau policy).

I have received and read the "Notice to Customers relating to the Personal Data (Privacy) Ordinance" ("Notice") (for Hong Kong policy) / "Manulife Personal Information Collection Statement" ("Statement")* (for Macau policy). I understand and agree to the Notice/Statement (where applicable). I confirm my consent as referred to in the sections entitled **Use of Personal Data in Direct Marketing** and **Provision of Personal Data for Use in Direct Marketing** of the Notice/Statement (where applicable) subject to any objection as indicated by me below:

(IMPORTANT NOTES: Please note that direct marketing can include offers of special discounts, coupons or gift items. You can leave these boxes blank.)

- I object to Manulife using my personal data in direct marketing as referred to in the section entitled **Use of Personal Data in Direct Marketing** of the Notice/Statement (where applicable).
- I object to Manulife providing my personal data to Manulife Group (other than Manulife itself) for use in direct marketing as referred to in the section entitled **Provision of Personal Data for Use in Direct Marketing** of the Notice/Statement (where applicable).

Any person or entity which is not a party to this Policy shall have no rights under the Contracts (Rights of Third Parties) Ordinance (Cap. 623 of the Laws of Hong Kong) to enforce any terms of this Policy.

* The Notice and the Statement can be viewed and downloaded in Manulife website at www.manulife.com.hk.

本人明白並同意下列各項(1)本人同意宏利將有關由本人提供的所有資料傳回給本人之僱主。本人已向所有受保家屬取得授權(如適用),可(a)向宏利提供其資料;及(b)將所有其提供的資料傳回給本人之僱主。本人亦明白本表格內提供的資料是讓宏利作處理本人參加計劃申請之用。如未有披露任何重要事實或資料,而該等重要事實或資料足以影響宏利評估及接受本人的參加計劃申請,宏利有權將所發發的保險宣告無效。假如未能確定事實或資料重要性,則須於本表格披露該等事實或資料。(2)本人謹此證明,本人於本表格所提供的一切資料為本人所知的全部及真實無誤,並當本人申請團體保險福利被接納時,本人授權僱主在新酬中扣除應繳付之保費(如有需要)。(3)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受保家屬的記錄或健康狀況資料,提供予宏利。此授權書是不可撤銷的,即使本人去世,此授權仍然生效。此授權書的影印本將與正本同樣有效。(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/中保人佣金或其他待遇,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宏利有關之改動。本人並承諾會因應宏利的要求提供本人的附加資料以遵守《打擊洗錢及恐怖分子資金籌集條例》(適用於香港保單)/《保險業務防止及打擊洗錢及恐怖主義融資活動指引》(適用於澳門保單)。

本人已收訖及閱畢《有關〈個人資料(私隱)條例〉的客戶通知》(「通知」)(適用於香港保單)/《宏利個人資料收集聲明》(「聲明」)(適用於澳門保單)。本人清楚明白及同意該通知/聲明(如適用)之內容。除本人如下所示提出之任何反對外,本人確認同意該通知/聲明(如適用)內以**個人資料在直接促銷中的使用及提供個人資料作直接促銷**為標題之內容。
(重要提示:請注意直接促銷用途可包括提供特別折扣、優惠券或禮品。閣下可將這些空格留空。)

- 本人反對宏利按該通知/聲明(如適用)內以**個人資料在直接促銷中的使用**為標題的部分,將本人之個人資料作直接促銷用途。
- 本人反對宏利按該通知/聲明(如適用)內以**提供個人資料作直接促銷**為標題的部分,向宏利集團(不包括宏利本身)提供本人之個人資料作直接促銷用途。

任何不是本保單某一方的人士或實體,不能根據《合約(第三者權利)條例》(香港法例第623章)強制執行本保單的任何條款。

*該通知/聲明可於宏利網站www.manulife.com.hk查閱及下載。

Employer's Declaration 僱主聲明

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 (for Hong Kong policy) / Personal Data Protection Act (for Macau policy) 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/MFP 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誤及/或本人之僱員及/或其受保家屬就違反個人資料(私隱)條例(適用於香港保單)/個人資料保護法(適用於澳門保單)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/中保人佣金或其他待遇,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。

Note: This enrolment 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

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

Full Name of Employee in English (in Block Letter) 僱員英文全名(請用正楷填寫)

Full Name of Authorized Person in English (in Block Letter) 獲授權人士英文全名(請用正楷填寫)

Date Signed 簽署日期: _____ DD/MM/YYYY (日/月/年)

Date Signed 簽署日期: _____ DD/MM/YYYY (日/月/年)

Please return the completed form to 請把填妥的表格寄交:
For Hong Kong policy - Policy Administration, Group Life & Health Insurance, Manulife (International) Limited, P.O. Box 70302, Kowloon Central Post Office.
For Macau policy - Manulife (International) Limited, Macau Administration Office, Avenida De Almeida Ribeiro No. 61, Circle Square, 14 andar A, Macau.
適用於香港保單 - 九龍中央郵政局郵政信箱70302號宏利人壽保險(國際)有限公司團體保險行政部。
適用於澳門保單 - 澳門新馬路61號永光廣場14樓A宏利人壽保險(國際)有限公司澳門分行行政部。

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。

**Please read the enclosed
"Notice to Customers relating to the Personal Data (Privacy) Ordinance".
In case you have not read the Notice before, you can obtain such Notice from your
Manulife's intermediary or through Manulife's website at www.manulife.com.hk.**

**請參閱附件的《有關〈個人資料（私隱）條例〉的客戶通知》之內容。
假如閣下未有細閱該通知，閣下可從閣下的宏利中介人或
透過宏利網址www.manulife.com.hk取得該通知。**

Notice to Customers relating to the Personal Data (Privacy) Ordinance (Version 20130401-01)

DEFINITIONS

1. “Data access request”, “data correction request”, “data subject”, “data user”, “direct marketing”, “matching procedures” and “personal data” used throughout this Notice shall have the meaning as defined in the Ordinance.

For the purpose of this Notice:

“customers” shall mean data subjects and include (but not be limited to) existing and prospective insurance policy owners, insured, beneficiaries and other persons designated or entitled to receive moneys and/or other benefits under an insurance policy; and members under an occupational retirement scheme; and scheme members under a mandatory provident fund scheme; and share/unit holders of investment funds.

“Hong Kong” shall mean the Hong Kong Special Administrative Region.

“Manulife” shall mean Manulife (International) Limited, Manulife Provident Funds Trust Company Limited, Manulife Investment Management (Hong Kong) Limited, or a Manulife Fund (as the case may be) in respect of its respective customers.

“Manulife Fund” shall mean any investment fund sponsored or managed from time to time by a member of the Manulife Group (including but not limited to Manulife Global Fund and Manulife Advanced Fund SPC) and “Manulife Funds” shall mean all such investment funds.

“Manulife Group” shall mean Manulife Financial Corporation and its subsidiaries and affiliates (including but not limited to Manulife (International) Limited, Manulife Provident Funds Trust Company Limited, Manulife Investment Management (Hong Kong) Limited, and Manulife Funds. The rights and obligations of each member of Manulife Group under this Notice are several and not joint. No member of Manulife Group shall be liable for an act or omission by another member of Manulife Group.

“Ordinance” shall mean Personal Data (Privacy) Ordinance.

COLLECTION

2. From time to time, it is necessary for customers to supply Manulife with personal data in connection with the establishment or continuation of business relationship, or provision of products or services. Failure to supply such data may result in Manulife being unable to establish or continue the business relationship, or provide products or services.
3. It is also the case that personal data are collected or received by Manulife from and/or in respect of customers in the ordinary course of the continuation of the business relationship, for example, when an application is made for a change of beneficiary/insured member under the insurance policy; or when notification is made by the employer of a change of employment/address of an employee member of an occupational retirement scheme/mandatory provident fund scheme; or when a joint share holder of an investment fund applies for investment fund switching.

PURPOSES

4. The purposes for which personal data of a customer may be used will vary depending on the nature of the customer’s relationship with Manulife. Such purposes may include the following:
- processing, assessing and determining applications or requests made by customers for products and/or services;
 - administering, maintaining, managing and operating products and/or services provided to customers;
 - confirming customer’s identity and uniquely identifying customer;
 - confirming the accuracy of the information collected;
 - understanding customer’s financial situation better, evaluating customer application, assessing the risks Manulife is assuming and reviewing claims submitted to Manulife;

- any purposes in connection with any claims made by or against or otherwise involving customers in respect of any products and/or services including but not limited to making, defending, analysing, investigating, processing, assessing, determining or responding to such claims;
- providing investment management services, dealing and advisory services, custody services and other services under the terms and conditions of the accounts a customer holds with Manulife;
- performing any functions and activities related to products and/or services including but not limited to marketing, audit, reporting, research, analysis, reinsurance, and general servicing and maintenance of online and other services;
- researching and/or designing products and/or services for customers, and promoting, improving and furthering the provision of products and/or services;
- conducting matching procedures (as defined in the Ordinance, but broadly includes comparison of two or more sets of the data subject’s data, for purposes of taking actions adverse to the interests of the data subject, such as declining an application);
- making disclosure under and/or complying with the requirements of any law, rules, regulations, codes of practice, guidelines or guidances binding on or applicable to Manulife or any member of Manulife Group (whether within or outside Hong Kong) including but not limited to making disclosure to local or foreign regulators, governmental bodies, industry recognised bodies (whether within or outside Hong Kong) such as federations or associations of insurers, credit reference agencies or auditors;
- complying with any contractual or other commitment or arrangement with local or foreign regulators, governmental bodies, or industry recognised bodies (whether within or outside Hong Kong) that is assumed by or imposed on Manulife or any member of Manulife Group by reason of its financial, commercial, business or other interests or activities in or related to the jurisdiction of the relevant local or foreign regulators, governmental bodies, or industry recognised bodies;
- for operational purposes, credit assessment, credit scoring models or statistical analysis (including in each case, behaviour analysis and evaluation on the overall relationship with Manulife Group which includes using such data to comply with any obligations, requirements, policies, procedures, measures or arrangements for sharing data and information within Manulife Group and/or other use of data and information in accordance with any Manulife Group-wide programmes for compliance with sanctions or prevention or detection of money laundering, terrorist financing or other unlawful activities), whether on the data subjects or otherwise;
- exercising any rights Manulife may have in connection with the provision to customers of products and/or services;
- conducting identity and/or credit checks;
- determining any amount of indebtedness owing to or from customers, and collecting and recovering any amount owing from customers or any person who has provided any security or undertaking for customers’ liabilities;
- enabling an actual or proposed assignee, transferee, participant or sub-participant of the rights or business of Manulife or any member of Manulife Group to evaluate the transaction intended to be the subject of the assignment, transfer, participation or sub-participation;
- purposes specifically provided for in any particular service or product offered by Manulife;
- any purposes relating to the above (including seeking professional advices) or any other purposes in accordance with the general policies of Manulife or any member of Manulife Group in relation to insurance, occupational retirement schemes, mandatory provident fund schemes, investment funds, wealth management services and other financial products and services as set out in notices, circulars, or other terms and conditions made available by Manulife or any member of Manulife Group to customers from time to time.

TRANSFEREES

5. Personal data of a customer held by Manulife will be kept confidential but Manulife may transfer such data to the following persons and/or entities (whether within or outside Hong Kong) for any of the purposes set out in paragraph 4 above:
- (a) any person in connection with any claims made by or against or otherwise involving customers in respect of any products and/or services;
 - (b) any agent, contractor or third party service provider who provides administrative, telecommunications, computer, information technology, payment, data processing or storage, marketing, mailing, printing, telemarketing, customer satisfaction analysis, or other services to Manulife or any member of Manulife Group in connection with the operation of business, including any custodian, administrator, investment manager, investment advisor or distributor;
 - (c) any credit reference agencies or, in the event of default, any debt collection agencies;
 - (d) any advisor (including his or her employees) or other intermediary (including their employees);
 - (e) reinsurers and medical service providers;
 - (f) employers of the customers;
 - (g) any person which has undertaken to Manulife or any member of Manulife Group to keep such data confidential;
 - (h) any actual or proposed assignee, transferee, participant or sub-participant of the rights or business of Manulife or Manulife Group;
 - (i) any member of Manulife Group;
 - (j) any person to whom Manulife or any member of Manulife Group is under an obligation or otherwise required to make disclosure under the requirements of any law, rules, regulations, codes of practice, guidelines or guidances binding on or applicable to Manulife or any member of Manulife Group including but not limited to any local or foreign regulators, governmental bodies, or industry recognised bodies;
 - (k) any person to whom Manulife or any member of Manulife Group is under an obligation or otherwise required to make disclosure pursuant to any contractual or other commitment or arrangement with local or foreign regulators, governmental bodies, or industry recognised bodies (whether within or outside Hong Kong) that is assumed by or imposed on Manulife or any member of Manulife Group by reason of its financial, commercial, business or other interests or activities in or related to the jurisdiction of the relevant local or foreign regulators, governmental bodies, industry recognised bodies.

USE OF PERSONAL DATA IN DIRECT MARKETING

6. Manulife intends to use, from time to time, customer's personal data in direct marketing of the following products and services:
- (a) insurance, provident funds and/or schemes, investment funds, wealth management services, or other financial products and services;
 - (b) reward, loyalty or privilege programmes and related products and services;
 - (c) products and services of co-branding partners of any member of Manulife Group (the names of such co-branding partners can be found in the application form(s) for the relevant products and services as the case may be).

Only the following kinds of personal data of the customer may be used in such direct marketing:

- (a) name;
- (b) gender;
- (c) date of birth;
- (d) part of identity card or passport number;
- (e) contact information (including but not limited to phone number, fax number, email address, correspondence address and residential address);
- (f) information about the products and/or services the customer has purchased or applied, including the distribution channels (including

their individual advisors or intermediaries) through which the products and/or services were purchased or applied for.

Manulife may not so use the data unless it has received the customer's consent to the intended use.

PROVISION OF PERSONAL DATA FOR USE IN DIRECT MARKETING

7. Manulife intends to provide, from time to time and **for money and other property**, customer's personal data to Manulife Group (other than Manulife itself) for use by Manulife Group in direct marketing of the following products and services:
- (a) insurance, provident funds and/or schemes, investment funds, wealth management services, or other financial products and services;
 - (b) reward, loyalty or privilege programmes and related products and services;
 - (c) products and services of co-branding partners of any member of Manulife Group (the names of such co-branding partners can be found in the application form(s) for the relevant products and services as the case may be).

Only the following kinds of personal data of the customer may be provided to Manulife Group (other than Manulife itself) for use by Manulife Group in such direct marketing:

- (a) name;
- (b) gender;
- (c) date of birth;
- (d) part of identity card or passport number;
- (e) contact information (including but not limited to phone number, fax number, email address, correspondence address and residential address);
- (f) information about the products and/or services the customer has purchased or applied, including the distribution channels (including their individual advisors or intermediaries) through which the products and/or services were purchased or applied for.

Manulife may not so provide the data unless it has received the customer's written consent to the intended provision.

8. Under the Ordinance, a data subject has the right to:
- (a) request access to his or her personal data;
 - (b) request correction of any of his or her personal data which is inaccurate;
 - (c) ascertain a data user's policies and practices in relation to personal data;
 - (d) be informed of the kind of personal data held by the data user;
 - (e) be informed of the main purposes for which personal data held by the data user are or are to be used;
 - (f) make data access request and data correction request through the channel set out in paragraph 9 below.
9. In accordance with the provisions of the Ordinance, Manulife has the right to charge a reasonable fee for processing any data access request. Requests may be made in writing to the Privacy Officer at:

Manulife (International) Limited
22/F., Tower A, Manulife Financial Centre, 223-231 Wai Yip Street,
Kwun Tong, Kowloon, Hong Kong.

Manulife Provident Funds Trust Company Limited
22/F., Tower A, Manulife Financial Centre, 223-231 Wai Yip Street,
Kwun Tong, Kowloon, Hong Kong.

Manulife Investment Management (Hong Kong) Limited
23/F., Manulife Tower, One Bay East,
83 Hoi Bun Road, Kwun Tong, Kowloon, Hong Kong.

Manulife Global Fund, Manulife Advanced Fund SPC, or any of other Manulife Funds
23/F., Manulife Tower, One Bay East,
83 Hoi Bun Road, Kwun Tong, Kowloon, Hong Kong.

有關《個人資料(私隱)條例》的客戶通知 (20130401-01 版本)

定義

1. 本通知中使用的「查閱資料要求」、「改正資料要求」、「資料當事人」、「資料使用者」、「直接促銷」、「核對程序」及「個人資料」，具有《條例》中規定的含義。

就本通知而言：

「客戶」指資料當事人，包括（但不限於）現有及潛在保單持有人、受保人、受益人或指定或有權獲得保單下的款項及/或其他利益的其他人士；及職業退休計劃下的成員；及強積金計劃下的計劃成員；及投資基金的股份/單位持有人。

「香港」指香港特別行政區。

「宏利」指與各自客戶相關的宏利人壽保險(國際)有限公司、宏利公積金信託有限公司、宏利投資管理(香港)有限公司或某一宏利基金(視情況而定)。

「某一宏利基金」指由宏利集團的某一成員不時所發起或管理的任何投資基金(包括但不限於宏利環球基金及宏利盈進基金SPC)，而「宏利基金」指所有此等投資基金。

「宏利集團」指宏利金融有限公司及其子公司和關聯公司(其中包括但不限於宏利人壽保險(國際)有限公司、宏利公積金信託有限公司、宏利投資管理(香港)有限公司)及宏利基金。宏利集團每一成員於本通知下的權利和義務，均為單獨而非連帶的。對於宏利集團另一成員的任何作為或不作為，宏利集團的任何其他成員概不承擔任何責任。

「條例」指《個人資料(私隱)條例》。

收集

2. 為建立或繼續業務關係或提供產品或服務，客戶需要不時向宏利提供個人資料。如未能提供該等資料可能導致宏利無法建立或繼續業務關係，或無法提供產品或服務。
3. 另外，宏利在業務關係存續的正常過程中(例如，申請變更保單下的受益人/受保人；或僱主通知變更參與職業退休計劃/強積金計劃的僱員成員的僱用情況/地址；或投資基金聯合股份持有人申請基金轉換)從客戶處及/或針對客戶收集或獲得個人資料。

目的

4. 取決於客戶與宏利的關係性質，使用客戶個人資料的目的各有不同。該等目的可能包括：
- (a) 處理、評估和確定客戶對產品及/或服務的申請或要求；
 - (b) 執行、維持、管理和運作向客戶提供的產品及/或服務；
 - (c) 確認客戶身份並識別客戶；
 - (d) 確認所收集資訊的準確性；
 - (e) 加深了解客戶的財務狀況、評估客戶申請、評估宏利所承擔的風險並審核提交給宏利的理賠；
 - (f) 與客戶提出、針對客戶提出或在其他方面涉及客戶的、與任何產品及/或服務相關的任何索賠有關的任何目的，其中包括但不限於提出該等索賠、就其進行辯護、分析、調查、處理、評估、確定和應對；
 - (g) 根據客戶在宏利持有的帳戶的條款和條件提供投資管理服務、交易和顧問服務、託管服務和其他服務；
 - (h) 履行與產品及/或服務相關的任何職責和活動，包括但不限於市場

推廣、審計、報告、研究、分析、再保險以及一般服務和維持網上及其他服務；

- (i) 為客戶研究及/或設計產品及/或服務、宣傳、改進和改善產品及/或服務的提供；
- (j) 開展核對程序(定義見《條例》，但廣義包括對資料當事人兩套或更多套的資料進行比對，以採取不利於資料當事人的行動，例如拒絕申請)；
- (k) 根據對宏利或宏利集團任何成員(無論在香港境內還是境外)有約束力或對其適用的任何法律、法規、規章、守則、指引或指南的規定進行披露，包括但不限於向當地或外國的監管機構、政府機構、諸如保險公司聯會或協會等公認行業組織(無論在香港境內還是境外)、信貸資料服務機構或審計機構進行披露；
- (l) 由於宏利或宏利集團任何成員在相關當地或外國監管機構、政府機構、或公認行業組織(無論在香港境內還是境外)所在司法管轄區的或涉及該等司法管轄區的財務、商業、業務或其他利益或活動而由宏利或宏利集團任何成員承擔或施加給其的、與該等當地或外國監管機構、政府機構、或公認行業組織之間的任何合同、其他承諾或安排；
- (m) 用於經營目的、信貸評估、信貸評分模型或統計分析(每項均包括行為分析以及對與宏利集團之間總體關係的評估，其中包括為遵守關於在宏利集團內部共用資料和資訊的任何義務、要求、政策、程序、措施或安排而使用該等資料，及/或根據宏利集團內任何有關遵守制裁或防止或發現洗錢、為恐怖分子提供資金或其他非法活動的計劃而對資料和資訊進行的其他使用)，無論是針對資料當事人還是其他人的；
- (n) 行使宏利在向客戶提供產品及/或服務方面可能享有的任何權利；
- (o) 進行身份及/或信貸核查；
- (p) 確定應向客戶支付或客戶應付的任何債務金額，向客戶或向為客戶債務提供任何擔保或承諾的任何人收取和追討任何應收金額；
- (q) 使宏利或宏利集團任何成員的權利或業務的實際或擬議受讓人、承讓人、參與人或次級參與人能對該等轉讓、參與或次級參與擬涉及的交易進行評估；
- (r) 宏利提供的任何特定服務或產品中具體規定的目的；
- (s) 與上述相關的任何目的(包括尋求專業意見)，或根據宏利或宏利集團任何成員的一般政策進行的、與保險、職業退休計劃、強積金計劃、投資基金、財富管理服務以及宏利或宏利集團任何成員不時向客戶提供的通知、通告或其他條款和條件中所述的其他金融產品和服務相關的任何其他目的。

承轉人

5. 宏利持有的客戶個人資料將予以保密，但宏利可就上文第4條所載的任何目的將該等資料移轉給下列人士及/或實體(無論在香港境內還是境外)：
- (a) 與客戶、針對客戶或涉及客戶就任何產品及/或服務提起的任何索賠相關的任何人士；
 - (b) 向宏利或宏利集團任何成員提供與業務經營相關的行政管理、電信通訊、電腦、資訊技術、付款、資料處理或儲存、市場推廣、郵寄、列

印、電話行銷、客戶滿意度分析或其他服務的任何代理、承辦商或第三方服務供應商，包括任何託管人、執行人、投資管理人、投資顧問或分銷商；

- (c) 任何信貸資料服務機構或（如出現付款違約）任何債務托收機構；
- (d) 任何顧問（包括其僱員）或其他中介人士/機構（包括其僱員）；
- (e) 再保險商和醫療服務供應商；
- (f) 客戶的僱主；
- (g) 已向宏利或宏利集團任何成員承諾將對該等資料保密的任何人士；
- (h) 宏利或宏利集團的權利或業務的任何實際或擬議受讓人、承讓人、參與人或次級參與人；
- (i) 宏利集團的任何成員；
- (j) 宏利或宏利集團任何成員根據對其有約束力或適用的任何法律、法規、規章、守則、指引或指南的規定有義務或必須向其披露的任何人士，其中包括但不限於任何當地或外國的監管機構、政府機構或公認行業組織；
- (k) 根據由於宏利或宏利集團任何成員在相關當地或外國監管機構、政府機構、或公認行業組織（無論在香港境內還是境外）所在司法管轄區的或涉及該等司法管轄區的財務、商業、業務或其他利益或活動而由宏利或宏利集團任何成員承擔或施加給其的、與該等當地或外國監管機構、政府機構、公認行業組織之間的任何合同、其他承諾或安排，有義務或必須向其披露的任何人士。

個人資料在直接促銷中的使用

6. 宏利擬在下列產品和服務的直接促銷中不時使用客戶的個人資料：
- (a) 保險、公積金及/或公積金計劃、投資基金、財富管理服務或其他金融產品和服務；
 - (b) 獎勵、忠誠度或特權計劃及相關產品和服務；
 - (c) 宏利集團任何成員的合作品牌夥伴的產品和服務（合作品牌夥伴名稱見相關產品和服務（視情況而定）的申請表）。
- 在該等直接促銷中，僅可使用下列類型的客戶個人資料：
- (a) 姓名；
 - (b) 性別；
 - (c) 出生日期；
 - (d) 身份證或護照號碼的一部分；
 - (e) 聯絡資料（包括但不限於電話號碼、傳真號碼、電郵地址、通訊地址及住宅地址）；
 - (f) 客戶已購買或申請的產品及/或服務的資料，包括購買或申請的產品及/或服務的分銷渠道（包括其個人顧問或中介機構）。

除非宏利已經就擬議使用獲得客戶的同意，否則不得如上所述使用資料。

提供個人資料作直接促銷

7. 宏利擬向宏利集團（除宏利本身之外）不時提供客戶的個人資料供宏利集團就下列產品和服務作直接促銷之用，以換取**金錢和其他財產**：
- (a) 保險、公積金及/或公積金計劃、投資基金、財富管理服務或其他金融產品和服務；
 - (b) 獎勵、忠誠度或特權計劃及相關產品和服務；
 - (c) 宏利集團任何成員的合作品牌夥伴的產品和服務（該等合作品牌夥伴名稱見相關產品和服務（視情況而定）的申請表）。

僅可向宏利集團（除宏利本身之外）提供下列類型的客戶個人資料供宏利集團作該等直接促銷之用：

- (a) 姓名；
- (b) 性別；
- (c) 出生日期；
- (d) 身份證或護照號碼的一部分；
- (e) 聯絡資料（包括但不限於電話號碼、傳真號碼、電郵地址、通訊地址及住宅地址）；
- (f) 客戶已購買或申請的產品及/或服務的資料，包括購買或申請的產品及/或服務的分銷渠道（包括其個人顧問或中介機構）。

除非宏利已就擬議提供獲得客戶的書面同意，否則不得如上所述提供資料。

8. 根據《條例》，資料當事人有權：
- (a) 要求查閱其個人資料；
 - (b) 要求對其任何不準確的個人資料進行改正；
 - (c) 查明資料使用者在個人資料方面的政策和慣例；
 - (d) 了解資料使用者持有的個人資料類型；
 - (e) 了解資料使用者持有的個人資料的主要目的或主要擬議目的；
 - (f) 通過下文第9條所載的渠道提出查閱資料要求和改正資料要求。
9. 根據《條例》規定，宏利有權就處理任何查閱資料要求收取合理費用。要求可以書面形式提交給個人資料主任：

宏利人壽保險（國際）有限公司
香港九龍觀塘偉業街223-231號宏利金融中心A座22樓

宏利公積金信託有限公司
香港九龍觀塘偉業街223-231號宏利金融中心A座22樓

宏利投資管理（香港）有限公司
香港九龍觀塘海濱道83號宏利大樓23樓

宏利環球基金、宏利盈進基金SPC、或任何其他宏利基金
香港九龍觀塘海濱道83號宏利大樓23樓