

Group Life & Health Insurance Plan - Employer Particulars Change Form

團體保險計劃 - 更改僱主資料表格

Notes

- Please complete this form in BLOCK LETTERS and check the boxes where appropriate. Please initial any corrections you make on this form.
- Please return completed form to us either by email to group_ins_admin_hk@manulife.com or by fax to (852) 2234 5371 or by mail to our address as appeared at the bottom of this form. DO NOT send the form again if you have emailed or faxed it already.
- Manulife will process this change request upon receipt of this completed form and all pertinent document(s), if any.
- Change request will be effective on the request processing date or the specified effective date, whichever is later.
- The information of the contact person(s)/authorized person(s) is collected in their official capacities.
- Manulife shall assume no responsibility to verify or advise on the changes. Employers are advised to take independent professional advice to determine the appropriate instructions to Manulife.
- *Means delete whichever is inappropriate.

注意事項

- 請用正楷填寫本表格，並於適當空格內加✓號。如須作出任何更改，請於刪改之位置旁簽署。
- 請將填妥的表格電郵至group_ins_admin_hk@manulife.com或傳真至(852) 2234 5371或交回本表格底部之宏利通訊地址。如已電郵或傳真本表格，閣下毋須再次寄交。
- 宏利將於收訖本填妥表格或有關文件（如有）後處理是項申請。
- 更改申請將會於更改當日或列明之生效日期生效，以後者為準。
- 聯絡人/獲授權人士的資料乃因應其職務身份而收集。
- 宏利將不承擔核實更改之責任或就此提供意見。本公司建議僱主尋求獨立的专业意見，以決定向宏利發出適當的指示。
- *表示把不適當之處刪除。

Section I – Details of Employer 僱主資料

Policy No. 保單編號	<input type="text"/>	Effective Date 生效日期	<input type="text"/> DD日 / <input type="text"/> MM月 / <input type="text"/> YYYY年
Full Name of Employer (Company) 僱主（公司）名稱 <input type="text"/>			
The change is applicable to 此更改適用於：			
<input type="checkbox"/> All Accounts 所有公司戶口			
<input type="checkbox"/> Affiliated Company Accounts Name 附屬公司戶口名稱 <input type="text"/>			

Section II – Details of Changes 資料更改

Part A. Employer Contact Information 僱主聯絡資料

<input type="checkbox"/>	Room/Flat 室	Floor 樓	Block/Tower 座數
<input type="checkbox"/> Change of Business Address 更改營業地址 (All correspondence will be sent to this address. 所有通訊文件將寄往此地址)	Name of Building 大廈名稱		Name of Estate 屋苑名稱
	Street No. and Street Name 街道號碼及街道名稱		
	District 區域	<input type="checkbox"/> HK 香港 <input type="checkbox"/> KLN 九龍 <input type="checkbox"/> NT 新界 <input type="checkbox"/> Macau 澳門 <input type="checkbox"/> Other Location (please specify) 其他地區 (請註明):	
<input type="checkbox"/> Change of Attention Person 更改收件人	English Name 英文姓名 (Mr.先生 / Ms.小姐 / Mrs.女士*)		Title in English 職銜 (英文)
	Office Phone No. 公司電話號碼	Country / Area Code 國家 / 地區號碼	Phone No. 電話號碼
	Mobile Phone No. 手提電話號碼	Country / Area Code 國家 / 地區號碼	Phone No. 電話號碼
Email Address 電郵地址			
<input type="checkbox"/> Change of Contact Person 更改聯絡人	English Name 英文姓名 (Mr.先生 / Ms.小姐 / Mrs.女士*)		Title in English 職銜 (英文)
	Office Phone No. 公司電話號碼	Country / Area Code 國家 / 地區號碼	Phone No. 電話號碼
	Mobile Phone No. 手提電話號碼	Country / Area Code 國家 / 地區號碼	Phone No. 電話號碼
Email Address 電郵地址			

Part B. Policy Details 保單內容

1. Change of Benefit Eligibility Requirement 更改僱員參加保險計劃資格

Future full-time employees shall be eligible for benefits 日後新聘的全職僱員將於下示日期合資格參加保險計劃

- upon fulfillment of 連續服務滿 _____ months of continuous service 個月當日 (unless the coverage effective date is otherwise specified in the Employee Enrolment Form/Sheet 於僱員參加表格/登記表格內另有註明保障生效日期則除外)

2. e-Services 電子服務

Request e-Alert notification. 新增電子提示
e-Alert Claim Notification will be sent to employees who have email address registered* upon the claim is being processed. Employer/employees can view the Payment Summary/Advice via e-GLH Online Service.

電子提示賠償通知會於我們在完成索償申請後，向已登記電郵地址的僱員*發出通知。僱主 / 僱員可透過e-GLH網上服務查詢索償詳情及閱覽索償賠款摘要 / 索償賠款通知。
* Claim Payment Advice will be delivered by mail and sent to the Employer for distribution if employee's e-mail address is not provided. Change of Contact Details Form (CS01a) is required to submit by each employee for email registration.
若僱員並沒有提供電郵地址，索償賠款通知將以郵寄方式予僱主派發。更改聯絡資料表格(CS01a)需由僱員遞交作電郵登記。

Request to opt out physical Medical Services Card 不需要實體醫療服務卡

e-Medical Services Card^ will be available online for download by employees via "My Medical Card" at claimsimple.hk. No physical Medical Services Card to be issued by mail for distribution by the employer if the box is ticked.

僱員可於網上claimsimple.hk「我的醫療卡」下載電子醫療服務卡^。如於方格內加上✓號，即代表閣下要求不需要實體醫療服務卡以郵寄方式予僱主派發。

^ e-Medical Services Card cannot be used in Hong Kong private hospitals out-patient clinics or inpatient service. If this box is ticked but the policy possesses such credit facility services, physical Medical Services Card will still be issued.

電子醫療服務卡不適用於香港私家醫院門診或住院服務。如方格內加上✓號，但保單持有該信貸服務，實體醫療服務卡將繼續派發。

Section II – Details of Changes 資料更改 (Continued 續)**3. Request to receive paper statement 要求收取紙本結單**

- Change Summary 更改事項摘要 Group Certificate Holder Listing 團體證書持有人名單

e-Statement will be available for download via e-GLH online service and e-notifications will be sent to your registered email address or mobile number once the e-statement is available. Paper statement will be sent if the box(es) is ticked.

電子結單會上載至e-GLH僱主網站以供下載。當電子結單完成上載時我們會向您已登記的電郵地址或手提電話號碼發出電子結單提示訊息。如方格內加上✓號，即代表閣下要求收取紙本結單。

Part C. Employer Name 僱主名稱

New Employer Name
新僱主名稱

New Specimen of Company Chop
新公司蓋章式樣

Description (please “✓” the appropriate box)
描述 (請在適當的方格內加上「✓」號)

Required Document(s) / information to be submitted with this form
須與本表格一併遞交的文件 / 資料

- Change Employer Name 更改僱主名稱
(Same business registration number
相同的商業登記號碼)

- Limited company 有限公司
 - Copy of new “Business Registration Certificate”; or 新「商業登記證」之副本；或
 - Copy of “Certificate of Change of Name” (for Hong Kong Company); or
「公司更改名稱證書」(適用於香港公司)之副本；或
 - Copy of “Certificate of Registration of Change of Corporate Name of Non-Hong Kong Company”
「非香港公司更改法人名稱註冊證明書」之副本
- Non-limited company 非有限公司
 - Copy of new “Business Registration Certificate”, including related supporting documents(s) pertaining to this change 新「商業登記證」之副本，包括是次更改的有關證明文件

Please fill in the new Name of Business/Corporation appearing on the relevant documents in this Part.
請於本部分填寫於有關文件所載的新業務 / 法團所用名稱。

- Change Legal Entity 更改法律實體
(Different business registration number
不同的商業登記號碼)

- Group Life & Health Application Form 團體保險計劃申請表格
- Group Coverage Transfer Agreement 團體保障轉移協議
- Copy of Business Registration Certificate 商業登記證副本
- As required by Anti-Money Laundering and Counter-Terrorist Financing Ordinance (AMLO) and the Guidelines, customer has to provide document that required for our customer due diligence process.
因應《打擊洗錢及恐怖分子資金籌集條例》及有關之指引，客戶須提供就盡職審查所需文件。

Remarks: Please contact your servicing agent for assistance. 如需協助，請聯絡你的服務代理人。

Section III – Declaration 聲明

I/We being the Policyholder (Employer) under the above Policy hereby declare that the information provided above are true and correct and understand all the terms and implication in respect of the above instructions.

The information provided on this form is collected to enable Manulife to update our customer/policy particulars for the purpose of administering the products/services provided by all companies within the Manulife group of companies in Hong Kong and Macau and also companies which provide trustee/custodian services. The information may be transferred to other division(s) within Manulife or other parties including delegates, intermediaries or any service providers of Manulife, for such purpose(s) or for a purpose directly related to such purpose(s). The regulatory bodies in any jurisdiction shall be authorized to inspect any information under the policy. All data processes may involve a transfer of information to places either within or outside the Hong Kong Special Administrative Region and Macau Special Administrative Region. We are required to supply the information in this form and failure to do so may result in our request being delayed. By writing to the Privacy Officer of Manulife - Employee Benefits, we can request access to and correction of our personal data (if applicable). All information may be treated by Manulife in the same manner as mentioned in the “Notice to Customers relating to the Personal Data (Privacy) Ordinance” (“Notice”) (for Hong Kong policy) / “Manulife Personal Information Collection Statement (version 20150119_M)” (“Statement”) (for Macau policy). In case we have not read the Notice/Statement (where applicable) before, we can obtain such Notice/Statement (where applicable) from our Manulife’s intermediary or through Manulife’s website at www.manulife.com.hk.

We confirm that all copy documents supplied or to be supplied have been and will be verified by us against their original.

We undertake that if there is any change in the information provided, we shall notify Manulife as soon as reasonably practicable. We also undertake to supply additional information in respect of our company or our member(s) 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).

本人/吾等為以上保單的保單持有公司(僱主)，謹此聲明以上提供的資料均屬真實及正確，並明白以上指示的各項條款及含義。

本表格所提供之資料乃供宏利更新吾等之客戶/保單資料，以作為管理由宏利集團旗下一切香港及澳門的所有公司以及為宏利提供信託/託管服務的公司所提供的產品與服務之用。為達致該等目的，或直接或間接與該等目的有關的目的，所提供的資料可轉移予宏利內其他部門或其他人士/團體，包括宏利的受委託者、中介人或任何服務提供者。任何司法管轄區的監管團體將獲授權查看保單內的任何資料。所有資料處理過程或會涉及資料轉移至香港特別行政區及澳門特別行政區及以外地區。吾等須提供本表格所需的資料，否則吾等之要求或會因此而被延誤。吾等有權以書面通知宏利僱員福利部之個人資料主任，要求索閱及更改個人資料(如適用)。宏利可按於《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(20150119_M版本)》(「聲明」)(適用於澳門保單)所述，處理有關資料。假如吾等未有細閱該通知/聲明(如適用)，吾等可從吾等的宏利中介人或透過宏利網址www.manulife.com.hk取得該通知/聲明(如適用)。

吾等確認所有已提交或將提交的文件均已經及將被吾等核實該等文件的正本。

吾等承諾假使所提供的資料有任何更改，吾等將於合理的切實可行範圍內盡快通知宏利有關之改動。吾等並承諾會因應宏利的要求提供本公司或吾等之僱員的附加資料以遵守《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黑錢及恐怖主義融資活動指引》(適用於澳門保單)。

Existing Authorized Signature & Company Chop
現任獲授權人士簽署及公司印章

Date Signed (DD/MM/YYYY)
簽署日期(日/月/年)

Full Name in English (In Block Letters)
英文姓名(請用正楷填寫)

Please return the completed form to 請把填妥的表格寄交：

For Hong Kong policy - Employee Benefits, 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)有限公司僱員福利部。
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。