

Holistic 'Medical Professional Support Service' Registration Form 全方位「醫護專員支援服務」登記表格

Form_CM_REG

I. Insured Person's Information 受保人個人資料

Name 受保人姓名： HKID / Passport No. 香港身份證 / 護照號碼： Policy Number 保單號碼：

Phone number 電話號碼： Email address 電子郵件地址：

II. Policyowner Personal's Information: 保單持有人個人資料 (If applicable 如果適用)

In the event where the Insured is below the age of 18 years and wish to subscribe to this Service. 如受保人未滿 18 歲並希望使用此服務

Policyowner's Name. 保單持有人姓名: (If applicable 如果適用) _____

Phone no. 電話號碼 _____ Email address 電子郵件地: _____

III. Points to Note 注意事項

**Eligible Product**
合資格產品

This form is applicable to below Manulife's Individual Insurance Medical Plans/Benefits: Manulife Supreme VHIS Flexi Plan, ManuMaster Healthcare Series/Benefit, ManuShine Healthcare Series/Benefit. Please refer to pamphlet Holistic 'Medical Professional Support Service' for scope of service.

本表格適用於以下宏利個人保險之醫療保障計劃／附加保障：
宏利晉悅自願醫保靈活計劃、晉領醫療保障系列／附加保障、活亮人生醫療保障系列／附加保障。
有關本服務之詳情，請參閱全方位「醫護專員支援服務」小冊子。

**Required Document**
所需文件

Copy of medical documents including but not limited to laboratory, diagnostic imaging & histopathology report, consultation summary and referral letter.

醫療文件副本、包括但不限於化驗、診斷影像和病理報告、醫療紀錄及轉介信。

IV. Declaration and Authorization 聲明及授權

- I/We hereby authorize any physician, medical practitioner, hospital, clinic or other medical or medically related facility, insurance company, government authority or organization that has any record or knowledge of me/us, my/our health or my/our activities to furnish to Manulife (International) Limited ("Manulife") or its authorized representative such information including without limitation all information with respect to any illness or injury, medical history, consultation, prescription or treatment and copies of all hospital or medical records. A photostatic copy of this authorization shall be as effective and valid as the original. 本人／我們茲授權任何醫生、醫療從業員、醫院、診所或其他醫療機構、保險公司、政府有關部門或其他持有本人／我們個人資料、健康狀況或記錄之組織可以將該等資料，包括但不限於所有有關本人／我們之疾病或受傷、傷患之病歷、診斷報告、藥方或治療及所有醫院或醫療記錄副本等資料予宏利人壽保險（國際）有限公司（“宏利”）或其代理人。此授權書之複製本與正本具同等效力。
- I/ We hereby authorize Manulife to transfer my personal information to any third-party service administrators including but not limited to panel medical service providers for Holistic 'Medical Professional Support Service'. 本人／我們茲授權宏利向任何第三方服務提供者（包括但不限於醫療服務機構提供者）提供我的個人資料以作全方位「醫護專員支援服務」用途。
- I/We have read and agree to the Terms & Conditions of Holistic 'Medical Professional Support Service'. 本人／我們已閱讀及同意全方位「醫護專員支援服務」的條款及細則。
- I/We understand that the Holistic 'Medical Professional Support Service' is not intended to provide or substitute professional medical advice, diagnosis, or treatment. I/We shall always seek the advice of physician or other qualified health provider in relation to any health problems, conditions, treatment or any other matters. 本人／我們明白全方位「醫護專員支援服務」並不提供或取代診斷、治療或醫療意見。本人／我們應就可能出現的健康問題、狀況、治療或需要之任何事宜，諮詢醫生或合資格醫療機構。
- I/We understand that the Holistic 'Medical Professional Support Service' by Manulife shall not be regarded as admission of or assume any responsibility or liability on the part of Manulife. 本人／我們明白宏利提供之全方位「醫護專員支援服務」不能被視為宏利承認或承擔任何有關義務及／或賠償責任。

V. Personal Information Collection Statement 個人資料收集聲明

I/We have received and read the "Notice to Customers relating to the Personal Data (Privacy) Ordinance (version 20130401-01)" ("Notice"). I/We agree and consent to the Notice. 本人／吾等已收訖及閱畢《有關「個人資料（私隱）條例」的客戶通知（20130401-01 版本）》（「通知」）。本人／吾等清楚明白及同意該通知之內容

VI. Others 其他

I/We hereby authorize Manulife to contact my advisor on progress of Medical Case Management Service.
本人/我們茲授權宏利就醫療個案支援服務的進度聯絡我的保險顧問。

Signature of Insured Person / Policy Holder

受保人/保單持有人簽名

For Insured Person aged below 18, signature of Policy Holder is required
如受保人為 18 歲以下必須由保單持有人簽署

Name 姓名

In block letter 以正楷書寫

Date 日期

DD 日 / MM 月 / YYYY 年

Same as Signature of Policy
與保單簽署相同

VII. Terms and Conditions of Holistic 'Medical Professional Support Service' 全方位「醫護專員支援服務」條款及細則：

The Holistic 'Medical Professional Support Service' ("Service") is provided by Manulife (International) Limited (Incorporated in Bermuda with limited liability) ("we" / "us" / "Manulife").

全方位「醫護專員支援服務」（「服務」）由宏利人壽保險（國際）有限公司（於百慕達註冊成立之有限責任公司）（「宏利」或「我們」）提供。

A. General Provision

Except as otherwise specified in this Provisions, all terms and conditions applied to Eligible Product shall have full force and effect. The Service shall only constitute as a value-added service provided by Manulife and not form part of the contractual benefit. The Eligible Product shall be subject to individual policy provisions at all times. Manulife shall have the right to revise and/or update the terms and conditions of this Service from time to time and/or suspend or terminate the Services at any time without prior notice. In case of disputes, we reserve the right of final decisions in all matters. In the event of any conflict between these Provisions for the Services and the individual policy provisions of the Eligible Product, unless otherwise stated herein, the individual policy provisions of the Eligible Product shall prevail.

The terms and conditions of the Services shall be governed by the applicable laws of the Hong Kong Special Administrative Region of the People's Republic of China ("Hong Kong"). In case of any discrepancy between the English version and Chinese version of these terms and conditions, the English version shall prevail.

甲. 一般條文

除本條款及細則列明外，「合資格產品」的保單條款均為適用，並且具十足效力。此「服務」乃一項由宏利所提供的增值服務，並不構成保障內容的一部分。合資格產品應根據有關的個別保單條款。宏利有權不時修改及/或更新本服務的條款及細則及/或隨時暫停或終止服務而毋須另行通知。如有任何異議，宏利的決定應為最終和具結論性的。如果服務條款與合資格產品的保單條款有任何差異，除非在此服務條款另有說明，否則以合資格產品的保單條款為準。

本條款及細則受中華人民共和國香港特別行政區（「香港」）適用的法律管限。如本條款及細則之中英文版本有任何歧異，概以英文版本為準。

B. Eligibility

1. The Service is only applicable to an Insured Person holding an in-force Manulife Supreme VHIS Flexi Plan, ManuMaster Healthcare Series/ Benefit or ManuShine Healthcare Series/ Benefits ("Eligible Product").
2. The eligible medical policy(ies) must be without any relevant exclusion(s) and effective for 2 years from the date of issue or date of reinstatement, whichever is later.
3. To be eligible, the Insured Person must be confirmed with or suspected of having cancer (as defined in policy provisions of your relevant Eligible Product) and the diagnosis(es) of which is/are supported by Registered Medical Practitioner, and Manulife shall have the final right to determine eligibility.

乙. 資格

- 1) 本「服務」只適用於持有生效的宏利晉悅自願醫保靈活計劃、晉領醫療保障系列/附加保障、活亮人生醫療保障系列/附加保障（「合資格產品」）的受保人。
- 2) 合資格醫療保單必須沒有任何相關之不保事項並生效多於兩年（由保單簽發日期或復效日期起計，以較後者為準）。
- 3) 為符合資格，受保人必須已確診癌症或懷疑患上癌症（根據閣下相關「合資格產品」的保單條款之定義），並由註冊醫生確定其診斷，「宏利」有最終資格審核的權利。

C. About the Service

1. Service availability will be provided from Monday to Friday between 9:00 am-6:00 pm (except public holidays).
2. The Service shall not be applicable to emergency conditions.
3. The Service is only available to Insured Persons located in Hong Kong.
4. Personalized Medical Case Manager(s) has/ have medical background and is/ are qualified nurse(s). The Service is supportive in nature, and not intended to provide or substitute professional medical advice, diagnosis, or treatment nor be regarded as admission of or assume any responsibility or liability on the part of Manulife. Insured Person should always seek the advice of physicians or other qualified health provider in relation to any health problems, conditions, treatment or any other matters.
5. Personalized Medical Case Manager(s) recommend(s) Medical Service Provider(s) from Manulife Network according to Insured Person's condition and this is supportive in nature. Insured Person shall be ultimately responsible for deciding to choose the Medical Service Provider(s). Medical Service Provider(s) is/ are independent contractor and are not employees, agent or servants of Manulife. Manulife shall not be responsible and/or liable for any diagnosis, advice or treatment or other acts or omissions performed by these Medical Service Provider(s) and shall not be liable for any acts or omission performed by any other service providers.
6. The Insured Person may discontinue the Services at any time by notifying the Personalized Medical Case Manager.

丙. 關於「服務」

- 1) 服務時間為星期一至五上午 9 時至下午 6 時（公眾假期除外）。
- 2) 本「服務」不包括緊急醫療情況。
- 3) 本「服務」只限於受保人位於香港。
- 4) 專屬醫療個案經理具醫療背景並為合資格護士，惟其提供之服務屬支援性質，並不提供或取代診斷、治療或醫療意見，亦不能被視為宏利承認或承擔任何有關義務及/或賠償責任。受保人應就可能出現的健康問題、狀況、治療或需要之任何事宜，諮詢醫生或合資格醫療服務機構。
- 5) 專屬醫療個案經理會根據受保人的情況從宏利之聯網服務建議醫療服務機構以供選擇，惟此純屬支援，最終選擇概由受保人自行決定。醫療服務機構為獨立承辦商，而非宏利的僱員、代理或受僱人。宏利概不就此等醫療服務機構提供的任何診斷、意見、治療、行為或其他疏忽承擔任何責任，亦不會就其他服務機構的任何行為或疏忽負責。
- 6) 受保人可隨時通知專屬醫療個案經理終止服務。