

REQUEST TO EXERCISE MEDICAL INSURANCE CONVERSION PRIVILEGE 申請行使醫療保險轉保權益

Please complete this Form to exercise the Medical Insurance Conversion Privilege.

請填妥此表格以申請行使醫療保險轉保權益

(This Privilege is only available to the Applicant who is participating in a group life and health insurance policy which provides the Medical Insurance Conversion Privilege in a current and valid Benefit Schedule issued by Manulife.)

[此權益只適用於如申請人所參與的團體保險計劃保單載有醫療保險轉保權益，並列明於宏利所發出的現行及有效的福利賠償表內]

Notes:

- (1) You must complete and sign this Form and send it to Manulife at the address shown below **within 31 calendar days prior to your last date of employment**. Please ensure the Form reaches Manulife on or before your last date of employment.
- (2) In order to process your request to exercise the Medical Insurance Conversion Privilege, please provide the below information. After Manulife has received the information, the assigned insurance advisor will contact you regarding the medical insurance conversion process.
- (3) Dependent(s) (if applicable) who fulfill the eligibility requirements as stated on the provisions of the Medical Insurance Conversion Privilege must elect for the Medical Insurance Conversion Privilege together with the Applicant. If the Applicant is not eligible for this Privilege, his/her dependent(s) are deemed to be ineligible.

注意事項：

- (1) 請填妥及簽署此表格，並於閣下的**最後受僱日期前三十一天內**按以下地址交回宏利。請確保此表格於閣下之最後受僱當日或以前送達宏利。
- (2) 請閣下提供下列有關資料，以便處理閣下的醫療保險轉保申請。宏利會於收受有關資料後，安排委派之保險顧問協助閣下辦理醫療保險轉保手續。
- (3) 根據醫療保險轉保權益之條款，所有合資格的家屬成員(如適用)必須與申請人一同申請參與醫療保險轉保權益。如申請人不符合行使該權益的資格，其家屬成員亦不符合行使該權益的資格。

Information of Applicant 申請人資料

Please provide your personal particulars and the details must be the same as shown on your ID card.

請提供閣下之個人資料，內容必須與身份證相同。

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

HKID Card No. _____ Last Date of Employment* _____
香港身份證號碼 _____ 最後受僱日期 _____

Group Policy No. _____ Certificate No. _____
團體保單編號 _____ 證書編號 _____

Does the Applicant and/or eligible dependent(s) live, work or travel, or expect to live, work or travel outside the Hong Kong Special Administrative Region for a period of over 6 months a year?

申請人及/或合資格家屬成員是否或會否每年在香港特別行政區以外居住、工作或旅遊超過六個月？

Please put ✓ as appropriate 請於適當空格內加 ✓ 號

No 否 Yes 是# Please specify the relevant name(s) 請提供有關姓名 _____

* You are required to inform Manulife in writing for any subsequent changes of your Last Date of Employment.
如閣下之最後受僱日期有任何更改，閣下必須以書面形式通知宏利。

Please note that the Medical Insurance Conversion Privilege is not offered to the Applicant and/or his/her dependent(s) who lives, works or travels outside the Hong Kong Special Administrative Region for a period of over 6 months a year.
If the Applicant and/or his/her dependent(s) lives, works or travels outside the Hong Kong Special Administrative Region for a period of over 6 months during any policy year, Manulife reserves the right to terminate the new medical insurance policy and/or reject any claims submitted.

請注意本醫療保險轉保權益將不適用於每年在香港特別行政區以外居住、工作或旅遊超過六個月的申請人及/或其家屬成員。
如申請人及/或其家屬成員於任何保單周年內在香港特別行政區以外居住、工作或旅遊超過六個月，宏利有權取消新醫療保單及/或不接受任何有關的索償申請。

Contact Information of Applicant 申請人聯絡資料

Please provide the following information for our insurance advisor to contact you by phone and/or via email.

請填寫以下資料以便我們的保險顧問聯絡閣下。

Mobile Phone No. _____ Residential Tel. No. _____ Business Tel. No. _____
手提電話號碼： _____ 住宅電話號碼： _____ 公司電話號碼： _____

Preferred contact time From (a.m./p.m.) _____ to (a.m./p.m.) _____
首選聯絡本人時段： 由 (上午/下午) _____ 時 至 (上午/下午) _____ 時

Email Address _____
電郵地址： _____

Correspondence Address 通訊住址： _____

Room / Flat 室 _____ Floor 樓 _____ Block 座 _____ Name of Building/Estate 大廈/屋苑名稱 _____

Street No./Street Name 街道號碼/街道名稱 _____ District 區域 _____
 H.K. 香港 KLN. 九龍 N.T. 新界 Others 其他 _____

Please note that the contact information collected above will be used to facilitate the handling of medical insurance conversion only and such information will not be updated to your existing policy/account maintained in Manulife's record. If you would like to change your contact details of your existing policy/account with Manulife, please complete the Change of Contact Details Form.

請注意以上所收集之聯絡資料，只會用作安排醫療保險轉保事宜，而並不會為閣下於宏利的保單/賬戶資料作更新之用。閣下如欲更改在宏利所持有的保單/賬戶的聯絡資料，請填寫「更改聯絡資料表格」。

Insurance Advisor Information 保險顧問資料

If you wish to designate a Manulife's insurance advisor to arrange your medical insurance conversion, please provide his/her information below:
閣下如欲委託指定的宏利保險顧問協助辦理醫療保險轉保手續，請提供以下資料：

Name of insurance advisor

保險顧問姓名：

Code of insurance advisor

保險顧問編號：

We will assign an insurance advisor for you if this section is left blank.

如閣下未有提供資料，我們將為閣下委派一名保險顧問。

Declaration 聲明

It is hereby DECLARED, UNDERSTOOD AND AGREED that:

- 1) I authorize Manulife to check my last date of employment as stated in this Form with my employer for verification purpose (if necessary) in relation to my application for the medical insurance conversion.
- 2) I certify that all information provided by me in this Form is complete and true to the best of my knowledge and belief.
- 3) I have obtained the necessary authorization from my proposed insured dependent(s) (if applicable) to supply their information to Manulife. I also understand that the information requested in this Form is required in order for Manulife to process the request for exercising the Medical Insurance Conversion Privilege.
- 4) Information provided in this Form including the personal/policy information under my existing group life and health insurance policy, 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 purposes of
 - (a) approving, underwriting and administering the policy or any alterations, cancellation or renewal of it;
 - (b) facilitate any follow up actions on the medical insurance conversion process and issuance of the policy being applied for under this medical insurance conversion privilege;
 - (c) providing/promoting the insurance or financial related products or services to me through insurance intermediaries or direct marketing; and/or
 - (ii) transferred (inside or outside the Hong Kong Special Administrative Region) to
 - (a) any service providers or insurance intermediaries (regardless of whether the intermediary is designated by me or assigned by Manulife) to fulfill any of the above purposes;
 - (b) any person/organization for the purpose of data verification by way of matching procedures or otherwise.
- 5) 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.
- 6) I have read all the notes on this Form.
- 7) 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"). In case I have not read the Notice before, I can obtain such Notice from my Manulife's intermediary or through Manulife's website at www.manulife.com.hk.

本人明白，同意並謹此聲明：

- 1) 本人授權宏利向本人現任僱主核實本表格上所填寫的最後受僱日期（如適用），以便宏利處理醫療保險轉保申請之用。
- 2) 本人謹此證明，本人於本表格上所提供的一切資料為本人所知的全部及真確無誤。
- 3) 本人已向所有擬受保家屬（如適用）取得授權，可向宏利提供其資料。本人亦明白本表格內提供的資料是讓宏利作處理申請行使醫療保險轉保權益之用。
- 4) 本人於本表格內提供之資料（包括於現有團體保險計劃保單的個人或保單資料）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) 宏利或其聯營公司作以下用途：
 - (a) 批核、核保及管理本保單，或其後進行任何修訂、取消保單或續保事宜；
 - (b) 跟進有關醫療保險轉保申請及按醫療保險轉保權益發出新保單事宜；
 - (c) 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) 在香港特別行政區及以外地區轉交予
 - (a) 任何服務供應商或保險中介人（不論該中介人是由本人或宏利任命）以作上述用途。
 - (b) 任何人士/機構以作配對或其他方法核實資料。
- 5) 本人有權以書面通知宏利的僱員福利部，要求索閱及更改個人資料（如適用）。本人亦可致函要求宏利不要向本人寄發宣傳推廣資料。
- 6) 本人已閱讀本表格之所有注意事項。
- 7) 宏利可按於《有關〈個人資料（私隱）條例〉的客戶通知》（「通知」）所述，處理有關資料。假如本人未有細閱該通知，本人可從本人的宏利中介人或透過宏利網址www.manulife.com.hk取得該通知。

Signature of Employee (the "Applicant") 僱員（即申請人）簽署

Date 日期

Please return the completed form to Employee Benefits, Manulife (International) Limited, P.O. Box 70302, Kowloon Central Post Office.
請把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)有限公司僱員福利部。