



### 團體醫療索償表格

### Group Medical Claim Form

門診索償 OUTPATIENT CLAIM

牙科索償 DENTAL CLAIM

#### 重要事項 Important Notes:

1. 請您填寫此表格前，細閱《有關〈個人資料(私隱)條例〉的客戶通知》(「通知」)。該通知可於宏利人壽保險(國際)有限公司(「宏利」)網址 ([www.manulife.com.hk](http://www.manulife.com.hk)) 或向您的宏利顧問(「顧問」)索取。透過填妥及交回此表格，即表示您同意該通知之內容。  
2. 如此次索償曾於其他保險公司處理，請附上該保險公司的賠償通知書。

1. Please read the [Notice to Customers relating to the Personal Data \(Privacy\) Ordinance](#) ("Notice") before you complete this form. The Notice is available on Manulife (International) Limited ("Manulife")'s website ([www.manulife.com.hk](http://www.manulife.com.hk)) or upon request from your Manulife advisor ("Advisor"). By completing and returning to Manulife this form, you are agreeing to the Notice.  
2. If this claim was processed by another insurer before, please attach Payment Advice issued by the earlier insurer(s).

#### 由受保人填寫 To be completed by Insured Member (必須填寫 Must be provided)

僱主名稱  
Employer Name: \_\_\_\_\_

僱員英文姓名  
Employee English Name (In Full): \_\_\_\_\_

團體保單編號  
Group Policy No.: \_\_\_\_\_

病人英文姓名  
Patient English Name (In Full) \_\_\_\_\_

保險証編號  
Certificate No.: \_\_\_\_\_

正本收據將不獲發還。如需取回收據的核實副本，請於方格內加上 "✓"。

**Original receipt will not be returned. Please "✓" this box for return of certified true copy of receipt.**

#### A. 門診索償 OUTPATIENT CLAIM (請參閱注意事項 (2) Refer Point (2) of Notes)

診症/治療日期 Date(s) of Consultation/Treatment (日/月/年) (DD/MM/YY)	費用 Amount Charged	診症類別 (必須已列於保單的保障範圍內) Type of Treatment (Should be covered under the policy) * 請圈出合適類別 Please circle the appropriate type	病人自行聲明病症 Self Declaration of Diagnosis 適用於香港政府門診(但不包括私家病人或中醫診所)， 亦適用於澳門科大醫院及澳門鏡湖醫院的門診。 Applicable to HK govt clinics (but not for private patients or Chinese medicine visits), as well as Macau UST Hospital & Macau Kiang Wu Hospital outpatient clinics.	已附上 收據 <input checked="" type="checkbox"/> Original receipt attached <input checked="" type="checkbox"/>
1.		* GP / SP / Routine Checkup / Others: _____	病症 Diagnosis	<input type="checkbox"/>
2.		* GP / SP / Routine Checkup / Others: _____	病症 Diagnosis	<input type="checkbox"/>
3.		* GP / SP / Routine Checkup / Others: _____	病症 Diagnosis	<input type="checkbox"/>
4.		* GP / SP / Routine Checkup / Others: _____	病症 Diagnosis	<input type="checkbox"/>

\* GP = 普通科 General Practitioner

SP = 專科 Specialist

CMP = 中醫 Chinese Medical Practitioner

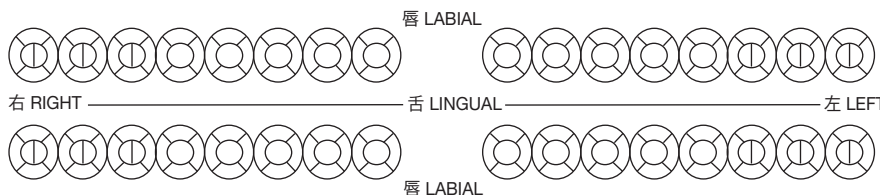
其他 Others = 物理治療 Physiotherapist / 脊醫 Chiropractor / X光 X-ray / 化驗 Lab tests / 例行檢查 Routine Checkup / 住院前之診症 Pre-hospitalisation consultation / 住院後之診症 Post-hospitalisation consultation / 等 etc

#### B. 牙科索償 DENTAL CLAIM

遞交牙科索償前，請確保閣下之保單有提供牙科保障。 Please ensure you are covered under the dental benefit before submitting dental claims.

若閣下的牙科保障是以每顆牙齒計算，請牙醫在收據上註明治療之牙齒號碼及該項收費或填寫以下圖表。

For dental benefit is on PER TOOTH basis, please invite dentist to state the "tooth number" and its charges on receipt or fill in below tooth chart:



牙醫簽署及診所印章  
Signature of Dentist and Clinic Chop

簽署日期  
Date Signed

## C. 聲明及授權書 DECLARATION AND AUTHORIZATION

本人明白，同意並謹此聲明：

- 本人於本表格所提供的一切資料為本人所知的全部及為真確無誤。
  - 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。
  - 從本人／吾等／本人的家屬、保單持有人及擬受保人所收集的資料（包括但不限於個人資料、健康資料及索償記錄），可供宏利用於經營保險／金融業務之用，並可供：
    - 宏利、其關聯公司、僱員、第三方供應商／服務供應商、再保險公司及／或分銷商使用於以下目的：(a) 處理本人申請，包括但不限於釐定資格及批核申請；(b) 核保；(c) 處理索償，包括但不限於管理、評估、裁決、調查、徵求外部專業意見、支付款項、差額管理、代位申索、分析及匯報事宜；(d) 付款請求及／或信貸服務；(e) 管理保單或有關保單的任何變更、取消或續期事宜；(f) 偵查及防範欺詐（無論是否與本申請書所簽發的保單有關）；(g) 提供客戶服務，包括但不限於跟進相關查詢，以及／或與閣下及／或閣下代表之間的通訊事宜；(h) 宏利、宏利的關聯公司或保險／金融行業所開展的統計或精算研究工作；(i) 基於自動化／人工智能的決策或分析；(j) 遵守適用法律、法規及其他相關目的。
    - 轉移至(a) 任何相關公司或其他從事保險或再保險相關業務的公司、中介人、提供保險相關服務的索償、調查或其他機構，或任何現存或不時成立的監管／法定機構、協會或保險公司聯會；(b) 以實現上述任何一項目的及／或以核對程序或其他方式進行數據核實、以及／或進行保單再保險事宜的任何個人／組織；(c) 醫護專業人員、醫院、會計師、法律顧問、僱主；(d) 為保險業整合索償及核保資料的機構、防範欺詐機構、其他保險公司（無論是直接轉移至或透過防範欺詐機構或本段所述之其他人士作出轉移）、執法機構、可供保險業界根據現有資料進行資料分析和核實的數據庫或登記冊（及其營運者）。
- 所有資料處理程序可能涉及將資料轉移至香港特別行政區或澳門特別行政區境內外的地方。
- 本人同意宏利將有關由本人提供的所有資料傳回給保單持有人（即僱主）／受保僱員（如適用）。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保單持有人（即僱主）和本人。本人亦明白本表格內提供的資料是讓宏利作處理本人索償之用。
  - 宏利可按於《有關「個人資料（私隱）」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）（如適用）所述，處理有關資料。
  - （只適用於索償申請文件為電子收據）本人特此聲明，附上之索償申請文件為電子收據，並同意在需要時按要提供付款證明。倘若本人曾經就上述理賠個案向其他保險公司作出賠償申請，本人確認已經附上該保險公司的賠償通知書副本，以作餘額索償申請之用（如適用）。本人明白，倘若有其他保險公司曾就上述理賠個案作出賠償，宏利保留撤銷／取回已賠償之金額的所有權利。本人確認上述理賠個案在其他保險公司沒有正在進行的賠償申請。本人確認，作出以上聲明並不代表宏利保險（國際）有限公司（「宏利」）必須就任何有關索償負上理賠責任。
  - 本人明白並同意宏利有權要求受保人，因資料不確而退回已賠償之金額。
  - 本人已經細讀及明白此「團體醫療索償表格」之所有資料及內容；包括背頁所提供之索償指引及一般不受保項目。

I hereby DECLARED, UNDERSTOOD and AGREED that:

- All information provided by me in this form is complete and true to the best of my knowledge and belief.
  - 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.
  - Information (including but not limited to personal data and health information and claims history) collected from me/us/my dependent, the policyowner/policyholder and the proposed insured, can enable Manulife to carry on its insurance/financial business and may be:
    - used by Manulife, its associated companies, employees, third-party vendors/service providers, reinsurers and/or distributors for the purpose of (a) processing my application, including but not limited to, determining eligibility and approval; (b) underwriting; (c) handling claim(s) including, but not limited to, administering, assessing, adjudicating, investigating, seeking external professional advice, disbursing payment, shortfall management, subrogation, analysis and reporting; (d) requests for payment and/or credit services; (e) administering the policy or any alterations, cancellation or renewal of it; (f) detecting and preventing fraud (whether or not relating to the policy issued in respect of this application); (g) providing customer service, including but not limited to, any follow up on related enquiry and/or communication with you and/or your representative(s); (h) statistical or actuarial research of Manulife, Manulife's associated companies or the insurance/financial industry; (i) automated/ artificial intelligence decision making or profiling; (j) complying with applicable laws, regulations and other related purposes;
    - transferred to (a) any related company or other company carrying on insurance or reinsurance related business or an intermediary or a claims or investigation or other service provider providing services relevant to insurance business or any regulatory/statutory bodies, association or federation of insurance companies that exists or is formed from time to time; (b) any person/organization to fulfill any of the above purposes and/or for the purpose of data verification by way of matching procedures or otherwise; and/or reinsurance of the policy; (c) health care professionals, hospitals, accountants, legal advisors, employers; (d) organisations that consolidate claims and underwriting information for the insurance industry, fraud prevention organisations, other insurance companies (whether directly or through fraud prevention organisation or other persons named in this paragraph), law enforcement agencies and databases or registers (and their operators) used by the insurance industry to analyse and check information provided against existing information.
- All data processes may involve a transfer of information to places either within or outside the Hong Kong Special Administrative Region/Macau Special Administrative Region.
- I agree Manulife to transfer back all supplied information from me to the policyholder (i.e. the Employer)/ the insured employee (where applicable). I have obtained the necessary authorization from my dependent to (a) supply their information to Manulife; and (b) transfer back all supplied information from them to the policyholder (i.e. the Employer) and me if my dependent (if applicable) is to be covered. I also understand that the information requested in this form is required in order for Manulife to process this claims.
  - 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 ("Statement") (for Macau policy) (where applicable).
  - (Only applicable when the claim application document(s) is/are digital receipt(s)) I hereby declare that the enclosed claim application document(s) is/are DIGITAL receipt(s), and I agree to provide payment proof upon request if needed. If I have applied to other insurance company(ies) for payment(s) of the abovementioned claim, I confirm that a copy of the payment advice from that insurance company has been enclosed here in support of my/our application for the remaining balance of the claim (if applicable). I understand that Manulife reserves all rights to reverse / claw back any payment made if my claim has been paid by any other insurance company(ies). I confirm that there is no ongoing payment application in relation to the abovementioned claim at any other insurance company. I acknowledge that the making of this declaration shall not in any way determine the liability of Manulife (International) Limited ("Manulife") in any relevant claims settlement.
  - Manulife has the right to reverse/claim back any incorrect payment caused by incorrect information provided by me.
  - I have read and understood the information and content provided in this entire "Group Medical Claim Form", including the Claims Instructions and General Exclusions provided overleaf.

患者/受保僱員簽署 (如病者不足18歲, 則須受保僱員簽署)

Patient's/Insured Employee's Signature (For patient whose age is below 18, insured employee's signature is required)

日期(日/月/年)

Date (DD / MM / YY)

## 注意事項：

- 提交之索償表格，正本單據，收條及發票需列明
  - ✓ 診症／治療日期
  - ✓ 病者姓名
  - ✓ 病症
  - ✓ 各項收費(如診金、藥費、化驗費等)並由主診醫生蓋章及簽署。
- 請覆查收據上之病症名稱。非明確之病症名稱，如醫療疾病／外科病況等，都不足以作理賠評估。
- 如在海外求醫，請提交各項收費服務、病症、病者姓名等之中文／英文翻譯本。
- 請填妥及簽署此表格，並於診症／治療後三個月內遞交至貴公司人事部或有關負責人或以下宏利地址。
- 如門診收據費用是港幣3,000元或以下，索償一旦經由網站 <https://www.claimsimple.hk> 提交後，除非收到宏利通知，不需要提交該索償文件之正本。
- 如您的團體保單已採用電子提示服務及受保僱員亦已於宏利登記電郵地址，我們在完成索償申請後會發出電子提示至此指定的電郵地址。受保僱員請使用宏利用戶名稱及私人密碼，登入 [www.manulife.com.hk](http://www.manulife.com.hk) e-GLH網上服務查詢索償詳情及閱覽索償賠款通知。
- 請登入 [www.manulife.com.hk](http://www.manulife.com.hk) 開啟你的個人賬戶即可查詢您的索償資料及福利賠償表。

想知更多有關門診／牙醫索償，請掃描  
To know more about outpatient / dental  
claims submission, please connect



## 一般不受保項目：

本公司將不會對下列各項開支作出任何賠償，於保障表內特別註明則除外：

- 與受保人因疾病或受傷而須接受之治療或診斷無關之定期身體健康檢查或檢驗，或並非必須之醫療服務。
- 先天性異常、有關不育之治療、絕育手術。
- 牙科護理及治療。惟保單有提供牙科保障除外。
- 整容手術、視力糾正及助聽器，及有關處方。受保人於受保期間因意外受傷而必須接受之治療則除外。
- 分娩(包括剖腹產子或因懷孕引致的狀況)。
- 直接或間接由於不論宣戰與否之任何戰爭、與戰爭有關之行動、暴動、叛亂或民眾騷動導致之受傷或疾病。
- 預防疫苗注射。
- 藥物及酒精治療。
- 精神障礙或心理治療。
- 受保人自殺、試圖自殺或蓄意自我傷害而招致之任何費用。
- 後天免疫力缺乏症(愛滋病)及與後天免疫力缺乏症有關之併發症。
- 受保前已存在之狀況。
- 勞工保償、保險公司或其他醫療保障計劃，已獲得賠償之醫療費用。

以上各項並未全數列出所有不受保項目，詳情請參閱有關保障條款。

## Notes:

- Submit Claim Form, Original receipts, bill and invoice showing
  - ✓ date of consultation / treatment
  - ✓ patient's full name
  - ✓ diagnosis
  - ✓ breakdown charges (consultation fee, medication, laboratory fee, etc) with doctor's stamp and signature.
- Please check again the diagnosis written on receipt. Non-specific diagnosis, for example, medical illness / surgical condition is insufficient to determine the claim eligibility.
- For overseas doctor's visits, please provide translation to English / Chinese on each item, diagnosis, patient name, etc.
- Send this completed and signed form to your Human Resource Department or plan administrator or Manulife at address below within 3 months from date of consultation / treatment.
- For outpatient's receipt amount at HK\$3,000 or below, once the claim submitted via <https://www.claimsimple.hk>, there is no need to submit hardcopy document unless notice from Manulife.
- If your Group Policy has already subscribed e-Alert services and insured employee has registered his/her email address, an e-Alert will be sent to the designated email address upon claim processed. Please use your Username & PIN to check claim result and view Payment Advice via e-GLH Online Service at <http://www.manulife.com.hk>.
- Please login [www.manulife.com.hk](http://www.manulife.com.hk) to initiate your personal account to check your claims result and benefit schedule.

## General Exclusions:

The Company shall not reimburse expenses incurred as a result of the following unless specified in the valid Benefit Schedule:

- Routine physical examinations, health check-ups or tests not incidental to treatment or diagnosis of an insured sickness or injury or any treatment which is not medically necessary unless otherwise provided for in the Clinical Benefits Schedule.
- Congenital anomalies, infertility, sterilization.
- Dental care and treatment unless otherwise provided for in the Dental Benefit Schedule.
- Cosmetic surgery, treatment on refractive errors or hearing aids except as necessitated by injuries wholly occurring during the period of insurance.
- Childbirth (including surgical delivery or pregnancy related).
- Injury or sickness arising directly or indirectly from war or any act of war, declared or undeclared, riots, insurrection, or civil commotion.
- Vaccination and immunization injections.
- Drug addiction or alcoholic treatment.
- Treatment of functional disorders of the mind and psychological treatment.
- Suicide, attempted suicide or intentionally self-inflicted injury, whether sane or insane.
- Treatment of Human Immunodeficiency Virus (AIDS) or ARC (AIDS-related Complex).
- Pre-Existing Conditions.
- Expenses that have been recoverable from Employees' Compensation Law, any government or public programmes of medical benefits', other group or individual insurance.

This is not a comprehensive list of Exclusions, please refer to the specific Benefit Provision for details.

請將填妥的表格連同收據正本交回。Please return the completed form and original receipts to:

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)有限公司團體人壽及醫療保險理賠部。

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。

For Hong Kong policy - GLH Claims, 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.

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。

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.