



Group Life & Health Insurance Plan - Certificate Change Form (To be completed by Employer)
團體保險計劃 - 更改僱員資料表格 (由僱主填寫)

Notes:

- Please complete this form in BLOCK LETTERS and check the boxes where appropriate. Please initial any correction you make on this form.
- Change form should be submitted to Manulife within 31 days from the effective date of change.
- 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.
- Your employee should submit "Change of Personal Particulars Form" or "Change of Contact Details Form" for updating his/her personal particulars and contact information. The forms can be downloaded in Manulife's website at www.manulife.com.hk.
- Manulife will process this change request upon receipt of this completed form and all pertinent document(s), if any.
- 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.

注意事項：

- 請用正楷填寫本表格，並於適當空格內加✓號。請於任何刪改之位置旁簽署。
- 更改表格須於有關更改生效日期後31日內遞交給宏利。
- 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。如電郵或已傳真本表格，閣下毋須再次寄交。
- 如僱員欲更改個人及聯絡資料，僱員可遞交「更改個人資料表格」或「更改聯絡資料表格」。表格可於宏利網站www.manulife.com.hk下載。
- 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。
- 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專業意見，以決定向宏利發出適當的指示。

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| Policy No. 保單編號 | Employer Name 僱主名稱 |
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A. DETAILS OF CHANGE 資料更改詳情

DEPENDENT ADDITION 家屬新增保障

- If the Country of Residence of the dependent is not the same as the employee, please specify. 如家屬之居住地與僱員不同，請加以註明。
- Evidence of Insurability is required from the dependent 家屬須提供受保資格證明
 - if application is submitted to Manulife more than 31 days after the dependent becomes eligible to enroll under this group scheme; and/or 若僱員家屬之申請於其合資格參加此團體保險計劃後超過31天才遞交予宏利；及/或
 - if the group has less than 10 employees at policy commencement or anniversary date. 若團體保單起始日或周年日的僱員人數少於10人。
- Effective Date of Dependent 家屬之生效日期
 - Spouse - The date of marriage or the date the employee becomes eligible, whichever is later. 配偶 - 結婚日期或僱員符合資格的日期，以較後者為準。
 - Child - The 15th day after the date of birth or the date the employee becomes eligible, whichever is later. 子女 - 出生後第15天或僱員符合資格的日期，以較後者為準。
 - For late enrolment, the coverage effective date is subject to the approval of Manulife. 對於逾期投保者，保障生效日期須經宏利批准。

| Cert. No. 證書編號 | Employee's Name (Surname First) 僱員姓名(以姓氏先排) | Dependent's Name (Surname First) 家屬姓名(以姓氏先排) | Relationship# /Sex* 關係/性別 (SP/C)/(M/F) | Dependent's ID/ Passport/Birth Cert. No. 家屬身份證/護照/ 出生證明書號碼 | Date of Birth 出生日期 (dd/mm/yyyy) (日/月/年) | Date of Marriage 結婚日期 (dd/mm/yyyy) (日/月/年) |
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SP - Spouse 配偶, C - Child 子女 * M - Male 男, F - Female 女

CHANGE OF SALARY 更改薪金

Salary amount must be specified using the currency of the policy. If Flat Amount is used as Sum Insured, salary change is not required to be reported.
薪金金額以團體保單所採用的貨幣單位計算。如保額為固定金額，則毋須呈報更改薪金。

| Cert. No. 證書編號 | Employee's Name (Surname First) 僱員姓名(以姓氏先排) | Revised Salary 經調整後薪金 | | Effective Date (dd/mm/yyyy) 生效日期 (日/月/年) |
|-------------------|--|---|---|---|
| | | Mode 支付方式 (M) Monthly月薪 (A) Annual年薪 | Amount (in policy currency) 金額 (團體保單之貨幣單位) | |
| | | <input type="checkbox"/> M <input type="checkbox"/> A | <input type="checkbox"/> USD美元 <input type="checkbox"/> HKD港元 | |
| | | <input type="checkbox"/> M <input type="checkbox"/> A | <input type="checkbox"/> USD美元 <input type="checkbox"/> HKD港元 | |
| | | <input type="checkbox"/> M <input type="checkbox"/> A | <input type="checkbox"/> USD美元 <input type="checkbox"/> HKD港元 | |

CHANGE OF PLAN /COUNTRY OF RESIDENCE 更改計劃 / 居住地

Please make sure that the Country of Residence for the employee and dependent are 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.
請確保僱員及家屬備存於宏利團體保障計劃內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。

| Cert. No. 證書編號 | Employee's / Dependent's Name (Surname First) 僱員 / 家屬姓名(以姓氏先排) | New Plan 新計劃 | New Country of Residence 新居住地 | Effective Date (dd/mm/yyyy) 生效日期 (日/月/年) |
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EMPLOYEE TRANSFER BETWEEN ASSOCIATE ACCOUNTS 附屬賬戶間之僱員轉移

| Cert. No. 證書編號 | Employee's Name (Surname First) 僱員姓名(以姓氏先排) | New Account No. 新附屬賬戶編號 | New Account Name 新附屬賬戶名稱 | Effective Date (dd/mm/yyyy) 生效日期 (日/月/年) |
|-------------------|--|----------------------------|-----------------------------|---|
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B. COVERAGE TERMINATION & OTHER CHANGES 終止保障及其他更改**TERMINATION OF EMPLOYEE COVERAGE 終止僱員保障**

The dependent's coverage shall be terminated on the same date as the employee's coverage being terminated.
家屬保障將與僱員保障同時終止。

| Cert. No. 證書編號 | Employee's Name (Surname First) 僱員姓名(以姓氏先排) | Last Date of Employment (dd/mm/yyyy) 最後受僱日期(日/月/年) |
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TERMINATION OF DEPENDENT COVERAGE 終止家屬保障

| Cert. No. 證書編號 | Employee's Name (Surname First) 僱員姓名(以姓氏先排) | Dependent's Name (Surname First) 家屬姓名(以姓氏先排) | Last Date of Coverage (dd/mm/yyyy) 最後保障日期(日/月/年) |
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**BANK ACCOUNT NUMBER UPDATE (FOR CLAIMS PAYMENT BY AUTOPAY ONLY)
更新銀行戶口號碼(只適用於以自動轉賬方式支付之賠償)**

| Cert. No. 證書編號 | Employee's Name (Surname First) 僱員姓名(以姓氏先排) | Bank Name 銀行名稱 | Bank Account Number 銀行賬戶號碼 | Effective Date (dd/mm/yyyy) 生效日期 (日/月/年) |
|-------------------|---|---|--|---|
| | | <input type="checkbox"/> Hong Kong 香港 _____ | Bank Code 銀行編號 Branch Code 分行編號 Account No. 戶口號碼 | |
| | | <input type="checkbox"/> Macau 澳門 <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 | Account No. 戶口號碼 | |
| | | <input type="checkbox"/> Hong Kong 香港 _____ | Bank Code 銀行編號 Branch Code 分行編號 Account No. 戶口號碼 | |
| | | <input type="checkbox"/> Macau 澳門 <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 | Account No. 戶口號碼 | |

C. DECLARATION 聲明

I being the 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.

It is confirmed and agreed that

- I/We 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 me/us.
- 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 me/us (if applicable).
- I/We 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.

本人為以上保單的僱主，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。

本人確認並同意下列各項

- 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僱員及/或其受保家屬提供的所有資料傳回給本人。
- 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）。
- 本人將就任何因上述聲明出現錯漏及/或本人之僱員及/或其受保家屬違反個人資料（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。

Date Signed (DD/MM/YYYY) 簽署日期 (日/月/年)

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

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。