

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 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 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。
- 請將填妥的表格傳真至(852) 2234 5371或交回本表格底部之宏利通訊地址。如已傳真本表格，閣下則毋須再次寄交。
- 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之專業意見，以決定向宏利發出適當的指示。

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# 關係 (SP/S/D)	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)

SP - Spouse 配偶, S - Son 兒子, D - Daughter 女兒

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	
		<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 Employee Benefits' 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僱員福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)

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)



