

SME Group Medical Insurance Application Form 中小企團體醫療保險投保申請書

H1029

Please submit a copy of business registration certificate along with the completed application form. 請將填妥的投保申請書連同商業登記證副本一併交回。

Details of applicant 申請人資料 (Please complete in ENGLISH BLOCK LETTERS 請以英文正格填寫)	
Company name 公司名稱	
Correspondence address 通訊地址	
Name of contact person 聯絡人姓名	Position of contact person 聯絡人職位
Tel. no. 電話號碼	E-mail address 電郵地址
Total no. of employees 僱員總人數	Policy effective date 保單生效日期 (DD日/MM月/YYYY年)
Business nature 業務性質	Business registration no. 商業登記號碼

Eligibility 參加資格 (Please tick (✓) the boxes as appropriate 請在適當的方格內填上「✓」號)	
For new employees 新僱員 <input type="checkbox"/> On the first day of employment 受僱首日參加 <input type="checkbox"/> On the first day following ____ months' probation 個月試用期滿後之翌日參加 <input type="checkbox"/> Others (please specify) 其他（請註明） <div style="border-bottom: 1px solid black; height: 15px; margin-top: 5px;"></div>	

Category 組別	Category details 組別詳情	Dependant coverage 家屬保障
Example 例子：1	Director 董事	Yes 有 <input checked="" type="checkbox"/> No 否 <input type="checkbox"/>
Example 例子：2	General staff 一般員工	Yes 有 <input type="checkbox"/> No 否 <input checked="" type="checkbox"/>
1		Yes 有 <input type="checkbox"/> No 否 <input type="checkbox"/>
2		Yes 有 <input type="checkbox"/> No 否 <input type="checkbox"/>
3		Yes 有 <input type="checkbox"/> No 否 <input type="checkbox"/>
4		Yes 有 <input type="checkbox"/> No 否 <input type="checkbox"/>
5		Yes 有 <input type="checkbox"/> No 否 <input type="checkbox"/>

Benefits selection 保障選擇 (Please tick (✓) the boxes as appropriate 請在適當的方格內填上「✓」號)						
Category 組別	Core benefit 基本保障	Optional benefits 自選保障				
	Hospitalisation & Surgical Benefit 住院及手術保障	Supplementary Major Medical Benefit 附加醫療保障 (Plan same as core benefit 計劃級別與基本保障相同)		Outpatient Benefit 門診保障 (Can choose the same plan, one level up, or one level down as the core benefit 可以選擇與基本保障相同，高一級，或低一級的計劃)	Dental Benefit 牙科保障 (Can choose plan 1-6 可以選擇計劃1-6)	Personal Accident 人身意外保障 (Can choose plan 1-6 可以選擇計劃1-6)
		Yes 有	No 否	Reimbursement % 賠償率 80% /100%	Reimbursement % 賠償率 80% /100%	
Example 例子：1	Plan 計劃 6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> Plan 計劃 6	<input checked="" type="checkbox"/> <input type="checkbox"/> Plan 計劃 5	Plan 計劃 5
Example 例子：2	Plan 計劃 3	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/> Plan 計劃 4	<input type="checkbox"/> <input checked="" type="checkbox"/> Plan 計劃 3	Plan 計劃 3
1	Plan 計劃 _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> Plan 計劃 _____	<input type="checkbox"/> <input type="checkbox"/> Plan 計劃 _____	Plan 計劃 _____
2	Plan 計劃 _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> Plan 計劃 _____	<input type="checkbox"/> <input type="checkbox"/> Plan 計劃 _____	Plan 計劃 _____
3	Plan 計劃 _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> Plan 計劃 _____	<input type="checkbox"/> <input type="checkbox"/> Plan 計劃 _____	Plan 計劃 _____
4	Plan 計劃 _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> Plan 計劃 _____	<input type="checkbox"/> <input type="checkbox"/> Plan 計劃 _____	Plan 計劃 _____
5	Plan 計劃 _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> Plan 計劃 _____	<input type="checkbox"/> <input type="checkbox"/> Plan 計劃 _____	Plan 計劃 _____

Do the policyholder or any of its directors, shareholders, or beneficial owners (holding 25% or more of the policyholder's shares or voting rights), or any of its subsidiaries, affiliates, or related entities, hold any ownership interest, financial interest, or other interest in any medical facilities, medical aesthetic centres, or entities providing medical or cosmetic services? ☐ Yes 是 ☐ No 否

保單持有人或其任何董事、股東或實益擁有人（持有保單持有人25%或以上的股份或投票權）或其任何子公司、附屬公司或相關機構是否於任何醫療機構、醫學美容中心或提供醫療或美容服務的機構中持有任何擁有權、財務利益或其他利益？

If 'yes', please provide full disclosure of the names of all such entities, the nature of the interests held, and the percentage of ownership or voting rights for each entity.
如「是」，請詳述所有機構的名稱、所持有權益的性質，以及每個機構的擁有權或投票權百分比。

Number of insured persons 投保人數目 (Minimum 2 employees 最少2名僱員)

All eligible permanent full-time employees must be enrolled.
所有合資格的全職僱員必須投保。

All employees with the same eligibility must be enrolled into the same plan.
擁有同一資格組別的所有僱員必須投保同一計劃。

All eligible dependants must also be enrolled into the same plan as the employees.
所有合資格的家屬成員亦必須投保與僱員相同的計劃。

The company can set a maximum of 5 plans depending on the number of employees as shown below:
公司可根據下列僱員人數，設置最多5個保障計劃：

Number of employees 僱員數目	No. of plans 計劃數目
2	1
3 - 6	2
7 - 10	3
11 - 20	4
21 or above 或以上	5

Maximum number of plans per scheme is 5.
每個方案最多可以有5個計劃組別。

All eligible employees must be actively at work on the policy effective date.
在本保單生效當日，所有合資格的僱員必須為正常在職員工。

Individual health declaration is required for group with 4 employees or below.
僱員人數為4人或以下的公司，必須提交「個人健康狀況證明」。

Number of employees 僱員數目						
Age groups (years old) 年齡組別 (歲數)	Plan 計劃 1	Plan 計劃 2	Plan 計劃 3	Plan 計劃 4	Plan 計劃 5	Plan 計劃 6
18 - 25						
26 - 30						
31 - 35						
36 - 40						
41 - 45						
46 - 50						
51 - 55						
56 - 60						
61 - 64						

Number of dependants 家屬數目						
Age groups (years old) 年齡組別 (歲數)	Plan 計劃 1	Plan 計劃 2	Plan 計劃 3	Plan 計劃 4	Plan 計劃 5	Plan 計劃 6
0 - 17						
18 - 25						
26 - 30						
31 - 35						
36 - 40						
41 - 45						
46 - 50						
51 - 55						
56 - 60						
61 - 64						

Declaration 聲明

I/We, the undersigned, desire to effect the insurance specified herein and declared that I/We:

- agree that MSIG Insurance (Hong Kong) Limited reserves its right to reject my application.
- warrant that the information given and answers to questions herein are true and correct to the best of my/our knowledge.
- have not withheld facts likely to influence assessment of this application.
- agree that this application, declaration and other information provided shall form the basis of the contract and agree to accept the terms, limitations, exclusions, conditions, clauses and warranties contained in the policy/policies and/or as modified or extended by any endorsements thereon.

本人(等)(下列簽署人)特此聲明：

- 同意三井住友海上火災保險(香港)有限公司保留其不受理本人投保的權利。
- 保證所填報資料及對所載問題的回答，據本人確信，均為正確無訛。
- 並未隱瞞可能影響本投保書評估的事實。
- 同意本投保書、聲明及所提供的其他資料作為合約基礎，並同意接受本保單所載及/或其任何修訂或擴充的條款、限制、不承保事項、條件、條文及保證。

Declaration of broker commission (if applicable)

經紀佣金聲明（如適用）

The applicant understands, acknowledges and agrees that, as a result of the applicant purchasing and taking up the policy to be issued by MSIG Insurance (Hong Kong) Limited ("MSIG"), MSIG will pay the authorised insurance broker commission during the continuance of the policy including renewals, for arranging the said policy. Where the applicant is a body corporate, the authorised person who signs on behalf of the applicant further confirms to MSIG that he or she is authorised to do so.

The applicant further understands that the above agreement is necessary for MSIG to proceed with the application.

申請人明白、確知及同意，三井住友海上火災保險(香港)有限公司(「MSIG」)會就申請人購買及接受其簽發的保單，於保單有效期內(包括續保期)向負責安排有關保單的獲授權保險經紀支付佣金。假如申請人為法人團體，代表申請人簽署的獲授權人員須向MSIG確認他/她已獲該法人團體授權。

申請人亦明白MSIG必須取得申請人以上的同意，才可以處理其保險申請。

Appendix: Notice to customers relating to The Personal Data (Privacy) Ordinance ("the Ordinance")

MSIG Insurance (Hong Kong) Limited ("MSIG", "we" or "us") would ask that you take the time to read this privacy policy carefully. In case of discrepancies between the English and Chinese versions of this statement, the English version shall prevail.

Privacy Policy

MSIG takes your privacy very seriously. To ensure your personal information is secure, we communicate and enforce our privacy and security guidelines according to the relevant laws and regulations. MSIG takes precautions to safeguard your personal information against loss, theft, and misuse, as well as against unauthorised access, disclosure, alteration, and destruction. Furthermore, we will not sell your personal information to anyone without your consent. MSIG imposes very strict sanction control and only authorised staff on a need-to-know basis are given access to or will handle your personal data, and we provide regular training to our staff to keep them abreast of any new developments in privacy laws and regulations.

We will only retain your personal data in our business records for as long as it is necessary for business and tax purposes as permitted by the laws. We will require our agents, contractors or third parties who provides administrative or other services on our behalf to protect personal data they may receive in a manner consistent with this policy. We do not allow them to use such information for any other purposes. If you have any questions or inquiries regarding our Privacy Policy, please feel free to contact us.

We may amend this Privacy Policy at any time and for any reason. The updated version will be available by following the 'Privacy Policy' link on our website homepage at msig.com.hk. You should check the Privacy Policy regularly for changes.

Personal Information Collection Statement

Personal information is data that can be used to uniquely identify or contact a single person. As our customer, it is necessary from time to time for you to supply us with your personal data in relation to the general insurance services and products ("the Product") that we provide to you and in order for us to deliver and improve customer service. This includes but not limited to the personal data contained in the proposal form or in any documents in relation to the Product or any claim made under the Product.

If you do not provide us with your personal data, we may not be able to provide the Product you need or process your request.

We may use your personal data for:-

- processing and evaluating your insurance application and any variation or renewal of the Product;
- administration of the services and facilities in relation to the Product provided to you;
- conducting identity and/or credit checks;
- invoicing, processing payment instructions and collecting premiums and outstanding amounts from you;
- assessing and processing claims in relation to the Product;
- conducting statistical or actuarial research and/or analysis by us;
- automated decision-making processes, including profiling, for risk assessment and claims management;
- other ancillary purposes which are directly related to the above purposes;
- conducting matching procedures (as defined under the Ordinance);
- complying with applicable laws, regulations or any industry codes or guidelines; and
- detecting, investigating and preventing fraud and/or other illegal activity (whether or not relating to the Product issued in respect of this application).

In connection with any of the above purposes, the personal data that we have collected might be disclosed or transferred to the following persons and/or entities (who may be located within or outside of Hong Kong, or may process or store your personal data outside of Hong Kong):

- third party agents, contractors, service providers and advisors (including but not limited to debt collection agencies, credit reference bureaus or call centers) who provide administrative, communications, computer, data processing and storage, payment, security, information technology, marketing or other services which assist us to carry out the above purposes (including medical service providers, emergency assistance

- service providers, telemarketers, mailing houses, IT service providers and data processors);
- loss adjudicators, claims investigators and medical advisors;
- reinsurers and reinsurance brokers;
- your insurance intermediary;
- our legal and professional advisors;
- our related companies as defined in the Companies Ordinance;
- the Hong Kong Federation of Insurers (or any similar insurance industry association or federation);
- the Insurance Complaints Bureau and similar industry bodies; and
- government agencies and authorities as required or permitted by law;
- the police and fraud investigation or prevention organizations;
- databases or registers (and their operators) used by the insurance industry to analyse and check information provided against existing information; and
- in the event that we transfer all or a substantial part of our business to another company, the transferee of that business, who may then use your personal data to continue carrying out that business.

In order to confirm the accuracy of your personal data, you agree to provide us with authorisation to access and to verify any of your personal data with the information collected by any federation of insurance companies from the insurance industry.

MSIG also intends to use your name, your address, your phone number and email address from time to time to provide marketing materials and conduct direct marketing (including but not limited to promotion, marketing and sales) of the Product.

If you do not wish MSIG to use your personal data for direct marketing as listed above, you should tick the box on the right and send us a copy of this Notice at the address listed below together with the required information which are necessary for us to process your opt-out request. You may also notify us by filling in the "Enquiry form – Opt-out from direct marketing activities" on our website at msig.com.hk. In your notification, you must supply the same required information as listed below.

To enable us to process your opt-out request, please provide us below information and send to: The Data Protection Officer at 9/F, 1111 King's Road, Taikoo Shing, Hong Kong.	
Full name:	
Contact number:	
HKID number:	(for identification purpose)
Policy/Certificate/Acknowledgement number (if you have one):	
Note: This instruction will override all previous instructions relating to direct marketing that have been given to MSIG.	

Under the Ordinance, you have the right to: (a) be informed of the kind of personal data held by us; (b) be informed of the main purposes for which personal data held by us are or are to be used; (c) request access to your personal data held by us; (d) request correction of your personal data held by us; and (e) ascertain our policies and practices in relation to personal data. If you wish to exercise these rights, please write to our Data Protection Officer at 9/F, 1111 King's Road, Taikoo Shing, Hong Kong.

If you have any enquiries or require assistance with this Personal Information Collection Statement, please call us at +852 3122 6922.

Authorised signature (with company stamp)

Name and position

Date (DD/MM/YYYY)

附錄：關於《個人資料（私隱）條例》（「條例」）的客戶通知

三井住友海上火災保險（香港）有限公司（下稱「MSIG」、「我們」或「本公司」）請您仔細閱讀下列條款與條件。如此聲明的英文版本與中文版本內容有歧異，將以英文版本為準。

私隱政策

MSIG極為重視您的私隱。為了保障您的個人資料，我們以有關法例及規例為準則，向公司內部傳達並執行我們定立之私隱及保障指引。MSIG採取切實可行的預防措施以保障您的個人資料免遭受遺失、盜竊、誤用，以及在未經許可之情況下被取用、洩露、更改及破壞。此外，除非得到您的同意，我們均不會出售您的個人資料給任何人。MSIG嚴格執行認可管制，只容許獲授權之職員在必需要的情況下，取用或處理您的個人資料。此外，我們會向職員定期提供培訓，確保他們知悉任何有關私隱法律及規例的新發展。

我們只會在法律容許並必需用於業務及稅務用途之情況下，保留您的個人資料作為我們的業務記錄。我們會向以本公司之名義提供行政或其他服務之代理、承辦商或第三者，要求他們遵循本政策保護有可能收到的個人資料。本公司不會容許他們使用有關資料於任何其他目的。如您對我們的私隱政策有任何疑問，歡迎聯絡我們查詢。

我們可能不時修改此範本。修改後的範本可於本公司網頁 msig.com.hk 下載。您應定期查閱此範本所修改的內容。

個人資料收集聲明

個人資料是可以用作獨立識別或聯絡個別人士之數據。貴為我們的客戶，您須向我們不時供給與我們提供之一般保險服務及保單產品（下稱「保單產品」）相關的個人資料，讓我們可向您提供客戶服務及改善服務質素。當中包括但不限於您在申請表填寫或任何與保單有關之文件上或任何透過保單索償上所載之個人資料。

如您未能向我們提供您的個人資料，我們可能無法提供您所需的產品或處理您的請求。

我們可能將您的個人資料用於以下用途：

- 處理和評估您的保險申請及任何保單產品的變更或續保；
- 管理與保單產品相關的服務和設施；
- 進行身份和/或信用審查；
- 發出賬單、處理付款指示及向您收取保費和未結清款項；
- 評估及處理與產品相關的索償；
- 進行統計或精算研究和/或分析；
- 風險評估和索償管理的自動化決策過程，包括分析；
- 與上述目的直接相關的其他輔助用途；
- 進行配對程序或相關活動（如有關係例中所定義）；
- 遵守適用的法律、法規或任何行業守則或指引；及
- 偵測、調查和防止欺詐及/或其他非法活動（無論是否與本申請下所發出的保單產品有關）。

在以上任何目的下，我們收集的個人資料可能會被披露或轉移至以下人士和/或實體（他們可能位於香港境內或境外，或可能在香港境外處理或儲存您的個人資料）：

- 向我們提供行政、通訊、電腦、數據處理和儲存、支付、保安、資訊科技、營銷或其他協助我們實現上述目的的服務的第三方代理、承包商、服務供應商及顧問（包括但不限於追討欠款機構、信用調查局或呼叫中心，以及醫療服務供應商、緊急救援服務供應商、電話促銷商、郵寄及印刷服務商、資訊科技服務供應商及數據處理服務商）；
- 處理索賠個案的理賠師、理賠調查員及醫療顧問；

- 再保險公司及再保險經紀；
- 您的保險中介人；
- 我們的法律及專業顧問；
- 我們的關連公司（以《公司條例》內的定義為準）；
- 香港保險業聯會（或同類的保險行業協會或聯會）；
- 保險投訴局及同類的保險業機構；
- 法例要求或許可的政府機關；
- 警方及防止或調查欺詐的組織；
- 保險業就現有資料而對所提供的資料作出分析和檢查的數據庫或登記冊（及其運營者）；及
- 在我們將全部或大部分業務轉讓給其他公司時，該業務的受讓人可繼續使用您的個人資料來執行該業務。

為了確保您的個人資料之準確性，您同意授權本公司查閱並核實任何由保險業界內保險公司聯會所收集有關您的個人資料。

MSIG亦擬不時使用您的姓名、地址、電話號碼及電郵地址提供產品的市場推廣及直接促銷（包括但不限於推廣、營銷及銷售）。

如您不欲MSIG將您的個人資料用作直接促銷用途，您應於右列方格加上剔號並將此通告之副本連同您要求拒絕直接促銷活動所必須提供的資料（詳情如下）郵寄至下列地址。您亦可填妥本公司網頁 msig.com.hk 的「[查詢表格—拒絕直銷活動](#)」通知我們。在您的通知中，您必須於提供以下列出的相同所需資料。

為讓我們能夠處理您以上提出的拒絕直接促銷活動之請求，請提供以下資料並寄至：香港太古城英皇道1111號9樓，資料保護主任收。
姓名：
聯絡電話：
香港身份證號碼： （作識別之用）
保單號碼/證書編號/確認編號（如適用）：
附註：此拒絕直接促銷活動要求將會取代您先前給予MSIG一切關於直接促銷的指示。

根據條例，您有權：(a) 知悉我們所持有的個人資料種類；(b) 知悉我們所持有的個人資料的主要用途；(c) 查閱我們所持有的您的個人資料；(d) 更正我們所持有的您的個人資料；及 (e) 查詢我們有關個人資料的政策和實務。如您希望行使這些權利，請致函香港太古城英皇道1111號9樓，我們的資料保護主任收。

如您對此個人資料收集聲明有任何疑問或須協助，請致電 +852 3122 6922 與我們聯絡。

授權簽署 (連公司蓋章)

姓名及職位

日期 _____ (日/月/年)