



Liberty
Insurance™



Regional Insurance Management (International) Limited

東茂保險代理(國際)有限公司

Unit 2604 26/F 9 Chong Yip Street Kwun

Tong Kowloon

Tel: 2861 3122 Fax: 3016 9813

E-mail: info@regional.com.hk

Liberty International Insurance Ltd

利寶國際保險有限公司

13/F, Berkshire House, 25 Westlands Road,
Quarry Bay, Hong Kong

Tel: (852) 2892 3888

Fax: (852) 2572 8071

www.libertyinsurance.com.hk

proMedico Group Application Form
proMedico 團體申請表

Part A: Company Details 第一部份：公司資料

Company Name (The Policyholder) 公司名稱(投保公司): _____

Address 地址: _____

Contact Person 負責人姓名: _____ Position 職位: _____

Designated E-mail Address 指定電郵地址: _____ Fax 傳真號碼: _____ Telephone 電話: _____

Subsidiary Company Name 附屬公司名稱: _____

Address 地址: _____

Nature of Business 業務性質: _____ Business Registration No. ^ 商業登記編號^: _____

^(Please attach copy of Business Registration. 請附上商業登記證副本)

Part B: Policy and Scheme Details 第二部份：保單及計劃資料

Accepted Quotation No. 已接受的報價編號： _____

Policy Commencement Date: 保單生效日期: _____ (MM 月) / _____ (DD 日) / _____ (YYYY 年)

(Tick ✓ as appropriate 請在適當空格內✓)

* Outpatient Medical Card Facility *門診醫療卡: No 不需要 Yes 需要

Eligibility for Employees Joining the Scheme 新受保僱員可生效之日期:

Immediate Cover 即時生效 First Day Following _____ Months' Probation
----- 個月試用期滿後之翌日

Medical Claims Reimbursement Method 醫療賠償付款方法: Autopay 自動轉賬

The policy will be issued on a Non-Contributory basis Contributory basis (_____%)
保單將會簽發由 僱主繳付 僱員繳付 (_____%)

Has your Company provided any medical insurance cover for your employees within the last 12 months from the Policy Commencement Date? 貴公司曾否在本保單生效日期前 12 個月內為僱員提供其他醫療保險計劃?

Yes (Please attach the benefit schedule, employee member list and claims experience report) No 否
是 (請附上福利計劃表、僱員資料表及醫療賠償記錄。)

* Please refer to Policy for employer's indemnity on medical shortfall credit risks 有關僱主所提供的醫療信貸責任補償，詳情請參閱保單

Part C: Benefit Details 第三部份：投保項目

Tick ✓ as appropriate 請在適當空格內 ✓

Plan No. 計劃編號	Plan A Economy	Plan B Executive	Plan C International		Plan C Plus International Plus		Outpatient 門診護理	Dental 牙科
			Maternity coverage 分娩護理					
			No 不包括	Yes 包括	No 不包括	Yes 包括		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part D: Classification of Insured Members 第四部份：受保僱員定義

(Please define the Insured Member Classes. 請界定僱員類別。)

Dependent Cover 家屬保障

Plan No. 1 _____ Yes 有 No 沒有
計劃 1
Plan No. 2 _____ Yes 有 No 沒有
計劃 2
Plan No. 3 _____ Yes 有 No 沒有
計劃 3
Plan No. 4 _____ Yes 有 No 沒有
計劃 4

The Policyholder 投保公司

1. agrees to furnish all information regarding all employees as required by Liberty for the purpose of premiums and/or benefits calculation.
同意於需要時，提供全體僱員之資料，以便保險公司核算保險費用及福利。
2. agrees to request individual employees (if necessary) to take part in all underwriting requirements by Liberty.
同意要求個別僱員(如必須)參與保險公司所要求之驗身以便作核保之用。
3. agrees to pay all the required premium to Liberty.
同意支付全數之保費予保險公司。
4. declares that all eligible employees are actively at work on the Policy Commencement Date.
聲明在本保單生效當日，所有符合參加資格之僱員皆為正常在職之僱員。
5. declares that all statements made in this Application Form and Employees' Enrolment Form are complete and true. The Policyholder understands that this information shall form part of the Policy between the Policyholder and Liberty, and shall be the basis of Liberty's acceptance.
聲明在此投保申請表及僱員登記表內陳述之資料均為完整及真確。投保公司並明白此資料可作為投保公司與保險公司所定保單的一部份，亦會被視為保險公司核保之憑證。
6. understands all the information affecting the assessment of the risk has been disclosed, and is true to the best of my/our knowledge and belief
明白任何足以影響風險估值的資料，均基於誠信原則據實呈報。
7. agrees to fully reimburse the difference or shortfall for any ineligible treatment or untitled benefits under the Policy and agrees to pay a HK\$30 replacement fee in the event of loss or theft of a Liberty Medical Card.
同意全數支付由非保單包括之治療及保障所產生的差額。若利寶醫療卡遭遺失或偷竊，投保公司同意支付港幣 30 元以作每張新卡之補發費用。
8. agrees and authorizes Liberty International Insurance Ltd. to appoint Medical Doctor Network for providing medical and related services to each insured member under the Group Policy as notified by the Policyholder from time to time
受僱主同意和授權於利寶國際保險有限公司選用指定之醫療網絡醫生，隨時為僱員提供有關之醫療團體服務。
9. understands this application shall be the basis of the insurance contract between me/us and Liberty. I/We further agree to accept Liberty's Policy terms and conditions, exclusions and conditions to be expressed therein, endorsed thereon or attached thereto..
明白本投保申請書將會作為我(們)與利寶國際保險有限公司訂立保險契約之依據。我(們)同意接受利寶保單的條款及所附之除外責任和背書。
10. agrees to be bound by all the terms and conditions as set forth in the ENDOEX Form provided by Liberty to be used for submission of endorsements of information regarding our employees and /or dependents (e.g. enrollments, benefit changes and/or termination). Liberty is authorized to rely on the completed ENDOEX Form sent via email from the Contact Person and Designated Email Address as indicated to process the endorsements even though it may not bear any signature, company chops or other identification from our company.
同意受利寶所提供用以提交有關本公司僱員及/或家屬的附帶批單資料(如參與僱員投保登記、福利變動及/或保障終止等)的 ENDOEX 表格所載的所有條款及條件約束。即使 ENDOEX 表格並無任何簽名或加蓋公司圖章，或並無本公司的其他標識，利寶仍有權倚賴由聯絡人透過所示的指定電郵地址以電郵發送並經填妥 ENDOEX 表格以處理附帶批單。
11. agrees that we will notify Liberty if there are any changes to the Designated Email Address or Contact Person in writing as soon as the changes take effect. Liberty shall not be held responsible or liable for any harm that our company, our employees and their dependents may suffer in connection with the failure to notify Liberty of such changes.
同意盡快以書面通知利寶，有關指定電郵地址或聯絡人的任何變動。利寶概不就本公司、本公司僱員及彼等家屬因未有通知利寶有關變動而可能蒙受的任何損害承擔或負上責任。
12. acknowledges that email services over the internet is not a secure medium where privacy can be ensured and that complete security and confidentiality over the internet is not possible at this time. Liberty shall not be held responsible or liable for any harm that our company, our employees and their dependents may suffer in connection with any such breach of confidentiality or security.
承認互聯網的電郵服務並非可確保私隱的安全媒介，而至現時為止互聯網服務或未能達致完全安全及保密的程度。利寶概不就本公司、本公司僱員及彼等家屬因任何有關違反保密或安全事宜而可能蒙受的任何損害承擔或負上責任。
13. understands that (1) it is duly authorized to release the information of its being the Insured and their Insured Dependants Member and will fully indemnify Liberty for any losses, damages, or claims that might result from the release of such information; (3) Liberty may not process this application if it fails to obtain any information requested in this Application; and (2) it has the right to obtain access to and to request amendments of any personal information held by Liberty concerning the Insured Members and to inform all Members regarding this contract before submitting their personal information to Liberty. Liberty shall not accept any liability for uninformed Members. You may contact Liberty's personal data privacy officer at the address below for any request to access and/or correct any information supplied to us. Moreover, Liberty is hereby authorized to obtain access to and/or to verify any of your data with the information collected by the Federation from the insurance Industry.
明白(1)本公司獲得正式授權，可以提供其僱員及其家屬的資料予利寶，並全面保障利寶免因提供該資料而遭受任何損失、損害或索償；(2)倘若申請人未能提供本申請所需的資料，利寶可能未能處理本申請；及(3)申請人有權查閱及要求更正利寶持有有關投保人的所有個人資料及在遞交申請之個人資料予利寶前，須就有關合約通知所有投保人。利寶不會就投保人未獲通知而負上任何責任。閣下可聯絡本公司個人資料私隱主任，地址如下，要求查閱/更改任何交予本公司閣下的個人資料。此外，在此授權利寶國際保險有限公司由「聯會」從保險業內收集的資料中查閱及/或核對閣下的任何資料。
14. understands, acknowledges and agrees that, as a result of the applicant purchasing and taking up the policy to be issued by Liberty International Insurance Limited, Liberty will pay the authorized insurance **Broker commission** during the continuance of the Policy including renewals, for arranging the said Policy. Where the Policyholder is a body corporate, the Authorized Person who signs on behalf of the Policyholder further confirms to Liberty that he or she is authorized to do so. The Policyholder further understands that the above agreement is necessary for Liberty to proceed with the application.
投保公司明白、確知及同意，利寶國際保險有限公司會就其購買及接受保險公司簽發的保單，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顧問公司支付佣金**。假如投保公司為法人團體，代表申請人簽署的獲授權人員須向保險公司確認他/她已獲法人團體授權簽署。投保公司亦明白保險公司必須取得申請人以上的同意，才可以處理有關申請。

Yes, the Policyholder has read and understood the above arrangement.
是，投保公司已閱讀及明白上述有關佣金之安排

Part F : Personal Data Collection Statement 第六部份 : 個人資料須知聲明

Liberty International Insurance Limited (referred to hereinafter as the “Company”) recognizes its responsibilities in relation to the collection, holding, processing, use and/or transfer of personal data under the Personal Data (Privacy) Ordinance (Cap. 486) (the “Ordinance”).

利寶國際保險有限公司（以下簡稱『本公司』）根據『個人資料（私隱）條例』（香港法例第 486 章）（以下簡稱『條例』）就收集、持有、處理、使用和/或轉移個人資料承擔有關責任。

Purpose 目的

The personal data of customers (including but not limited to policy owners, insureds and beneficiaries) collected or held by the Company may be used, stored, processed, transferred or disclosed or shared for the following obligatory purposes :-

本公司所收集或持有的客戶個人資料（包括但不限於保單持有人，受保人及受益人），可能會使用、存儲、處理、轉移、或披露或分享致以下各強制性的目的：-

1. Processing and determining insurance applications, insurance claims and providing ongoing insurance services;
處理和確定保險申請書、理賠，及持續提供保險服務；
2. Processing requests for payment and for direct debit authorization;
處理付款事宜和直接付款授權書；
3. Managing, investigating and analyzing any claim, action and/or proceedings brought against the customers, and to exercise the Company's rights as more particularly defined in applicable policy wording, including but not limited to subrogation rights;
管理、調查和分析任何索償事宜、訴訟和/或針對客戶的訴訟，以及行使本公司根據保險條款賦予的權利，包括但不限於代位權；
4. Compiling statistics or using for accounting purposes;
從事統計資料或用於會計事務；
5. Conducting research, insurance surveys and analysis for the purpose of product design and development;
從事研究、保險調查及開發產品和設計之分析；
6. Meeting disclosure requirements of any local or foreign law, regulations, codes or guidelines binding on the Company, its parent and affiliated companies (“Liberty Mutual Group of Companies”)
履行任何對本公司、母公司和附屬公司（『利寶互助保險集團公司』）具有約束力的本地或海外法律、法規、守則或指引之披露要求；
7. Complying with the legitimate requests or orders of the courts of Hong Kong Special Administrative Region and regulators including but not limited to the Insurance Authority, Hong Kong Federation of Insurers, auditors, governmental bodies and governmental-related establishments binding the Liberty Mutual Group of Companies;
遵守香港特別行政區的法院命令和包括但不限於保監處，香港保險業聯會，核數師，政府機構和政府成立之相關監管機構對利寶互助保險集團公司具有約束力的合法要求；
8. Enabling an actual or proposed assignee of the Company to evaluate the transaction intended to be the subject of the assignment;
協助本公司的實質或建議受讓人評估有關之轉讓交易；
9. Conducting identity and/or credit checks and/or debt collection;
從事核實身份和/或信貸審查和/或追收債務；
10. Conducting medical or health reference checks for relevant insurance products; and
為相關保險產品進行具參考用途之醫療或健康調查；及
11. Facilitating the Company's authorized service providers to provide services to the Company and/or customers for the above purposes
協助本公司所授權之服務供應商向本公司和/或客戶提供上述目的之服務；

Please note that if you do not provide us with your personal data, we may not be able to issue your policy, process claims or provide insurance products or services to you or process your request.

如閣下不向我們提供個人資料，我們未必能夠簽訂保單、處理索償、提供保險產品、服務或處理您的要求。

Direct Marketing 直接營銷

Certain personal data of customers collected or held by the Company, in particular, names and contact information such as telephone number, email address and postal address may be used by the Company and/or the Liberty Mutual Group of Companies to provide marketing materials and conduct direct marketing activities (including but not limited to promoting, marketing or selling of the Company, Liberty Mutual Group of Companies or co-branded insurance or financial or investment related products or services by electronic or other means) in relation to insurance and/or financial products and services of the Company, the Liberty Mutual Group of Companies and/or other financial services providers. Please tick the box at the bottom of this PICS if you do not consent to receive such marketing communications.

本公司所收集或持有的客戶個人資料，特別是姓名和聯繫資料，如電話號碼、電子郵件地址和郵政地址，可能會用以提供本公司和/或利寶互助保險集團的公司的營銷材料，並進行有關本公司、利寶互助保險集團公司的保險及/或金融產品及服務和/或其他金融服務供應商的直接營銷活動（包括但不限於通過電子或其他手段促銷，推廣或銷售本公司、利寶互助保險集團公司或聯營公司有關保險或財務或投資產品或服務）。如果你不同意接收有關直銷通訊，請於本個人資料收集聲明下方標上✓號。

In the absence of any “opt-out” request from the customer, the Company shall treat the application and continuation of his/her policy(ies) held with the Company as an indication of no objection to the Company's use of such personal data for this voluntary marketing purpose.

如客戶沒有“選擇退出”的要求，其保險申請書及於本公司持有之保單持續生效將被視為不反對本公司將其個人資料使用於此自願性的營銷目的。

Transfer of personal data 個人資料之轉移

Your personal data held by the Company will be kept confidential but may be shared with the following parties, within or outside of Hong Kong :-
本公司所持有的個人資料將予以保密，但可能會與以下香港境內或境外人士分享：-

1. Any Liberty Mutual Group of Companies, or any other company carrying on insurance or reinsurance related business, or an intermediary;
任何利寶互助保險集團公司，或任何其他從事與保險或再保險業務有關的公司，或中介人；
2. Any agent, contractor, banker or third party service provider who provides administrative, telecommunications, computer, payment, banking or other services to the Company in connection with the operation of its business;
任何為本公司業務操作提供行政、電訊、電腦、付款、銀行或其他服務的代理人、承包商、銀行或第三方服務供應商；
3. Third party service providers including legal advisors, investigators, loss adjusters, reinsurers, medical and rehabilitation consultants, emergency assistance companies, medical doctor panel groups, medical advisory consultants, surveyors, specialists, repairers, accountants and data processors;
第三方服務供應商包括法律顧問、調查員、公証行、再保險公司、醫療和康復顧問、緊急救援公司、網絡醫生集團、醫療意見顧問、測量師、專家、維修人員、會計師和數據處理員；

4. Credit reference agencies, and in the event of default, any debt collection agencies or companies carrying on claim or investigation services;
信貸資料服務機構，在違約情況下，任何債務追收機構或辦理索償理賠或調查服務公司；
5. Any person to whom the Company is under an obligation to make disclosure under the requirements of any law binding on the Company or any of its associated companies for the purposes of any regulations, codes or guidelines issued by governmental, regulatory or other authorities with which the Company or any of its associated companies are expected to comply;
本公司或任何聯營公司在遵守由政府，監管機構或其他當權者推行的法規、守則或指引及履行法律責任時需要向其披露之任何人士；
6. Any person pursuant to any order of a court of competent jurisdiction;
根據有司法管轄權的法院命令受權之任何人士；
7. Any actual or proposed assignee of the Liberty Mutual Group of Companies or transferee of the Liberty Mutual Group of Companies' rights in respect of the policy owners;
利寶互助保險集團公司的實質或建議受讓人或利寶互助保險集團公司與保單持有人相關權利的承讓人；
8. Companies within the Liberty Mutual Group of Companies;
利寶互助保險集團公司旗下的公司；
9. Providers of risk intelligence for the purpose of customer due diligence or anti-money laundering screening;
為客戶盡職調查或打擊清洗黑錢的篩選之風險智能供應商；
10. Other banking/financial institutions, commercial or charitable organizations with whom the Company maintains business referral or other arrangements for marketing communication if "no objection" is provided; and
如客戶沒有“選擇退出”的要求，與本公司保持業務轉介或其他安排上之其他銀行/金融機構、商業或慈善組織作為直銷通訊用途；及
11. Third party marketing service providers and insurance intermediaries for marketing communication if "no objection" is provided.
第三方營銷服務供應商和保險中介機構作為直銷通訊用途。

Access and correction of personal data 查閱及更正個人資料

According to the Ordinance, all policyholders have the right to of access to, correct and/or change any of their own personal data held by the Company by contacting the Company's Personal Data Privacy Officer at:

根據條例的規定，所有保單持有人可聯絡本公司之個人資料私隱主任查閱、更正和/或更改自己的個人資料：

Liberty International Insurance Limited, 13/F, Berkshire House, 25 Westlands Road, Quarry Bay, Hong Kong
利寶國際保險有限公司，香港鰂魚涌華蘭路 25 號，栢克大廈 13 樓

In accordance with the Ordinance, a reasonable fee may be charged by the Company for the processing of any data access request.
根據條例的規定，本公司在處理個人資料查閱申請時可向客戶收取合理的費用。

Please tick here if you do not consent to receive marketing communications. 如你不同意接收有關直銷通訊，請標上✓號

	(MM 月)/	(DD 日)/	(YYYY 年)	
Authorized Signature with Company Chop 簽署/連同公司蓋章	Date 日期			Title 職位
Witness by Broker/Agent: 由保險顧問公司/代理人見證	Broker/Agent Company Chop: 保險顧問/代理人公司印章			

Liberty International Insurance Ltd 利寶國際保險有限公司

13/F, Berkshire House, 25 Westlands Road, Quarry Bay, HK 香港鰂魚涌華蘭路 25 號栢克大廈 13 樓

Tel : (852) 2892 3888 Fax : (852) 2572 8071 www.libertyinsurance.com.hk

Should there be any discrepancy between the Chinese and English, the English version shall prevail. 如中英文版本有異，一切以英文版本為準。