



東茂保險代理(國際)有限公司

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ZURICH®

蘇黎世

# Zurich HealthMultiple Medical Insurance Plan Enrollment Form

## 蘇黎世「智樂人生」自選醫療保險計劃投保表格

Please note that the "Zurich HealthMultiple Medical Insurance Plan medical questionnaire" will form part of the "Zurich HealthMultiple Medical Insurance Plan enrollment form" ("Enrollment Form").

「蘇黎世『智樂人生』自選醫療保險計劃醫療問卷」為「蘇黎世『智樂人生』自選醫療保險計劃投保表格」(「投保表格」)的一部分。

Enquiry no. 查詢電話: +852 2903 9391 Fax 傳真: +852 2968 0639

Please tick the appropriate box and \* delete where inappropriate. 請✓適用方格及於\*號刪去不適用者。

Please use blue or black ink and write clearly in **CAPITAL** letters. Please complete the form in English.

請用藍色或黑色原子筆, 用英文大楷清晰填寫資料。

**All fields are mandatory.** 所有項目必須填報。

### 1. Proposer's information 投保人資料

Mr 先生  Mrs 太太  Ms 女士

Last name 姓	First name 名	Chinese name 中文姓名		
Date of birth 出生日期	Day日 Month月 Year年	HKID card no./Passport no. 香港身份證號碼 / 護照號碼*		
Correspondence address 通訊地址	Flat/Room* 室 / 單位*	Floor 樓	Block 座	Building 大廈
Estate name/No. & name of street/Lot no.* 屋苑名稱 / 街名及門牌 / 地段*		District 地區	HK/KLN/NT* 香港 / 九龍 / 新界*	
Email address 電郵地址	Mobile phone number 流動電話號碼			
Marital status 婚姻狀況	Occupation and position 職業及職位			

### 2. Insured person's information 受保人資料

	Insured person 受保人1	Insured person 受保人2	Insured person 受保人3	Insured person 受保人4
Last name 姓				
First name 名				
Sex 性別	<input type="checkbox"/> Male 男 <input type="checkbox"/> Female 女	<input type="checkbox"/> Male 男 <input type="checkbox"/> Female 女	<input type="checkbox"/> Male 男 <input type="checkbox"/> Female 女	<input type="checkbox"/> Male 男 <input type="checkbox"/> Female 女
HKID card no./Passport no./ Birth certificate no.* 香港身份證號碼 / 護照號碼 / 出世紙號碼*				
Date of birth (dd/mm/yy) 出生日期 (日 / 月 / 年)	D 日 M 月 Y 年	D 日 M 月 Y 年	D 日 M 月 Y 年	D 日 M 月 Y 年
Relationship with proposer <sup>1</sup> 與投保人關係 <sup>1</sup>	<input type="checkbox"/> Self 本人 <input type="checkbox"/> Child 子女	<input type="checkbox"/> Spouse/Domestic partner 配偶 / 同居伴侶 <input type="checkbox"/> Child 子女	<input type="checkbox"/> Child 子女	<input type="checkbox"/> Child 子女
Usual country of residence 慣常居住地				
Occupation and position 職業及職位				

<sup>1</sup> Insured person(s) must be the proposer or his/her family member(s). Family members include the proposer's spouse, domestic partner, dependent and unmarried child(ren) below 18 years old. 受保人必須為投保人或其家庭成員。家庭成員包括投保人的配偶、同居伴侶及18歲以下未就業及未婚的子女。

### 3. Choice of cover and plan level 保障項目及計劃級別

#### Core benefits 基本保障

	Insured person 受保人1	Insured person 受保人2	Insured person 受保人3	Insured person 受保人4
Plan level of core benefits – Sections 1–3 基本保障的計劃級別 — 第1節 至第3節	<input type="checkbox"/> Deluxe 尊貴 <input type="checkbox"/> Advanced 特級 <input type="checkbox"/> Essential 精選	<input type="checkbox"/> Deluxe 尊貴 <input type="checkbox"/> Advanced 特級 <input type="checkbox"/> Essential 精選	<input type="checkbox"/> Deluxe 尊貴 <input type="checkbox"/> Advanced 特級 <input type="checkbox"/> Essential 精選	<input type="checkbox"/> Deluxe 尊貴 <input type="checkbox"/> Advanced 特級 <input type="checkbox"/> Essential 精選
<b>Optional benefits 自選保障</b>				
Section 4a – Supplementary major medical cover <sup>2</sup> 第4a節 — 附加醫療保障 <sup>2</sup>	<input type="checkbox"/> Section 4a 第4a節	<input type="checkbox"/> Section 4a 第4a節	<input type="checkbox"/> Section 4a 第4a節	<input type="checkbox"/> Section 4a 第4a節
Section 4b – Voluntary deductible <sup>2</sup> (HKD) 第4b節 — 自願性自負額 <sup>2</sup> (港元)	<input type="checkbox"/> 30,000 (25% discount 折扣) <input type="checkbox"/> 50,000 <sup>3</sup> (35% discount 折扣) <input type="checkbox"/> 80,000 <sup>4</sup> (45% discount 折扣)	<input type="checkbox"/> 30,000 (25% discount 折扣) <input type="checkbox"/> 50,000 <sup>3</sup> (35% discount 折扣) <input type="checkbox"/> 80,000 <sup>4</sup> (45% discount 折扣)	<input type="checkbox"/> 30,000 (25% discount 折扣) <input type="checkbox"/> 50,000 <sup>3</sup> (35% discount 折扣) <input type="checkbox"/> 80,000 <sup>4</sup> (45% discount 折扣)	<input type="checkbox"/> 30,000 (25% discount 折扣) <input type="checkbox"/> 50,000 <sup>3</sup> (35% discount 折扣) <input type="checkbox"/> 80,000 <sup>4</sup> (45% discount 折扣)

<sup>2</sup> The plan level selected must be the same as the one in respect of the core benefits. 所選擇之計劃級別必須與基本保障的計劃級別相同。

<sup>3</sup> It is only applicable to Advanced Plan or Deluxe Plan. 只適用於特級計劃或尊貴計劃。

<sup>4</sup> It is only applicable to Deluxe Plan. 只適用於尊貴計劃。

Plan level of Section 5 – Hospital cash <sup>5</sup> 第5節 — 住院現金 <sup>5</sup> 之計劃 級別	<input type="checkbox"/> Deluxe 尊貴 <input type="checkbox"/> Advanced 特級 <input type="checkbox"/> Essential 精選	<input type="checkbox"/> Deluxe 尊貴 <input type="checkbox"/> Advanced 特級 <input type="checkbox"/> Essential 精選	<input type="checkbox"/> Deluxe 尊貴 <input type="checkbox"/> Advanced 特級 <input type="checkbox"/> Essential 精選	<input type="checkbox"/> Deluxe 尊貴 <input type="checkbox"/> Advanced 特級 <input type="checkbox"/> Essential 精選
Plan level of Section 6 – Critical Illness cover <sup>5</sup> 第6節 — 危疾保障 <sup>5</sup> 之計劃 級別	<input type="checkbox"/> Deluxe 尊貴 <input type="checkbox"/> Advanced 特級 <input type="checkbox"/> Essential 精選	<input type="checkbox"/> Deluxe 尊貴 <input type="checkbox"/> Advanced 特級 <input type="checkbox"/> Essential 精選	<input type="checkbox"/> Deluxe 尊貴 <input type="checkbox"/> Advanced 特級 <input type="checkbox"/> Essential 精選	<input type="checkbox"/> Deluxe 尊貴 <input type="checkbox"/> Advanced 特級 <input type="checkbox"/> Essential 精選
Plan level of HealthMultiple Outpatient Medical Plan <sup>5</sup> 「智樂人生」門診醫療保障 <sup>5</sup> 之計劃級別	<input type="checkbox"/> Platinum 尊尚 <input type="checkbox"/> Enhanced 優越 <input type="checkbox"/> Standard 標準	<input type="checkbox"/> Platinum 尊尚 <input type="checkbox"/> Enhanced 優越 <input type="checkbox"/> Standard 標準	<input type="checkbox"/> Platinum 尊尚 <input type="checkbox"/> Enhanced 優越 <input type="checkbox"/> Standard 標準	<input type="checkbox"/> Platinum 尊尚 <input type="checkbox"/> Enhanced 優越 <input type="checkbox"/> Standard 標準

<sup>5</sup> The plan level selected can be different from the one in respect of the core benefits. 所選擇之計劃級別可與基本保障的計劃級別不同。

### 4. Premium payment 保費支付

	Insured person 受保人1	Insured person 受保人2	Insured person 受保人3	Insured person 受保人4
	Annual 每年 / Monthly 每月	Annual 每年 / Monthly 每月	Annual 每年 / Monthly 每月	Annual 每年 / Monthly 每月
Core benefits premium (HKD) 基本保障保費 (港元)				
Optional benefits premium (HKD) (if applicable) 附加保障保費 (港元) (如適用)				
Deductible discount (if applicable) 自負額折扣 (如適用)				
Family discount <sup>6</sup> (if applicable) 家庭成員折扣 <sup>6</sup> (如適用)				
Total premium payable (HKD) 應付保費總額 (港元)				

Total premium payable = [Core benefits premium x (100% - Deductible discount (if applicable)) + Optional benefits premium (if applicable)] x (100% - Family discount (if applicable))

應付保費總額保費 = [基本保障保費 x (100% - 自負額折扣 (如適用)) + 附加保障保費 (如適用)] x (1 - 家庭成員折扣 (如適用))

<sup>6</sup> Family discount of 5% will be applicable to each insured person if more than one insured person enroll in the plan.  
若多於一名受保人投保此計劃，每名受保人可享5%家庭成員折扣。

## 5. Health questions 醫療問卷

This section should be completed by insured person 1 only. If more than one insured person apply for this plan, please complete the "Zurich HealthMultiple Medical Insurance Plan medical questionnaire" for each of the additional insured person.

以下部分只供受保人1作答。如多於一位受保人申請此計劃時，請每名額外的受保人於「蘇黎世『智樂人生』自選醫療保險計劃醫療問卷」上回答相關問題。

	Yes 是	No 否
1 Please enter your height and weight measurements. 請提供閣下身高及體重資料。 Height 身高: _____ m 米      Weight 體重: _____ kg 公斤		
2 Have you ever been admitted into hospital or sanatorium, or undergone or been recommended to undergo surgery (other than that associated with a full term pregnancy)? 閣下是否曾入住醫院或療養院、或曾接受或被建議接受手術（與足月懷孕有關的除外）？	<input type="checkbox"/>	<input type="checkbox"/>
3 Have you ever been or are you currently taking any medication prescribed for more than 14 days or drugs which are not prescribed by a medical practitioner? 閣下是否曾 / 正在服用任何由醫生處方超過14天之藥物或其他並非由醫生處方的藥物？	<input type="checkbox"/>	<input type="checkbox"/>
4 Have any of your natural parents, brothers or sisters suffered from heart disease, stroke, hypertension, diabetes, kidney disease, mental disorder, hepatitis (or is a hepatitis carrier), cancer or any hereditary disease? (If yes, please state the details including the onset date and treatment details.) 閣下的親生父母或兄弟姐妹是否曾患上任何心臟病、中風、高血壓、糖尿病、腎病、精神失常、肝炎（或肝炎帶菌者）、癌症或任何遺傳病？（若「是」，請提供詳情包括首次發病日期及治療詳情。）	<input type="checkbox"/>	<input type="checkbox"/>
5 Other than medical test(s) required by an employer or insurer, have you ever been recommended by a medical practitioner any medical test, in the past five years? 除了僱主或保險公司指定之醫療檢查外，閣下是否曾在過去五年內被醫生建議進行任何醫療檢查？	<input type="checkbox"/>	<input type="checkbox"/>
6 Have you ever suffered from or been treated or do you foresee to consult with a medical practitioner for any of the following disorders or diseases? 閣下是否曾患上、被診斷為或可預見就以下問題或疾病求診？		
(i) The muscular skeletal system (e.g. muscular or bone disorder, spinal problem, arthritis, gout) or other related symptoms/diseases? 骨骼及肌肉系統（如肌肉或骨骼不適、脊椎問題、關節炎、痛風）或其他有關的徵狀或疾病？	<input type="checkbox"/>	<input type="checkbox"/>
(ii) The respiratory system (e.g. tuberculosis, asthma, chronic bronchitis) or other related symptoms/diseases? 呼吸系統（如結核病、哮喘、慢性支氣管炎）或其他有關的徵狀或疾病？	<input type="checkbox"/>	<input type="checkbox"/>
(iii) The endocrine system (e.g. diabetes, thyroid disorder) or other related symptoms/diseases? 內分泌系統（如糖尿病、甲狀腺問題）或其他有關的徵狀或疾病？	<input type="checkbox"/>	<input type="checkbox"/>
(iv) The gastro-intestinal tract (e.g. any kind of hepatitis or liver disease, gastric or duodenal ulcer or ulcer of any kind, haemorrhoids, hernia, gall bladder, bowel) or other related symptoms/diseases? 腸胃管道（如任何肝炎或肝病、胃或十二指腸潰瘍、任何潰瘍、痔瘡、疝氣、膽囊、腸）或其他有關的徵狀或疾病？	<input type="checkbox"/>	<input type="checkbox"/>
(v) Breast or genitor-urinary organs (e.g. any disease of the kidneys or bladder) or other related symptoms/diseases? 乳房或泌尿生殖器官（如任何腎或膀胱疾病）或其他有關的徵狀或疾病？	<input type="checkbox"/>	<input type="checkbox"/>
(vi) The heart, cardiovascular or circulatory system (e.g. chest pain, any disorder of the heart or arteries, murmur, raised blood pressure, stroke, varicose veins, rheumatic fever) or blood (e.g. anaemia, haemophilia) or other related symptoms/diseases? 心臟、心血管、循環系統（如心絞痛、心臟或動脈問題、心漏症、高血壓、中風、靜脈曲張、風濕熱）或血液（如貧血、血友病）或其他有關的徵狀或疾病？	<input type="checkbox"/>	<input type="checkbox"/>
(vii) The nervous system, mental disorder, psychiatric problem or brain function disorder (e.g. dizziness, epilepsy, paralysis, anxiety) or other related symptoms/diseases? 神經系統、精神失常、精神病或腦功能問題（如暈眩、癲癇、癱瘓、焦慮）或其他有關的徵狀或疾病？	<input type="checkbox"/>	<input type="checkbox"/>
(viii) Impairment of the eyes/ears/nose (e.g. cataracts, ear infections, tonsillitis) or other related symptoms/diseases? 眼、耳、鼻的損傷（如白內障、耳道感染、扁桃腺炎）或其他有關的徵狀或疾病？	<input type="checkbox"/>	<input type="checkbox"/>
(ix) Tumor, cyst, lump, growth, cancer or malignant tumor or other related symptoms/diseases? 腫瘤、囊腫、腫塊、瘤、癌、惡性腫瘤或其他有關的徵狀或疾病？	<input type="checkbox"/>	<input type="checkbox"/>
(x) Venereal disease, AIDS, AIDS related conditions, any blood test for HIV virus? 性病、愛滋病、與愛滋病有關的疾病、或曾接受愛滋病毒血液測試？	<input type="checkbox"/>	<input type="checkbox"/>

If the answer is yes to any of these questions, please provide medical report.  
若上述任何問題之答案為「是」，請提供醫療報告。

## 5. Health questions (continued) 醫療問卷 (續)

- |  |                          |                          |
|--|--------------------------|--------------------------|
|  | Yes<br>是                 | No<br>否                  |
| 7 Are there any health or physical conditions in the last five years not mentioned above which may affect your well being?<br>閣下於過去五年內是否曾有任何以上未提及的健康或身體狀況影響閣下的健康?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 8 Are you having any policy of or making any claim for personal accident insurance, individual medical insurance, hospital cash insurance or critical illness insurance with Zurich Insurance Company Ltd or any other insurer(s)? If yes, please state the policy number, benefits type, the sum insured and the company name of the insurer.<br>閣下現時是否擁有或進行任何蘇黎世保險有限公司或其他保險公司承保之個人意外、個人醫療、住院現金或危疾保單或索償? 若「是」, 請提供保單號碼、保障項目、保額及保險公司名稱。    | <input type="checkbox"/> | <input type="checkbox"/> |
| 9 Have your enrollment, renewal or reinstatement of life insurance, personal accident insurance, medical insurance, hospital income insurance, or critical illness insurance been rejected, or subject to special terms and conditions or additional premium?<br>閣下是否曾於投保、續保或復效任何人壽、個人意外、醫療、住院現金或危疾保險時被拒或須附加特別條款或增收保費始被接納?<br><br>If any answer(s) to Questions 2-9 is "Yes", please give full details below.<br>若問題 2-9 之答案為「是」, 請提供以下詳情。 | <input type="checkbox"/> | <input type="checkbox"/> |

Question No. 問題編號				
2-5, 7-9	Details 詳情:			
6	Nature of diagnosis 疾病性質	Full details of care, treatment or surgery received 所接受之護理、治療或手術之詳情	Outcome of treatment e.g. ongoing, complete recovery, recurrent or likely to recur 治療結果, 如持續治療、完全康復、已復發或有機會復發	Name and address of the medical attendant(s) 主診醫生名稱及地址

The following questions are applicable to insured person who enroll in Section 6 - Critical illness cover:  
以下問題適用於申請第6節 — 危疾保障之受保人:

- |  |                          |                          |   |   |   |   |   |   |                          |                          |
|--|--------------------------|--------------------------|---|---|---|---|---|---|--------------------------|--------------------------|
|  | Yes<br>是                 | No<br>否                  |   |   |   |   |   |   |                          |                          |
| 10 Have you gained/lost weight of 10lb (4.5kg) or more in the last 12 months? If yes, please give reason and exact figure.<br>閣下的體重是否在過去12個月內增加或減少10磅 (4.5公斤) 或以上。若「是」, 請說明確實增加或減少之重量及原因。<br>Exact weight gained/lost* 確實增加/減少*之重量: _____kg 公斤 / lb 磅*<br>and reason 及原因   | <input type="checkbox"/> | <input type="checkbox"/> |   |   |   |   |   |   |                          |                          |
| 11 Do you drink alcohol? If yes, please specify type of drink (e.g. beer, wine, spirit, etc.) and your weekly consumption.<br>閣下是否會飲用酒精飲品; 若「是」, 請註明飲品種類 (例如啤酒、葡萄酒、烈酒等) 及每周飲用量。<br>Type of drink 飲品種類 _____ Weekly consumption 每周飲用量 _____ ml 毫升   | <input type="checkbox"/> | <input type="checkbox"/> |   |   |   |   |   |   |                          |                          |
| 12 Do you smoke or have you ever smoked any cigarettes? If yes, please state details.<br>閣下現在是否或曾吸煙; 若「是」, 請註明每日吸煙數量。<br>Consumption 吸煙數量 _____ pieces/day 支 / 每天 for 達 _____ years 年<br>If you have ceased smoking, please state when and for what reason. 如 閣下已停止吸煙, 請註明戒煙日期。<br><br>Day日 Month月 Year年<br>Date ceased 戒煙日期 <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center; width: 100px;"> <tr> <td style="width: 20px; height: 20px;">D</td> <td style="width: 20px; height: 20px;">D</td> <td style="width: 20px; height: 20px;">M</td> <td style="width: 20px; height: 20px;">M</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> </tr> </table> and reason 及原因 _____ | D                        | D                        | M | M | Y | Y | Y | Y | <input type="checkbox"/> | <input type="checkbox"/> |
| D  | D                        | M                        | M | Y | Y | Y | Y |   |                          |                          |

## 6. Payment method 付款方法

**By check 以支票繳付**  
(Only applicable to annual payment mode  
只適用於每年繳付方式)

Check number  
支票號碼

Bank name  
銀行名稱

**Check made payable to "Zurich Insurance Company Ltd" 支票抬頭人請寫「蘇黎世保險有限公司」**

If the check issuer is not the proposer, please explain the relationship between the check issuer and the proposer  
若支票發出人並非投保人，請列明支票發出人與投保人的關係

**By credit card 以信用卡繳付**

Annual payment 每年繳付

Monthly payment 每月繳付

(The first three months' premium will be debited upon the first payment 首次過賬將扣除首三個月之保費)

Credit card type 信用卡類別



Cardholder's name  
持卡人姓名

Credit card number  
信用卡號碼

Credit card expiry date  
信用卡有效期至

Month月 Year年

M	M	Y	Y	Y	Y
---	---	---	---	---	---

The cardholder hereby authorizes Zurich Insurance Company Ltd to charge automatically the premium due from his/her credit card stated above including subsequent premium payment for renewal of this policy and accepts full responsibility for any overdraft on his/her credit card which arises as a result of such transfer. For the continuation of coverage, the cardholder understands that he/she should arrange sufficient credit balance in his/her credit card by the premium due date for the automatic debit of premium.

The insured person(s) will become the policyholder for his/her insurance plan automatically at policy anniversary should the insured person(s) reach the age of 18 and will be charged with the corresponding renewal premium in accordance with the premium table. Zurich Insurance Company Ltd will collect the renewal premium from the same payment account as stated above on due dates, unless informed otherwise.

持卡人茲授權蘇黎世保險有限公司從他 / 她上述之信用卡以直接轉賬自動支付應繳保費金額包括往後續保的各期保費及同意因該等轉賬而令他 / 她信用卡出現透支，持卡人願承擔全部責任。為了持續的保障，持卡人明白他 / 她須於保費到期日前安排足夠的信貸餘額於他 / 她的信用卡上作保費自動轉賬之用。

如受保人於保單周年日時已年滿18歲，便會自動成為其保單的保單持有人，並會根據保費表收取相應的續保費用。蘇黎世保險有限公司將繼續於到期日時在以上付款賬戶收取續保保費，直至另行通知。

If credit cardholder is not the proposer, please explain the relationship between the credit cardholder and the proposer:  
若信用卡持有人並非投保人，請列明信用卡持有人與投保人的關係：

Signature of credit cardholder  
信用卡持卡人簽署

Date  
日期

Day日	Month月	Year年
D	D	M M Y Y Y Y

**By bank account transfer 以銀行賬戶繳付**  
( Please complete the direct debit authorization form  
請填寫直接付款授權書 )

Annual payment 每年繳付

Monthly payment 每月繳付

(The first three months' premium will be debited upon the first payment 首次過賬將扣除首三個月之保費)

### Direct debit authorization 直接付款授權書

I/We hereby authorize my/our below-named bank to effect transfer from my/our account to that of Zurich Insurance Company Ltd in accordance with such instructions as my/our bank may receive from Zurich Insurance Company Ltd from time to time provided always that the amount of any one such transfer should not exceed the limit indicated below.

本人 / 我們現授權本人 / 我們的下述銀行，根據蘇黎世保險有限公司不時給予本人 / 我們銀行的指示，自本人 / 我們的戶口內轉賬予蘇黎世保險有限公司，惟每次轉賬金額不得超過以下的限額。

I/We agree that my/our Bank shall not be obliged to ascertain whether or not notice of any such transfer has been given to me/us.  
本人 / 我們同意本人 / 我們的銀行無須證實該等轉賬通知是否已交予本人 / 我們。

I/We authorize Zurich Insurance Company Ltd to charge automatically the premium due from my/our account including subsequent premium payment for renewal of this policy and accepts full responsibility for any overdraft on my/our account which arises as a result of such transfer. For the continuation of coverage, I/we understand that I/we should arrange sufficient fund in my/our account by the premium due date for the automatic debit of premium.

本人 / 我們茲授權蘇黎世保險有限公司從本人 / 我們之戶口以直接轉賬自動支付應繳保費金額包括往後續保的各期保費及同意因該等轉賬而令本人 / 我們之戶口出現透支，本人 [ 等 ] 願承擔全部責任。為了持續的保障，本人 / 我們明白本人 / 我們須於保費到期日前安排足夠的款項於本人 / 我們的戶口上作保費自動轉賬之用。

The insured person(s) will become the policyholder for his/her insurance plan automatically at policy anniversary should the insured person(s) reached the age of 18 and will be charged with the corresponding renewal premium in accordance with the premium table. Zurich Insurance Company Ltd will collect the renewal premium from the same payment account as stated below on due dates, unless informed otherwise.

如受保人於保單周年日時已年滿18歲，便會自動成為其保單的保單持有人，並會根據保費表收取相應的續保費用。蘇黎世保險有限公司將繼續於到期日時在下列之付款賬戶收取續保保費，直至另行通知。

## Direct debit authorization (continued) 直接付款授權書 (續)

I/We confirm that my/our signature(s) on this Enrollment Form is/are the same as that/those for the operation of my/our savings/current account to be debited for the transfer.

本人 / 我們確認本人 / 我們在此投保表格上的簽署與本人 / 我們用以轉賬的儲蓄 / 往來戶口的簽署相同。

I/We agree to notify Zurich Insurance Company Ltd of any change of bank account or cancellation of payment method and further agree that should there be insufficient funds in my/our bank account to meet any transfer hereby authorized, the bank shall be entitled, at its discretion, not to effect such transfer in which event the bank may make the usual service charge to be paid by me/us.

本人 / 我們同意會通知蘇黎世保險有限公司任何銀行戶口的變更或取消交費方式，亦同意如本人 / 我們的戶口並無足夠款項支付該等授權轉賬，本人 / 我們的銀行有權不予轉賬，且銀行可收取慣常的收費。

This authorization shall have effect until further notice or until the expiry date written below (whichever is the earlier).

本授權書將繼續生效直至另行通知為止或直至下列到期日為止（以兩者中最早的日期為準）。

I/We agree that any notice of cancellation or variation of this authorization which I/we may give to my/our bank and Zurich Insurance Company Ltd shall be given at least two working days prior to the date on which such cancellation/variation is to take effect.

本人 / 我們同意，本人 / 我們取消或更改本授權書的任何通知，須於取消 / 更改生效日最少兩個工作天之前交予本人 / 我們的銀行及蘇黎世保險有限公司。

Account number

戶口號碼

Bank name

銀行名稱

Name of account holder(s) (As recorded on statement/passbook – Please complete in English)

戶口持有人 (在結單 / 存摺上所紀錄的名稱 – 請以英文填寫)

ID no. of account holder(s)

戶口持有人的身份證件號碼

ID type<sup>7</sup>

身份證件類別<sup>7</sup>

Limit for each payment/month<sup>8</sup> HKD

每次 / 月付款限額<sup>8</sup> 港元

Expiry date 到期日

Day日	Month月	Year年
D	D	M
M	M	Y
Y	Y	Y
Y	Y	Y

Signature of account holder(s):

戶口持有人簽署

Date 日期

Day日	Month月	Year年
D	D	M
M	M	Y
Y	Y	Y
Y	Y	Y

<sup>7</sup> ID type 身份證件類別：I = HKID 香港身份證 P = Passport 護照

<sup>8</sup> If limit for each payment/month is not specified, my/our bank will set the limit as "unlimited".  
如「每次 / 月付款的限額」一欄未有填上，本人 / 我們的銀行會將轉賬限額設定為「不設上限」。

## 7. Declaration 聲明

- I/We hereby apply for Zurich HealthMultiple Medical Insurance Plan ("Plan"). I/We declare that to the best of my/our knowledge and belief the information on this Enrollment Form is true and complete in every respect and all information disclosed have been verified by me/us as true and correct. Where applicable, I/we declare that I/we have full and complete authority from the insured person(s) to sign this application and disclose any personal information being requested to assess this application. I/We understand and agree that this Enrollment Form and declaration will form the basis of the contract between me/us and Zurich Insurance Company Ltd (the "Company").  
本人 / 我們現投保申請蘇黎世「智樂人生」自選醫療保險計劃（「計劃」）。本人 / 我們特此聲明此投保表格的資料乃根據本人 / 我們所知及所信為確實及完全而填報，屬實無訛，所有已披露的信息已經由本人 / 我們核實正確無誤。在適用的情況下，本人 / 我們聲明本人 / 我們已獲受保人授予全權簽署此投保表格並披露所要求的任何個人資料，以作評估申請之用。本人 / 我們明白本人 / 我們與蘇黎世保險有限公司（「貴公司」）的保險合約將照此投保表格及聲明而訂立。
- I/We authorize the Company to obtain medical information from the insured person's medical practitioner(s) and I/we agree to supply additional information relevant to the policy of this Plan at my/our own expense.  
本人 / 我們授權 貴公司有權向受保人之醫生索取有關病歷資料，本人 / 我們亦同意提供任何進一步與此計劃有關之資料並自付所需費用。
- I/We understand that I/we shall refer to the policy of this Plan for details of the insurance coverage, exclusion clauses and terms and conditions.  
本人 / 我們明白所有保障範圍、不承保事項、條款及細則概以此計劃保單為準。
- I/We understand that I/we must complete and provide all information requested in this Enrollment Form, failing which the Company cannot process my/our application for this Plan.  
本人 / 我們明白本人 / 我們必須完成及提供此投保表格要求之所有資料，否則 貴公司將不會受理本人 / 我們資料不全之保單申請。
- Subject to the Company's consent, I/we agree that this policy will be automatically renewed if the premium is paid by credit card or by direct debit from a bank account. I/we acknowledge and agree that the Company reserves the right to refuse to renew this policy and it will not be obligated to reveal the reasons for such refusal.  
本人 / 我們同意，如保費經信用卡或銀行戶口直接付款方式支付，本保單將會自動續保，惟須獲 貴公司同意。本人 / 我們確認及同意 貴公司保留拒絕續保本保單之權利，並且無須透露拒絕續保之原因。

This insurance application will not be in force until the application(s) has been accepted by the Company and the premium has been paid.  
此保險申請須待 貴公司覆核，接納投保書及收訖保費後才能生效。



## 8. Notice to customers relating to the Personal Data (Privacy) Ordinance (“Ordinance”)

### 有關個人資料（私隱）條例（「私隱條例」）的客戶通知

The personal information of customers (include policy owners, insured persons, beneficiaries, premium payors, trustees, policy assignees and claimants) collected or held by **Zurich Insurance Company Ltd (“Company”)** may be used by the Company for the **obligatory purposes** necessary in providing services to the customers (otherwise the Company is unable to provide services to customers who fail to provide the required information).

由蘇黎世保險有限公司（「本公司」）收集或持有的客戶（包括保單持有人、受保人、受益人、保費付款人、信託人、保單受讓人及索償人）個人資料，均可供本公司使用作**強制性用途**，以便為客戶提供服務（否則本公司將無法為未能提供所需資料的客戶提供服務）。

Please read carefully the details of the Company’s privacy policy which is made available on our website at [www.zurich.com.hk/pics](http://www.zurich.com.hk/pics) or by scanning the QR code. You may also contact our Customer Care Center at 2968 2288 or insurance intermediaries for enquires.

本公司之私隱政策詳載於[www.zurich.com.hk/pics](http://www.zurich.com.hk/pics)或可透過掃描QR碼細閱。您亦可致電2968 2288與我們的客戶服務中心聯絡又或向保險中介人查詢。



#### Consent for Direct Marketing – Voluntary:

##### 就市場推廣之同意 – 自願性：

Certain personal information of policy owners and insured persons collected or held by the Company, in particular, names, contact information, age, gender, identity document reference, marital status, policy information, claim information, and medical history may be used by the Company, **only upon having such policy owners’ or insured persons’ consent or indication of no objection**, for the following purposes relating to direct marketing:

- (1) to provide marketing materials and conduct direct marketing activities in relation to insurance and/or financial products and services of Zurich Insurance Group and/or other financial services providers, and/or other related services of business partners, with whom the Company maintains business referral or other arrangements;
- (2) to perform customer analysis, profiling and segmentation; and
- (3) to conduct market research and insurance surveys for Zurich Insurance Group’s development of services and insurance products.

由本公司收集或持有的保單持有人及受保人的某些個人資料，特別是姓名、聯絡資料、年齡、性別、身份證明文件資料、婚姻狀況、保單資料、索償資料、及醫療紀錄等，**於獲該保單持有人或受保人同意或作不反對指示後**，均可供本公司使用作以下**市場推廣之有關用途**：

- (1) 為蘇黎世保險集團及 / 或與本公司維持業務引薦關係或其他安排之其他金融服務供應商的保險及 / 或金融產品及服務，及 / 或其他商業合作伙伴之相關服務，提供市場推廣資料及進行直接市場推廣活動；
- (2) 進行客戶研究分析及分層；及
- (3) 就蘇黎世保險集團的服務及保險產品發展進行市場調查及保險研究。

The Company may provide certain personal information, in particular, name, contact information, age, gender and policy information of a policy owner and an insured person, **only upon having such policy owner’s and insured person’s written consent**, to the following parties, within or outside of Hong Kong, for the above purposes relating to direct marketing:

- (1) companies within Zurich Insurance Group;
- (2) other banking/financial institutions, commercial or charitable organizations with whom the Company maintains business referral or other arrangements;
- (3) third party marketing service providers and insurance intermediaries.

**於獲保單持有人及受保人書面同意後**，本公司方可就上述**市場推廣之有關用途**，向以下於香港境內或境外的人士提供其某些個人資料，特別是姓名、聯絡資料、年齡、性別、保單持有人及受保人的保單資料等：

- (1) 蘇黎世保險集團成員公司；
- (2) 與本公司維持業務引薦關係或其他安排的其他銀行 / 金融機構、商業或慈善組織；
- (3) 第三方市場推廣服務供應商及保險中介人。

I/We understand that I/we can withdraw any consent provided for direct marketing purposes anytime by notice to the Company.

本人 / 我們明白可隨時通知 貴公司以撤回任何就市場推廣用途所給予之同意。

I/We wish to opt out of the above direct marketing purposes.

本人 / 我們欲選擇退出上列之市場推廣用途。

Policy inception date<sup>9</sup> Date  
保單首次生效日期<sup>9</sup> 日期

Day日	Month月	Year年
D	M	Y

The policy inception date is subject to the final approval by Zurich Insurance Company Ltd.

保單首次生效日期最終由蘇黎世保險有限公司決定。

I/We confirm that all information provided by me/us in this Enrollment Form is true, correct and accurate. I/We further confirm my/our agreement to all sections in this Enrollment Form, including without limitation, the above Declaration and the Notice to Customers relating to the Personal Data (Privacy) Ordinance.

本人 / 我們確認由本人 / 我們於此投保表格提供之所有資料均為事實正確無誤。本人 / 我們更確認同意本投保表格內之所有部分，包括但不限於上列之聲明及有關個人資料（私隱）條例的客戶通知。

Signature of proposer  
投保人簽署

Date  
日期

Day日	Month月	Year年
D	M	Y

<sup>9</sup> The effective date of the HealthMultiple Outpatient Medical Plan must be either 1st or 15th day of the month following the date of receipt of the application by Zurich Insurance Company Ltd (whichever is the earlier).  
「智樂人生」門診醫療保障計劃之保障生效日期為蘇黎世保險有限公司收到申請表後之翌月之第一日或第15日（以較早者為準）。

**For internal use only 只供內部填寫**

**Agent Name**

代理人姓名：\_\_\_\_\_

**Agent No**

代理人編號：\_\_\_\_\_