



# HomeHelperPlus Insurance Plan Enrollment Form

## 「健樂保」僱傭保險計劃投保表格

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 complete in BLOCK LETTERS. 請以英文正楷大寫填報。

All fields are mandatory, except the fields marked with #. 所有項目必須填報, 惟#號之項目除外。

Agent Name

代理人姓名: \_\_\_\_\_

Agent No

代理人編號: \_\_\_\_\_

1. Proposer's information 投保人資料						
<input type="checkbox"/> Mr 先生 <input type="checkbox"/> Mrs 太太 <input type="checkbox"/> Ms 女士			HKID card no./Passport no.* 香港身份證號碼/護照號碼*			
Surname 姓		First Name 名			Other Name 別名	
Date of birth# 出生日期#	D 日	M 月	Y 年	Sex# 性別#	<input type="checkbox"/> Male 男 <input type="checkbox"/> Female 女	
Occupation# 職業#				Marital Status# 婚姻狀況#		
Correspondence address 通訊地址						
Working location ^ (if it is not the same as the Correspondence address) 工作地點 ^ (如與通訊地址不同)						
Contact Number (Please fill in at least one) 聯絡電話 (請填寫最少一項)					Email address# 電郵地址#	
Mobile phone no. 流動電話號碼		Day time telephone no. 日間聯絡電話				
Effective date of insurance cover 保障生效日期		D 日	M 月	Y 年		
^ The proposer must be the legal employer of the domestic helper ^ 投保人必須為家庭傭工之合法僱主 ^ Working location must be the same as employer's residence at a specified address in the employment contract ^ 工作地點必須與僱員合約訂明的地址相同						




2. Domestic helper's information 家庭傭工資料						
<input type="checkbox"/> Mr 先生 <input type="checkbox"/> Mrs 太太 <input type="checkbox"/> Ms 女士			HKID card no./Passport no.* 香港身份證號碼/護照號碼*			
Surname 姓		First Name 名			Other Name 別名	
Date of birth 出生日期	D 日	M 月	Y 年	Nationality 國籍		
Note: If more than one domestic helper, please give details with your signature on a separate sheet of paper. 註: 倘若超過一名家庭傭工, 請將詳情填寫在附加紙張上並簽署寄回。						

3. Selected plan & premium 投保計劃及保費		
	Premium (HKD) 保費 (港元)	
	1-year 1年期	2-year 2年期
HomeHelperPlus Insurance Plan 「健樂保」僱傭保險計劃	<input type="checkbox"/> 720	<input type="checkbox"/> 1,368
Optional Benefit Upgrade – Heart Disease and Cancer Cover 自選升級保障 – 心臟病及癌症保障	Classic Plan 標準計劃 <input type="checkbox"/> + 150 Deluxe Plan 特級計劃 <input type="checkbox"/> + 300	Classic Plan 標準計劃 <input type="checkbox"/> + 300 Deluxe Plan 特級計劃 <input type="checkbox"/> + 600
Employees' Compensation Insurance Plan 僱員補償保險計劃	<input type="checkbox"/> 350	
	Total premium 保費總額	

#### 4. General information 一般資料

	Yes 是	No 否
Has your domestic helper insurance application been refused? 閣下於投保其他僱傭保險計劃時是否曾被拒絕?	<input type="checkbox"/>	<input type="checkbox"/>
Is your domestic helper required to perform duties other than the domestic duties specified in the employment contract or any non-domestic work(e.g. Driving)? 你的家庭傭工是否需要從事? 僱員合約訂明之家務以外的工作或任何非家務的工作(如駕駛)?	<input type="checkbox"/>	<input type="checkbox"/>
If you have ticked "Yes", please give details below: 如「是」者, 請詳細說明於下:		
<hr/>		

#### 5. Premium payment 繳付保費

<input type="checkbox"/> <b>By cheque</b> 以支票繳付(Crossed cheque payable to "Zurich Insurance Company Ltd" 劃線支票抬頭請寫「蘇黎世保險有限公司」)					
Cheque no. 支票號碼		Bank name 銀行名稱:			
<input type="checkbox"/> <b>By credit card</b> 以信用卡繳付	<input type="checkbox"/> Annual payment 每年繳付	<input type="checkbox"/> Biennial payment 兩年繳付			
Credit card type 信用卡類別	<input type="checkbox"/> <b>VISA</b>	<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 	
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. 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/她需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。					
Cardholder's name 持卡人姓名:		Cardholder's name 持卡人香港身份證號碼:			
Credit card no. 信用卡號碼:	Credit card expiry date 信用卡有效期至:	M 月	Y 年		
If credit cardholder is not the proposer, please fill in the following information. 若信用卡持有人並非投保人, 請填寫以下資料。 Relationship with the proposer 與投保人關係:					
Signature of credit cardholder 信用卡持卡人簽署:		Date 日期:	D 日	M 月	Y 年

#### 6. Declaration 聲明

- I/We understand that HomeHelperPlus Insurance Plan/ Employees' Compensation Insurance Plan ("this Plan") is only for the proposed domestic helper who is lawfully engaged for domestic duties. I/We accept that no benefits are payable by Zurich Insurance Company Ltd ("the Company") for injury or illness that originated before the effective date of the policy of this Plan. I/We understand that payment of the benefits under the HomeHelperPlus Insurance Plan is subject to the applicable waiting periods as specified in the policy.
  - I/We declare that to the best of my/our knowledge and belief the information on this enrolment form is true and complete in every respect. I/We declare that I/We have full and complete authority from the insured to sign the application and disclose any personal information being requested to assess the insurance application. I/We understand that this enrolment form and declaration will form the basis of the contract between me/us and the Company.
  - I/We authorize the Company to obtain medical information from the insured's medical practitioner(s) and I/We agreed to supply additional information relevant to the policy of this Plan at my/our own expense.
  - 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.
  - I/We understand I/We must complete and provide all information requested in this form, failing which the Company cannot process my/our application for the Policy.
  - Subject to the Company's consent, I/We agree that this policy will be automatically renewed if the premium is paid by credit card. I 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/吾等明白「健樂保」僱傭保險計劃/僱員補償保險計劃(「此計劃」)只限於處理家庭職務的合法家庭傭工。本人/吾等接受蘇黎世保險有限公司(「貴公司」)毋須負責此計劃保單生效前家庭傭工已染有之疾病或傷患的賠償。本人/吾等明白「健樂保」僱傭保險計劃之賠償須受保單列明之適用等候期限制。
  - 本人/吾等特此聲明此投保表格的資料乃根據本人/吾等所知及所信為確實及完全而填報, 屬實無訛。本人/吾等聲明本人/吾等已獲得受保人授予全權, 簽署此投保申請, 並提供任何個人資料作評核此投保申請之用。本人/吾等明白本人/吾等與貴公司的保險合約將照此投保表格及聲明而訂立。
  - 本人/吾等明白貴公司有權向受保人之醫生索取有關病歷資料, 本人/吾等同意提供任何進一步與此計劃保單有關之資料並自付所需費用。
  - 本人/吾等明白所有保障範圍、不承保事項、條款及細則概以計劃保單為準。

## Declaration 聲明 (續)

5. 本人/吾等明白本人/吾等必須完成及提供此表格之所有資料，貴公司將不會受理本人/吾等資料不全之保單申請。
6. 本人/吾等同意，如保費經信用卡直接付款方式支付，本保單將會自動續保，惟須獲貴公司同意。本人確認及同意貴公司保留拒絕續保本保單之權利，並且毋須透露拒絕續保之原因。

This insurance application will not be in force until it has been accepted by the Company and the premium has been paid.

此保險申請須待貴公司覆核，接納投保書及繳付保費後才能生效。

## 7. 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

1. 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 following **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):
  - 1) to process, investigate (and assist others to investigate) and determine insurance applications, insurance claims and provide ongoing insurance services;
  - 2) to process requests for payment, and for direct debit authorization;
  - 3) to manage 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 the subrogation right;
  - 4) to compile statistics or use for accounting and actuarial purposes;
  - 5) to meet the disclosure requirements of any local or foreign law, regulations, codes or guidelines binding on the Company and/or its group ("**Zurich Insurance Group**") and conduct matching procedures where necessary;
  - 6) to comply with the legitimate requests or orders of the courts of Hong Kong and regulators including but not limited to the Insurance Authority, Hong Kong Federation of Insurers, auditors, governmental bodies and government-related establishments;
  - 7) to collect debts;
  - 8) to facilitate the Company's authorized service providers to provide services to the Company and/or the customers for the above purposes; and
  - 9) to enable an actual or proposed assignee of the Company to evaluate the transaction intended to be the subject of the assignment.
2. The Company may provide any personal information of customers to the following parties, within or outside of Hong Kong, for the **obligatory purposes**:
  - 1) companies within the Zurich Insurance Group, or any other company carrying on insurance or reinsurance related business, or an intermediary;
  - 2) any agent, contractor or third party service provider who provides administrative, telecommunications, computer, payment or other services to the Zurich Insurance Group in connection with the operation of its business;
  - 3) third party service providers including legal advisors, accountants, investigators, loss adjusters, reinsurers, medical and rehabilitation consultants, surveyors, specialists, repairers, and data processors;
  - 4) credit reference agencies, and, in the event of default, any debt collection agencies or companies carrying on claim or investigation services;
  - 5) any person to whom the Zurich Insurance Group is under an obligation to make disclosure under the requirements of any law binding on the Zurich Insurance Group or any of its associated companies and for the purposes of any regulations, codes or guidelines issued by governmental, regulatory or other authorities with which the Zurich Insurance Group or any of its associated companies are expected to comply;
  - 6) any person pursuant to any order of a court of competent jurisdiction;
  - 7) any actual or proposed assignee of the Zurich Insurance Group or transferee of the Zurich Insurance Group's rights in respect of the policy owners.
3. *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 for the following **voluntary purposes**:*
  - 1) *to provide marketing materials and conduct direct marketing activities in relation to insurance and/or financial products and services of the 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 the Zurich Insurance Group's development of services and insurance products.*

The Company is not allowed to use the personal information of any customer for the above voluntary purposes without such customer's consent. In the absence of any "opt-out" request, the Company shall treat the insurance application and continuation of the policy(ies) held with the Company as an indication of no objection of such policy owner and insured person to the Company's use of their personal information for the above voluntary purposes.
4. *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, upon such policy owner's and insured person's written consent, to the following parties, within or outside of Hong Kong, for the **voluntary purposes**:*
  - 1) *companies within the Zurich Insurance Group;*
  - 2) *other banking/financial institutions, commercial or charitable organisations with whom the Company maintains business referral or other arrangements;*
  - 3) *third party marketing service providers and insurance intermediaries.*

The Company is not allowed to provide to any third party the personal information of any customer, specifically, policy owners or insured persons, for the above voluntary purposes without their written consent.
5. All customers have the right to access to, correct, or change any of their own personal information held by the Company, and in the case of policy owners and life insured, opt-out of the Company's use and transfer of their personal information for the voluntary purposes, by request in writing to the Company's Personal Data Privacy Officer at the address below. Requests for opt-out must state clearly the full name, identity document number, policy number, telephone number and address of the person making such request. Policy owners and insured persons may otherwise delete both the above paragraphs 3 and 4 (*in italics*) to indicate their wish to opt-out altogether.

Personal Data Privacy Officer  
26/F, One Island East  
18 Westlands Road  
Island East  
Hong Kong
6. In accordance with the Ordinance, the Company has the right to charge a reasonable fee for processing any data access request.
7. In the event of any discrepancy or inconsistencies between the English and Chinese versions of this notice, the English version shall prevail.

