



香港太古城英皇道 1111 号太古中心 13 楼  
13/F, 1111 King's Road, Taikoo Shing, Hong Kong

电话 Tel: 2160 8800  
传真 Fax: 2866 0785

## 保单更改申请表 - 自愿医保 Application for Policy Change - VHIS

「中银集团人壽保險有限公司」以下简称:「本公司」或「贵司」  
BOC Group Life Assurance Company Limited referred to hereinafter as "the Company"

商密三级 Confidential

保险中介人姓名 \_\_\_\_\_ 分行及员工/专属代理编号 \_\_\_\_\_ 联络电话 \_\_\_\_\_  
Name of Insurance Intermediary \_\_\_\_\_ Branch Code & Staff No./Agent Code \_\_\_\_\_ Contact Tel No. \_\_\_\_\_

### 注意事项 Notes:

- 请用正楷填写。Please complete in BLOCK LETTERS.
- 请于适用处加「✓」。Please tick 「✓」 where appropriate.
- 保单权益人必须在此表格每页「保单权益人签署」位置签署。Policy Owner MUST sign in "Signature of the Policy Owner" on each page of this form.
- 保单权益人必须在此表格内任何更改或修改的地方签署作实。Any changes or amendments in this form MUST be countersigned by Policy Owner in full signature.
- 保单权益人请于签署日期三十日内递交申请表至本公司。Please submit the signed form to the Company within 30 days.
- 如为直销产品, 请提供保单权益人之身份证明文件核实真实副本。For Direct Marketing Products, please submit certified true copy of identity document of Policy Owner.

保单编号 Policy Number	保单权益人姓名 Name of the Policy Owner	受保人姓名 Name of the Insured
	联系电话 Contact Tel No	

### 第一部份 PART I

#### 1. 更改保单保障 Change of Policy Benefits

如取消附加利益保障或增加自付费, 不用填写第二部份。For cancelling rider or increasing deductible, do not need to complete Part II.

如增购附加利益保障 / 减少或免除自付费 For adding rider / reducing or removing deductible,

- 请同时填报申请表第二部份。Please also complete Part II.
- 保单权益人如非持有香港身份证但持有中华人民共和国居民身份证, 请亲临香港签署「重要资料声明书 - 内地人士在港投保人身/寿险保单」, 连同相关入境证明于签署日起 7 天内交回本公司。Policy Owner who does not have a Hong Kong Identity Card but is holding a People's Republic of China Resident Identity Card, please also sign an "Important Facts Statement for Mainland Policyholders" in Hong Kong and submit it along with the entry proof to the Company within 7 days.
- 请递交财务需要分析表格 (只适用于增购附加利益保障至原有保单)。Please submit Financial Needs Analysis (applicable to adding rider to existing policy only).

	取消 Cancel	增购 Adding	更改自付费* Change of Deductible
<input type="checkbox"/> 非凡守护灵活自愿医保 SmartViva Flexi VHIS .....	--	--	港币 HKD <input type="checkbox"/> 0 <input type="checkbox"/> 10,000 <input type="checkbox"/> 30,000 <input type="checkbox"/> 70,000
<input type="checkbox"/> 中银人寿标准自愿医保附加利益保障 BOC Life Standard VHIS Rider.....	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> 转换自愿医保计划 VHIS Plan Change .....	由 非凡守护灵活自愿医保 转换至 中银人寿标准自愿医保 Change plan from <u>SmartViva Flexi VHIS</u> to <u>BOC Life Standard VHIS</u>		
<input type="checkbox"/> 其他 Others _____	<input type="checkbox"/>	<input type="checkbox"/>	

一并缴付之款项[包括此申请所需保费及本公司代政府或监管机构(包括但不限于保险业监管局)按相关规定收取的相应征费及/或费用(如有)]  
Amount paid with this application [includes the premium required for this application and the corresponding levy and/ or charges (if any) to be collected by the Company on behalf of the government or the regulatory authority (including but not limited to the Insurance Authority) according to the relevant requirements]

\*保单权益人可行使一次性权利以减少或免除自付费而无须重新核保, 但必须符合以下项目

The Policy Holder can exercise a one-off right to reduce or remove the Deductible without re-underwriting, provided that:

- 受保人须于年满50、55、60、65、70、75、80或85岁当日或紧随的保单周年日(续保日)前不少于30日提出申请;  
The request is made not less than thirty (30) days prior to the Renewal Date on or immediately following the date that the Insured Person attains the Age of 50, 55, 60, 65, 70, 75, 80 or 85;
- 仅可在受保人一生内行使(1)次; 及  
Can only be exercised once during the lifetime of the Insured Person; and
- 受保人并未在之前两(2)个保单年度内减少自付费 (受保人于 85 岁的申请可豁免此条件)  
The Insured Person has not reduced the Deductible within the previous two (2) Policy Years (this condition does not apply when the Insured Person at the Age of 85)

#### 2. 删除或减少附加保费 / 不保项目 Remove / Reduce Premium Loading / Exclusion

- |  |  |
|--|--|
| <input type="checkbox"/> 地域原因 Geographic Loading   | 请同时填报申请书第二 B 部份 Please also complete question of Part IIB  |
| <input type="checkbox"/> 职业原因 Occupational Loading | 请同时填报申请书第二 A 部份及第二 B 部份 (只适用于改变职业级别超过一年者)<br>Please also complete question of Part IIA & Part IIB (Applicable to change of occupational class for over 1 year) |
| <input type="checkbox"/> 健康原因 Medical Loading      | 请同时填报申请书第二 C 部份 Please also complete Part IIC  |
| <input type="checkbox"/> 不保项目 Exclusion            | 请同时填报申请书第二部份 Please also complete Part II  |

保单权益人签署 (细阅 / 确认以上资料)  
Signature of the Policy Owner (Read / confirm the information on this page)

**3. 更改医疗赔付账户 Change of Medical Claims Settlement Account (只适用于非凡守护灵活自愿医保计划 For SmartViva Flexi VHS Plan only)**

账户货币 Account Currency: 港元 HKD

银行转账 Bank Transfer \_\_\_\_\_ 户口持有人姓名 Account Holder Name \_\_\_\_\_

- ◆ 户口必须为保单权益人单独持有之任何港币银行账户。The account must be any HKD bank account solely owned by the policyowner.
- ◆ 只接受任何以港元银行转账付款。Only the payment made by bank transfer in HKD are accepted.

**4. 重发保柏尚健卡 / 免费身体检查换领信 Reissue of Bupa Health Plus Card / Free Medical Check-up Redemption Letter (只适用于非凡守护灵活自愿医保计划 For SmartViva Flexi VHS Plan only)**

重发保柏尚健卡\*  
Reissue Bupa HealthPlus Card

\*请同时缴付 100 港元之重发费用。 Please submit the re-issuance fee HKD 100 at the same time.  
(保柏尚健卡经由保柏重发。Bupa HealthPlus card shall be reissued by BUPA.)

本人声明保柏尚健卡经已 遗失或损毁, 本人同意 贵司对所有因重发保柏尚健卡而引起之索偿或诉讼无须负责。  
I declared the Bupa HealthPlus Card has been lost or damaged. I agree to hold the Company harmless and free from all claims or actions as a result of re-issuance of the BHP card.

重发免费身体检查换领信#  
Reissue Free Medical Check-up Redemption Letter

本人声明免费身体检查换领信经已遗失或损毁, 本人同意 贵司对所有因重发免费身体检查换领信而引起之索偿或诉讼无须负责。  
I declared the Free Medical Check-up Redemption Letter has been lost or damaged. I agree to hold the Company harmless and free from all claims or actions as a result of issuance of the reissue Free Medical Check-up Redemption Letter.

#重发换领信时, 保单必须仍然生效。 Policy must be valid when reissue of the redemption letter.

重发换领信上之有效日期并不会因重发而有所变更或延长。 The valid period of the reissued redemption letter would not be changed or extended after the reissuance.

不接受重发已过期之换领信。 Reissue of an expired redemption letter is not accepted.

换领信在有效期内只可使用一次。当换领信上的免费身体检查已供换领后, 任何身体检查保障于同一保单年度内将不再获发赔偿。The redemption letter can only be used once within valid period. Once the free medical check-up as printed on the redemption letter was redeemed, no benefit shall be payable under the medical check-up benefit within the same policy year.

如有任何争议, 保柏及中银人寿保留最终决定权。 In case of any dispute, Bupa and BOC Life reserve the right of final decision.

**5. 其他更改 Other Changes**

其他更改 Other Changes (请说明 Please specify)

\_\_\_\_\_  
保单权益人签署 (细阅 / 确认以上资料)  
Signature of the Policy Owner (Read / confirm the information on this page)

**第二部份 PART II**

**IIA. 投保人的职业资料 Occupation Details of the Insured**

1. 职业 (就业人士适用) Occupation (For people with jobs) (a) 雇主资料 Employer's Details	<b>投保人 INSURED</b>  职业 Occupation _____ 行业 Industry _____ <input type="checkbox"/> 受雇 Employed <input type="checkbox"/> 自雇 Self Employed 雇主名称(全名) Full Name of Employer _____  业务性质 Nature of Business _____  办事处地址 Business Address _____
(b) 年薪 Annual Salary	港币 HKD _____
(c) 详列确实职务 Exact Job Duties	请详列确实职务 Please describe exact job duties _____  (i) <input type="checkbox"/> 户内工作 Indoor Work <input type="checkbox"/> 户外工作 Outdoor Work (ii) <input type="checkbox"/> 无牵涉手制、手控或体力劳动的工作 No Manual Work Involved <input type="checkbox"/> 牵涉手制、手控或体力劳动的工作 Manual Work Involved <input type="checkbox"/> 高空工作 Work at Height <input type="checkbox"/> 建筑地盘工作 Work at Construction Site <input type="checkbox"/> 其他 (请注明) Others (Please Specify) _____
(d) 受雇于现职年期 No. of Years in Current Job	_____ 年 Years 如少于一年, 请说明先前的工作 If less than one year, please state previous job _____
(e) 兼职 Part-time Occupation	如有, 请详列确实职务及工作时间 If yes, please describe exact duties and number of hours worked _____
2. 非就业人士适用 For people without jobs	<input type="checkbox"/> 主妇 Housewife <input type="checkbox"/> 学生 Student <input type="checkbox"/> 退休 Retired  <input type="checkbox"/> 待业 (请注明详情) Unemployed (please provide details)  失业/待业前所从事之职位, 职务及薪金 Job title, duties & salary before unemployment _____  失业/待业状况已维持多久 Duration of unemployment _____  失业/待业原因 Reason for unemployment _____  详述其他收入来源 Details of other source of income _____

**IIB. 投保人的居住地相关资料 Residential Related Information of the Insured**

请在适当方格上填上✓ Please ✓ the appropriate boxes		是 YES	否 NO
1.	阁下是否或将于居住地以外的国家或地区居住或工作? Do you or do you intend to live or work outside the residential country or region?  若答案属「是」, 请回答(i)-(iv)。If the answer is "YES", please answer (i)-(iv).  i) 居留国家/地区名称 Name of country/region reside: _____  ii) 城市名称 Name of city reside: _____  iii) 居留目的 Purpose of stay: _____  iv) 停留次数 Duration of stay: _____ 日 / day ( <input type="checkbox"/> 每年 per year / <input type="checkbox"/> 每月 per month / <input type="checkbox"/> 每周 per week)	<input type="checkbox"/>	<input type="checkbox"/>

\_\_\_\_\_  
 保单权益人签署 (细阅 / 确认以上资料)  
 Signature of the Policy Owner (Read / confirm the information on this page)

**IIC. 自愿医保保险产品健康相关资料的标准核保问卷**  
**Standardized Underwriting Questionnaire on Health-Related Information for Voluntary Health Insurance Scheme Plans**

甲部 – 受保人基本资料 (受保人为 17 岁或以下不用回答甲部问题 3-6)

Part A – General Information of Insured (*Insured who is on or below 17 years old does not need to answer Part A question 3 to 6*)

1.	身高 Height		厘米 centimetres (cm)	或 OR		呎 / 吋 feet / inches
2.	体重 Weight		公斤 kilograms (kg)	或 OR		磅 pounds (lbs)

请在适当方格上填上✓ Please ✓ the appropriate boxes

	是 YES	否 NO
--	----------	---------

3.	<p><b>[吸烟习惯 Smoking Habit]</b></p> <p>阁下有没有吸烟或在过去五年内曾否吸烟? Do you smoke or have you smoked in the last 5 years?</p> <p>若答案属「是」, 请回答(i)-(iv)。If the answer is "YES", please answer (i)-(iv).</p> <p>i) 烟草产品种类 Type of tobacco product: _____</p> <p>ii) 吸烟习惯的持续时间 Duration of smoking habit: _____ 年 year(s)</p> <p>iii) 吸烟的频密度及吸食份量 Frequency and quantity of consumption: _____ 支 stick (s) / 每日 per day</p> <p>iv) 若阁下现时已没有吸烟, 请回答(a)-(b) If you no longer smoke now, please answer (a)-(b):</p> <p>a) 请问阁下是何时戒烟的? When did you quit smoking? _____ &lt;日/月/年&gt;&lt;DD/MM/YY&gt;</p> <p>b) 是否医生建议戒烟 Are you advised by doctor to quit smoking? <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No</p> <p>及戒烟原因 and reason for quit smoking : _____</p> <p>注:「吸烟」在此问题的含义包括但不限于香烟、雪茄、烟斗、嚼烟及使用尼古丁补充剂产品 (例如电子烟)。 Note: For the purpose of this question, the meaning of "smoking" includes but is not limited to cigarettes, cigars, tobacco pipes, chewing tobacco and the use of nicotine replacement products (such as e-cigarettes).</p>	□	□
----	--	---	---

4.	<p><b>[饮酒 Alcohol Consumption]</b></p> <p>在过去十二个月内, 阁下是否平均每周饮用酒精饮品超过三次? In the last 12 months, on average do you drink alcoholic beverage for more than 3 times in a week?</p> <p>若答案属「是」, 请回答(i)-(iii)。If the answer is "YES", please answer (i)-(iii).</p> <p>i) 酒精饮品种类、频密度及饮用份量 Type of alcoholic beverage, frequency and quantity</p> <p><input type="checkbox"/> 啤酒 Regular Beer _____ 罐 can(s) / 每周 per week</p> <p><input type="checkbox"/> 红酒 / 白酒 Red wine / White wine _____ 杯 glass(es) / 每周 per week</p> <p><input type="checkbox"/> 烈酒 Spirit: _____ 杯 glass(es) / 每周 per week</p> <p><input type="checkbox"/> 其他(请列明) Other (Please specify): _____ 杯 glass(es) / 每周 per week</p> <p>ii) 饮酒习惯的持续时间 Duration of drinking habit: _____ □ 年 year(s) / □ 月 month (s)</p> <p>iii) 若阁下现时已没有饮酒, 请回答(a)-(b)。 If you no longer drink now, please answer (a)-(b).</p> <p>a) 请问阁下是何时戒酒? When did you quit drinking? _____ &lt;日/月/年&gt;&lt;DD/MM/YY&gt;</p> <p>b) 是否医生建议戒酒 Are you advised by doctor to quit drinking ? <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No</p> <p>及戒酒原因 And reason for quit drinking : _____</p>	□	□
----	---	---	---

5.	<p><b>[服用未经医生处方之药物 Taking of drugs not prescribed by doctors]</b></p> <p>在过去五年内, 阁下曾否持续超过一个月使用未经医生处方之药物 (包括成瘾性或消遣性药物, 例如可卡因、兴奋剂、海洛英、美沙酮、同化性类固醇; 惟不包括营养补充品)? In the last 5 years, have you used any drugs (excluding dietary supplements) which are not prescribed by doctors (including habit-forming or recreational drugs such as cocaine, ecstasy, heroin, methadone, anabolic steroids) for a continuous period of more than 1 month?</p> <p>若答案属「是」, 请回答(i)-(iv)。If the answer is "YES", please answer (i)-(iv).</p> <p>i) 药物种类 Type of drugs: _____</p> <p>ii) 用药的持续时间 Duration of consumption: _____ □ 年 year (s) / □ 月 month (s)</p> <p>iii) 用药的频密度 Frequency of consumption: _____ 次 time(s) □ 每年 per year / □ 每月 per month</p> <p>iv) 用药的份量(每次) Quantity of consumption (per time): _____</p>	□	□
----	---	---	---

保单权益人签署 (细阅 / 确认以上资料)  
Signature of the Policy Owner (Read / confirm the information on this page)

甲部 – 受保人基本资料 (受保人为17岁或以下不用回答问题3-6)

Part A – General Information of Proposed Insured (Proposed Insured who is on or below 17 years old does not need to answer question 3 to 6)

请在适当方格上填上✓ Please ✓the appropriate boxes		是 YES	否 NO
6.	<p>阁下曾否在过去十二个月内或会否在未来十二个月内参与以下活动？ Have you engaged in the following activities within the last 12 months or will you engage / intend to engage in the following activities within the next 12 months?</p> <p>(a) 任何危险性运动或活动 (例如：潜水、赛车、攀山或攀石、跳伞、高空跳伞、悬挂滑翔飞行)？ Any hazardous sports or activities (such as diving, motor racing, mountaineering or rock climbing, parachuting, sky diving, hang gliding)?</p> <p>(b) 飞行活动 (不包括以付费乘客身份乘搭由商业性民航客机提供并获认可的定期航班服务)。 Flying activities other than as a fare-paying passenger of a licensed air service operating within recognised scheduled routes.</p> <p>若上述(a)或(b)答案属『是』，请回答(i)-(iii)。 If the answer is “YES” for above question (a) or (b), please answer (i)-(iii).</p> <p>i) 活动种类 Type of activity: _____</p> <p>ii) 参与活动的持续时间 Duration of engagement in the activity: _____</p> <p>iii) 参与活动的频密度 Frequency of engagement in the activity: _____次 time(s) (□每年 per year / □ 每月 per month / □ 每周 per week)</p>	<input type="checkbox"/>  <input type="checkbox"/>	<input type="checkbox"/>  <input type="checkbox"/>

乙部 – 受保人健康资料 Part B – Health Information of Proposed Insured

保单权益人及/或受保人须知：无需于乙部问题披露以下健康状况或治疗 –

Note for Policy Owner and/or Insured: Questions of Part B do not require the Policy Owner and/or Insured to disclose information regarding the medical conditions or treatments below –

伤风/感冒/喉咙痛、肠胃炎/食物中毒(已痊愈)、消化不良(无需检查)、痤疮、肌肉扭伤(已痊愈)、鹅口疮、常规产前扫描/血液检验(检验结果正常)、常规子宫颈细胞涂片检验(检验结果正常)、常规健康检查(检查结果正常)、预防疫苗、荷尔蒙补充治疗(更年期)、不育治疗或胎儿生长情况正常的怀孕、近视/远视/散光/老花。  
Cold / flu / sore throat, gastroenteritis / food poisoning (fully recovered), indigestions (no investigations required), acne, muscle sprained (fully recovered), thrush, routine scan / blood test for pregnancy (normal result), routine cervical smear (normal result), routine health check (normal result), preventive vaccination, Hormonal Replacement Therapy (menopause), infertility treatment or uncomplicated pregnancy, myopia / hyperopia / astigmatism / presbyopia.

若以下第7至14项任何一项问题之答案为『是』者，请于丙部回答相关的跟进问题。

If your answer to any of the questions 7-14 below is “YES”, please proceed to answer the relevant follow-up questions in Part C.

请在适当方格上填上✓ Please ✓the appropriate boxes		是 YES	否 NO																																																																																																
7.	<p>阁下是否曾被确诊下列疾病或健康状况？ Have you ever been diagnosed with any of the following diseases or medical conditions?</p> <p>i) 癌症或原位癌 Cancer or carcinoma in situ</p> <p>ii) 脑部肿瘤 Brain tumor</p> <p>iii) 心脏疾病 Heart disease</p> <p>iv) 中风 (包括短暂性脑缺血, 俗称「小中风」) Stroke (including transient ischemic attack (TIA))</p> <p>v) 高血压 Hypertension</p> <p>vi) 糖尿病或葡萄糖耐量异常 Diabetes mellitus or impaired glucose tolerance</p> <p>vii) 肾病 Kidney disease</p> <p>viii) 椎间盘突出或脊椎退化性疾病 Prolapsed intervertebral disc or degenerative spine conditions</p> <p>ix) 需要植入医疗仪器或义肢的疾病或健康状况 Diseases or medical conditions requiring a medical device or prosthesis to be implanted within the body</p> <p>x) 人体免疫力缺乏病毒 (爱滋病毒) 感染 Human immunodeficiency virus (“HIV”) infection</p> <p>xi) 先天性疾病 (指于出生时或之前已存在的医学、生理或精神上的异常) Congenital conditions (medical, physical or mental abnormalities that existed at the time of or before birth)</p> <p>xii) 身体缺陷、不健全、畸形, 及 / 或影响活动能力、视力、说话能力或听力的状况 Physical defects, impairments, deformities, and / or conditions affecting mobility, sight, speech or hearing</p> <p>xiii) 精神健康状况 (例如抑郁、焦虑、精神分裂、饮食失调或躁狂抑郁症) Mental health conditions (such as depression, anxiety, schizophrenia, eating disorders, or bipolar disorders)</p> <p>xiv) 高胆固醇症或高血脂症 Hypercholesterolemia or Hyperlipidemia</p> <p>xv) 肝脏疾病 (例如乙型或丙型肝炎 (包括测试呈阳性反应)、脂肪肝或肝硬化) Liver disorder (such as hepatitis B or hepatitis C (including tested positive), fatty liver or cirrhosis of liver)</p> <p>xvi) 多发性硬化症 Multiple sclerosis</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="text-align: center;">i</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td style="text-align: center;">ii</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td style="text-align: center;">iii</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td style="text-align: center;">iv</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td style="text-align: center;">v</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td style="text-align: center;">vi</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td style="text-align: center;">vii</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td style="text-align: center;">viii</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td style="text-align: center;">ix</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td style="text-align: center;">x</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td style="text-align: center;">xi</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td style="text-align: center;">xii</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td style="text-align: center;">xiii</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td style="text-align: center;">xiv</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td style="text-align: center;">xv</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td style="text-align: center;">xvi</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> </table>	i	<input type="checkbox"/>	<input type="checkbox"/>	ii	<input type="checkbox"/>	<input type="checkbox"/>	iii	<input type="checkbox"/>	<input type="checkbox"/>	iv	<input type="checkbox"/>	<input type="checkbox"/>	v	<input type="checkbox"/>	<input type="checkbox"/>	vi	<input type="checkbox"/>	<input type="checkbox"/>	vii	<input type="checkbox"/>	<input type="checkbox"/>	viii	<input type="checkbox"/>	<input type="checkbox"/>	ix	<input type="checkbox"/>	<input type="checkbox"/>	x	<input type="checkbox"/>	<input type="checkbox"/>	xi	<input type="checkbox"/>	<input type="checkbox"/>	xii	<input type="checkbox"/>	<input type="checkbox"/>	xiii	<input type="checkbox"/>	<input type="checkbox"/>	xiv	<input type="checkbox"/>	<input type="checkbox"/>	xv	<input type="checkbox"/>	<input type="checkbox"/>	xvi	<input type="checkbox"/>	<input type="checkbox"/>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="text-align: center;">i</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td style="text-align: center;">ii</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td style="text-align: center;">iii</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td style="text-align: center;">iv</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td style="text-align: center;">v</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td style="text-align: center;">vi</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td style="text-align: center;">vii</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td style="text-align: center;">viii</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td style="text-align: center;">ix</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td style="text-align: center;">x</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td style="text-align: center;">xi</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td style="text-align: center;">xii</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td style="text-align: center;">xiii</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td style="text-align: center;">xiv</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td style="text-align: center;">xv</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td style="text-align: center;">xvi</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> </table>	i	<input type="checkbox"/>	<input type="checkbox"/>	ii	<input type="checkbox"/>	<input type="checkbox"/>	iii	<input type="checkbox"/>	<input type="checkbox"/>	iv	<input type="checkbox"/>	<input type="checkbox"/>	v	<input type="checkbox"/>	<input type="checkbox"/>	vi	<input type="checkbox"/>	<input type="checkbox"/>	vii	<input type="checkbox"/>	<input type="checkbox"/>	viii	<input type="checkbox"/>	<input type="checkbox"/>	ix	<input type="checkbox"/>	<input type="checkbox"/>	x	<input type="checkbox"/>	<input type="checkbox"/>	xi	<input type="checkbox"/>	<input type="checkbox"/>	xii	<input type="checkbox"/>	<input type="checkbox"/>	xiii	<input type="checkbox"/>	<input type="checkbox"/>	xiv	<input type="checkbox"/>	<input type="checkbox"/>	xv	<input type="checkbox"/>	<input type="checkbox"/>	xvi	<input type="checkbox"/>	<input type="checkbox"/>
i	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																	
ii	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																	
iii	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																	
iv	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																	
v	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																	
vi	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																	
vii	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																	
viii	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																	
ix	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																	
x	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																	
xi	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																	
xii	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																	
xiii	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																	
xiv	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																	
xv	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																	
xvi	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																	
i	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																	
ii	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																	
iii	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																	
iv	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																	
v	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																	
vi	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																	
vii	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																	
viii	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																	
ix	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																	
x	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																	
xi	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																	
xii	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																	
xiii	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																	
xiv	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																	
xv	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																	
xvi	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																	

保单权益人签署 (细阅 / 确认以上资料)  
Signature of the Policy Owner (Read / confirm the information on this page)

**乙部 - 受保人健康资料 Part B - Health Information of Insured**

请在适当方格上填上✓ Please ✓ the appropriate boxes 是 YES 否 NO

8.	阁下目前是否患有下列疾病或健康状况？ Do you currently have any of the following diseases or medical conditions? i) 疝气 (俗称「小肠气」) Hernia ii) 乳房病变 (肿瘤 / 硬块 / 肿块 / 囊肿 / 结节 / 增生) Breast lesion (tumour / mass / lump / cyst / nodule / growth) iii) 子宫或卵巢病变 (肿瘤 / 硬块 / 肿块 / 囊肿 / 息肉 / 结节 / 增生) Uterine or ovarian lesion (tumour / mass / lump / cyst / polyp / nodule / growth) iv) 良性前列腺肥大 Benign prostatic hypertrophy v) 胆结石或泌尿道结石 (肾结石、输尿管结石或膀胱结石) Gall bladder stone or urinary stone (renal stone, ureteric stones or urinary bladder stone) vi) 白内障、青光眼或视网膜病变 Cataract, glaucoma or retinopathy vii) 关节炎或其他关节疾病 Arthritis or other joint disorder	i.	<input type="checkbox"/>	<input type="checkbox"/>
		ii.	<input type="checkbox"/>	<input type="checkbox"/>
		iii.	<input type="checkbox"/>	<input type="checkbox"/>
		iv.	<input type="checkbox"/>	<input type="checkbox"/>
		v.	<input type="checkbox"/>	<input type="checkbox"/>
		vi.	<input type="checkbox"/>	<input type="checkbox"/>
		vii.	<input type="checkbox"/>	<input type="checkbox"/>
9.	在过去五年内，阁下是否曾经或被建议定期或持续（例如每月、每两个月、每半年、每年）为任何疾病或健康状况接受专业医护人员（例如专科医生、物理治疗师、精神科医生）的跟进诊治或医疗护理？ In the last 5 years, have you ever had or been advised to have any regular or ongoing (such as monthly, every 2 months, half-yearly, annually) follow-up consultations or medical care with a healthcare professional (such as specialist doctor, physiotherapist, psychiatrist) for any disease or medical condition?	<input type="checkbox"/>	<input type="checkbox"/>	
10.	在过去五年内，阁下是否曾被医生建议定期（例如按医生指示每日 / 每周一次 / 有需要时）服用为期超过一个月的时间的处方药物？ In the last 5 years, have you been advised by your doctor to take any medications (such as to be taken daily / once per week / as needed as directed by doctor) for a continuous period of more than 1 month?	<input type="checkbox"/>	<input type="checkbox"/>	
11.	在过去五年内，阁下是否曾入住医院？ In the last 5 years, have you been admitted into a hospital?	<input type="checkbox"/>	<input type="checkbox"/>	
12.	在过去五年内，阁下是否曾在非住院情况下接受外科程序（包括内窥镜检查或活组织化验） In the last 5 years, have you undergone a surgical procedure (including endoscopy or biopsy) without being admitted into a hospital?	<input type="checkbox"/>	<input type="checkbox"/>	
13.	在过去五年内，阁下是否曾接受或曾被建议接受检查（例如验血、验尿、心电图、X光、超声波、电脑扫描、磁力共振、正电子扫描、爱滋病测试、乙型肝炎测试、丙型肝炎测试）？ In the last 5 years, have you ever had or been advised to undergo investigations (such as blood or urine test, ECG, X-ray, ultrasound, CT scan, MRI, PET scan, HIV test, Hepatitis B test, Hepatitis C test)?  如果答案属「是」，阁下检查结果是否包括下列(i)-(v)情况？If the answer is "YES", do your investigation result(s) include the followings (i)-(v)?	<input type="checkbox"/>	<input type="checkbox"/>	
	i) 检验结果正常 Normal test result is advised	i.	<input type="checkbox"/>	<input type="checkbox"/>
	ii) 检验结果异常 Abnormal test result is advised	ii.	<input type="checkbox"/>	<input type="checkbox"/>
	iii) 阁下正等候检验或检验结果 You are still awaiting test / test result	iii.	<input type="checkbox"/>	<input type="checkbox"/>
	iv) 检验结果为无定论或不确定（需要重新或进一步检验） Test result is inconclusive or uncertain (retesting or follow up test is required)	iv.	<input type="checkbox"/>	<input type="checkbox"/>
	v) 就检验结果已寻求医疗意见或需要接受治疗（例如一些未必需要即时治疗的情况如肝囊肿 / 脑囊肿 / 关节退化或钙化 / 于成像检测中发现肺部或乳房或甲状腺出现钙化） Medical advice has been sought or treatment is required for the test result (such as liver cyst / brain cyst / joint degeneration or calcification / lung or breast or thyroid calcification discovered on imaging test, that may not require immediate treatment)	v.	<input type="checkbox"/>	<input type="checkbox"/>
14.	除了阁下在第 7 至 13 项问题中已披露的资料外，阁下是否有下列情况？ Apart from anything you have already disclosed in Questions 7 - 13, do you have any of the following conditions? i) 在过去一年内，体重无故地减少了 5 公斤 (11 磅) 以上 Unintentional weight loss by more than 5kg (11lbs) over past 1 year ii) 不正常出血（例如阴道出血、便血、流鼻血或咳血）至少一个月 Abnormal bleeding (such as vaginal bleeding, rectal bleeding, nose bleeding or coughing up of blood) for at least one month iii) 在过去一年内，阁下有任何健康状况或病征及症状曾接受或需要接受专业医护人员（例如专科医生、物理治疗师、精神科医生）的跟进诊治 In the last 1 year, you had or have been required to have follow-up consultation with a healthcare professional (such as specialist doctor, physiotherapist, psychiatrist) for any medical condition or sign and symptom iv) 其他健康状况或病征及症状（例如肿块、头痛、持续咳嗽、胸痛或上腹痛）而正在或打算寻求医疗意见 Other medical conditions or sign and symptom (such as lump, headache, persistent coughing, chest pain or epigastric pain) that you are seeking or intend to seek medical advice	i.	<input type="checkbox"/>	<input type="checkbox"/>
		ii.	<input type="checkbox"/>	<input type="checkbox"/>
		iii.	<input type="checkbox"/>	<input type="checkbox"/>
		iv.	<input type="checkbox"/>	<input type="checkbox"/>

保单权益人签署 (细阅 / 确认以上资料)  
 Signature of the Policy Owner (Read / confirm the information on this page)

**乙部 - 投保人健康资料 Part B - Health Information of Insured**

请在适当方格上填上✓ Please ✓ the appropriate boxes 是 YES 否 NO

15.	<p><b>[只适用于女性 For female only]</b></p> <p>阁下现时是否怀孕？ Are you currently pregnant?</p> <p>如答案属「是」，请回答 (i)。 If the answer is "YES" please answer (i).</p> <p>i) 预产期 Expected date of delivery: _____ 日 DD _____ 月 MM _____ 年 YY</p>	□	□
-----	---	---	---

16.	<p><b>[只适用于六岁或以下之受保儿童 For insured children aged 6 or below only]</b></p> <p>受保儿童是否于怀孕第 37 周前出生，及 / 或出生时体重少于 2.5 公斤 (5.5 磅)？ Was the insured child born before 37<sup>th</sup> week of pregnancy and / or born with body weight less than 2.5 kg (5.5 lbs)?</p> <p>如答案属「是」，请回答 (i) - (ii)。 If the answer is "Yes" please answer (i) - (ii).</p> <p>i) 受保儿童在孕期哪一周出生？ At which week of pregnancy was the insured child born?</p> <p> <input type="checkbox"/> 多于 37 周                      <input type="checkbox"/> 32 至 37 周                      <input type="checkbox"/> 28 至 31 周                      <input type="checkbox"/> 少于 28 周              more than 37 weeks                      32 to 37 weeks                      28 to 31 weeks                      less than 28 weeks         </p> <p>ii) 出生时体重？ Body weight at birth?</p> <p> <input type="checkbox"/> 多于 2.50 公斤 / 5.51 磅    <input type="checkbox"/> 1.51 - 2.50 公斤 / 3.32 - 5.51 磅    <input type="checkbox"/> 1.00 - 1.50 公斤 / 2.20 - 3.31 磅    <input type="checkbox"/> 少于 1.00 公斤 / 2.20 磅              more than 2.50 kg / 5.51 lbs    1.51 - 2.50 kg / 3.32 - 5.51 lbs    1.00 - 1.50 kg / 2.20 - 3.31 lbs    less than 1.00 kg / 2.20 lbs         </p>	□	□
-----	---	---	---

17.	<p><b>[家庭健康状况 Family Health History]</b></p> <p>就阁下所知，阁下的亲生父母或兄弟姊妹曾否于 60 岁或以前被确诊下列疾病或健康状况： At your best knowledge, have any of your parents or siblings by blood been diagnosed with any of the following diseases or medical conditions at or before age 60:</p> <p>i) 癌症 Cancer</p> <p>ii) 冠心病 Coronary heart disease</p> <p>iii) 糖尿病 Diabetes mellitus</p> <p>iv) 运动神经元疾病 Motor neuron disease</p> <p>v) 多发性硬化症 Multiple sclerosis</p> <p>vi) 中风 Stroke</p> <p>vii) 帕金森症 Parkinson's disease</p> <p>viii) 遗传病 - 包括囊性纤维化、家族性大肠腺息肉、亚兹海默氏症、家族性心肌病、遗传性血病 (血友病、地中海贫血、镰刀型贫血)、肌肉萎缩症、多发性肾病或亨廷顿舞蹈症。 Hereditary diseases - including cystic fibrosis, familial adenomatous polyposis, Alzheimer's disease, familial cardiomyopathy, inherited blood disorders (hemophilia, thalassemia, sickle cell disease), muscular dystrophy, polycystic kidney disease or Huntington's disease.</p>		
-----	---	--	--

i.	□	□
ii.	□	□
iii.	□	□
iv.	□	□
v.	□	□
vi.	□	□
vii.	□	□
viii.	□	□

<b>哪个亲属? Which family member?</b> (请在适当方格上填上✓ Please ✓ the appropriate boxes)	<b>哪种疾病? Which disease ?</b> (请注明疾病名称 Please provide the name of disease)	<b>病发年龄? Onset age of disease?</b> (请在适当方格上填上✓ Please ✓ the appropriate boxes)
<input type="checkbox"/> 父 Father / <input type="checkbox"/> 母 Mother /  <input type="checkbox"/> 兄弟 Brother / <input type="checkbox"/> 姐妹 Sister		<input type="checkbox"/> 30 岁或以下 <input type="checkbox"/> 31-40 岁 <input type="checkbox"/> 41-50 岁 <input type="checkbox"/> 51-60 岁 age at or below 30    age 31-40    age 41-50    age 51-60
<input type="checkbox"/> 父 Father / <input type="checkbox"/> 母 Mother /  <input type="checkbox"/> 兄弟 Brother / <input type="checkbox"/> 姐妹 Sister		<input type="checkbox"/> 30 岁或以下 <input type="checkbox"/> 31-40 岁 <input type="checkbox"/> 41-50 岁 <input type="checkbox"/> 51-60 岁 age at or below 30    age 31-40    age 41-50    age 51-60
<input type="checkbox"/> 父 Father / <input type="checkbox"/> 母 Mother /  <input type="checkbox"/> 兄弟 Brother / <input type="checkbox"/> 姐妹 Sister		<input type="checkbox"/> 30 岁或以下 <input type="checkbox"/> 31-40 岁 <input type="checkbox"/> 41-50 岁 <input type="checkbox"/> 51-60 岁 age at or below 30    age 31-40    age 41-50    age 51-60

\_\_\_\_\_  
 保单权益人签署 (细阅 / 确认以上资料)  
 Signature of the Policy Owner (Read / confirm the information on this page)

**丙部 - 健康资料补充 Part C – Supplementary Health Information**

如乙部第 7-14 项任一题目之答案为『是』者，请在适用的问题提供更多资料。

If the answers to any of the Questions 7 to 14 in Part B is “YES”, please provide additional information as applicable.

请尽量提供齐全资料（例如在未能回忆确实日期的情况下提供年份及月份）以便作出公平核保决定。

Please provide information as detailed as possible (e.g. provide year and month if exact date could not be recalled) for the sake of fair assessment in underwriting.

题目 号码  Question No.	疾病/健康状况/病 征及症状  Disease/ medical condition / sign and symptom	首次出现病征及症状 的日期 <日/月/年>  Date of first occurrence of sign and symptom <DD/MM/YY>	(a)已进行的治疗/检查/测试/ 扫描及(b)有关治疗/检查/测试 /扫描日期 <日/月/年>  (a)Treatment/investigations/ tests/ scans that have been performed and (b) date of such treatment / investigation / tests / scan <DD/MM/YY>	现况（例如是否已完全康 复、有否跟进/服用跟进药 物/下次覆诊日期）  Present condition (such as whether fully recovered, follow up action / medication / next follow up date)	最后覆诊/治疗日 期 <日/月/年>  Date of last follow- up medical consultation / treatment <DD/MM/YY>	治疗有关疾病/不适/ 健康状况/病征及症 状的医生姓名  Name of doctor who treated the disease /sickness /medical condition/sign and symptom	医院名称（如适 用）  Name of Hospital, where applicable

\_\_\_\_\_  
 保单权益人签署（细阅 / 确认以上资料）  
 Signature of the Policy Owner (Read / confirm the information on this page)



## 丁部 - 资料收集声明 Part D – Statement for Collection of Information

以下声明阐述核保问卷收集资料之目的，以及保单权益人及/或受保人须尽其所知所信提供完整及准确的资料。

- (i) 此问卷收集与健康相关的资料仅作为核保之用途，而核保是本公司评估受保人之健康风险及决定申请结果的程序。本公司采用的核保程序应为公平合理，并会因应保单权益人及/或受保人要求解释申请结果。
- (ii) 作为保单权益人及/或受保人，阁下需要尽其所知所信，按本问卷中要求向本公司提供完整及准确的资料。本公司根据阁下提供的资料，可能会提出跟进问题或查询而需要阁下进一步提供资料以作核保之用。
- (iii) 若阁下在提交本申请表后至阁下收到保单前的期间就本问卷中提供的资料有任何改变或更新，阁下需要及早通知本公司。
- (iv) 即使已成功投保并获签发保单，若保单权益人及/或受保人未按 (ii) 所述尽其所知所信向本公司提供完整及准确的资料，或未按 (iii) 所述就资料的任何改变或更新而及早通知本公司，保单权益人及/或受保人的保险保障可能会受到影响，本公司亦可能因此终止、作废或撤销有关保单，或拒绝赔偿。

The following statement has stated the purpose of collecting information on the questionnaire and the Policy Owner and/or Proposed Insured is/are required to provide the complete and accurate information to the best of his/her knowledge and belief.

- (i) This questionnaire collects health-related information solely for the purpose of underwriting which is a process for the Company to evaluate the health risk of the Insured and decide the application results. The underwriting process that the Company adopts should be fair and reasonable, and the Company should explain the application results if requested by the Policy Owner and/or Insured.
- (ii) As the Policy Owner and/or Insured, you are required to provide the Company with complete and accurate information requested in this questionnaire to the best of your knowledge and belief. Based on the information provided, the Company may have follow-up questions or enquiries that require you to provide further information for underwriting purpose.
- (iii) If there are any changes to or updates of the information provided in this questionnaire after the time of submission of this application and before you receive the policy, you are required to notify the Company in a timely manner.
- (iv) Even after an insurance policy has been issued upon successful application, the insurance coverage for the Policy Owner and/or Insured may be affected or the policy may be terminated, voided or rescinded, or claims may be repudiated by the Company, if the Policy Owner and/or Insured has/have not provided the Company with complete and accurate information to the best of your knowledge and belief according to (ii), or if the Policy Owner and/or Insured has/have not notified the Company on any changes to or updates of the information in time according to (iii).

## 声明及授权 DECLARATION & AUTHORIZATION

### 声明

本人/吾等，保单权益人/受保人，在此声明并同意：(1) 本人/吾等已细阅及完全明白产品小名册、建议书及个人资料收集声明；(2) 贵司未正式接纳保单更改或复效及发出有关批单/修改（「批单」）予本人/吾等前，任何保单更改或复效不会生效；(3) 此复效或增加保障之申请经贵司核准后，保单内「不得异议」及「自杀死亡」条款的保单签发日期将以本申请批准日起计算；(4) 本人/吾等没有保留任何重要的事实或资料，而已提供的事实或资料完全属实，并将会是合约的依据；(5) 倘若本人/吾等未披露之事实或资料内容，足以影响贵司衡量及应否接受保单更改或复效的申请，可令批单及/或合约失效；(6) 在本人/吾等签署本申请表后直至本人/吾等收到批单前，本人/吾等必须向贵司披露有关受保人及购买付款人附加利益保障的权益人的健康状况或可保权益的任何改变；(7) 倘若对事实或资料的重要性产生疑问，必须在本申请表向贵司披露该事实或资料；(8) 本人/吾等已收受、阅读及完全明白本申请表所载之个人资料收集声明；及(9) 相关人士的任何个人资料可用作个人资料收集声明第 7 段所述之用途及贵司可把该等个人资料提供给该声明第 8 段所述各方作上述用途。

### 授权

本人谨此代表本人及所有受保人同意及授权：(1) 任何雇主、注册西医、医院、诊所、保险公司、银行、政府机构、或其他机构、组织或人仕、凡知道或持有任何有关本人及受保人或任何一位受保人之记录者，及/或曾诊断或可能将会诊断本人及任何一位受保人者，均可将该等资料提供给中银集团人寿保险有限公司；(2) 中银集团人寿保险有限公司或其指定之医生或化验所，可就此保单更改申请替本人及任何受保人进行所需之医疗评估及测试，作为审核本人及任何受保人之健康状况。此授权对本人之继承人及受让人具有约束力；即使本人死亡或无行为能力时，此授权仍具效力。本授权书的影印本与正本均有同等效力。本人声明及同意已获所有受保人授权及同意本人作出上述授权。

### DECLARATION

I/We, Policy Owner/Insured, hereby declare and agree that: (1) I/We have read and fully understood the product leaflet, illustration documents and the Personal Information Collection Statement; (2) any change or reinstatement of the policy shall be subject to the approval by the Company and shall not commence until an endorsement/amendment in respect of such change or reinstatement of the policy ("Endorsement") has been issued to me/us by the Company; (3) in respect of any reinstatement or increase in insurance which takes effect pursuant to this application, the terms and conditions of the policy which have the headings "Incontestability" and "Suicide" shall apply as if the policy Issue Date were the effective date of such reinstatement or increase; (4) neither material fact nor information has been withheld by me/us and the facts and information given herein are true and shall be the basis of the contract; (5) my/our failure to disclose a material fact or information which may influence the assessment and acceptance of the application for change or reinstatement of the policy by the Company may render the Endorsement and/or the contract voidable; (6) I/We shall disclose to the Company any change in my/our health or insurability (for Owner, it is only applicable if payor's benefit is applied for) after signing this application until I/We receive the Endorsement; (7) in the event of doubt as to whether a fact or information is material, it should be disclosed to the Company in this application; (8) I/We have received, read and fully understood the Personal Information Collection Statement contained in this application; and (9) any personal data of the Relevant Persons may be used for the purposes set out in paragraph 7 of the Personal Information Collection Statement contained in this application and the Company may provide the personal data to the parties set out in paragraph 8 of that Statement for the aforementioned purposes.

### AUTHORIZATION

I HEREBY AGREE AND AUTHORIZE ON BEHALF OF MYSELF AND/OR THE INSURED THAT (1) any employer, registered medical practitioner, hospital, clinic, insurance company, bank, government institution, or other organization, institution or person, that has any records or knowledge of me/the Insured and who has attended or may hereafter attend myself/the Insured to disclose such information to BOC Group Life Assurance Company Limited; (2) BOC Group Life Assurance Company Limited or any of its appointed medical examiners or laboratories may perform the necessary medical assessment and tests to evaluate the health status of myself/the Insured in relation to this Application. This authorization shall bind my successors and assignees and remain valid notwithstanding my death or incapacity. A photocopy of this authorization shall be as valid as the original.

I declare and agree that I have the full authority from and consent of the insured to make the above authorizations.

本人不欲贵司使用本人的个人资料经以下渠道作直销推广（请以“√”选择渠道）:-

I **do not wish** the Company to use my personal data in direct marketing via the following channel(s) (please use "√" to select the channel(s)):-

- 电子渠道 Electronic Channels  
 邮件 Mail  
 专人电话 Personal Call

如 您没有在上列任何方格内以“√”号显示 您的选择，即代表 您并不拒绝本公司任何形式的直销推广。

If you return this Form without ticking any of the above boxes, it means that you do not wish to opt-out from any form of the Company's direct marketing.

- 为改善及提供更全面的服务予本公司的客户，本公司可能会将 您的个人资料提供予「本集团」\*其他成员及其他人作其包括财务、保险、信用卡、证券、商品、投资、银行及相关服务和产品及授信的直销推广。若 您不欲本公司提供 您的个人资料予以上人士作以上用途，请阁下在这方格上以“√”号表示。  
To improve and provide more comprehensive services to our customers, the Company may provide your personal data to other members of the Group\* and any other persons for their use in direct marketing of financial, insurance, credit card, securities, commodities, investment, banking and related services and products and facilities and so forth. Please tick "√" this box if you **do not wish** the Company to provide your personal data to the above persons for the above purposes.

\*「本集团」指本公司及其控股公司、分行、附属公司、代表办事处及附属成员，不论其所在地。附属成员包括本公司的控股公司之分行、附属公司、代表办事处及附属成员，不论其所在地。The "Group" means the Company and its holding companies, branches, subsidiaries, representative offices and affiliates, wherever situated. Affiliates include branches, subsidiaries, representative offices and affiliates of the Company's holding companies, wherever situated.

以上代表 阁下现在对是否接收直销推广资料，以及对本公司拟将阁下个人资料提供予「本集团」\*其他成员作其直销推广的选择，亦取代任何 阁下之前已告知本公司的选择。请注意，阁下以上的选择适用于根据本公司的「个人资料收集声明」上所载的产品、服务及/或标的类别的直销推广。请 阁下参考该声明上以得知在直销推广上可使用的个人资料的种类，以及 阁下的个人资料可提供予甚么类别的人士以供该等人士在直销推广中使用。

The above represents your present choice regarding whether or not to receive direct marketing materials, and the Company's intended provision of your personal data to other members of the Group for their use in direct marketing. This replaces any choice communicated by you to the Company prior to this application. Please note that your above choice applies to the direct marketing of the classes of products, services and/or subjects as set out in the Company's Personal Information Collection Statement. Please also refer to the said Statement on the kinds of personal data which may be used in direct marketing and the classes of persons to which your personal data may be provided for them to use in direct marketing.

保单权益人签署 Signature of Policy Owner

受保人签署(如与保单权益人不同及 16 岁或以上)  
Signature of the Insured (if other than policy owner and of age 16 or above)

承让人签署(如适用)  
Signature of Assignee (if applicable)

签署日期 Date at (日/月/年 Day/Month/Year)

签署地 Sign at

见证人签署 Signature of Witness

(姓名 Name: )

(中介人工编号 )

Insurance Intermediary staff no.:

签字须与本公司存档相符 Signature must correspond to that in our records

**重要信息：** 阁下提供给本公司的任何个人资料如有变更（如姓名、国籍（国家/地区）、税务居住地、地址、身份证明文件类型及号码、职业，或商业客户的商业注册/成立资料/股权结构等），请立即通知本公司作出更改。倘本公司没有收到阁下通知，即表示阁下毋须更新个人资料。**Important Message: If there is any change of your personal information (e.g. name, Nationality (Country/Region), tax residence, address, identity document type and number, occupation, business registration/incorporation/ownership structure of corporate customer etc.), please notify us for changes immediately. We shall assume no change in your data from our latest record unless we receive a notice from you.**

**温馨提示：** 如阁下在递交此表格后两星期内仍未收到本公司的回复，请致电本公司的客户服务热线 2860-0688。**Friendly Reminder: If you do not receive our response within 2 weeks after submitting this form, please contact our Customer Service Hotline at 2860-0688.**

请参阅下一页的个人资料收集声明

Please read the Personal Information Collection Statement on next page

## 个人资料收集声明

在中银集团人寿保险有限公司(“中银人寿”), 保护我们客户个人资料对我们很重要。作为一个提供保险产品和服务的机构, 收集及运用客户个人资料是我们日常商业运作的基本工作。

如客户希望了解中银人寿的隐私政策的详情, 欢迎透过以下网址 <http://www.boclife.com.hk/tc/privacy-policy.html> 阅读有关文件。

1. 本声明列载中银集团人寿保险有限公司(下称「本公司」)有关其资料当事人(见以下定义)的资料政策。
2. 就本声明而言,「本集团」指本公司及其控股公司、分行、附属公司、代表办事处及附属成员,及其任何一方,不论其所在地。附属成员包括本公司的控股公司之分行、附属公司、代表办事处及附属成员,不论其所在地。
3. 「资料当事人」一词,不论于本声明何处提及,包括以下个人的类别:
  - (a) 本公司提供的保险及相关服务和产品的申请人或客户/用户,包括保单权益人、索偿人、受益人、受保人及/或其他有关人士及其被授权人;
  - (b) 任何公司申请人及客户/用户的董事、股东、高级职员及经理;及
  - (c) 本公司的供应商、承建商、服务供应商及其他合约对手。为免疑问,「资料当事人」不包括任何法人团体。本声明的内容适用于所有资料当事人,并构成其与本公司不时订立或可能订立的任何合约及/或保单的一部分。若本声明与有关合约及/或保单存在任何差异或分歧,就有关保护资料当事人的个人资料而言概以本声明为准。本声明并不限制资料当事人在个人资料(私隐)条例(香港法例第486章)(「条例」)下之权利。
4. 资料当事人在建立、延续保险业务及行政事宜及/或有关的产品及服务及授信、处理有关本公司签发的保单的索偿,及/或处理任何和其他资料当事人的要求、查询或投诉,及/或为遵守在香港特别行政区境内或境外的监管或其他机关颁布的任何法律、发出的指引或要求(包括但不限于根据香港特别行政区与美国之间的跨政府协议(「跨政府协议」)、香港特别行政区与美国在2014年3月25日签署的《税务资讯交换协议》)执行《海外账户税收合规法案》,以及经济合作暨发展组织作出的规定,包括关于其为履行其共同报告标准的主管机关协议的监管机制)时,资料当事人需要不时向本公司提供有关的个人资料。
5. 若未能向本公司提供该等资料,可能会由于资料不足导致本公司无法评估/处理你的申请及/或提供保险及相关服务和产品及授信。若你拒绝给予上述明确的同意,本公司也可能需要向适用的监管机构汇报保单项下的价值和付款金额;在特定的情况下,若你拒绝给予明确的同意,本公司可能保留保单项下的部分或所有利益;及/或停止业务。
6. 本公司会不时收集或接收有关资料当事人的资料。该等资料包括但不限于在资料当事人与本公司继续正常业务往来期间,例如,当资料当事人签发支票、存款或透过本公司发出的或提供的信用卡进行交易或在一般情况下以口头或书面形式与本公司沟通时,从资料当事人所收集的资料。
7. 资料当事人的资料(包括信用信息和以往申索纪录)的用途将视乎其与本公司及/或本集团的关系性质有所不同,其中包括以下用途:
  - (a) 处理、评估及/或批核有关保险产品及其服务的申请、调查和结清申索、侦测和防止欺诈行为(无论是否就此申请而发出的保单有关)、及有关该等产品及服务的增长、更改、变更、取消、续期及/或复效的申请;
  - (b) 管理由本公司及/或本集团签发的保单;
  - (c) 研究及/或设计供客户使用的保险/金融产品及/或服务;
  - (d) 与任何由本公司或任何本公司集团内的公司及相关联公司提供的产品及/或服务相关,而由你提出或对你作出的索偿,或以其他形式涉及你的索偿有关的用途,包括但不限于作出、辩护、分析、调查、处理、评估、厘定、结清或回应该等索偿;
  - (e) 在适当时进行身份及/或信贷检查及进行资料配对程序;
  - (f) 为符合根据下述适用于本公司及/或期望本公司及/或本集团遵从有关披露及使用资料的安排:
    - (i) 在香港特别行政区境内或境外之已存在、现有或将来对其具约束力或适用于其的任何法律;
    - (ii) 在香港特别行政区境内或境外之已存在、现有或将来并由任何法定、监管、政府、税务、执法或其他机构,或由金融服务提供者之自律监管或行业的团体或组织所发出或提供之任何指引或指导;
    - (iii) 本公司及/或本集团因其金融、商业、营业或其他利益或活动处于或关连于相关本地或海外的法定、监管、政府、税务、执法或其他机构或金融服务提供者之自律监管或行业团体或组织之司法管辖区而须承担或施加与本地或海外之法定、监管、政府、税务、执法或其他机构或金融中介人、或金融服务提供者之自律监管或行业团体或组织之间的现有或将来之任何合约承诺或其他承诺及/或本公司及/或本集团遵守适用税务法律的义务,包括但不限于《海外账户税收合规法案》和跨政府协议;
  - (g) 处理(包括但不限于调查、分析、核保及裁定)有关本公司签发的保单的索偿;
  - (h) 为推广服务、产品及其他标的(详见下述第9段);
  - (i) 提供客户服务(包括但不限于处理查询及投诉)及有关活动;
  - (j) 供本公司及任何本公司集团内的公司及相关联公司作进行统计或精算研究用途;
  - (k) 厘定本公司欠付你或你拖欠本公司的任何款项的金额,及执行你之责任,包括但不限于向你或任何已为你的债务向本集团提供任何担保或承诺的人士追收欠款;
  - (l) 为符合根据任何本集团计划下就遵从洗钱、恐怖份子资金筹集或其他非法活动之批准或防止或侦测而作出本集团内资料及信息共享及/或任何其他使用资料及信息的任何责任、规定、政策、程序、措施或安排;
  - (m) 使本公司的实在或建议承让人,或本公司对资料当事人的权利的参与人或附属参与人评核意图或为转让,参与或附属参与的交易;
  - (n) 与资料当事人或其他人士之资料比较以进行信贷调查,资料核实或以其他方法产生或核实资料,不论有关比较是否为对资料当事人采取不利之行动而推行;
  - (o) 作为维持资料当事人的信贷记录或其他记录(不论资料当事人与本公司是否存在任何关系),以作现在或将来参考之用;及
  - (p) 供作任何与上述事项有联系、有附带性或有关的用途。
8. 本公司会对其持有的资料当事人资料保密,除非本公司可能会把该等资料提供及披露(如条例所定义的)给下述各方作前一段列出的用途:
  - (a) 任何代理人、承包商、或向本公司提供行政、电讯、电脑、付款或其他与本公司业务运作有关的服务的第三方服务供应商,不论其所在地;
  - (b) 任何对本公司(包括本集团的任何成员)有保密责任并已承诺作出保密有关资料的其他人士;
  - (c) 任何再保险及索偿调查公司、有关的保险行业协会及联合会及该等协会的会员;
  - (d) 信贷资料服务机构;而在资料当事人欠账时,则可将其该等资料提供给收数公司;
  - (e) 任何与资料当事人已经或将会存在往来的金融机构、消费卡或信用卡发行公司、保险公司、证券及投资公司;
  - (f) 本公司及/或本集团根据其本身及/或本集团具约束力或适用的任何本地或外国法律、法例或法规规定下之责任或其他原因而必须向该人、实体、或政府或政府机构或金融中介人作出披露,或按照及为实施由任何法定、监管、政府、税务、执法或其他机构或金融服务提供者之自律监管或行业团体或组织所提供或发出的指引或指导需期间向该人作出披露,或根据与本地或海外之法定、监管、政府、税务、执法或其他机构或金融服务提供者之自律监管或行业团体或组织之间的任何合约承诺或其他承诺而向该人作出任何披露之任何人士,该等人士可能处于香港特别行政区境内或境外及可能是已存在、现有或将来出现的任何人士;
  - (g) 假如资料当事人的资料是被收集并用于处理其申请、调查和结清申索,以及侦测和防止欺诈行为,有关个人资料将会被转移给以下人士,而他们只能在有合理需要履行前述任何一项目的之情况下才可收集和使用这些资料:保险理算人、代理和经纪;雇主;医护专业人士;医院;会计师;财务顾问;律师;整合保险业申索和承保资料的组织;防欺诈组织;其他保险公司(无论是直接地,或是通过防欺诈组织或本段中指名的其他人士);警察;和保险业就现有资料而对所提供的资料作出分析和检查的数据库或登记册(及其运营者)。
  - (h) 本公司的任何实在或建议承让人或就本公司对资料当事人的权利的参与人或附属参与人或受让人;及
  - (i)
    - (i) 本集团之任何成员;
    - (ii) 第三方金融机构、承保人、信用卡公司、证券、商品及投资服务供应商;
    - (iii) 第三方奖赏、年资奖励、联名合作及优惠计划供应商;
    - (iv) 本公司及本集团之联名合作伙伴(有关服务和产品的申请表上会提供联名合作伙伴的名称(视属何情况而定));及
    - (v) 慈善或非牟利组织;及
    - (vi) 就上述第7(h)段而获本公司任用之第三方服务供应商(包括但不限于代寄邮件公司、电讯公司、电话促销及直销代理人、电话服务中心、数据处理公司及资讯科技公司),不论其所在地。本公司可能为上述第7段所列之目的不时将资料当事人的资料转移往香港特别行政区以外的地区。
9. 使用资料作直接促销  
本公司拟使用资料当事人的资料作直接促销及本公司须为此目的取得资料当事人同意(包括资料当事人不反对之表示)。2012年个人资料(私隐)条例第VIA部中关于资料当事人的同意的特定要求。因此,请注意以下:
  - (a) 本公司持有资料当事人的姓名、联络详情、产品及服务投资组合信息、交易模式及行径、财务背景及统计资料可不时被本公司用于直接促销;
  - (b) 以下服务、产品及类别可作推广:
    - (i) 财务、保险、信用卡、证券、商品、投资、银行及相关服务和产品及授信;
    - (ii) 奖赏、年资奖励或优惠计划及相关服务和产品;
    - (iii) 本公司的联名合作伙伴提供之服务和产品(有关服务和产品的申请表上会提供联名合作伙伴的名称(视属何情况而定));及
    - (iv) 为慈善及/或非牟利之目的之捐款及资助;
  - (c) 上述服务、产品及标的可由本公司及/或下述人士提供或(如涉及捐款及资助)募捐:
    - (i) 本集团之任何成员;
    - (ii) 第三方金融机构、承保人、信用卡公司、证券、商品及投资服务供应商;
    - (iii) 第三方奖赏、年资奖励、联名合作及优惠计划供应商;
    - (iv) 本公司及本集团之联名合作伙伴(有关服务和产品的申请表上会提供联名合作伙伴的名称(视属何情况而定));及
    - (v) 慈善或非牟利组织;
  - (d) 除本公司推广上述服务、产品及标的,本公司同时拟提供列明于上述第9(a)段之资料至上述第9(c)段的所有或其中任何人士,该等人士藉以用于推广上述服务、产品及标的,并本公司须为此目的取得资料当事人同意(其中包括资料当事人不反对之表示);若资料当事人不愿意本公司使用或提供其资料予其他人士,藉以用于以上所述之直接促销,资料当事人可通知本公司以行使其不同意此安排的权利。
10. 根据条例中的条款,任何资料当事人有权:
  - (a) 查核本公司是否持有他的资料及要求查阅该等资料;
  - (b) 要求本公司改正任何有关他的不准确的资料;及
  - (c) 查明本公司对于资料的政策及惯例和获告知本公司持有的个人资料种类。
11. 根据条例之条款,本公司有权就处理任何查阅资料的要求收取合理费用。
12. 任何关于查阅或改正资料,或索取关于资料政策及惯例或所持有的资料种类的要求,应向下列人士提出:

中银集团人寿保险有限公司  
资料保障主任  
中银集团人寿保险有限公司  
香港太古城英皇道1111号  
太古城中13楼  
传真:(852) 2522 1219
13. 本声明的英文版本与中文版本如有任何分歧,概以英文版本为准。

二零二一年三月

## PERSONAL INFORMATION COLLECTION STATEMENT

At BOC Group Life Assurance Company Limited ("BOC Life"), the protection of personal information of our customers is important to us. As a provider of insurance products and services, the collection and use of the personal information of our customers is fundamental to our daily business operations.

If you wish to understand BOC Life's Privacy Policy in detail, you may visit relevant document using the hyperlink below <http://www.boclif.com.hk/en/privacy-policy.html>.

1. This Statement sets out the data policies of BOC Group Life Assurance Company Limited (the "Company") in respect of data subjects (as hereinafter defined).
  2. For the purposes of this Statement, the "Group" means the Company and its holding companies, branches, subsidiaries, representative offices and affiliates, wherever situated, and any one of them. Affiliates include branches, subsidiaries, representative offices and affiliates of the Company's holding companies, wherever situated.
  3. The term "data subject(s)", wherever mentioned in this Statement, includes the following categories of individuals :-
    - (a) applicants for or customers/users, including policyowner(s), claimant(s), beneficiary(ies), life insured(s), and/or relevant individuals, of insurance and related services and products and facilities and so forth provided by the Company and their authorized signatories;
    - (b) directors, shareholders, officers and managers of any corporate applicants and data subjects/users; and
    - (c) suppliers, contractors, service providers and other contractual counterparties of the Company.
- For the avoidance of doubt, "data subjects" shall not include any incorporated bodies. The contents of this Statement shall apply to all data subjects and form part of any contracts and/or policies that the data subjects have or may enter into with the Company from time to time. If there is any inconsistency or discrepancy between this Statement and the relevant contract and/or policy, this Statement shall prevail insofar as it relates to the protection of the data subjects' personal data. Nothing in this Statement shall limit the rights of the data subjects under the Personal Data (Privacy) Ordinance (Cap. 486, Laws of Hong Kong) (the "Ordinance").
4. From time to time, it is necessary for the data subjects to supply the Company with personal data in connection with the provision, continuation and administration of insurance and/or related products and services to the data subjects, the processing of claims under insurance policies issued by the Company, the processing of any and all other requests, enquiries and complaints from the data subjects, and/or compliance with any laws, guidelines or requests issued by regulatory or other authorities within or outside the Hong Kong Special Administrative Region (including but not limited to the implementation of the U.S. Foreign Account Tax Compliance Act ("FATCA") pursuant to the intergovernmental agreement ("IGA") between the Hong Kong Special Administrative Region and the U.S., the tax information exchange agreement that the Hong Kong Special Administrative Region signed with the U.S. on 25 March 2014, and the provisions issued by the Organization for Economic Co-operation and Development, including the regulatory scheme relating to its Competent Authority Agreement ("CAA") to implement its Common Reporting Standard ("CRS")).
  5. Failure to supply such data may result in the Company being unable to assess / process your application and / or provide insurance and related services and products and facilities, due to lack of information. We may also be required to report to applicable regulatory authority(ies) values and payment amounts under the insurance policy if you refuse to give the said express consent; under specified circumstances, withhold some or all benefits under the insurance policy if you refuse to give the express consent; or terminate the policy.
  6. Data relating to the data subjects are collected or received by the Company from time to time. Such data may include, but not limited to, data collected from data subjects in the ordinary course of the continuation of the relationship between the Company and data subjects, for example, when data subjects write cheques, deposit money, effect transactions through credit cards issued or serviced by the Company or generally communicate verbally or in writing with the Company.
  7. The purposes for which the data relating to the data subjects (including credit information and claims history) may be used will vary depending on the nature of the data subjects' relationship with the Company and / or the Group, they may include the following :
    - (a) processing, evaluation and/or approving applications for insurance products and services, investigate and settle claims, detect and prevent fraud (whether or not relating to the policy issued in respect of this application) and additions, alterations, variations, cancellations, renewals, and reinstatements of such products and services;
    - (b) administering insurance policies issued by the Company and / or the Group;
    - (c) researching and/or designing insurance/financial products and/or services for customers' use;
    - (d) any purposes with regard to any claims made by or against or otherwise involving you in relation to any products and/or services provided by the Company and / or the Group including, but not limited to, making, defending, analyzing, investigating, processing, assessing, determining, settling or responding to such claims;
    - (e) conducting identity and/or credit checks whenever appropriate and carrying out data matching procedures;
    - (f) complying with the obligations, requirements or arrangements for disclosing and using data that apply to the Company and / or the Group or that it is expected to comply according to:
      - (i) any local or foreign law, legislation or regulation binding or applying to it within or outside the Hong Kong Special Administrative Region existing currently and in the future;
      - (ii) any guidelines or guidance given or issued by any legal, regulatory, governmental, tax, law enforcement or other authorities, or self-regulatory or industry bodies or associations of financial services providers within or outside the Hong Kong Special Administrative Region existing currently and in the future;
      - (iii) any present or future contractual or other commitment with a local or foreign legal, regulatory, governmental, tax, law enforcement or other authorities or financial intermediary, or self-regulatory or industry bodies or associations of financial services providers that is assumed by or imposed on the Company and / or the Group by reason of its financial, commercial, business or other interests or activities in or related to the jurisdiction of the relevant local or foreign legal, regulatory, governmental, tax, law enforcement or other authority, or self-regulatory or industry bodies or associations and/or the obligations of the Company and/or the Group to comply with applicable tax laws including but not limited to FATCA and the IGA;
    - (g) processing (including, but not limited to, investigating, analyzing, underwriting and adjudicating) claims under insurance policies issued by the Company
    - (h) marketing services, products and other subjects (please see further details in paragraph 9 below);
    - (i) providing customer services (including, but not limited to, processing enquiries and complaints) and related activities;
    - (j) conducting statistical or actuarial research of the Company and/or any of its group companies and affiliated companies;
    - (k) determining amount of indebtedness owed to or by you, and enforcing your obligations including without limitation the collection of amounts outstanding from you or any person who has provided any security or undertaking for your liabilities owing to the Group;
    - (l) complying with any obligations, requirements, policies, procedures, measures or arrangements for sharing data and information within the Group and/or any other use of data and information in accordance with any group-wide programmes for compliance with sanctions or prevention or detection of money laundering, terrorist financing or other unlawful activities;
    - (m) enabling an actual or proposed assignee of the Company, or participant or sub-participant of the Company's rights in respect of the data subjects to evaluate the transaction intended to be the subject of the assignment, participation or sub-participation;
    - (n) comparing data of data subjects or other persons for credit checking, data verification or otherwise producing or verifying data, whether or not for the purpose of taking adverse action against data subjects;
    - (o) maintaining a credit history or otherwise, a record of data subjects (whether or not there exists any relationship between data subjects and the Company) for present and future reference; and
    - (p) any purposes incidental, associated or relating thereto.
  8. Data held by the Company relating to data subjects will be kept confidential except that the Company may provide and disclose (as defined in the Ordinance) such data to the following parties for the purposes set out in the previous paragraph :-
    - (a) any agent, contractor or third party service provider who provides administrative, telecommunications, computer, payment or other services to the Company in connection with the operation of its business, wherever situated;
    - (b) any other person under a duty of confidentiality to the Company including any member of the Group which has undertaken to keep such information confidential;
    - (c) reinsurance and claims investigation companies, relevant insurance industry associations and federations, and members of such industry associations and federations;
    - (d) credit reference agencies, and, in the event of default, to debt collection agencies;
    - (e) any financial institution, charge or credit card issuing companies, insurance company, securities and investment company with which the data subjects have or propose to have dealings;
    - (f) any person, entity, or government or government agency or financial intermediary, to whom the Company and / or the Group is under an obligation or otherwise required to make disclosure under the requirements of any local or foreign law, legislation or regulation binding on or applying to the Company and / or the Group, or any disclosure under and for the purposes of any guidelines or guidance given or issued by any legal, regulatory, governmental, tax, law enforcement or other authorities, or self-regulatory or industry bodies or associations of financial services providers with which the Company and / or the Group is expected to comply, or any disclosure pursuant to any contractual or other commitment of the Company or the Group with local or foreign legal, regulatory, governmental, tax, law enforcement or other authorities, or self-regulatory or industry bodies or associations of financial services providers, all of which may be within or outside the Hong Kong Special Administrative Region and may be existing currently and in the future;
    - (g) If the data relating to the data subjects is being collected and used for the purpose of processing your application, investigating and settling claims and preventing and detecting fraud, such personal data will be transferred to the following persons who may collect and use this information only as reasonably necessary to carry out one of the aforementioned purposes: insurance adjusters, agents and brokers; employers; health care professionals; hospitals; accountants; financial advisors; solicitors; organisations that consolidate claims and underwriting information for the insurance industry; fraud prevention organisations; other insurance companies (whether directly or through fraud prevention organisation or other persons named in this paragraph), the police and databases or registers (and their operators) used by the insurance industry to analyse and check information provided against existing information.
    - (h) any actual or proposed assignee of the Company or participant or sub-participant or transferee of the Company's rights in respect of the data subject; and
    - (i)
      - (i) any member of the Group;
      - (ii) third party financial institutions, insurers, credit card companies, securities, commodities and investment services providers;
      - (iii) third party reward, loyalty, co-branding and privileges programme providers;
      - (iv) co-branding partners of the Company and the Group (the names of such co-branding partners can be found in the application form(s) for the relevant services and products, as the case may be);
      - (v) charitable or non-profit making organisations; and
      - (vi) external service providers (including but not limited to mailing houses, telecommunication companies, telemarketing and direct sales agents, call centres, data processing companies and information technology companies) that the Company engages for the purposes set out in paragraph 7(h) above, wherever situated.
- The Company may from time to time transfer the data relating to the data subjects to a place outside Hong Kong Special Administrative Region for the purposes set out in paragraph 7 above.

### 9. USE OF DATA IN DIRECT MARKETING

The Company intends to use the data subject's data in direct marketing and the Company requires the data subject's consent (which includes an indication of no objection) for that purpose. The specific requirement regarding data subject's consent (which includes an indication of no objection) under Part VIA of the Personal Data (Privacy) Ordinance 2012. In this connection, please note that:

- (a) the name, contact details, products and services portfolio information, transaction pattern and behaviour, financial background and demographic data of the data subject held by the Company from time to time may be used by the Company in direct marketing;
- (b) the following classes of services, products and subjects may be marketed:
  - (i) financial, insurance, credit card, securities, commodities, investment, banking and related services and products and facilities;
  - (ii) reward, loyalty or privileges programmes and related services and products;
  - (iii) services and products offered by the Company's co-branding partners (the names of such co-branding partners can be found in the application form(s) for the relevant services and products, as the case may be); and
  - (iv) donations and contributions for charitable and/or non-profit making purposes;
- (c) the above services, products and subjects may be provided or (in the case of donations and contributions) solicited by the Company and/or:
  - (i) any member of the Group;
  - (ii) third party financial institutions, insurers, credit card companies, securities, commodities and investment services providers;
  - (iii) third party reward, loyalty, co-branding or privileges programme providers;
  - (iv) co-branding partners of the Company and the Group (the names of such co-branding partners can be found in the application form(s) for the relevant services and products, as the case may be); and
  - (v) charitable or non-profit making organisations;
- (d) in addition to marketing the above services, products and subjects itself, the Company also intends to provide the data described in paragraph 9(a) above to all or any of the persons described in paragraph 9(c) above for use by them in marketing those services, products and subjects, and the Company requires the data subject's written consent (which includes an indication of no objection) for that purpose;

**If a data subject does not wish the Company to use or provide to other persons his data for use in direct marketing as described above, the data subject may exercise his opt-out right by notifying the Company.**

10. Under and with the terms of the Ordinance, any data subject has the right: -
  - (a) to check whether the Company holds data about him and to request access to such data;
  - (b) to require the Company to correct any data relating to him which is inaccurate; and
  - (c) to ascertain the Company's policies and practices in relation to data and to be informed of the kind of personal data held by the Company.
11. In accordance with the terms of the Ordinance, the Company has the right to charge a reasonable fee for the processing of any data access request.
12. The person to whom requests for access to data or correction of data or for information regarding policies and practices and kinds of data held are to be addressed is as follow: -

BOC Group Life Assurance Company Limited  
The Data Protection Officer  
BOC Group Life Assurance Company Limited  
13/F, 1111 King's Road, Taikoo Shing, Hong Kong  
Facsimile: (852) 2522 1219

13. If there is any inconsistency between the English version and the Chinese version of this Statement, the English version shall prevail.

Mar 2021