中銀人壽 BOC LIFE

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保單更改申請表 – 自願醫保
Application for Policy Change - VHIS

「中銀集團人壽保險有限公司」以下簡稱:「本公司」或「貴司」
BOC Group Life Assurance Company Limited referred to hereinafter as "the Company"

保險中介人姓名
Name of Insurance Intermediary _____
分行及員工/專屬代理編號
Branch Code & Staff No./Agent Code _____
聯絡電話
Contact Tel No. _____

注意事項 Notes:
(1) 請用正楷填寫。Please complete in BLOCK LETTERS.
(2) 請於適用處加「✓」。Please tick 「✓」where appropriate.
(3) 保單權益人必須在此表格內任何更改或修改的地方簽署作實。Any changes or amendments in this form MUST be countersigned by Policy Owner in full signature.
(4) 保單權益人請於簽署日期三十日內遞交申請表至本公司。 Please submit the signed form to the Company within 30 days.
(5) 如保單權益人未曾提交身份證明文件或身份證明文件已作更新，請提供其核實真實副本。If Policy Owner has not submitted identity document or the identity document has been updated, please submit certified true copy.

保單編號 Policy Number	保單權益人姓名 Name of the Policy Owner 聯絡電話 Contact Tel No	受保人姓名 Name of the Insured

第一部份 PART I

1. 更改保單保障 Change of Policy Benefits

如取消附加利益保障或增加自付費，不用填寫第二部份。For cancelling rider or increasing deductible, do not need to complete Part II.
如增購附加利益保障 / 減少或免除自付費 For adding rider / reducing or removing deductible,
(1) 請同時填報申請表第二部份。 Please also complete Part II.
(2) 保單權益人如非持有香港身份證但持有中華人民共和國居民身份證，請親臨香港簽署「重要資料聲明書 - 內地人士在港投購人身/壽險保單」，連同相關入境證明於簽署日起 7 天內交回本公司。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.
(3) 請遞交財務需要分析表格 (只適用於增購附加利益保障至原有保單) 。Please submit Financial Needs Analysis (applicable to adding rider to existing policy only).

	取消 Cancel	增購 Adding	更改自付費* Change of Deductible
☐ 非凡守護靈活自願醫保 SmartViva Flexi VHIS ……..	--	--	港幣 HKD ☐ 0 ☐ 10,000 ☐ 30,000 ☐ 70,000
☐ 中銀人壽標準自願醫保附加利益保障 BOC Life Standard VHIS Rider……	☐	☐	
☐ 轉換自願醫保計劃 VHIS Plan Change ……	由 **非凡守護靈活自願醫保** 轉換至 **中銀人壽標準自願醫保** Change plan from **SmartViva Flexi VHIS** to **BOC Life Standard VHIS**		
☐ 其他 Others _____	☐	☐	

一併繳付之款項[包括此申請所需保費及本公司代保險業監管局按相關規定收取的相應徵費]
Amount paid with this application [includes the premium required for this application and the corresponding levy to be collected by the Company on behalf of the Insurance Authority according to the relevant requirements]

_____

*保單權益人可行使一次性權利以減少或免除自付費而無須重新核保，但必須符合以下項目
The Policy Holder can exercise a one-off right to reduce or remove the Deductible without re-underwriting, provided that:
(i) 受保人須於年滿50、55、60、65、70、75、80或85歲當日或緊隨的保單週年日(續保日)前不少於30日提出申請；
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;
(ii) 僅可在受保人一生內行使一(1)次；及
Can only be exercised once during the lifetime of the Insured Person; and
(iii) 受保人並未在之前兩(2)個保單年度內減少自付費 (受保人於 85 歲的申請可豁免此條件)
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. 刪除或減少附加保費 / 不保項目 Remove or Reduce Premium Loading / Exclusion

☐ 地域原因 Geographic Loading	請同時填報申請書第二 B 部份 Please also complete question of Part IIB
☐ 職業原因 Occupational Loading	請同時填報申請書第二 A 部份及第二 B 部份 (只適用於改變職業級別超過一年者) Please also complete question of Part IIA & Part IIB (Applicable to change of occupational class for over 1 year)
☐ 健康原因 Medical Loading	請同時填報申請書第二 C 部份 Please also complete Part IIC
☐ 不保項目 Exclusion	請同時填報申請書第二部份 Please also complete Part II

3. 更改醫療賠付賬戶 Change of Medical Claims Settlement Account (只適用於非凡守護靈活自願醫保計劃 For SmartViva Flexi VHIS Plan only)

賬戶貨幣 Account Currency: 港元 HKD

☐ 銀行轉賬 Bank Transfer |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__| 戶口持有人姓名 Account Holder Name _____

◆ 戶口必須為保單權益人單獨持有之任何港幣銀行戶口。The account must be any HKD bank account solely owned by the policyowner.
◆ 只接受任何以港元銀行轉賬付款。Only the payment made by bank transfer in HKD are accepted.

4. 重發保柏尚健卡 / 免費身體檢查換領信 Reissue of Bupa Health Plus Card / Free Medical Check-up Redemption Letter

(只適用於非凡守護靈活自願醫保計劃 For SmartViva Flexi VHIS Plan only)

☐ 重發保柏尚健卡*
Reissue Bupa HealthPlus Card

*請同時繳付 100 港元之重發費用。 Please submit the re-issuance fee HKD 100 at the same time.
(保柏尚健卡經由保柏重發。Bupa HealthPlus card shall be reissued by BUPA.)

本人聲明保柏尚健卡經已 遺失或損毀，本人同意 貴司對所有因重發保柏尚健卡而引起之索償或訴訟無須負責。
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.

☐ 重發免費身體檢查換領信#
Reissue Free Medical Check-up Redemption Letter

本人聲明免費身體檢查換領信經已遺失或損毀，本人同意 貴司對所有因重發免費身體檢查換領信而引起之索償或訴訟無須負責。
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.

#重發換領信時，保單必須仍然生效。 Policy must be valid when reissue of the redemption letter.

重發換領信上之有效日期並不會因重發而有所變更或延長。 The valid period of the reissued redemption letter would not be changed or extended after the reissuance.

不接受重發已過期之換領信。Reissue of an expired redemption letter is not accepted.

換領信在有效期內只可使用一次。當換領信上的免費身體檢查已供換領後，任何身體檢查保障於同一保單年度內將不再獲發賠償。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.

如有任何爭議，保柏及中銀人壽保留最終決定權。 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 (請說明 Please specify)

第二部份 PART II

IIA. 受保人的職業資料 Occupation Details of the Insured

1. 職業（就業人士適用） Occupation (For people with jobs) (a) 僱主資料 Employer's Details	**受保人 INSURED** 職業 Occupation _____ 行業 Industry _____ ☐ 受僱 Employed ☐ 自僱 Self Employed 僱主名稱(全名) Full Name of Employer _____ 業務性質 Nature of Business _____ 辦事處地址 Business Address _____
(b) 年薪 Annual Salary	港幣 HKD _____
(c) 詳列確實職務 Exact Job Duties	請詳列確實職務 Please describe exact job duties _____ (i) ☐ 戶內工作 Indoor Work ☐ 戶外工作 Outdoor Work (ii) ☐ 無牽涉手製、手控或體力勞動的工作 No Manual Work Involved ☐ 牽涉手製、手控或體力勞動的工作 Manual Work Involved ☐ 高空工作 Work at Height ☐ 建築地盤工作 Work at Construction Site ☐ 其他（請註明）Others (Please Specify) _____
(d) 受僱於現職年期 No. of Years in Current Job	_____ 年 Years 如少於一年，請說明先前的工作 If less than one year, please state previous job _____
(e) 兼職 Part-time Occupation	如有，請詳列確實職務及工作時間 If yes, please describe exact duties and number of hours worked _____
2. 非就業人士適用 For people without jobs	☐ 主婦 Housewife ☐ 學生 Student ☐ 退休 Retired ☐ 待業（請註明詳情） Unemployed (please provide details) 失業/待業前所從事之職位，職務及薪金 Job title, duties & salary before unemployment _____ 失業/待業狀況已維持多久 Duration of unemployment _____ 失業/待業原因 Reason for unemployment _____ 詳述其他收入來源 Details of other source of income _____

IIB. 受保人的居住地相關資料 Residential Related Information of the Insured

請在適當方格上填上✓ **Please ✓the appropriate boxes**		是 YES	否 NO
1.	閣下是否或將於居住地以外的國家或地區居住或工作？ Do you or do you intend to live or work outside the residential country or region? 若答案屬『是』，請回答(i)-(iv)。If the answer is "YES", please answer (i)-(iv). i) 居留國家/地區名稱 Name of country/region reside: _____ ii) 城市名稱 Name of city reside: _____ iii) 居留目的 Purpose of stay: _____ iv) 停留次數 Duration of stay: _____ 日 / day (☐每年 per year / ☐ 每月 per month / ☐ 每週 per week)	☐	☐

IIC. 自願醫保保險產品健康相關資料的標準核保問卷
Standardized Underwriting Questionnaire on Health-Related Information for Voluntary Health Insurance Scheme Plans

甲部 – 受保人基本資料 (受保人為 17 歲或以下不用回答甲部問題 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.	體重 Weight		公斤 kilograms (kg)	或 OR		磅 pounds (lbs)

請在適當方格上填上✓ **Please ✓the appropriate boxes**		是 YES	否 NO
3.	**[吸煙習慣 Smoking Habit]** 閣下有沒有吸煙或在過去五年內曾否吸煙？ Do you smoke or have you smoked in the last 5 years? 若答案屬『是』，請回答(i)-(iv)。If the answer is "YES", please answer (i)-(iv). i) 煙草產品種類 Type of tobacco product: _____ ii) 吸煙習慣的持續時間 Duration of smoking habit: _____ 年 year(s) iii) 吸煙的頻密度及吸食份量 Frequency and quantity of consumption: _____ 支 stick (s) / 每日 per day iv) 若閣下現時已沒有吸煙，請回答(a)-(b) If you no longer smoke now, please answer (a)–(b): a) 請問閣下是何時戒煙的？When did you quit smoking? _____<日/月/年><DD/MM/YY> b) 是否醫生建議戒煙 Are you advised by doctor to quit smoking? ☐ 是Yes ☐ 否 No 及戒煙原因 and reason for quit smoking： _____ 註:「吸煙」在此問題的含義包括但不限於香煙、雪茄、煙斗、嚼煙及使用尼古丁補充劑產品（例如電子煙）。 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).	☐	☐
4.	**[飲酒 Alcohol Consumption]** 在過去十二個月內，閣下是否平均每週飲用酒精飲品超過三次？ In the last 12 months, on average do you drink alcoholic beverage for more than 3 times in a week? 若答案屬『是』，請回答(i)-(iii)。If the answer is "YES", please answer (i)-(iii). i) 酒精飲品種類、頻密度及飲用份量 Type of alcoholic beverage, frequency and quantity ☐ 啤酒 Regular Beer _____ 罐 can(s) / 每週 per week ☐ 紅酒 / 白酒 Red wine / White wine _____ 杯 glass(es) / 每週 per week ☐ 烈酒 Spirit: _____ 杯 glass(es) / 每週 per week ☐ 其他(請列明) Other (Please specify):_____ _____ 杯 glass(es) / 每週 per week ii) 飲酒習慣的持續時間 Duration of drinking habit: _____ ☐ 年 year(s) / ☐ 月 month (s) iii) 若閣下現時已沒有飲酒，請回答(a)-(b)。 If you no longer drink now, please answer (a)–(b). a) 請問閣下是何時戒酒? When did you quit drinking? _____<日/月/年><DD/MM/YY> b) 是否醫生建議戒酒 Are you advised by doctor to quit drinking ? ☐ 是Yes ☐ 否 No 及戒酒原因 And reason for quit drinking： _____	☐	☐
5.	**[服用未經醫生處方之藥物 Taking of drugs not prescribed by doctors]** 在過去五年內，閣下曾否持續超過一個月使用未經醫生處方之藥物（包括成癮性或消遣性藥物，例如可卡因、興奮劑、海洛英、美沙酮、同化性類固醇；惟不包括營養補充品）？ 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? 若答案屬『是』，請回答(i)-(iv)。If the answer is "YES", please answer (i)-(iv). i) 藥物種類 Type of drugs: _____ ii) 用藥的持續時間 Duration of consumption: _____ ☐ 年 year (s) / ☐ 月 month (s) iii) 用藥的頻密度 Frequency of consumption: _____次 time(s) ☐ 每年 per year / ☐ 每月 per month iv) 用藥的份量(每次) Quantity of consumption (per time): _____	☐	☐

甲部 － 受保人基本資料 (受保人為17歲或以下不用回答問題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)

請在適當方格上填上✓ **Please ✓the appropriate boxes**		是 YES	否 NO
6.	閣下曾否在過去十二個月內或會否在未來十二個月內參與以下活動？ 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? (a) 任何危險性運動或活動（例如：潛水、賽車、攀山或攀石、跳傘、高空跳傘、懸掛滑翔飛行）? Any hazardous sports or activities (such as diving, motor racing, mountaineering or rock climbing, parachuting, sky diving, hang gliding)? (b) 飛行活動（不包括以付費乘客身份乘搭由商業性民航客機提供並獲認可的定期航班服務）。Flying activities other than as a fare-paying passenger of a licensed air service operating within recognised scheduled routes. 若上述(a)或(b)答案屬『是』，請回答(i)-(iii)。If the answer is "YES" for above question (a) or (b), please answer (i)-(iii). i) 活動種類 Type of activity: _____ ii) 參與活動的持續時間 Duration of engagement in the activity: _____ iii) 參與活動的頻密度 Frequency of engagement in the activity: _____次 time(s) (☐每年 per year / ☐ 每月 per month / ☐ 每週 per week)	☐ ☐	☐ ☐

乙部 － 受保人健康資料 Part B － Health Information of Proposed Insured

保單權益人及/或受保人須知：無需於乙部問題披露以下健康狀況或治療 －
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 －
傷風/ 感冒/ 喉嚨痛、腸胃炎/ 食物中毒（已痊癒）、消化不良（無需檢查）、痤瘡、肌肉扭傷（已痊癒）、鵝口瘡、常規產前掃描/ 血液檢驗（檢驗結果正常）、常規子宮頸細胞塗片檢驗（檢驗結果正常）、常規健康檢查（檢查結果正常）、預防疫苗、荷爾蒙補充治療（更年期）、不育治療或胎兒生長情況正常的懷孕、近視/ 遠視/ 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項任何一項問題之答案為『是』者，請於丙部回答相關的跟進問題。
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.

請在適當方格上填上✓ **Please ✓the appropriate boxes**			是 YES	否 NO
7.	閣下是否曾被確診下列疾病或健康狀況？ Have you ever been diagnosed with any of the following diseases or medical conditions?			
	i) 癌症或原位癌 Cancer or carcinoma in situ	i	☐	☐
	ii) 腦部腫瘤 Brain tumor	ii	☐	☐
	iii) 心臟疾病 Heart disease	iii	☐	☐
	iv) 中風（包括短暫性腦缺血，俗稱「小中風」）Stroke (including transient ischemic attack (TIA))	iv	☐	☐
	v) 高血壓 Hypertension	v	☐	☐
	vi) 糖尿病或葡萄糖耐量異常 Diabetes mellitus or impaired glucose tolerance	vi	☐	☐
	vii) 腎病 Kidney disease	vii	☐	☐
	viii) 椎間盤突出或脊椎退化性疾病 Prolapsed intervertebral disc or degenerative spine conditions	viii	☐	☐
	ix) 需要植入醫療儀器或義肢的疾病或健康狀況 Diseases or medical conditions requiring a medical device or prosthesis to be implanted within the body	ix	☐	☐
	x) 人體免疫力缺乏病毒（愛滋病病毒）感染 Human immunodeficiency virus ("HIV") infection	x	☐	☐
	xi) 先天性疾病（指於出生時或之前已存在的醫學、生理或精神上的異常）Congenital conditions (medical, physical or mental abnormalities that existed at the time of or before birth)	xi	☐	☐
	xii) 身體缺陷、不健全、畸形，及 / 或影響活動能力、視力、說話能力或聽力的狀況 Physical defects, impairments, deformities, and / or conditions affecting mobility, sight, speech or hearing	xii	☐	☐
	xiii) 精神健康狀況（例如抑鬱、焦慮、精神分裂、飲食失調或躁狂抑鬱症） Mental health conditions (such as depression, anxiety, schizophrenia, eating disorders, or bipolar disorders)	xiii	☐	☐
	xiv) 高膽固醇症或高血脂症 Hypercholesterolemia or Hyperlipidemia	xiv	☐	☐
	xv) 肝臟疾病（例如乙型或丙型肝炎（包括測試呈陽性反應）、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)	xv	☐	☐
	xvi) 多發性硬化症 Multiple sclerosis	xvi	☐	☐

乙部 － 受保人健康資料 Part B － Health Information of Insured

請在適當方格上填上✓ **Please ✓the appropriate boxes**			是 YES	否 NO
8.	閣下目前是否患有下列疾病或健康狀況？ Do you currently have any of the following diseases or medical conditions?			
	i) 疝氣（俗稱「小腸氣」） Hernia	i.	☐	☐
	ii) 乳房病變（腫瘤 / 硬塊 / 腫塊 / 囊腫 / 結節 / 增生）Breast lesion (tumour / mass / lump / cyst / nodule/ growth)	ii.	☐	☐
	iii) 子宮或卵巢病變（腫瘤 / 硬塊 / 腫塊 / 囊腫 / 瘜肉 / 結節 / 增生）Uterine or ovarian lesion (tumour / mass / lump / cyst / polyp / nodule / growth)	iii.	☐	☐
	iv) 良性前列腺肥大 Benign prostatic hypertrophy	iv.	☐	☐
	v) 膽結石或泌尿道結石（腎結石、輸尿管結石或膀胱結石）Gall bladder stone or urinary stone (renal stone, ureteric stones or urinary bladder stone)	v.	☐	☐
	vi) 白內障、青光眼或視網膜病變 Cataract, glaucoma or retinopathy	vi.	☐	☐
	vii) 關節炎或其他關節疾病 Arthritis or other joint disorder	vii.	☐	☐
9.	在過去五年內，閣下是否曾經或被建議定期或持續（例如每月、每兩個月、每半年、每年）為任何疾病或健康狀況接受專業醫護人員（例如專科醫生、物理治療師、精神科醫生）的跟進診治或醫療護理？ 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?		☐	☐
10.	在過去五年內，閣下是否曾被醫生建議定期（例如按醫生指示每日 / 每週一次 / 有需要時）服用為期超過一個月的時間的處方藥物？ 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?		☐	☐
11.	在過去五年內，閣下是否曾入住醫院？ In the last 5 years, have you been admitted into a hospital?		☐	☐
12.	在過去五年內，閣下是否曾在非住院情況下接受外科程序（包括內窺鏡檢查或活組織化驗） In the last 5 years, have you undergone a surgical procedure (including endoscopy or biopsy) without being admitted into a hospital?		☐	☐
13.	在過去五年內，閣下是否曾接受或曾被建議接受檢查（例如驗血、驗尿、心電圖、X 光、超聲波、電腦掃描、磁力共振、正電子掃描、愛滋病測試、乙型肝炎測試、丙型肝炎測試）？ 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)? 如果答案屬『是』，閣下檢查結果是否包括下列(i)-(v)情況？If the answer is "YES", do your investigation result(s) include the followings (i)-(v)?		☐	☐
	i) 檢驗結果正常 Normal test result is advised	i.	☐	☐
	ii) 檢驗結果異常 Abnormal test result is advised	ii.	☐	☐
	iii) 閣下正等候檢驗或檢驗結果 You are still awaiting test / test result	iii.	☐	☐
	iv) 檢驗結果為無定論或不確定 (需要重新或進一步檢驗) Test result is inconclusive or uncertain (retesting or follow up test is required)	iv.	☐	☐
	v) 就檢驗結果已尋求醫療意見或需要接受治療（例如一些未必需要即時治療的情況如肝囊腫 / 腦囊腫 / 關節退化或鈣化 / 於成像檢測中發現肺部或乳房或甲狀腺出現鈣化）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.	☐	☐
14.	除了閣下在第 7 至 13 項問題中已披露的資料外，閣下是否有下列情況? Apart from anything you have already disclosed in Questions 7 - 13, do you have any of the following conditions?			
	i) 在過去一年內，體重無故地減少了 5 公斤 (11 磅)以上 Unintentional weight loss by more than 5kg (11lbs) over past 1 year	i.	☐	☐
	ii) 不正常出血（例如陰道出血、便血、流鼻血或咳血）至少一個月 Abnormal bleeding (such as vaginal bleeding, rectal bleeding, nose bleeding or coughing up of blood) for at least one month	ii.	☐	☐
	iii) 在過去一年內，閣下有任何健康狀況或病徵及症狀曾經接受或需要接受專業醫護人員（例如專科醫生、物理治療師、精神科醫生）的跟進診治 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	iii.	☐	☐
	iv) 其他健康狀況或病徵及症狀（例如腫塊、頭痛、持續咳嗽、胸痛或上腹痛）而正在或打算尋求醫療意見 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	iv.	☐	☐

乙部 － 受保人健康資料 Part B － Health Information of Insured

請在適當方格上填上✓ **Please ✓the appropriate boxes**		是 YES	否 NO
15.	**[只適用於女性 For female only]** 閣下現時是否懷孕？ Are you currently pregnant? 如答案屬『是』，請回答 (i)。 If the answer is "YES" please answer (i). i) 預產期 Expected date of delivery: _____日 DD_____月 MM_____年 YY	☐	☐
16.	**[只適用於六歲或以下之受保兒童 For insured children aged 6 or below only]** 受保兒童是否於懷孕第 37 週前出生，及 / 或出生時體重少於 2.5 公斤（5.5 磅）？ Was the insured child born before 37th week of pregnancy and / or born with body weight less than 2.5 kg (5.5 lbs)? 如答案屬「是」，請回答 (i) - (ii)。 If the answer is "Yes" please answer (i) – (ii). i) 受保兒童在孕期哪一週出生？At which week of pregnancy was the insured child born? ☐ 多於 37 週 more than 37 weeks ☐ 32 至 37 週 32 to 37 weeks ☐ 28 至 31 週 28 to 31 weeks ☐ 少於 28 週 less than 28 weeks ii) 出生時體重? Body weight at birth? ☐ 多於 2. 50 公斤 / 5. 51 磅 more than 2.50 kg / 5.51 lbs ☐ 1.51 - 2.50 公斤 / 3.32 - 5.51 磅 1.51 - 2.50 kg / 3.32 - 5.51 lbs ☐ 1.00 - 1.50 公斤 / 2.20 - 3.31 磅 1.00 - 1.50 kg / 2.20 - 3.31 lbs ☐ 少於 1.00 公斤 / 2.20 磅 less than 1.00 kg / 2.20 lbs	☐	☐
17.	**[家庭健康狀況 Family Health History]** 就閣下所知，閣下的親生父母或兄弟姊妹曾否於 60 歲或以前被確診下列疾病或健康狀況: 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:		

i) 癌症 Cancer	i.	☐	☐
ii) 冠心病 Coronary heart disease	ii.	☐	☐
iii) 糖尿病 Diabetes mellitus	iii.	☐	☐
iv) 運動神經元疾病 Motor neuron disease	iv.	☐	☐
v) 多發性硬化症 Multiple sclerosis	v.	☐	☐
vi) 中風 Stroke	vi.	☐	☐
vii) 柏金遜症 Parkinson's disease	vii.	☐	☐
viii) 遺傳病 - 包括囊性纖維化、家族性大腸腺息肉病、亞茲海默氏症、家族性心肌病、遺傳性血病（血友病、地中海貧血、鐮刀型貧血）、肌肉萎縮症、多囊性腎病或亨丁頓舞蹈症。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.	viii.	☐	☐

如答案屬「是」，請提供以下詳情。If answer is "Yes", please provide detail(s) as below.

哪個親屬? Which family member? (請在適當方格上填上✓ Please ✓the appropriate boxes)	哪種疾病? Which disease ? (請註明疾病名稱 Please provide the name of disease)	病發年齡? Onset age of disease? (請在適當方格上填上✓ Please ✓the appropriate boxes)
☐ 父 Father / ☐ 母 Mother / ☐ 兄弟 Brother / ☐ 姐妹 Sister		☐ 30 歲或以下 age at or below 30 ☐ 31-40 歲 age 31-40 ☐ 41-50 歲 age 41-50 ☐ 51-60 歲 age 51-60
☐ 父 Father / ☐ 母 Mother / ☐ 兄弟 Brother / ☐ 姐妹 Sister		☐ 30 歲或以下 age at or below 30 ☐ 31-40 歲 age 31-40 ☐ 41-50 歲 age 41-50 ☐ 51-60 歲 age 51-60
☐ 父 Father / ☐ 母 Mother / ☐ 兄弟 Brother / ☐ 姐妹 Sister		☐ 30 歲或以下 age at or below 30 ☐ 31-40 歲 age 31-40 ☐ 41-50 歲 age 41-50 ☐ 51-60 歲 age 51-60

丙部 - 健康資料補充 Part C – Supplementary Health Information

如乙部第 7-14 項任何一題目之答案為『是』者，請在適用的問題提供更多資料。

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

請盡量提供齊全資料（例如在未能回憶確實日期的情況下提供年份及月份）以便作出公平核保決定。

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.

題目號碼 Question No.	疾病/健康狀況/病徵及症狀 Disease/ medical condition / sign and symptom	首次出現病徵及症狀的日期 <日/月/年> Date of first occurrence of sign and symptom <DD/MM/YY>	(a)已進行的治療/檢查/測試/掃描及(b)有關治療/檢查/測試/掃描日期 <日/月/年> (a)Treatment/investigations/ tests/ scans that have been performed and (b) date of such treatment / investigation / tests / scan <DD/MM/YY>	現況（例如是否已完全康復、有否跟進/服用跟進藥物/下次覆診日期） Present condition (such as whether fully recovered, follow up action / medication / next follow up date)	最後覆診/治療日期 <日/月/年> Date of last follow-up medical consultation / treatment <DD/MM/YY>	治療有關疾病/不適/健康狀況/病徵及症狀的醫生姓名 Name of doctor who treated the disease /sickness /medical condition/sign and symptom	醫院名稱 (如適用) Name of Hospital, where applicable

丁部 - 資料收集聲明 Part D – Statement for Collection of Information

以下聲明闡述核保問卷收集資料之目的，以及保單權益人及/或受保人須盡其所知所信提供完整及準確的資料。

(i) 此問卷收集與健康相關的資料僅作為核保之用途，而核保是本公司評估受保人之健康風險及決定申請結果的程序。本公司採用的核保程序應為公平合理，並會因應保單權益人及/或受保人要求解釋申請結果。

(ii) 作為保單權益人及/或受保人，閣下需要盡其所知所信，按本問卷中要求向本公司提供完整及準確的資料。本公司根據閣下提供的資料，可能會提出跟進問題或查詢而需要閣下進一步提供資料以作核保之用。

(iii) 若閣下在提交本申請表後至閣下收到保單前的期間就本問卷中提供的資料有任何改變或更新，閣下需要及早通知本公司。

(iv) 即使已成功投保並獲簽發保單，若保單權益人及/或受保人未按（ii）所述盡其所知所信向本公司提供完整及準確的資料，或未按（iii）所述就資料的任何改變或更新而及早通知本公司，保單權益人及/或受保人的保險保障可能會受到影響，本公司亦可能因此終止、作廢或撤銷有關保單，或拒絕賠償。

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).

聲明及授權 DECLARATION & AUTHORIZATION

聲明

本人/吾等，保單權益人/ 受保人，在此聲明並同意： (1) 本人/吾等已細閱及完全明白產品小名冊子、建議書及個人資料收集聲明； (2) 貴司未正式接納保單更改或復效及發出有關批單/ 修改（「批單」）予本人/吾等前，任何保單更改或復效不會生效； (3) 此復效或增加保障之申請經貴司核准後，保單內「不得異議」及「自殺死亡」條款的保單簽發日期將以本申請批准日起計算； (4) 本人/吾等沒有保留任何重要的事實或資料，而已提供的事實或資料完全屬實，並將會是合約的依據； (5) 倘若本人/吾等未披露之事實或資料內容，足以影響貴司衡量及應否接受保單更改或復效的申請，可令批單及/或合約失效； (6) 在本人/吾等簽署本申請表後直至本人/吾等收到批單前，本人/吾等必須向貴司披露有關受保人及購買付款人附加利益保障的權益人的健康狀況或可保權益的任何改變； (7) 倘若對事實或資料的重要性產生疑問，必須在本申請表向貴司披露該事實或資料； (8) 本人/吾等已收妥、閱讀及完全明白本申請表所載之個人資料收集聲明；及 (9) 相關人士的任何個人資料可用作個人資料收集聲明第 7 段所述之用途及貴公司可把該等個人資料提供給該聲明第 8 段所述各方作上述用途。

授權

本人謹此代表本人及所有受保人同意及授權：(1) 任何僱主、註冊西醫、醫院、診所、保險公司、銀行、政府機構，或其他機構、組織或人仕，凡知道或持有任何有關本人及受保人或任何一位受保人之記錄者，及/或曾診驗或可能將會診驗本人及任何一位受保人者，均可將該等資料提供給中銀集團人壽保險有限公司； (2) 中銀集團人壽保險有限公司或任何其指定之醫生或化驗所，可就此保單更改申請替本人及任何受保人進行所需之醫療評估及測試，作為審核本人及任何受保人之健康狀況。此授權對本人之繼承人及受讓人具有約束力；即使本人死亡或無行為能力時，此授權仍具效力。本授權書的影印本與正本均有同等效力。

本人聲明及同意已獲所有受保人授權及同意本人作出上述授權。

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**貴公司使用本人的個人資料經以下渠道作直銷推廣 (請以"✓"選擇渠道):-

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)):-

☐	電子渠道	Electronic Channels
☐	郵件	Mail
☐	專人電話	Personal Call

如 您沒有在以上任何方格內以"✓"號顯示 您的選擇，即代表 您並不拒絕本公司任何形式的直銷推廣。

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.

****

☐ 為改善及提供更全面的服務予本公司的客戶，本公司可能會將 您的個人資料提供予「本集團」*其他成員及其他人作其包括財務、保險、信用卡、證券、商品、投資、銀行及相關服務和產品及授信的直銷推廣。若 您**不欲**本公司提供 您的個人資料予以上人士作以上用途，請閣下在這方格上以"✓"號表示。

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.

***「本集團」指本公司及其控股公司、分行、附屬公司、代表辦事處及附屬成員，不論其所在地。附屬成員包括本公司的控股公司之分行、附屬公司、代表辦事處及附屬成員，不論其所在地。 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 閣下現在對是否接收直銷推廣資料，以及對本公司擬將閣下個人資料提供予「本集團」*其他成員作其直銷推廣的選擇，亦取代任何 閣下之前已告知本公司的選擇。請注意， 閣下以上的選擇適用於根據本公司的「個人資料收集聲明」上所載的產品，服務及/或標的類別的直銷推廣。請 閣下參考該聲明上以得知在直銷推廣上可使用的個人資料的種類，以及 閣下的個人資料可提供予甚麼類別的人士以供該等人士在直銷推廣中使用。

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.

保單權益人簽署 Signature of Policy Owner	受保人簽署(如與保單權益人不同及 16 歲或以上) Signature of the Insured (if other than policy owner and of age 16 or above)	承讓人簽署(如適用) Signature of Assignee (if applicable)
簽署日期 Date at (日/月/年 Day/Month/Year)	簽署地 Sign at	見証人簽署 Signature of Witness (姓名 Name:) (中介人員工編號) Insurance Intermediary staff no.:

簽字須與本公司存案相符 Signature must correspond to that in our records

重要信息: 閣下提供給本公司的任何個人資料如有變更 (如姓名、國籍 (國家/ 地區)、稅務居住地、地址、身份證明文件類型及號碼、職業，或商業客戶的商業註冊/ 成立資料 / 股權結構等)，請立即通知本公司作出更改。 倘本公司沒有收到閣下通知，即表示閣下毋須更新個人資料。 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, or 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. 溫馨提示: 如閣下在遞交此表格後兩星期內仍未收到本公司的回覆，請致電本公司的客戶服務熱線 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.

請參閱下頁的個人資料收集聲明
Please read the Personal Information Collection Statement on next page

個人資料收集聲明

在中銀集團人壽保險有限公司(“中銀人壽”)，保護我們客戶個人資料對我們很重要。作為一個提供保險產品及服務的機構，收集及運用客戶個人資料是我們日常商業運作的基本工作。

如客戶希望了解中銀人壽的私隱政策聲明的詳情，歡迎透過以下網址 http://www.boclife.com.hk/tc/privacy-policy.html 閱讀有關文件。

1. 本聲明列載中銀集團人壽保險有限公司（下稱「本公司」）有關其資料當事人（見以下定義）的資料政策。
2. 就本聲明而言，「本集團」指本公司及其控股公司、分行、附屬公司、代表辦事處及附屬成員，及其中任何一方，不論其所在地。附屬成員包括本公司的控股公司之分行、附屬公司、代表辦事處及附屬成員，不論其所在地。
3. 「資料當事人」一詞，不論於本聲明何處提及，包括以下爲個人的類別：
   (a) 本公司提供的保險及相關服務和產品的申請人或客戶/用戶，包括保單權益人、索償人、受益人、受保人及/或其他有關人士及其被授權人；
   (b) 任何公司申請人及客戶/用戶的董事、股東、高級職員及經理；及
   (c) 本公司的供應商、承建商、服務供應商及其他合約締約方。

爲免疑問，「資料當事人」不包括任何法人團體。本聲明的內容適用於所有資料當事人，並構成其與本公司不時訂立或可能訂立的任何合約及/或保單的一部分。若本聲明與有關合約及/或保單存在任何差異或分歧，就有關保護資料當事人的個人資料而言概以本聲明爲準。本聲明並不限制資料當事人在個人資料（私隱）條例（香港法例第 486 章）(「條例」) 及/或其他適用之法律(包括香港特別行政區境內或境外之法律)下之權利。

4. 資料當事人在建立、延續保險業務及行政事宜及/或有關的產品及服務、處理有關本公司簽發的保單的索償，及/或處理任何和所有其他資料當事人的要求、查詢或投訴、及/或為遵守在香港特別行政區境內或境外的監管或其他機關頒佈的任何法律、發出的指引或要求（包括但不限於根據香港特別行政區與美國之間的跨政府協議（「跨政府協議」）、香港特別行政區與美國在 2014 年 3 月 25 日簽署的《稅務資訊交換協議》執行《海外賬戶稅收合規法案》，以及經濟合作暨發展組織作出的規定，包括關於其為履行其共同報告標準的主管機關協議的監管機制）時，資料當事人需要不時(包括通過人工智能驅動的介面)向本公司提供有關的個人資料。
5. 若未能向本公司提供該等資料，可能會由於資料不足導致本公司無法評估/處理你的申請及/或提供保險及相關服務和產品。若你拒絕給予上述明確的同意，本公司也可能需要向適用的監管機構匯報保單項下的價值和付款金額；在特定的情況下，若你拒絕給予明確的同意，本公司可能保留保單項下的部分或所有利益；或終止保單。
6. 本公司會不時從各方收集或接收有關資料當事人的資料。該等資料包括但不限於在資料當事人與本公司或本集團成員延續正常業務往來期間，例如，當資料當事人簽發支票、存款或透過本公司或本集團成員發出的或提供的信用卡進行交易或在一般情況下以口頭或書面形式與本公司溝通時，從資料當事人所收集的資料。資料亦可能與本公司或任何本集團成員可獲取的其他資料組合或產生。
7. 資料當事人之資料(包括信用資料和以往申索紀錄)的用途將視乎其與本公司及/或本集團的關係性質有所不同，其中包括以下用途：
   (a) 處理、評估及/或批核有關保險產品及服務的申請、調查和結清申索、偵測和防止欺詐行為（無論是否與就此申請而發出的保單有關）、及有關該等產品及服務的增添、更改、變更、取消、續期及/或復效的申請；
   (b) 管理由本公司及/或本集團簽發的保單；
   (c) 研究及/或設計供客戶使用的保險/金融產品及/或服務；
   (d) 與任何由本公司或本集團提供的產品及/或服務相關，而由你提出或對你作出的索償，或以其他形式涉及你的索償有關的用途，包括但不限於作出、辯護、分析、調查、處理、評估、釐定、結清或回應該等索償；
   (e) 在適當時進行身份及/或信貸檢查及進行資料配對程序；
   (f) 為符合根據下述適用於本公司及/或期望本公司及/或本集團遵從有關披露及使用資料之責任、規定或安排：
      (i) 在香港特別行政區境內或境外之已存在、現有或將來對其具約束力或適用於其的任何法律；
      (ii) 在香港特別行政區境內或境外之已存在、現有或將來並由任何法定、監管、政府、稅務、執法或其他機構，或由金融服務提供者之自律監管或行業的團體或組織所發出或提供之任何指引或指導；
      (iii) 本公司及/或本集團因其金融、商業、營業或其他利益或活動處於或關連於相關本地或海外的法定、監管、政府、稅務、執法或其他機構或金融服務提供者之自律監管或行業團體或組織之司法管轄區而須承擔或獲施加與本地或海外之法定、監管、政府、稅務、執法或其他機構或金融中介人、或金融服務提供者之自律監管或行業團體或組織之間的現有或將來之任何合約承諾或其他承諾及/或本公司及/或本集團遵守適用稅務法律的義務，包括但不限於《海外賬戶稅收合規法案》和跨政府協議；
   (g) 處理（包括但不限於調查、分析、核保及裁定）有關本公司簽發的保單的索償；
   (h) 爲推廣服務、產品及其他標的（詳見下述第 11 段）；
   (i) 提供客戶服務（包括但不限於處理查詢及投訴）及有關活動；
   (j) 供本公司及本集團作進行統計或精算研究用途；
   (k) 釐定本公司欠付你或你拖欠本公司的任何款項的金額，及強制執行你應向本公司履行之責任，包括但不限於向你或任何已爲你的債務向本集團提供任何擔保或承諾的人士追收欠款；
   (l) 爲符合根據任何本集團計劃下就遵從洗錢、恐怖份子資金籌集或其他非法活動之制裁或防止或偵測而作出本集團內資料及信息分享及/或任何其他使用資料及信息的任何責任、規定、政策、程序、措施或安排；
   (m) 使本公司的實在或建議承讓人，或本公司對資料當事人的權利的參與人或附屬參與人評核意圖成為轉讓，參與或附屬參與的交易;
   (n) 與資料當事人或其他人士之資料比較以進行信貸調查，資料核實或以其他方法產生或核實資料，不論有關比較是否為對資料當事人採取不利之行動而推行；
   (o) 作為維持資料當事人的信貸記錄或其他記錄（不論資料當事人與本公司是否存在任何關係），以作現在或將來參考之用；
   (p) 為了方便資料當事人透過中國銀行(香港)有限公司的綜合銀行結單查核所有中銀人壽已生效之保單的最新保單價值；及
   (q) 任何與上述第 7 段事項有聯繫、有附帶性或有關的用途。
8. 本公司會對其持有的資料當事人資料保密，但(如適用之法律有所要求，僅在獲得資料當事人的單獨同意的情況下)本公司可能會把該等資料提供及披露（如條例及/或適用之法律所定義的）給下述各方作先前一段列出的用途：
   (a) 任何代理人、承包人、或向本公司提供行政、電訊、電腦、付款或其他與本公司業務運作有關的服務的第三方服務供應商，不論其所在地；
   (b) 任何對本公司(包括本集團的任何成員)有保密責任並已承諾作出保密有關資料的其他人士；
   (c) 任何再保險及索償調查公司、有關的保險行業協會及聯會和該等協會及聯會的會員；
   (d) 任何信貸資料服務機構（包括任何信貸資料服務機構所使用的任何中央資料庫之經營者）；而在資料當事人欠賬時，則可將該等資料提供給收數公司；
   (e) 任何與資料當事人已經或將會存在往來的金融機構、消費卡或信用卡發行公司、保險公司、證券及投資公司；
   (f) 本公司及/或本集團在根據對其本身及/或本集團具約束力或適用的任何本地或外國法律、法例或法規規定下之責任或其他原因而必須向該人、實體、或政府或政府機構或金融中介人作出披露，或按照及為實施由任何法定、監管、政府、稅務、執法或其他機構或金融服務提供者之自律監管或行業團體或組織所提供或發出的指引或指導需預期向該人作出披露，或根據與本地或海外之法定、監管、政府、稅務、執法或其他機構或金融服務提供者之自律監管或行業團體或組織之間的任何合約承諾或其他承諾而向該人作出任何披露之任何人士，該等人士可能處於香港特別行政區境內或境外及可能是已存在、現有或將來出現的任何人士；
   (g) 假如資料當事人的資料是被收集並使用於處理其申請、調查和結清申索、以及偵測和防止欺詐行為，有關個人資料將會被轉移給以下人士，而他們只能在有合理需要履行前述任何一項目的之情況下才可收集和使用這些資料：保險理算人、代理和經紀；僱主；醫護專業人士；醫院；會計師；財務顧問；律師；整合保險業申索和承保資料的組織；防欺詐組織；其他保險公司（無論是直接地，或是通過防欺詐組織或本段中指名的其他人士）；警察；和保險業就現有資料而對所提供的資料作出分析和檢查的數據庫或登記冊（及其運營者）。
   (h) 本公司的任何實在或建議承讓人或就本公司對資料當事人的權利的參與人或附屬參與人或受讓人；
   (i) 為上述第 7(p)段所列之目的轉移個人資料予中國銀行(香港)有限公司；及
   (j) (i) 本集團之任何成員；
      (ii) 第三方金融機構、承保人、信用卡公司、證券、商品及投資服務供應商；
      (iii) 第三方獎賞、年資獎勵、聯名合作及優惠計劃供應商；
      (iv) 本公司及本集團之聯名合作夥伴（有關服務和產品的申請表上會提供聯名合作夥伴的名稱（視屬何情況而定））；
      (v) 慈善或非牟利組織；及
      (vi) 就上述第 7(h)段而獲本公司任用之第三方服務供應商（包括但不限於代寄郵件公司、電訊公司、電話促銷及直銷代理人、電話服務中心、數據處理公司及資訊科技公司），不論其所在地。

本公司可能為上述第 7 段所列之目的不時將資料當事人的資料轉移往香港特別行政區境外的地區。如適用之法律有所要求，本公司將徵求資料當事人針對該等跨境傳輸活動的單獨同意。

9. 如適用之法律有所要求，本公司將在和第三方共享資料當事人的個人資料前，告知資料當事人接收方的姓名和聯繫方式、處理和提供其個人資料的目的和方式，以及將要提供和分享個人資料的種類，並徵求資料當事人對共享其個人資料的單獨同意。前述的個人資料接收方將僅為實現本通知下規定的具體目的所需的範圍內使用個人資料，並在實現目的所需的最短時間內保存個人資料，或（如適用之法律有所要求）前述的個人資料接收方將按照適用之法律使用及保存個人資料。
10. 本公司收集的部分資料可能構成個人信息保護法下的「敏感個人信息」，而只有在採取了嚴格的保護措施且在處理行為具備充分必要性的前提下，本公司才會處理敏感個人信息。如適用之法律有所要求，該等敏感個人信息將在獲得資料當事人的單獨同意後才進行處理。
11. **使用資料作直接促銷**

本公司擬使用資料當事人的資料作直接促銷及本公司須為此目的取得資料當事人同意（包括資料當事人不反對之表示）。因此，請注意以下：

   (a) 本公司持有資料當事人的姓名、聯絡詳情、產品及服務投資組合信息、交易模式及行徑、財務背景及統計資料可不時被本公司用於直接促銷；
   (b) 以下服務、產品及類別可作推廣：
      (i) 財務、保險、信用卡、證券、商品、投資、銀行及相關服務和產品；
      (ii) 獎賞、年資獎勵或優惠計劃及相關服務和產品；
      (iii) 本公司的聯名合作夥伴提供之服務和產品（有關服務和產品的申請表上會提供聯名合作夥伴的名稱（視屬何情況而定））；及
      (iv) 為慈善及/或非牟利的目的之捐款及資助；
   (c) 上述服務、產品及標的可由本公司及/或下述人士提供或（如涉及捐款及資助）募捐：
      (i) 本集團之任何成員；
      (ii) 第三方金融機構、承保人、信用卡公司、證券、商品及投資服務供應商；
      (iii) 第三方獎賞、年資獎勵、聯名合作及優惠計劃供應商；
      (iv) 本公司及本集團之聯名合作夥伴（有關服務和產品的申請表上會提供聯名合作夥伴的名稱（視屬何情況而定））；
      (v) 慈善或非牟利組織；及
   (d) 除本公司推廣上述服務、產品及標的外，本公司同時擬提供列明於上述第 11(a)段之資料至上述第 11(c)段的所有或其中任何人士，該等人士藉以用於推廣上述服務、產品及標的，並本公司須為此目的取得資料當事人同意（其中包括資料當事人不反對之表示）。

若資料當事人不願意本公司使用或提供其資料予其他人士，藉以用於以上所述之直接促銷，資料當事人可通知本公司以行使其不同意此安排的權利。

12. 本公司或其第三方服務供應商可能會應用大數據分析和人工智能（「BDAI」）處理和分析資料當事人的資料，以實現上述第 7 段所列出的用途。本公司亦可能應用 BDAI 促進自動化決策，以提升客戶服務及體驗、加強風險管理及合規、提供個人化產品或服務，以及改善營運效率。
13. 使用本公司開放應用程式介面（「Open API」）向資料當事人的第三方服務供應商轉移個人資料

本公司可根據資料當事人向本公司或資料當事人使用之第三方服務供應商所發出的指示，使用本公司的 Open API 向第三方服務供應商轉移資料當事人的資料，以作本公司或第三方服務供應商所通知資料當事人的用途及/或資料當事人根據條例所同意的用途。

14. 根據條例及/或適用之法律的條款，任何資料當事人有權：
   (a) 查核本公司是否持有他的資料及要求查閱該等資料；
   (b) 要求本公司改正任何有關他的不準確的資料；
   (c) 查明關於本公司保障個人資料私隱的政策及實務和獲告知本公司持有的個人資料種類；
   (d) 根據適用之法律，
      (i) 要求本公司刪除其個人資料；
      (ii) 反對以某種特定方式使用其個人資料；
      (iii) 要求對處理其個人資料的規則進行解釋說明；
      (iv) 要求本公司將其向本公司提供的個人資料轉移給其選擇的第三方；
      (v) 撤回對收集、處理或轉移其個人資料的同意（資料當事人應注意，資料當事人撤回他們的同意可能導致本公司無法評估/處理你的申請及/或提供保險及相關服務和產品）；和
      (vi) 要求對自動化決策過程中產生的決策進行解釋，以及拒絕接受僅由自動化決策技術作出的決定。
15. 根據條例及/或適用之法律的條款，本公司有權就處理任何查閱資料的要求收取合理費用。
16. 任何關於查閱或改正資料，或索取關於本公司保障個人資料私隱的政策及實務或所持有的資料種類的要求，應向下列人士提出：

    中銀集團人壽保險有限公司
    資料保障主任
    中銀集團人壽保險有限公司
    香港太古城英皇道 1111 號 13 樓
    傳真：(852) 2522 1219

17. 本公司會不時更新本聲明，並建議閣下瀏覽本公司網站以了解我們的個人資料收集聲明。本聲明可在本公司網站(https://www.boclife.com.hk/tc/personal-information-collection-statement.html)上查閱 。客戶如想索取我們最新的個人資料收集聲明，請致電客戶服務熱線(+852 2860 0688)與本公司聯絡。
18. 本聲明的英文版本與中文版本如有任何分歧，一概以英文版本為準。

二零二六年十一月

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 Statement in detail, you may visit relevant document using the hyperlink below http://www.boclife.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") and/or other applicable laws, including the laws within or outside the Hong Kong Special Administrative Region.

4. From time to time, it is necessary for the data subjects to supply the Company with personal data (including through interfaces powered by artificial intelligence) 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, 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 various sources 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 or any member of the Group and data subjects, for example, when data subjects write cheques, deposit money, effect transactions through credit cards issued or serviced by the Company or any member of the Group or generally communicate verbally or in writing with the Company. Data may also be generated or combined with other information, available to the Company or any member of the Group.
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 11 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 the Group;
   (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;
   (p) facilitating and checking the latest policy value of all inforce insurance policies of the data subject in the Company via the consolidated bank statement of the Bank of China (Hong Kong) Limited; and
   (q) any purposes incidental, associated or relating to Paragraph 7.
8. Data held by the Company relating to data subjects will be kept confidential but, subject to the data subject's separate consent (insofar as required by applicable laws), the Company may provide and disclose (as defined in the Ordinance and/or applicable laws) 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) any reinsurance and claims investigation company, relevant insurance industry association and federation, and members of such industry associations and federations;
   (d) any credit reference agencies (including the operator of any centralized database used by any credit reference agencies), and, in the event of default, to debt collection agencies;
   (e) any financial institution, charge or credit card issuing company, 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;
   (i) Bank of China (Hong Kong) Limited for the purposes set out in paragraph (7)(p) above; and
   (j) (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. Insofar as required by applicable laws, the Company will obtain the data subject's separate consent in relation to such international transfers.

9. To the extent required by applicable laws, the Company will, prior to sharing the data subject's personal data with third parties, notify the data subject of the name and contact details of the recipients, the purposes and means of processing and provision of the data subject's personal data, and the types of personal data to be provided and shared, and obtain the data subject's separate consent to the sharing of the data subject's personal data. The foregoing data recipients will use the personal data to the extent necessary for the specific purposes set out in this Notice and store the personal data for the minimum length of time required to fulfil the purposes, or insofar as required by applicable laws, in accordance therewith.
10. Some of the data collected by the Company may constitute sensitive personal data under applicable laws. In this case, the Company will only process sensitive personal data if strict protection measures are put in place and there is sufficient necessity to justify the processing. Insofar as required by applicable laws, such sensitive personal data will be processed with the data subject's separate consent.

11. 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. 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;
      (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 11(a) above to all or any of the persons described in paragraph 11(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.

PERSONAL INFORMATION COLLECTION STATEMENT (CON'T)

12. The Company or its third party service providers may use Big Data Analytics and Artificial Intelligence (BDAI) to process and analyse data relating to the data subjects to achieve the purposes listed in paragraph 7 above. The Company may also use BDAI to facilitate automated decision-making for enhancing customer services and experiences, strengthening risk management and compliance, offering personalized products and services, as well as improving operational efficiency.

13. TRANSFER OF PERSONAL DATA TO DATA SUBJECT'S THIRD PARTY SERVICE PROVIDERS USING THE COMPANY'S OPEN APPLICATION PROGRAMMING INTERFACES ("OPEN API")

The Company may, in accordance with the data subject's instructions to the Company or third party service providers engaged by the data subject, transfer data subject's data to third party service providers using the Company's Open API for the purposes notified to the data subject by the Company or third party service providers and/or as consented to by the data subject in accordance with the Ordinance.

14. Under and in accordance with the terms of the Ordinance and/or applicable laws, 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;
(c) to ascertain the BOC Life's protecting personal data privacy policies and practices and to be informed of the kind of personal data held by the Company;
(d) in accordance with applicable laws,
(i) to request the Company to delete his/her personal data;
(ii) to object to certain uses of his/her personal data;
(iii) to request an explanation of the rules governing the processing of his/her personal data;
(iv) to ask that the Company transfer personal data that he/she has provided to the Company to a third party of his/her choice under circumstances as provided under applicable laws;
(v) to withdraw any consent for the collection, processing or transfer of his/her personal data (the data subject should note that withdrawal of their consent may result in the Company being unable to provide, continue and administrate the insurance and/or related products and services); and
(vi) to have decisions arising from automated decision making ("ADM") processes explained and to refuse to such decisions being made solely by ADM.

15. In accordance with the terms of the Ordinance and/or applicable laws the Company may charge a reasonable fee for the processing of any data access request.

16. The person to whom requests for access to data or correction of data or for information regarding BOC Life's protecting personal data privacy 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

17. We update this Statement from time to time. We encourage you to familiarise yourself with this Statement on our Company's website. This Statement is available on our website at https://www.boclife.com.hk/en/personal-information-collection-statement.html. If you would like to obtain a latest copy of this Statement, please contact our customer service hotline at +852 2860 0688.

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

November 2026