

Application Form for Sun Life Financial - ClinicSME Plan 永明金融 - 「中小企門診保」投保書

Agent Name 代理人姓名: _____

Code 編號: _____

Checklist of the following copies of documents (certified by your company secretary/CEO/CFO/a board member):
請附上下列副本 (已經由公司秘書/行政總裁/首席財務官/公司一名董事會董事核證)

Certificate of Incorporation
公司註冊證書

Business Registration Certificate
商業登記證

Identification information of the authorized person(s)
被授權人的個人資料

Please complete in ENGLISH and in BLOCK LETTERS. 請以英文正楷填寫。

Applicant's Information 申請人資料

Proposed Policy Owner/Applicant 建議保單持有人/投保機構: _____

Nature of Business 業務性質: _____

Contact Person 聯絡人: _____

Address 地址: _____

Tel. No. 電話號碼: _____

Fax No. 傳真號碼: _____

Business Registration No. 商業登記證號碼: _____

Email Address 電郵地址: _____

Eligibility 參加資格

A. Existing full-time permanent employees/members

現時全職長期僱員/成員

On Policy Effective Date
在保單生效日起

Immediate cover after _____ month(s) of employment/
服務/入會滿 _____ 個月後

First day of the month immediately following 服務/入會滿 _____
month(s) of employment/membership
個月後之第一個月的第一日

B. Future full-time permanent employees/members

將來全職長期僱員/成員

On employment date
在職的第一天

Immediate cover after _____ month(s) of employment/
服務/入會滿 _____ 個月後

First day of the month immediately following 服務/入會滿 _____
month(s) of employment/membership
個月後之第一個月的第一日

Plan Information 計劃詳情

Policy Effective Date 保單生效日期: _____

dd/mm/yyyy
日/月/年

Policy Anniversary 保單周年日: _____

dd/mm
日/月

Classification of Insured
受保人分類 _____

Number of Employees/
Members 僱員/成員數目 _____

Total Premium
保費 _____

Name of Insured 受保人姓名	Date of Employment/ Membership 受僱/入會日期			HKID Card No./ Passport No. 香港身份證號碼/ 護照號碼	Marital Status 婚姻狀況 (✓)		Sex 性別 (✓)		Date of Birth 出生日期			Commencement of Insurance Date 保障生效日		
	DD 日	MM 月	YY 年		M 已婚	S 單身	M 男	F 女	DD 日	MM 月	YY 年	DD 日	MM 月	YY 年
1.														
2.														
3.														
4.														
5.														
6.														
7.														
8.														
9.														
10.														

Premium Deposit Payment 暫繳保費

A crossed cheque payable to "Sun Life Hong Kong Limited" for HK\$ _____ is attached to this Application as premium deposit.
現附上祈付 "香港永明金融有限公司" 之劃線支票合共港幣 _____ 元作為此申請之暫繳保費。

No deposit of premium is attached with this Application. Payment will be made upon receipt of invoice.
本申請並未附有暫繳保費, 保費將於接獲發票後繳付。

Declaration and Authorization 聲明及授權

Company Authorization

I/We have obtained the approval from the board/the authorized person(s) of the company to enter into this group insurance contract. To comply with the Anti-Money Laundering requirements, I/we attached the following copies of documents (certified by our company secretary/CEO/CFO/a board member) for your record:

1. Certificate of Incorporation
2. Business Registration Certificate
3. Identification information of the authorized person(s) who will operate this group insurance contract:
 - (a) Full name of authorized person(s)
 - (b) Hong Kong Identity Card number/Passport number
 - (c) Position in the company Declaration and Authorization

Declaration and Authorization

The Applicant/Proposed Policy Owner (I/We) hereby declare, agree and understand the following, as the case may be, as evidenced by my/our signature(s) hereunder, that:

1. I/We am/are duly authorized by employees, members and/or dependents to disclose, release or transfer information contained in this Application to Sun Life Hong Kong Limited, including its successors or assigns ("the Company").
2. The personal information of employees, members and/or dependents and any corporate information of employers held by or on behalf of the Company (whether contained herein or otherwise obtained and including personal information obtained after the date of this Application) may be held, used, disclosed, released and transferred by the Company to third parties and for the purposes mentioned in the Information Collection Statement below:

Information Collection Statement

Any personal or other information collected or held by or on behalf of the Company (whether contained in this Application or otherwise obtained) may be held, used, disclosed and transferred by the Company to individuals, companies or organizations associated with the Company or any selected third parties that the Company may consider necessary or advisable, including those carrying on financial services, insurance or related businesses (within or outside of Hong Kong, including reinsurance and claims investigation companies, professional advisors, intermediaries and industry associations/federations), for the purposes of processing this Application and providing insurance services, other financial products and services and other services that may be of interest to me/us, direct marketing, data matching, carrying out regulatory functions and communicating with me/us for such purposes and all other directly related purposes. In relation to any personal information collected by or on behalf of the Company, we will comply with the terms of the Personal Data (Privacy) Ordinance.

3. All statements and answers I/we provide and those provided over the signature of all eligible employees, members and dependents in relation to this insurance cover including those statements and answers contained in any medical report, declaration of insurability or questionnaire completed in collection with this insurance cover shall form part of this Application, and shall be the basis for underwriting thereof and any insurance contract with the Company. I/We understand and agree that this information is complete and true, and that all material facts, being facts that might influence the assessment of this Application, have been disclosed in this Application, it being understood that failure to make this disclosure renders the contract voidable.
4. All premiums owing under the insurance contract with the Company shall be paid by me/us.
5. I/We authorize Sun Life Hong Kong Limited to provide the out-patient clinical benefit in form of a Panel arrangement. I/We understand that this out-patient benefit is not guaranteed upon policy renewal.

公司授權

本人/吾等已獲本公司董事局/授權人士之批准處理簽訂此團體保險合約。為遵守防止洗黑錢之規則，本人/吾等現附上下列鑑證副本(已經由公司秘書/行政總裁/首席財務官/公司一名董事會董事核證)：

1. 公司註冊證書
2. 商業登記證
3. 處理此團體保險合約之授權人的個人資料：
 - (a) 授權人姓名
 - (b) 香港身份證號碼/護照號碼
 - (c) 職位

聲明及授權

申請人/建議保單持有人(本人/吾等)聲明、同意及明白以下各項(視乎情況適用而定)，並在此投保書簽署作實：

1. 本人/吾等已獲本公司之僱員、成員及/或家屬授權，向香港永明金融有限公司，包括其繼承人或承讓人(在此稱為“貴公司”)披露、發放或轉交此申請表上的個人資料。
2. 由貴公司所持有及由本人/吾等提供有關僱員、成員及/或家屬的個人資料及僱主的公司資料，貴公司(不論是否從此申請書或其他途徑，包括在此申請後所得)可持有、使用、發放或轉交予第三者作以下《資料收集聲明》中提及的用途：

《資料收集聲明》

 任何貴公司收集或持有(無論此申請表所載或由其他途徑所獲取)之任何個人及其他資料並可由貴公司持有、使用、披露及轉交予與貴公司有關之個人、公司或機構或任何貴公司認為必須或合適之指定第三者，包括提供金融服務、保險或相關業務(本地或海外，包括再保險及索償調查公司、專業顧問、中介人及同業協會或聯會)，以用作處理此申請及提供與之及其他金融產品及服務有關之售後服務、直銷推廣、數據核對、執行監管職能及因此等用途與本人/吾等聯絡或其他直接有關之用途。吾等將遵照個人資料(私隱)條例處理由本公司搜集及持有的個人資料。
3. 所有由本人/吾等提供之陳述或答案及所有由合資格僱員、成員及/或家屬所簽署的聲明或檢驗報告、投保聲明之陳述或問卷內的資料，均視為本投保書之一部分，亦為貴公司核保之憑據。本人/吾等明白及同意此資料乃完整無誤，及已透露所有可能會影響到評估此申請的事實，並明白無法提供此類資料可使合約無效。
4. 本人/吾等須支付全部保費。
5. 本人/吾等授權香港永明金融有限公司以網絡醫生方式提供門診保障。本人/吾等明白此門診保障於續保時並非保證。

Authorized signature of the Applicant/
Proposed Policy Owner with Company Chop
申請人/建議保單持有人簽署及公司蓋章

Witness
見證人

Name 姓名： _____
HK Identity Card number/Passport number
香港身份證號碼/護照號碼： _____

Name 姓名： _____
HK Identity Card number/Passport number
香港身份證號碼/護照號碼： _____

Title 職銜： _____

Title 職銜： _____

Dated at Hong Kong on 訂於香港： _____

dd/mm/yyyy 日/月/年