



Sun Life Financial Group Life Insurance Plan

At Sun Life Financial, we are committed to giving employers and employees the peace of mind that comes from knowing that their group life scheme is in good hands. We pledge to provide comprehensive and caring cover for a competitive premium, with no-hassle administration, quick claim payments and service standards you can rely on.

All-in-one comprehensive package

Designed for companies with 5 to 20 employees, the Sun Life Financial group life insurance plan includes Life Insurance and the options of our Accidental Death and Dismemberment Benefit, and Permanent Total Disability Benefit, in one convenient package.

Flexible benefit combination

To cater to your employees' needs, you can choose benefits in the following combination:

- Life Insurance only (SL1)
- Life Insurance + Accidental Death and Dismemberment Benefit (SL2)
- Life Insurance + Permanent Total Disability Benefit (SL3)
- Life Insurance + Accidental Death and Dismemberment Benefit + Permanent Total Disability Benefit (SL4)

Simple salary-based sum insured

Many group life insurance plans offer fixed sum insured options only, making the assignment of benefits to your employees difficult and complicated. Our plan allows you to save time and effort by simply defining the sum insured as 12 times, 24 times or 36 times your employees' monthly salary. However, if you wish to, you can choose a fixed sum insured amount.

Your Future With Experts

Premium table

Life Insurance (LIFE), Accidental Death and Dismemberment Benefit (ADD), Permanent Total Disability Benefit (PTD)

Annual rate per HK\$1,000 sum insured

Age Last Birthday	LIFE (SL1)	LIFE + ADD (SL2)	LIFE + PTD (SL3)	LIFE + ADD + PTD (SL4)
34 or below	1.15	1.53	1.43	1.81
35-39	1.68	2.06	2.06	2.44
40-44	2.73	3.11	3.21	3.59
45-49	4.58	5.04	5.29	5.75
50-54	7.96	8.71	9.47	10.22
55-59	12.82	13.98	16.30	17.46

Plan requirements

Minimum participating employees	5
Age limit	Below age 60
Payment mode	Annual
Premium payment	The employer pays all the premiums. All eligible employees must participate.
Minimum annual premium	HK\$3,000
Choice of plan	All eligible employees must join the same plan.
Sum insured	ADD and PTD sum insured must be the same as that of Life Insurance.

Major exclusions:

- Life Insurance: no exclusions
- ADD & PTD: War, riot, suicide or self-inflicted injuries, hazardous sports and private aviation

For details, please contact your employee benefits consultant.

This leaflet is a product summary intended for reference and use in Hong Kong only and it should be read in conjunction with the "Sun Life Financial Group Insurance – Your Trusted Employee Benefits Solution" brochure. Please refer to the Policy Document for full terms, conditions and exclusions. If there is any conflict between the Policy Document and this leaflet, the Policy Document shall prevail.

Sun Life Hong Kong Limited

Head Office

20/F, One Exchange Square, Central, Hong Kong

Customer Service Centre

8/F, Sun Life Tower, The Gateway, 15 Canton Road, Kowloon, Hong Kong

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A member of the Sun Life Financial group of companies. Head Office in Toronto, Canada.



Application Form for Sun Life Financial Group Life Insurance Plan 永明金融團體人壽保險計劃投保書

Agent Name 代理人姓名：

Code 編號：

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 Policyowner/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 employee

現時全職長期僱員

On policy effective date
在保單生效日起

Immediate cover after month(s) of employment
服務滿 個月後

First day of the month immediately following month(s) of employment
個月後之第一個月的第一日

B. Future full-time permanent employee

將來全職長期僱員

On employment date
在職的第一天

Immediate cover after month(s) of employment
服務滿 個月後

First day of the month immediately following month(s) of employment
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

Anniversary Date 保單週年日：

mm/yyyy
月/年

Classification of Insured 受保人分類：

Please choose one of the following plans:
請選擇其中一項計劃：

Life Insurance only (SL1)
人壽保障 (SL1)

Life Insurance + Accidental Death and Dismemberment Benefit (SL2)
人壽保障 + 意外死亡及傷殘保障 (SL2)

Life Insurance + Permanent Total Disability Benefit (SL3)
人壽保障 + 永久性完全傷殘保障 (SL3)

Life Insurance + Accidental Death and Dismemberment Benefit +
Permanent Total Disability Benefit (SL4)
人壽保障 + 意外死亡及傷殘保障 + 永久性完全傷殘保障 (SL4)

Please choose one of the following sum insured options:
請選擇其中一項投保額：

12 x basic monthly salary in HK\$
十二倍月薪 (以港幣計算)

24 x basic monthly salary in HK\$
二十四倍月薪 (以港幣計算)

36 x basic monthly salary in HK\$
三十六倍月薪 (以港幣計算)

Fixed sum insured amount (please specify)
指定投保額 (請註明)

HK\$ 港幣

元

Premium Calculation 保費計算

Age Last Birthday 上一次生日年齡	No. of Employees 僱員人數	(A) Total Sum Insured (HK\$) 總投保額 (港幣)	(B) Annual Rate per HK\$1,000 Sum Insured 每港幣1,000元投保額之保費率				Annual Premium (HK\$) 全年保費 (港幣) □ A x B ÷ 1,000
			SL1	SL2	SL3	SL4	
34 or below 或以下			x 1.15	x 1.53	x 1.43	x 1.81	
35-39			x 1.68	x 2.06	x 2.06	x 2.44	
40-44			x 2.73	x 3.11	x 3.21	x 3.59	
45-49			x 4.58	x 5.04	x 5.29	x 5.75	
50-54			x 7.96	x 8.71	x 9.47	x 10.22	
55-59			x 12.82	x 13.98	x 16.30	x 17.46	

Total Annual Premium Amount 全年總繳保費

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

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

- I/We am/are duly authorized by employees, members, dependents to disclose, release or transfer the information to Sun Life Hong Kong Limited, including its successors or assignees (the Company).
- The personal information of employees, members, dependents 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 the parties and for the purposes mentioned in the Personal Information Collection Statement below:

Personal Information Collection Statement

Any personal 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. The Company is hereby authorized to obtain access to and/or to verify any of my/our data with the information collected from the insurance industry by any association, federation or similar organization of insurance companies. The information I/we give is on a voluntary basis. However, failure to supply information may result in the Company being unable to process my/our application. In accordance with the terms of the Personal Data (Privacy) Ordinance, the Company has the right to charge a reasonable fee for the processing of any data access request. I/We have the right to obtain access to and to request correction of any personal information concerning myself/ourselves held by the Company. Request for such access can be made in writing and addressed to: Customer Service Centre, Sun Life Hong Kong Limited, 8/F, Sun Life Tower, The Gateway, 15 Canton Road, Kowloon.

- 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 connection 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.
- All premiums owing under the insurance contract with the Company shall be paid by me/us.

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：

- 本人/吾等已獲本公司之僱員、成員、配偶或子女授權，向香港永明金融有限公司，包括繼承人或承讓人(在此稱為貴公司)披露、發放或轉交個人資料。
- 貴公司所持有及由本人/吾等提供有關僱員、成員、配偶或子女的個人資料，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、發放或轉交予有關人等作以下《個人資料收集聲明》中提及的用途：
《個人資料收集聲明》
- 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)之任何個人資料並可由貴公司持有、使用、披露及轉移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(本地或海外之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。本人/吾等在此授權貴公司索取及/或核實由任何保險業協會或聯會或從事與保險業務有關之公司所提供關於本人/吾等的資料。本人/吾等所提供之資料均屬自願，惟若不能提供該等資料有機會導致貴公司無法處理本人/吾等之申請。根據個人資料(私隱)條例，貴公司可能就任何資料查詢要求收取合理費用。本人/吾等有權查閱及要求更正貴公司持有有關本人/吾等之個人資料。有關要求可以書面形式郵寄香港九龍廣東道15號港威大廈永明金融大樓8樓香港永明金融有限公司客戶服務中心。
- 所有由合資格僱員、配偶或子女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。
- 本人/吾等須支付全部保費，所有合資格僱員必須參加本計劃。

Authorized signature of the Applicant/
Proposed Policyowner 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： _____

Name 姓名： _____

Title 職銜： _____

Title 職銜： _____

Dated at Hong Kong on 訂於香港： _____

dd/mm/yyyy 日/月/年