Report of New Employees & Dependents
新僱員及家屬申報表格

Sun Life Financial 永明金融

Company Name: 公司名稱 _____

Affiliated Company Name: 附屬公司名稱 _____

Policy No. 保單號碼 ☐ Life 人壽 _____ ☐ Medical 醫療 _____

Employee 僱員													Dependents 僱員家屬 (For Dependents Coverage Only)					
Employee I. D.No./ Staff No. 僱員身份證號碼/ 員工編號	Name (Shown in HKID) 僱員姓名 (顯示於身份證上)	Date of Birth (DD/MM/YY) 出生日期	Marital Status (S/M/D) 婚姻狀況	Sex 性別	Date of Employment (DD/MM/YY) 僱用日期	Effective Date (DD/MM/YY) 生效日期	Benefit Plan 投保計劃	**(For Life Policy Only)** (人壽保單專用) Monthly Salary (HKD) 月薪（港幣）	**(For Medical Policy Only)** (醫療保單專用) Bank Account No. 銀行戶口號碼			Country of Residence 原居地	Relationship 與僱員之關係	Name (Shown in HKID) 姓名 (顯示於身份證上)	Sex 性別	Date of Birth (DD/MM/YY) 出生日期	Date of Marriage (DD/MM/YY) 結婚日期	Country of Residence 原居地
									Bank Code 銀行	Branch Code 分行	Account No. 戶口號碼							

DECLARATION AND AUTHORIZATION 聲明及授權

The Applicant/Owner (I/We) hereby declare, agree and understand, as the case may be, as evidenced by my/our signature(s) hereunder, that:
申請人/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)，並在此申報表格簽署作實：

1. I/We am/are duly authorized by employees, members and/or dependents to disclose, release or transfer the information to Sun Life Hong Kong Limited (including its successors or assignees, the Company).
本人/吾等已獲本公司之僱員、成員、及/或配偶或子女授權，向香港永明金融有限公司 (包括繼承人或承讓人，公司) 披露、發放或轉交個人資料。

2. The personal information of employees, members and 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:
由公司所持有及由本人/吾等提供有關僱員、成員及配偶或子女的個人資料，公司 (不論是否從此申報表格或其他途徑，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：

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. I/We understand that 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 me/us held by the Company. Request for such access can be made in writing and addressed to: Customer Service Centre, 8/F, Sun Life Tower, The Gateway, 15 Canton Road, Kowloon.
《個人資料收集聲明》
任何公司收集或持有 (無論此申報表格所載或由其他途徑所獲取) 之任何個人資料並可由公司持有、使用、披露及轉移予與公司有關之個人、公司或機構或任何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 (本港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/吾等明白本人/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公司無法處理本人/吾等之申請。根據個人資料(私隱)條例，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公司持有有關本人/吾等的個人資料，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。

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 of 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 application voidable.
所有由合資格僱員、成員及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，均視為本申報表格之一部份，亦為公司核保之憑據。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本申請無效。

4. I/We understand that no changes herein in relation to my company's Group Insurance Policy Contract (Life) and/or Group Insurance Policy Contract (Medical) shall be effected with retrospective effect for more than two months from the date of receipt of this Report by the Company. If the Report is received by the Company after two months from the effective date appearing therein, the Company is entitled at its absolute discretion to take any date within the two months before the Company receives the Report as the effective date.
本人/吾等明白所有在本申報表格內列明有關本公司之團體保險 (人壽) 合約及/或團體保險 (醫療) 合約之更改，將不會被追溯生效超過公司收到本申報表格之日期之前兩個月。若公司在本申報表格內所填報之生效日期之後兩個月才收到申報表格，公司有權將生效日期定為收到本申報表格之前兩個月內的任何一天。

5. I/We further authorized: (a) any doctor, hospital, clinic, insurance company, government office or any organization or person who has any record, knowledge or information of me/the Insured (whether medical or otherwise) to disclose, release or transfer to the Company or its representative such record, knowledge or information pertinent to this Application and any claims arising therefrom; and (b) the Company or any of its appointed medical/paramedical examiners or laboratories to perform necessary medical assessments and tests to evaluate the health status of me/the Insured in relation to this Application and any claim arising therefrom. This authorization shall bind the successors and assignees of me/the Insured and shall remain valid notwithstanding death or incapacity. A photostatic copy of this authorization shall be as valid as the original.
本人/吾等同時授權: (甲) 任何擁有任何本人/受保人之記錄、詳情或資料（醫療或其他資料）之醫生、醫院、診所、保險公司、政府部門、機構或人士就此投保申請、復保申請及由此所引起之索償向公司或其代表披露、透露或轉移此等記錄、詳情或資料；及 (乙) 公司或公司指定之醫生/醫護人員或化驗所進行必要之健康評估及檢驗，以評估與此投保申請、復保申請及由此所引起之索償之本人/受保人的健康情況。此授權書對本人/受保人之繼承人及受讓人有約束力，並於本人/受保人身故後或喪失能力後仍然有效。此授權書的正本及影印本同屬有效。

Authorized Signature & Company Chop: _____ Date: _____
受權人簽署及公司蓋章 日期

5-00-0002/03-2006

Customer Service Centre
8/F, Sun Life Tower, The Gateway, 15 Canton Road, Kowloon, Hong Kong
Tel (852) 3183 2099 Fax (852) 2302 0173

客戶服務中心
香港九龍廣東道15號港威大廈永明金融大樓8樓
電話 (852) 3183 2099 傳真 (852) 2302 0173

Sun Life Hong Kong Limited 香港永明金融有限公司
A member of the Sun Life Financial group of companies 永明金融集團成員之一