

# Application Form for Sun Life Financial – ClinicSME Plan

## 永明金融 – 「中小企門診保」投保書



Please complete in ENGLISH and in BLOCK LETTERS and tick (✓) where appropriate. 請以英文正楷填寫及在適當方格內填上(✓)號。

### Applicant's Information 投保人資料

Applicant/Proposed Policy Owner 投保人/建議保單持有人 \_\_\_\_\_

Is the Applicant/Proposed Policy Owner a company listed on any stock exchange? 投保人 / 建議保單持有人是否上市公司?  Yes 是  No 否

If Yes, please specify the place of listing 如是, 請註明上市地點 \_\_\_\_\_

Place of Incorporation 成立地方  Hong Kong 香港  Other (Please specify) 其他 (請註明) \_\_\_\_\_

Form of Incorporation 成立之類別  Sole Proprietor 獨資  Partnership 合夥  Limited Company 有限公司  Charitable Institution 慈善團體

Date of Incorporation 成立日期 \_\_\_\_\_ Registration or Incorporation No. 公司註冊編號 \_\_\_\_\_

Registered Office Address in the Place of Incorporation 成立地方的註冊公司地址 \_\_\_\_\_

Nature of Business 業務性質 \_\_\_\_\_ Business Registration No. 商業登記證號碼 \_\_\_\_\_

Contact Person 聯絡人 \_\_\_\_\_ Title 職位 \_\_\_\_\_ Tel. No. 電話號碼 \_\_\_\_\_

Business Address 公司地址 \_\_\_\_\_

Email Address 電郵地址 \_\_\_\_\_ Fax No. 傳真號碼 \_\_\_\_\_

Please provide the designated representative to receive the Username and Password issued by Sun Life Hong Kong Limited for accessing the Insureds' data in Group Insurance e-Services. Username and Password will be sent directly to the below email address. Please note that the maximum length of the email address is 50 characters. 為方便保單持有人在香港永明金融有限公司團體保險 e-Services 網上服務查詢受保人資料, 請提供指定公司代表以接收有關網上服務的用戶名稱及密碼。用戶名稱及密碼將會直接寄到以下電郵地址。請注意, 電郵地址不能多於 50 個字母。

Name 姓名 \_\_\_\_\_ Tel. No. 電話號碼 \_\_\_\_\_

Title 職位 \_\_\_\_\_ Email Address for Registration 登記電郵地址 \_\_\_\_\_

Please complete this section if you are applying for group medical insurance for and on behalf of any third parties for example your affiliated companies or subsidiaries. 倘若閣下欲為第三者如附屬公司或子公司申請本團體醫療保險計劃, 請填寫以下部分。

Name of third party 第三者名稱 \_\_\_\_\_

Is the third party a company listed on any stock exchange? 第三者是否上市公司?  Yes 是  No 否

If Yes, please specify the place of listing 如是, 請註明上市地點 \_\_\_\_\_

Place of Incorporation 成立地方  Hong Kong 香港  Other (Please specify) 其他 (請註明) \_\_\_\_\_

Date of Incorporation 成立日期 \_\_\_\_\_ Registration or Incorporation No. 公司註冊編號 \_\_\_\_\_

Registered Office Address in the Place of Incorporation 成立地方的註冊公司地址 \_\_\_\_\_

Nature of Business 業務性質 \_\_\_\_\_ Business Registration No. 商業登記證號碼 \_\_\_\_\_

Business Address 公司地址 \_\_\_\_\_

### Eligibility 參加資格

For full-time permanent employees upon completion of \_\_\_\_\_ month(s) of employment  
全職長期僱員合資格參加計劃日期將生效於服務滿 \_\_\_\_\_ 個月後

### Plan Information 計劃詳情

Policy Effective Date 保單生效日期 \_\_\_\_\_ dd/mm/yyyy 日/月/年 Policy Anniversary Date 保單周年日 **01** / \_\_\_\_\_ (mm 月)

Definition of Insureds 受保人分類 \_\_\_\_\_

No. of Employees/Members 僱員/成員數目 \_\_\_\_\_ Total Premium 保費 **HK\$** \_\_\_\_\_

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	MM	YY		M	S	M	F	DD	MM	YY	DD	MM	YY
	日	月	年		已 婚	單 身	男	女	日	月	年	日	月	年
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2.														
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## 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

### Declaration and Authorization

I/We, the Applicant/Proposed Policy Owner, 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, representatives and/or dependents and obtained their consent to disclose, release or transfer their personal information to Sun Life Hong Kong Limited, including its successors or assigns (collectively referred to as "the Company").
- The personal information of employees, members, representatives and/or 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**  
I/We understand and consent that, any personal data collected by the Company (whether collected in this application form or otherwise) may be used by the Company for the following purposes: (i) processing and evaluating this application and any other applications I/we make; (ii) administering and providing services in relation to this product and any other products I/we hold; (iii) processing and investigating claims; (iv) conducting customer surveys; (v) researching and designing financial, insurance or pensions products for customer use; (vi) selecting and participating in reward, loyalty or privileges program and related service for me/us; (vii) contacting me/us for the above purposes; (viii) purposes which are directly related to the above purposes; and (ix) complying with applicable laws, regulation or court order.  
The Company may disclose such personal data for the above purposes: (a) to third parties who provide services in Hong Kong or elsewhere which assist the Company to carry out the above purposes, including claims investigators, medical advisors, medical service providers, emergency assistance service providers, reinsurers and professional advisors (provided that such contractors are required to keep all such personal data confidential and may only use the personal data to provide those services); (b) to my/our bank for payment purposes; (c) to my/our insurance broker (if any); (d) to the Company's insurance agents and MPF intermediaries; (e) to the Company's related companies (as defined in the Companies Ordinance) including pensions services provider, insurance companies and financial services companies; (f) to the Hong Kong Federation of Insurers (or any similar association of insurance companies) and its members; (g) to any person to whom the Company or its related companies (inside or outside Hong Kong) is under an obligation to make disclosure under the requirements of any law, regulation or court order binding on or applying to or to which the Company or its related companies (inside or outside Hong Kong) is subject to, or under and for the purposes of any guidelines issued by regulatory or other authorities with which the Company or its related companies (inside or outside Hong Kong) is expected to comply and (h) as otherwise required or permitted by law.  
The Company may also use and disclose such personal data in other ways with my/our consent or as otherwise required or permitted by law.  
I/We understand that the information I/we give is voluntary, but failure to provide the requested personal data may mean the Company is unable to process my/our application. I/We have the right to seek access to and request correction of any personal data the Company holds about me/us by sending a written request to Group Insurance Administration, Sun Life Hong Kong Limited, 8/F, Sun Life Tower, The Gateway, 15 Canton Road, Kowloon, Hong Kong. The Company may charge a reasonable fee for the processing of any such requests.
- All statements and answers I/we provide and those provided over the signature of all eligible employees, members, representatives 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, and I/We understand 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.
- I/We understand that this Group Medical Package is not guaranteed upon policy renewal.
- The usage of Sun Life Privilege Care Card is subject to the terms and conditions as determined by the Company as set out overleaf.
- As a result of purchasing the policy to be issued by the Company, then, during the continuance of the policy including renewals and reinstatements, in respect of any premiums received by the Company or any increase thereof (whether as a result of any change of benefit, inclusion of new employee members and/or their dependents, or otherwise), the Company will pay the authorized insurance broker a commission. Where I/we are a body corporate, the authorized person who signs on behalf of me/us further confirms to the Company that he or she is authorized to do so. I/We further understand that the above agreement is necessary for the Company to proceed with the application and/or renewals and/or reinstatements of the policy.**

### 聲明及授權

本人/吾等(投保人/建議保單持有人)謹此聲明、同意及明白各項(視乎情況適用而定)，並在此申請表簽署作實：

- 本人/吾等已獲本公司之僱員、成員、代表及/或其家屬授權及獲取他們的同意，向香港永明金融有限公司，包括繼承人或承讓人，(在此稱為「公司」)披露、發放或轉交有關人等的個人資料。
- 由公司所持有及由本人/吾等提供有關僱員、成員、代表及/或其家屬的個人資料，公司(不論是否從此申請表或其他途徑，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》  
本人/吾等明白及同意公司可以將其所收集的任何個人資料(不論由此申請表所收集或由其他途徑取得)作以下用途：(i) 處理及評估本人/吾等的此項申請及任何其他申請；(ii) 管理本人/吾等所持有的本項及其他產品，並提供相關服務；(iii) 處理及調查索償個案；(iv) 進行客戶調查；(v) 為客戶研究及設計金融、保險或退休金產品；(vi) 為本人/吾等甄選及參與獎賞、忠實或特選客戶計劃；(vii) 因上述目的與本人/吾等聯絡；(viii) 與上述目的直接有關的任何其他目的；及 (ix) 為遵守適用的法例、法規或法庭命令。  
公司可為以上目的披露有關人等的個人資料予 (a) 為協助公司就上述用途(不論在香港或其他地方)而提供服務的第三方，包括索償調查員、醫療顧問、醫療服務提供者、緊急支援服務供應商、再保險公司、專業顧問(條件是有關承辦商須把所有個人資料保密並只會為提供有關服務而使用有關個人資料)；(b) 本人/吾等的銀行作繳款用途；(c) 本人/吾等的保險經紀(如有)；(d) 公司的保險代理人及強積金中介人；(e) 公司的關連公司(根據公司條例訂明)包括退休金服務提供者、保險公司及金融服務機構；(f) 香港保險業聯會(或任何相似的保險公司協會)及其會員；(g) 公司及其關連公司(不論在香港與否) 為遵守監管當局或其他機構發出之指引或其就法例、法規或法庭頒令所約束或規定之責任而需向其作出披露的任何人士；及 (h) 按法例要求或准許的其他人士。  
公司可就法例准許或於獲得本人/吾等的同意後披露或將有關人等的個人資料作其他用途。  
本人/吾等明白本人/吾等所提供之個人資料均屬自願，然而倘若未能提供所需個人資料，可導致公司無法處理本人/吾等的申請。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至香港九龍廣東道15號港威大廈永明金融大樓8樓香港永明金融有限公司團體保險行政部。公司可就處理任何該等要求收取合理費用。
- 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、代表及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，均視為本申請表之一部分，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合約無效。
- 本人/吾等須支付全部保費。
- 本人/吾等明白此團體醫療保險計劃於續保時並非保證。
- 使用永明金融等貴保健卡必須受公司於後頁訂明之條款及細則所約束。
- 因為本人/吾等購買公司簽發的保單，因此，於保單有效期內，包括續保及保單復效，就公司所收到或增加的任何保費(無論是因為更改保單之保障或新增僱員及/或家屬、或其他有關情況)，公司會向負責安排有關保單的獲授權保險經紀支付佣金。假如本人/吾等為法人團體，代表本人/吾等簽署的獲授權人員亦向公司 確認他/她已獲法人團體授權簽署。本人/吾等亦明白公司必須取得本人/吾等以上的同意，才可以處理有關申請及/或保單續保及/或復效。**

Authorized signature of the Applicant / Proposed Policy Owner with Company Chop  
投保人/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 \_\_\_\_\_

Title 職位 \_\_\_\_\_

Dated at Hong Kong on 在香港簽訂日期 \_\_\_\_\_ dd/mm/yyyy 日/月/年

Name 姓名 \_\_\_\_\_

HK Identity Card Number/Passport Number  
香港身份證號碼/護照號碼 \_\_\_\_\_

Title 職位 \_\_\_\_\_

Dated at Hong Kong on 在香港簽訂日期 \_\_\_\_\_ dd/mm/yyyy 日/月/年

### Customer Service Centre

8/F, Sun Life Tower, The Gateway, 15 Canton Road, Kowloon, Hong Kong  
Tel: (852) 3183 6256 Fax: (852) 2528 3209

### 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 6256 傳真：(852) 2528 3209

### Sun Life Hong Kong Limited 香港永明金融有限公司

(Incorporated in Bermuda 於百慕達註冊成立)  
A member of the Sun Life Financial group of companies 永明金融集團成員之一  
Head Office in Toronto, Canada 總公司設於加拿大多倫多

### Terms and Conditions for the Usage of Sun Life Privilege Care Card

1. The Sun Life Privilege Care Cards (the "Cards") shall only be used when I/We have a valid Group Medical Insurance Policy Contract (the "Policy") with the Company and the Insureds are current employees of the Policy Owner or their dependents (if applicable). The Company reserves the right to renew / terminate and / or replace the Cards as necessary upon the expiry of such Cards.
2. I/We shall ensure that each of the Insureds shall sign on the Cards upon receipt, keep the Cards secure at all times and assume full responsibility for the improper use, and do not exceed the extents and amounts as stipulated in the Policy.
3. The Cards shall cease to be valid upon termination of the medical coverage and/or the Policy. I/We shall be obliged to withdraw the Card of the terminated Insured on or before termination of medical coverage or the Policy and return the Card to the Company immediately. I/We shall be liable for all costs and charges arising from the use of the Cards when the Insureds are no longer eligible for, or ceases to be entitled to the use of the Card due to cessation of employment.
4. For Out-patient credit facility, the Insureds may be required to make a co-payment as indicated in the proposal and the Policy at the time the health care services are rendered.
5. The granting of credit facility does not guarantee full coverage. The Company reserves the right to review the eligibility of each claim and any non-eligible expenses will be denied.
6. In the event of any shortfall resulting from non-eligible expenses by the Insured with reference to the scope of benefits and / or limits as stipulated in the Policy, the Company shall notify me/us as soon as practicable and I/We shall promptly collect the difference or excess from the Insured and forthwith reimburses such excess to the Company within fourteen (14) days. In the event that the Insured for whatever reasons fails to repay the shortfall amount, I/We shall be responsible for reimbursing the Company any unsettled shortfall amount owed by the Insured.
7. The Company reserves the right to charge interest on any shortfall mentioned in clause 6, withhold any payment of claims to the Insureds and/or withhold the Cards at any time by giving an advance notice in writing to me/us if the shortfall amount remains outstanding and due to the Company.
8. The Company reserves the right to decline the issuance of the Card to any Insured if in the absolute opinion of the Company such person has or is inclined to misuse or abuse the use of the Card.
9. The Cards shall remain the properties of the Company at all times and shall be non-transferable.
10. If the Policy Owner ceases business or goes into liquidation or receivership, I/We shall collect all issued Cards from the Insureds and forthwith return them to the Company and in any event not later than the date of such cessation of business, liquidation or receivership.
11. I/We shall pay the Company a fee (if any) as agreed between the Policy Owner and the Company from time to time for the Cards issued to the Insureds.
12. The Company does not in any way guarantee the availability of any healthcare or medical services or goods from the healthcare or medical service providers as arranged by the Company (the "Providers"). The Company makes no warranty nor representations, either expressed or implied, regarding the professional conduct or qualification of the Providers, and in no event shall the Company be liable to anyone for special, collateral, incidental or consequential costs, losses, hardships, sufferings, injuries, illnesses or loss of human lives in connection with the services of the Providers, and the sole and exclusive liability to the Company regardless of the form of action, shall not exceed the fees received by the Company in respect of any Card.
13. I/We shall be responsible to settle all outstanding shortfalls and amounts due as at the date of termination of the Policy. The Company reserves the right to terminate this credit services by giving two (2) months' prior notice to the Policy Owner. In such event, the Policy Owner shall collect all the issued Cards from the Insureds and forthwith return the same to the Company on the date of such termination for cancellation.
14. In the event of any breach by me/us or the Insureds of any of the terms and conditions herein, the Company may, in circumstances where I/We or the Insureds fail to comply or to procure compliance with the terms of a notice served by the Company on the Policy Owner or the Insured, require repayment in full of the expenses incurred under the Policy.
15. In the event of loss or theft of the Card, I/We shall notify the Company immediately. The Insured shall complete the "Sun Life Privilege Care Card Loss Card Declaration" together with a cheque of a handling fee of HK\$30 for the replacement of the Card.
16. The Providers, who shall provide medical service or consultation as referenced herein, are not agents or employees of the Company, but are independently licensed medical contractors. The Company does not have any control over the Providers and shares no liability for the same. The Company shall not have any responsibilities and warranties in respect of the quality or competence of the Providers. The Providers shall be subject to changes from time to time without prior notice. To ensure the Insured receiving the required service, the Insureds shall check with the Providers their status as participating providers prior to consultation.

### 永明金融尊貴保健咭的使用條款及細則

1. 永明金融尊貴保健咭（“此咭”）只可於本人/吾等持有有效的永明金融團體醫療保單合約（“保單”）及受保人為保單持有人的現有僱員或其家屬（如適用）的情況下使用。此咭到期後，公司有權在必要時續約終止及/或更換此咭。
2. 本人/吾等應確保每位受保人收到此咭後立即簽署，在任何時候小心保管此咭，承擔一切使用不當的責任，並且不超出保單訂定的範圍和金額。
3. 此咭將在醫療保障或在保單終止後失效。本人/吾等應有義務在終止醫療保障時或保單之前向有關受保人收回此咭，並立即交還公司。當受保人不再合資格受保或因終止受僱而不再有權使用此咭，本人/吾等應承擔所有因使用此咭而引致的一切費用。
4. 有關門診記賬服務安排，受保人可能需要依照制定醫療保障服務時的建議書及保單內容而繳付適當之自付費。
5. 記賬服務安排並不保證全保。公司有權審查每個索償的資格及拒絕任何不合乎資格的開支。
6. 受保人應參考保單內訂定的保障及/或限制。如醫療費用超出保單內訂定的福利保障及/或限額，公司會盡快通知本人/吾等，而本人/吾等應立即從受保人收回差額或額外費用，並於十四天內歸還公司。如受保人因任何原因未能償還差額，本人/吾等應負責任何受保人所欠未付的差額。
7. 如上列第 6 條提及的任何差額到期未付，公司有權以書面形式向本人/吾等發出事先通知以收取利息、暫停向受保人發放賠償及/或在任何時間暫停此咭。
8. 如公司認為任何受保人已有/有傾向誤用或濫用此咭，公司有權拒絕向該人簽發此咭。
9. 此咭在任何時候均屬公司的財產，且不得轉讓。
10. 如保單持有人停止業務或被清盤或被接管；在不遲於停止業務、被清盤或被接管當日的任何情況下，本人/吾等應收回所有已發給受保人的咭，並立即交還公司。
11. 本人/吾等應向公司支付保單持有人及公司之間為向受保人發咭而不時協定的費用（如有）。
12. 公司不以任何方式保證由公司安排的保健或醫療服務提供者（“提供者”）所提供的任何保健或醫療服務或貨品的可用性。不論明示或暗示，公司不會就提供者的專業操守或資格作任何擔保或陳述；在任何情況下，公司不會因提供者的服務而向任何人承擔任何特殊、間接、附帶或相應的費用、損失、苦難、痛苦、傷害、疾病或人命損失；而不論何等形式的法律行動，公司承擔的唯一及專屬責任不得超過公司就任何咭所收取的費用。
13. 本人/吾等應負責清償所有未償付的差額和應收於保單終止日的款項。公司有權在發出兩個月的事先通知後向保單持有人終止此記賬服務安排。在該等情況下，保單持有人應向受保人收回所有已發出的咭，並在該終止日交還公司取消。
14. 如本人/吾等或受保人違反本文任何條款及細則，公司可在本人/吾等或受保人未能遵守或促使公司向保單持有人或受保人發出遵守條款通知時，要求償還全部保單下的開支。
15. 如遺失或被盜此咭，本人/吾等應即時通知公司。受保人須填寫「永明金融尊貴保健咭遺失聲明」連同港幣三十元正手續費的支票一併遞交回公司以補領此咭。
16. 本文提及應提供醫療服務或諮詢的提供者，並非公司的代理人或僱員，而是獨立持牌的醫療承辦商。公司對提供者沒有任何控制權，因此亦不會分擔任何其責任。公司對提供者的質素或能力沒有任何責任和擔保。提供者如有更改，恕不另行通知。為確保受保人取得所需服務，受保人應在求診前，須確定提供者是否在公司的醫療網絡內。

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Date	

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### Sun Life Hong Kong Limited 香港永明金融有限公司

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