

# Group Clinical Insurance Claim Form

## 團體門診保險賠償申請書



### INSTRUCTIONS 說明

- This form must be completed by the employee and signed by the patient and then submitted within 90 days of incurring such expenses.
  - Original receipts from the physician must be submitted together with this claim form. Each receipt must show the following information: (a) Date of consultation (b) Name of patient (c) Amount charged (d) Diagnosis. The receipt must bear the physician's stamp and signature.
  - Please submit Original Prescription List [For medical consultation of Chinese Herbalist]
  - Any claim for expenses incurred for Diagnostic X-Ray & Laboratory Tests, Chiropractor Treatment\*, Physiotherapy\* or Specialist Consultation\* must be supported with a referral letter together with diagnosis from the attending physician. \*Please attach a copy of the referral letter for subsequent claims.
  - Any claim for expenses incurred for "Prescribed Drugs & Medicines" must be supported with a prescription letter from the attending physician. Name of patient, date of issue, diagnosis, name of the medicine prescribed, dosage and duration must be clearly stated on the prescription letter.
  - Separate claim form must be completed for each patient.
  - The cost incurred for Physiotherapy or Chiropractor treatment will be paid under General Physician Consultation unless it is specifically indicated in the benefit schedule.
  - Any out of pocket expenses incurred from using the Sun Life Privilege Care card is not reimbursable.
  - Employee may logon to Group Insurance e-Services at [www.sunlifegroupinsurance.com.hk](http://www.sunlifegroupinsurance.com.hk) to check your processed claim record.
  - Return Certified True Copy of receipts after claim processing?  Yes  No
- 此申請書必須由僱員填寫及病人簽署，並於付款後九十天內遞交。
  - 所有連同本申請書遞交之收據必須為正本，並由有關主診醫生發出。每張收據必須清楚顯示下列資料：  
(a) 診症日期 (b) 病人姓名 (c) 收費 (d) 診斷之病症  
每張收據必須由主診醫生簽署及蓋章。
  - 請遞交中醫藥處方正本[適用於中醫診症]。
  - 任何診斷性 X 光檢查及化驗、整脊治療\*、物理治療\*或專科醫生\*診治之賠償申請，必須呈交由主診醫生簽發並附有其診斷之病症的轉介信。  
\*於日後申請索償時必須遞交轉介信副本。
  - 任何「註冊醫生之處方藥物」(只限於註冊西藥房購藥)之索償申請，必須連同主診註冊西醫之處方信正本一併遞交。處方上必須清楚列明病人姓名、處方日期、診斷之病症、藥物之名稱、劑量和服用天數。
  - 每位病人必須填寫個別申請書。
  - 除非於保障摘要內特別指明，物理治療或整脊治療之費用將撥於普通門診內作出賠償。
  - 凡因使用『永明金融尊貴保健咭』而導致受保成員需要作出任何自付費用將不能獲得賠償。
  - 僱員可隨時登入 [www.sunlifegroupinsurance.com.hk](http://www.sunlifegroupinsurance.com.hk) 之永明金融團體保險 e-Services 查閱閣下已被處理的賠償記錄。
  - 賠償辦妥後需退回收據的核實副本？  是  否

Name of Employer (Policy Owner) 僱主名稱 (保單持有人) Policy No. 保單號碼

Name of Employee 僱員姓名 Age 年齡 H.K.I.D. Card No. of the Insured Employee (Must be Completed) 受保僱員之香港身份證號碼 (必須填寫)

Name of Patient (If other than Employee) 病人姓名 (如非僱員) Age 年齡 Relationship to Employee 與僱員關係  
 Self 本人  Spouse 配偶  Children 子女

Date of Consultation 診症日期 DD 日/MM 月/YY 年	Amount 收費	Type of Treatment (Should be covered under the Policy) 診症類別 (必須已列於保障範圍內)			Others e.g. Dental/ X-ray / Lab test/Health check up etc. (please specify) 其他例如 牙科治療/X光/化驗/例行身體檢查 (請註明)	Self Declaration of Diagnosis (applicable for claims incurred at Outpatient Dept. under Hospital Authority / Gov't Clinic only) 病人自行聲明病症 (適用於醫管局轄下的醫院門診部或政府門診部)	FOR OFFICE USE ONLY 公司專用
		General Practitioner Consultation 普通科醫生診治	Specialist Consultation* 專科醫生診治*	Chinese Medicine Practitioner Consultation 中醫診治			
1.							
2.							
3.							
4.							
5.							

### DECLARATION AND AUTHORIZATION 聲明及授權

The claimant (I/We) hereby declare, agree and understand, as the case may be, as evidenced by my/our signature(s) hereunder, that:  
 索償人 (本人/吾等) 聲明、同意及明白以下各項 (視乎情況適用而定)，並在此申請表簽署作實：

- All the foregoing statements and answers in this application together with those in any required medical examination, questionnaire, amendment or other document signed by me/us in connection with this application are full, complete and true. I/We also understand that in the event of doubt as to whether a fact is material, it should be disclosed here. Sun Life Hong Kong Limited, including its successors or assigns (collectively referred to as "the Company") may be unable to process this application if I/we fail to provide any information required to this application.  
 此申請書上所載的聲明及答案，以及經本人/吾等簽署之所需的體格檢驗、問卷、修改書及其他文件，均屬真確無訛，詳細完整，並構成申請的依據及其中部份。本人/吾等明白倘有任何未知是否屬於重要事項的資料均須在此透露。倘本人/吾等未能提供此申請所需資料，可導致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」) 未能處理此申請。
- I/We fully understand that the Company is not bound by any statement which I/we may have made to any person if not written or printed here.  
 本人/吾等完全明白公司不受一些本人/吾等沒有在此申請表上提及或刊印向任何人土定立的聲明所約束。
- I/We hereby give my/our consent to the Company to use and disclose my/our personal data for the purposes as stated in the Company's Personal Information Collection Statement (PICS) at the back of this application.  
 本人/吾等同意就申請表於後頁訂明有關公司的《個人資料收集聲明》中提及的用途，使用及披露本人/吾等的個人資料。
- 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 (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. 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、機構或人士就此申請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，以評估與此申請之本人/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。
- I/We agree to pay to the Company for any non-eligible expense(s) or expense(s) which exceed the benefit coverage of the policy which is/are paid to the medical service providers by the Company on behalf of me/us.  
 本人/吾等同意承擔及繳付由公司向醫療服務機構直接結清的任何不合條件的費用或超越本保單福利保障範圍的任何費用。

Date 日期

Signature of Patient 病人簽署 (\*)

(\*) In the event of the patient whose age is less than 18, this part should be signed by the insured employee.  
 倘若病人之年齡在十八歲以下，此申請表須由受保僱員簽署。

## 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 my/our 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 my/our 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.

### Main Exclusions

The Company shall not pay any claims or expenses (other than a claim under the Compassionate Death Benefit) directly or indirectly caused by or resulting from any of the following causes unless specified in the Schedule of Benefits or Endorsement.

- pre-existing conditions for which the insured receives medical treatment, diagnosis, consultation or prescribed drugs during the ninety (90) days preceding the effective date of coverage, unless the insured has been covered for not less than twelve (12) months;
- hospitalization primarily for the purpose of diagnostic X-Ray, advanced imaging, laboratory tests or physiotherapy;
- general check up, rest cure, sanatoria care;
- special nursing care or charges and expenses for wheel-chair, iron-lung, artificial limbs, braces, crutches, dentures, glasses, hearing aids, heat appliances or other prosthetic devices or hospital equipment except for the rental of such devices or equipment during hospitalization;
- charges for non-medical services such as telephone, television, radio, guest meals, photocopy of medical report, tax and the like;
- injuries arising from war or any act of war (whether war is declared or not), insurrection, civil war, or any warlike operation, whether or not the insured was actively participating in them;
- suicide, or any attempt threat, while sane or insane; intentionally self-inflicted injuries, injury or sickness sustained whilst the insured is under the influence of drugs or alcohol, and treatment in connection with addiction or abuse to drugs or alcohol;
- treatment of illness directly or indirectly, wholly or partly by Human Immunodeficiency Virus (HIV) and/or HIV-related illness including acquired immune deficiency syndrome (AIDS) and/or any mutations, deviations or variations thereof; venereal disease, sexually transmitted disease;
- psychiatric treatment, mental or nervous disease or disorder and including any investigation and treatment of psychological, emotional, or behavioral conditions;
- dental treatment and oral surgery except for emergency treatment from an accident received during hospitalization. Any follow up treatment after discharge from hospital related to dental treatment or oral surgery shall be excluded;
- eye examinations, surgical procedure for correction of eye refraction including routine eye tests, fitting of spectacles or lens; cosmetic surgery, plastic surgery and the like, except and to the extent that any such treatment is necessary for the cure or alleviation of an Injury to the Insured;
- vaccinations, immunization, injections, preventive medication or preventive care;
- pregnancy, childbirth, miscarriage, abortion and all complications in connection therewith;
- any investigation, treatment or surgical operation for congenital conditions;
- alternative treatment including but not limited to acupuncture, Tui Nai, hypnotism, rolfing, massage therapy and aroma therapy;
- any charges for birth control or reversal of birth control, infertility including in-vitro fertilization or any other artificial method of inducing pregnancy, sterilization, sexual dysfunction including but not limited to impotence and the like.

This is not a comprehensive list of exclusions, please refer to the policy contract for details.

## 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本人/吾等的個人資料予(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本人/吾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。

## 一般不保事項

如因以下事故而引致的醫療費用，將不列入本醫療計劃保障之內，唯列於醫療福利表概要之項目除外。

- 凡在受保生效日期前九十日內曾接受治療、診症或處方藥物的病況或受傷情況將不在受保範圍內；除非受保人已受保不少於十二個月；
- 單獨地因接受 X 光診斷、先進造影、化驗或物理治療而住院；
- 例行身體檢查、或非治療性質之檢查、療養等；
- 特別護理費用如購買或租用輪椅、人工呼吸器、義肢、支架、拐杖、假牙、眼鏡、助聽器、暖爐或矯型器具或醫療設備等；但於住院期內租用以上器具除外；
- 非醫療性質服務如電話、電視、收音機、訪客膳食、影印醫療報告費、稅項等費用；
- 任何戰爭或戰爭行動（不論宣戰與否）、起義、內戰、或軍事行動所引致的疾病或身體損傷，不論受保人參加與否；
- 自殺、或自我傷害、不論神志清醒與否、酗酒及自行服食過量藥物所引致之身體損傷或疾病；
- 直接或間接因人類免疫缺陷病毒及/或其有關之病症包括愛滋病及/或因愛滋病引發之突變或變種、性病或性接觸傳染的病症而引致之治療費用；
- 精神治療、心理或精神疾病或症狀包括心理、情緒或行為狀態的檢查及治療；
- 牙科治療及口腔外科手術，因意外而需住院接受的緊急治療除外。任何出院後關於牙科治療及口腔外科手術的覆診治療；
- 視力測驗、眼折射測試包括例行視力測試、驗配眼鏡或鏡片，以及任何為矯正視力準確度或折射不正而進行的任何手術程序；
- 種痘、防疫注射、預防藥物或預防護理；
- 懷孕、分娩、流產、人工流產及所有有關的併發症；
- 任何關於先天性症狀的檢查、治療或手術；
- 另類療法包括但不限於指壓、推拿、催眠、羅夫式按摩、按摩治療及香薰治療；
- 節育或恢復生育；不育治療包括體外受孕或以任何其他人工方法導致懷孕；結紮；性機能失調包括但不限於原因導致陽萎、不舉、早泄等治療費用。

以上各項並未全數列出所有不受保項目，詳情請參閱保單合約。