

**Sun Life Privilege Care Card
Loss Card Declaration**

永明金融尊貴保健咭遺失聲明



Company Name 公司名稱 : _____

Policy No. 保單號碼 : _____

Name of Employee 僱員姓名 : _____

I hereby declare that the following Sun Life Privilege Care Card(s) for me / my family member(s) is / are no longer in my possession and should be considered as void:-

本人現聲明下列之本人或本人家屬的永明金融尊貴保健咭已遺失及無效。

H.K.I.D. Card No / Membership No. 香港身份證號碼 / 會員號碼	Card Holder's Name 尊貴保健咭持有人之姓名

I understand that the Card should be returned to Sun Life Hong Kong Limited immediately when I find the lost card afterwards.

本人明白必須將找回之失咭立即退回香港永明金融有限公司。

Declared by Card holder 持咭人聲明	Certified by Employer 僱主證明
Employee's Signature 僱員簽署	Authorized Signature with Company Chop 授權人簽署及公司蓋章
Date 日期	Date 日期

PLEASE INDICATE WHETHER YOU WOULD LIKE TO APPLY FOR A REPLACEMENT CARD?

(Please put a tick "✓" in the appropriate box below)

閣下是否需要申請補發新的尊貴保健咭？（請在下列適當空格內加上『✓』號）

Yes 是

No 否

A crossed cheque payable to "Sun Life Hong Kong Limited" for HKD_____ is attached to this form as replacement charges. (HKD30 for each card)

現附上祈付「香港永明金融有限公司」之劃線支票合共港幣_____元作為此補領費用。
（每張尊貴保健咭之補領費為港幣三十元正）

Please send a cheque together with the duly signed and completed declaration form to Group Insurance Administration Department of Sun Life Hong Kong Limited. 請將支票連同此聲明書遞交至香港永明金融有限公司團體保險行政部。