

Application Form for Voluntary Health Insurance Scheme

自願醫保計劃保險申請表

 Non Medical 不驗身

 Medical 驗身

 Policy No. 保單編號 : **301**

By completing this Application, you are applying for an insurance policy underwritten by Sun Life Hong Kong Limited. Your payment or transfer must be made to "Sun Life Hong Kong Limited" only. Sun Life Hong Kong Limited will not be responsible for any transfer or payment made otherwise. 通過填寫此申請表，閣下現正申請由香港永明金融有限公司所承保的壽險計劃。所有付款或匯款必須指定收款人為「香港永明金融有限公司」，否則香港永明金融有限公司不會對有關付款或匯款承擔任何責任。

In compliance with the Guideline on Anti-Money Laundering and Counter-Terrorist Financing issued by the Insurance Authority, all insurance institutions should identify and verify the identities of the customers when the business relationship is established. Therefore, your consultant will have to obtain a copy of the identification documents of the Policy Owner. 根據保險業監管局發出的「打擊洗錢及恐怖分子資金籌集指引」，保險機構與客戶建立業務關係時，必須識別及核實其客戶之身分。因此，閣下的顧問會向閣下索取保單主權人的身分證明文件。

CONSULTANT'S DETAILS 顧問資料													
Name 姓名 _____			Code 編號 _____			Division / Branch 區域 / 分行 _____							
Name 姓名 _____			Code 編號 _____			Division / Branch 區域 / 分行 _____			Campaign Code 推廣活動編號 _____				
SECTION 1 第一部份：PERSONAL INFORMATION 個人資料													
				Proposed Insured 準受保人				Policy Owner 保單主權人 (if not the same as Proposed Insured 如非準受保人)					
1. Name in English 英文姓名		Surname 姓 _____				Surname / Company Name 姓 / 公司名稱 _____							
		Given Name 名 _____				Given Name 名 _____							
2. Name in Chinese 中文姓名													
3. Relationship to Proposed Insured 與準受保人之關係		Not Applicable 不適用											
4. Sex 性別		<input type="checkbox"/> Male 男		<input type="checkbox"/> Female 女		<input type="checkbox"/> Male 男		<input type="checkbox"/> Female 女		<input type="checkbox"/> Company 公司			
5. Smoking Status 吸煙狀況		<input type="checkbox"/> Non-Smoker 非吸煙者		<input type="checkbox"/> Smoker 吸煙者		<input type="checkbox"/> Non-Smoker 非吸煙者		<input type="checkbox"/> Smoker 吸煙者					
6. Date of Birth 出生日期 (日dd/月mm/年yyyy)				Age Last Birthday 上次生日年齡				Age Last Birthday 上次生日年齡					
7. Country of Birth 出生國家													
8. Nationality 國籍													
9. Citizenship 公民身份 (Please list all if different from Nationality. 如與國籍不同，請列出所有。)													
10. ID Card / Passport 身份證 / 護照													
11. Marital Status 婚姻狀況		<input type="checkbox"/> Single 單身		<input type="checkbox"/> Married 已婚		<input type="checkbox"/> Others 其他		<input type="checkbox"/> Single 單身		<input type="checkbox"/> Married 已婚		<input type="checkbox"/> Others 其他	

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	Proposed Insured 準受保人	Policy Owner 保單主權人 (if not the same as Proposed Insured 如非準受保人)
12. Occupation Title 職業職銜		
Exact Duties 確實職務	Please state here 請於以下說明：	Please state here 請於以下說明：
Does your job involve manual work, outdoor work, work at height, underground work, work outside Hong Kong, operating machine or other hazardous work? 閣下的工作是否涉及體力勞動、戶外工作、高空工作、地底工作、在香港以外地區工作、操作機器或其他危險工作？	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 If yes, please provide detail including average height/depth, work location, type of machine or others. 如是，請提供詳情包括工作平均高度/深度，工作地方，需使用的機器等。	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 If yes, please provide detail including average height/depth, work location, type of machine or others. 如是，請提供詳情包括工作平均高度/深度，工作地方，需使用的機器等。
Average Monthly Income (HKD) 每月平均入息(港幣)		
Employer's Name 僱主名稱		
Employer's Address 僱主地址		
Nature of Business 公司業務性質 (If trading, please specify type of goods being traded. 如為貿易，請註明其貿易貨品的種類。)		
Are you or is your family member or close associate entrusted with a prominent public function, such as a senior official of government, judiciary or military, political party, a state-owned corporation or international organization, or been entrusted in such function? 閣下、閣下的家庭成員或緊密合作伙件是否被委託擔任重要的公共職能，例如政府、司法或軍事高級官員、政黨、國有企業或國際組織、或曾被委託擔任同樣的職能？	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否

Policy Owner's Contact Information 保單主權人聯絡資料* * The contact information applies to all of your existing policies. 閣下的聯絡資料將適用於所有保單。

13. Residential Address 居住地址	Room / Flat 室	Floor 樓數	Block 座數	Building / Estate Name 大廈 / 屋邨名稱			
	No. & Name of Street / Lot No. 街道名稱及編號 / 地段號數			District / Country 地區 / 國家	<input type="checkbox"/> HK 香港	<input type="checkbox"/> KLN 九龍	<input type="checkbox"/> NT 新界
ZIP/Postal Code 郵政編號 _____							
Correspondence Address 通訊地址 (If Correspondence Address is different from Residential Address, please specify. 如通訊地址與居住地址不同，請填寫。)	Room / Flat 室	Floor 樓數	Block 座數	Building / Estate Name 大廈 / 屋邨名稱			
	No. & Name of Street / Lot No. 街道名稱及編號 / 地段號數			District / Country 地區 / 國家	<input type="checkbox"/> HK 香港	<input type="checkbox"/> KLN 九龍	<input type="checkbox"/> NT 新界
ZIP/Postal Code 郵政編號 _____							
Tel 電話 (With Country Code. 需包含國家代碼) (please provide at least one contact no. Mobile no. is preferred. 請最少提供一個聯絡電話，建議提供手提電話號碼。) Tel no. provided herein will supersede all the contact no. you have provided to Sun Life Hong Kong Limited before (if any). 此欄提供的電話號碼將會取代閣下之前向香港永明金銀有限公司提供的所有電話號碼(如有)。	Home Tel 住宅電話		Business Tel 公司電話		Mobile 手提電話		
	Country Code 國家代碼	Telephone No 電話號碼	Country Code 國家代碼	Telephone No 電話號碼	Country Code 國家代碼	Telephone No 電話號碼	
Email Address 電郵地址 If no update here, your existing email address (if provided) will be retained. 如沒有於此處作出更新，閣下現有的電郵地址(如已提供)將繼續被保留。 If you do not want to provide, please cross out. 如閣下不想提供，請以斜線刪除。							

Policy Contract Language Option 保單合約語言選項 English 英文 (Chinese will be defaulted, if English is needed, please tick. 預設為中文語言，如選用英文語言，請在方格內填上剔號。)

Policy Contract Version Hardcopy (eContract is the default option, please tick the box if Hardcopy is required)

保單合約版本 列印版本 (預設為電子版本，如選用列印版本，請在方格內填上剔號。)

a) Since eContract is not applicable for entity Policy Owner and Mainland China Resident, a printed policy contract will be provided.

由於電子保單並不適用於公司實體保單主權人及中國內地居民，我們將提供列印版保單合約。

b) You need to download and register My Sun Life HK mobile app to view your eContract.

閣下需要下載並註冊My Sun Life HK流動應用程式以查閱電子保單。

c) A valid mobile number and/or an email address are required for eContract (see Question 13 of this form). Otherwise, a hard copy of your contract will be provided.

如選擇電子保單，請提供有效的手提電話號碼及/或電郵地址(見本表格第13題)。如未能提供，我們將發出列印版保單合約。

SECTION 2 第二部份：POLICY INFORMATION 保單資料

1. Plan Currency 保單貨幣：HK\$ 港元

2. Basic Plan 基本計劃

- WeHealth (VHIS Certification Number: S00018-01-000-01)
永明港健康醫療保 (自願醫保認可產品編號：S00018-01-000-01)
- WeHealth Plus Scheme 1 (VHIS Certification Number: F00026-01-000-01)
永明港稱心醫療保計劃一 (自願醫保認可產品編號：F00026-01-000-01)
- WeHealth Plus Scheme 2 (VHIS Certification Number: F00026-01-001-01)
永明港稱心醫療保計劃二 (自願醫保認可產品編號：F00026-01-001-01)

3. Payment Information 付款資料

a) Payment Arrangement 付款安排

(i) Payment Mode 付款次數

- Annual 年繳
 Semi-Annual 半年繳
 Monthly Autopay 月繳自動轉賬

If also apply prepayment (if applicable), please attach Prepayment page of Proposal and refer to the page to complete below 如同時申請預繳保費(如適用)，請遞交保單建議書的預繳保費說明頁及依據該頁填寫以下資料：

Prepayment 預繳保費

Number of Annual Premiums

年繳保費之期數： _____

Prepayment of Premiums

預繳保費額： \$ _____

(ii) Payment Method 付款方法

*Direct Billing 通知繳付
(Not applicable to Monthly Mode 不適用於月繳付款)

Autopay 自動轉賬

(Please submit DDA form 請遞交直接付款授權書)

*Except Monthly Mode, Direct Billing will be the defaulted option if none of above is chosen. 除月繳付款外，若以上均沒有選擇則付款方法將自動設定為通知繳付。

b) Amount paid with this application 連同此申請表一同繳交之款項

(i) Payment Means 繳交方式

- Cash 現金 Cheque 支票 Credit Card 信用卡
 Electronic Payment 電子貨幣支付：

Date 日期 _____ Time 時間 _____

Type 型式 _____

Thru' Convenient Store 經由便利店

Others (please specify) 其他 (請註明) _____

(ii) Payment Amount 繳交金額

HK\$ 港元 _____

For Office Use Only 公司專用

HF / GW

SECTION 3 第三部份：BENEFICIARY INFORMATION 受益人資料

Important Notes 重要事項：

1. Unless otherwise specify, the relevant death benefit payable will be divided into equal shares to the beneficiaries surviving upon the death of the Proposed Insured. If beneficiary has not been designated or no surviving beneficiary, death benefit will belong to the Policy Owner or the Policy Owner's Estate. 如無特別註明，有關及須繳付的身故賠償將平均分子準受保人去世時尚生存的受益人。如沒有定立受益人或仍生存的受益人，身故賠償將屬保單主權人所有或撥入保單主權人之遺產。

2. This section provides beneficiary designation of primary and contingent beneficiaries. The beneficiary designation of contingent beneficiary will be effective only if all primary beneficiaries die. 此部份提供指定基本受益人及次位受益人。指定次位受益人須於所有基本受益人身故後才生效。

3. A beneficiary designation of either "estate" or "own estate" will constitute an instruction to designate the Policy Owner as at the death of the Proposed Insured to receive the relevant death benefit payable. 指定 estate 或 own estate 作為受益人將構成對保險公司的指示，指定於準受保人去世時之保單主權人收取有關及須繳付的身故賠償。

I/We hereby designate beneficiary(ies) for the policy as below and I/We hereby declare that any trustee designated in the table below shall be appointed as trustee to receive any death benefit under the policy for the beneficiary(ies) designated below and in accordance with the percentage proportion as stated in the same row during his/her minority.

本人/吾等為本保單於下表內指定受益人及本人/吾等謹此聲明，於指定受益人未成年期間，委任以下表內之指定信託人以信託人身份代表下列之指定受益人根據下述表內同一行之百分比收取本保單的身故賠償。

Beneficiary 受益人 (*Please tick whenever appropriate 請於適當地方加上別號)						Trustee 信託人 (Only applicable to beneficiary under the age of 18 只適用於18歲以下的受益人)		
*Primary 基本	Contingent 次位	Name 姓名	Relationship with Proposed Insured 與準受保人的關係	ID / Passport No 身份證/護照號碼	Share (Total 100%) 分配百分比 (合共100%)	Name 姓名	Relationship with Proposed Insured 與準受保人的關係	ID / Passport No 身份證/護照號碼
<input type="checkbox"/>	<input type="checkbox"/>							
<input type="checkbox"/>	<input type="checkbox"/>							
<input type="checkbox"/>	<input type="checkbox"/>							
<input type="checkbox"/>	<input type="checkbox"/>							

SECTION 4 第四部份：OTHER INSURANCE 其他人壽保險					Proposed Insured 準受保人	
1. Do you have any existing or pending insurance policy? If yes, please give details below. (* Please delete whichever is inappropriate) 閣下是否持有任何現正生效或正在辦理申請手續的保單？如是，請於下方提供詳細資料。（*請刪去不適用者）					Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/>	
Company's Name 承保公司名稱	Year Issued 簽發年份	Type of Insurance 保險類別	Currency 貨幣	Sum Assured 保障額		
		Life / Accident / Critical Illness / Hospital* 人壽 / 意外 / 危疾 / 住院*				
		Life / Accident / Critical Illness / Hospital* 人壽 / 意外 / 危疾 / 住院*				
		Life / Accident / Critical Illness / Hospital* 人壽 / 意外 / 危疾 / 住院*				
SECTION 5 第五部份：PERSONAL STATEMENT 個人聲明					Proposed Insured 準受保人	
1. Do you travel outside Hong Kong for more than 6 months in a year? If yes, please indicate the country, city and reason. 閣下每年是否會離港超過六個月？如是，請列明國家、城市及原因。					Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/>	
2. (If Proposed Insured is aged 17 or below, please skip this question) (如準受保人為17歲或以下，無需回答此問題) In the last 2 years did you participate OR do you intend to participate in any hazardous activities such as to fly in an aircraft as a pilot, scuba diving, car racing, mountain climbing other than in Hong Kong, or parachuting? 閣下在過去兩年內是否曾參與或計劃參與任何危險活動例如駕駛飛機、潛水、賽車、於香港以外的地方攀山、跳傘 / 特技跳傘？ If yes, please submit the corresponding questionnaire 如是，請填寫有關問卷。					Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/>	
3. Has any application for or reinstatement of life, health, critical illness or accident insurance on you been declined, postponed, withdrawn or accepted on a basis other than that applied for? If yes, please provide the reason, insurance company's name, application date and policy number. 閣下是否曾投保或復保人壽、醫療、危疾或意外保險時，被拒絕、延期、撤回、加費或修改？如是，請填寫原因、投保公司名稱、投保日期及保單號碼。					Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/>	
4. Have you ever made a claim for accident, critical illness, disability or health benefit? If yes, please state the date, type, reason, amount of the claim and the insurance company's name. 閣下是否曾申請意外、危疾、傷殘、醫療利益保障的索償？如是，請列明賠償日期、類別、原因、金額及保險公司名稱。					Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/>	
SECTION 6 第六部份：HEALTH DETAILS 健康資料 (For Non-Medical Application Only) (只適用於不驗身投保)						
*(Policy Owner should also complete this section if applying for owner benefit.) (如申請保單主權人豁免保障，保單主權人須回答此部份)			Proposed Insured 準受保人		*Policy Owner 保單主權人	
1. Please state your height and weight. 請填寫閣下的身高及體重。			cm 厘米		cm 厘米	
			kg 公斤		kg 公斤	
2. Do you have any weight gain or loss of more than 5 kgs in the past year? If yes, please state it is "gain" or "loss" and with reason(s). 閣下在過去一年體重是否有增加或減少超過5公斤？如是，請註明為「增加」或「減少」及其原因。			Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/>		Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/>	
3. (For Proposed Insured aged under 1 only) (只適用於1歲以下的準受保人) Please state the weight at birth. 請填寫出生時的體重。			kg 公斤			
4. Have you ever suffered from tuberculosis*, asthma*, chronic bronchitis*, diabetes*, gastritis or H. Pylori*, duodenal or gastric ulcer*, kidney or bladder disorder, prostate problem, high blood pressure*, chest pain or discomfort*, heart disorder, palpitation, coronary artery disease, stroke, epilepsy*, cancer*, cyst*, polyp*, nodule*, or tumour*, thyroid disorder, mental or nervous disorder, deficits in cognitive abilities, any form of hepatitis (including Hepatitis B carrier) or liver disease, blood disorder, skin disorder, arthritis or joint disease, systemic lupus erythematosus, or any other disease of the musculoskeletal system, HIV infection, AIDS, AIDS related complex or any other sexually transmitted disease, or any other physical impairment or deformity? (*Please complete relevant questionnaire) 閣下是否曾患有肺結核*、哮喘*、慢性支氣管炎*、糖尿病*、胃炎或幽門螺旋菌*、十二指腸或胃潰瘍*、腎或膀胱疾病、前列腺問題、高血壓*、胸痛或不適*、心臟病、心悸、冠狀動脈疾病、中風、癱瘓症*、癌症*、囊腫*、息肉*、結節*或腫瘤*、甲狀腺疾病、精神病或神經系統病症、認知能力障礙、任何類型的肝炎(包括乙型肝炎帶菌者)或肝病、血液失調、皮膚病、關節炎或關節病症、紅斑狼瘡、肌肉骨骼系統的疾病、人類缺乏免疫力病毒毒感染、愛滋病、與愛滋病有關的併發症或其他性病、或肢體殘缺？(*請填寫有關問卷)			Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/>		Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/>	

*(Policy Owner should also complete this section if applying for owner benefit.) (如申請保單主權人豁免保障，保單主權人須回答此部份)	Proposed Insured 準受保人	*Policy Owner 保單主權人	If any answer to Section 5-7 is "Yes", please give full particulars below and quote the relevant section and question number. Details provided for Section 7 should include (a) dates of illness / injury, (b) duration of illness / injury, (c) diagnosis, (d) treatment taken, (e) last follow-up date and (f) name, address and reference of attending doctor / hospital. If space given is insufficient, please use the space in Supplementary Information or submit an Application Supplement Form. 若第五至第七部份問題中曾答「是」，請在此欄提供詳細資料並註明題號及所屬部份。第七部份的答案須包括下列詳情：(a)患病 / 受傷日期、(b)患病 / 受傷持續時間、(c)診斷結果、(d)曾接受的治療、(e)最後覆診日期、(f)主診醫生姓名 / 醫院名稱、地址及檔案編號。如空位不夠使用，請填寫於補充資料欄內或遞交「投保申請補充書」。
5. Do you have or have you ever had any physical or health impairments not mentioned above? 閣下是否有或曾有任何上文未提及的疾病或傷殘？	Yes 是 No 否 <input type="checkbox"/> <input type="checkbox"/>	Yes 是 No 否 <input type="checkbox"/> <input type="checkbox"/>	
6. Have you ever been advised or do you intend to have any medical investigation (e.g. ECG, CT scan, blood test, biopsy or other tests), medication, medical treatment or advice? 閣下是否曾被建議、或準備接受任何檢驗(例如心電圖、掃描檢查、血液檢查、活組織檢驗或其他檢驗)、治療或服用任何藥物或建議？	Yes 是 No 否 <input type="checkbox"/> <input type="checkbox"/>	Yes 是 No 否 <input type="checkbox"/> <input type="checkbox"/>	
7. Do you have a regular doctor? If yes, please give the doctor's name and address. 閣下有否有固定醫生為閣下診治病症？如是，請提供醫生姓名及地址。	Yes 是 No 否 <input type="checkbox"/> <input type="checkbox"/>	Yes 是 No 否 <input type="checkbox"/> <input type="checkbox"/>	
8. Within the last 12 months, have you smoked cigarettes? 閣下在過去十二個月內是否曾吸食香煙？	Yes 是 No 否 <input type="checkbox"/> <input type="checkbox"/>	Yes 是 No 否 <input type="checkbox"/> <input type="checkbox"/>	
9. Within the last 12 months, have you smoked cigars, pipes or used other tobacco products? If yes, please state the type of products used and daily consumption. 閣下在過去十二個月內是否曾吸食雪茄、煙斗或其他煙草產品？如是，請註明產品種類及每天用量。	Yes 是 No 否 <input type="checkbox"/> <input type="checkbox"/>	Yes 是 No 否 <input type="checkbox"/> <input type="checkbox"/>	
10. (a) In the last 5 years, did you drink alcohol? If yes, please state type, quantity and frequency. 閣下在過去五年內是否曾飲用酒精飲品？如是，請註明種類、數量及次數。 (b) Have you ever been advised to reduce or discontinue use of alcohol or sought treatment for alcohol use? If yes, please complete Supplementary Questionnaire on Use of Alcohol. 閣下是否曾被建議戒除飲酒或減少酒量？又或因酗酒而需尋求治療？如是，請填寫「使用酒精補充問卷」。	Yes 是 No 否 <input type="checkbox"/> <input type="checkbox"/> Yes 是 No 否 <input type="checkbox"/> <input type="checkbox"/>	Yes 是 No 否 <input type="checkbox"/> <input type="checkbox"/> Yes 是 No 否 <input type="checkbox"/> <input type="checkbox"/>	
11. Have you ever abused drugs or used prescription drugs other than as prescribed by your doctor? If yes, please complete Drug Usage Questionnaire. 閣下是否曾經濫用藥物或使用非醫生開出的處方藥？如是，請填寫「使用藥物問卷」。	Yes 是 No 否 <input type="checkbox"/> <input type="checkbox"/>	Yes 是 No 否 <input type="checkbox"/> <input type="checkbox"/>	
12. (For female aged 15 or above only) (只限十五歲或以上之女性) (a) Have you ever had, or been told to have, or been treated for or are you intending to be treated for menstrual disorder, abnormal pap smear, or any disease / disorder of the cervix, uterus, fallopian tubes, vagina, ovaries or the breast? 閣下是否曾患有、被告知患有月經紊亂或失調、子宮頸抹片檢查不正常或任何子宮頸、子宮、輸卵管、陰道、卵巢或乳房之疾病 / 失調？及是否曾因以上情況而接受治療或準備接受治療？ (b) Have you ever had, or have been advised to have investigations and/or treatment of the cervix, uterus, fallopian tubes, vagina, ovaries or the breast, such as pap smear, cone biopsy, colposcopy, ultrasound, mammogram or surgery? 閣下是否曾接受、或被建議接受檢驗和 / 或治療子宮頸、子宮、輸卵管、陰道、卵巢或乳房，例如子宮頸細胞塗片、錐形活組織化驗、陰道鏡、超聲波、乳房X光或手術？ (c) Are you now pregnant? If yes, please state number of months. 閣下現在是否懷孕？如是，請述已懷孕月數。 (d) Have you ever had complications during or as a result of your pregnancy such as high blood sugar, high blood pressure or other complications? 閣下是否曾在妊娠期間或因懷孕而導致併發症，例如高血糖、高血壓或其他併發症？	Yes 是 No 否 <input type="checkbox"/> <input type="checkbox"/> Yes 是 No 否 <input type="checkbox"/> <input type="checkbox"/> Yes 是 No 否 <input type="checkbox"/> <input type="checkbox"/> Yes 是 No 否 <input type="checkbox"/> <input type="checkbox"/>	Yes 是 No 否 <input type="checkbox"/> <input type="checkbox"/> Yes 是 No 否 <input type="checkbox"/> <input type="checkbox"/> Yes 是 No 否 <input type="checkbox"/> <input type="checkbox"/> Yes 是 No 否 <input type="checkbox"/> <input type="checkbox"/>	
(Answer questions (e) and (f) only for application of Carnation Pregnancy Cover or Optional Female Benefit) (如投保「康乃馨懷孕保障」或「自選女性保障」，請回答下列問題(e)及(f))			
(e) Has a test for foetal Down's Syndrome ever been done or recommended? If yes, please state the result. 閣下是否曾接受或被建議接受胎兒唐氏綜合症的測試？如是，請詳述結果。	Yes 是 No 否 <input type="checkbox"/> <input type="checkbox"/>	Yes 是 No 否 <input type="checkbox"/> <input type="checkbox"/>	
(f) Have any of your children ever suffered from any hereditary or congenital disorder? 閣下的子女是否曾患有任何遺傳性或先天性疾病？	Yes 是 No 否 <input type="checkbox"/> <input type="checkbox"/>	Yes 是 No 否 <input type="checkbox"/> <input type="checkbox"/>	

13. Family History 家庭成員健康履歷 Have any of your natural parents, brothers or sisters ever had heart disease, high blood pressure, kidney disease (polycystic kidney disease), polyp of colon, stroke, diabetes, cancer, Huntington Disease, Muscular Dystrophy / Atrophy or any OTHER inherited disease? If yes, please complete the relevant section below with details. 閣下的生身父母、兄弟或姊妹是否曾患有心臟病、高血壓、腎病(多囊腎)、結腸息肉、中風、糖尿病、癌症、亨廷頓舞蹈症、肌肉萎縮症或任何其他遺傳性疾病?如是,請詳細填寫以下有關部分。			Proposed Insured 準受保人 Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/>	*Policy Owner 保單主權人 Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/>
	Relationship of family member to you 該家庭成員與閣下之關係	Name of disease and current health status 所患的疾病名稱及現時的健康狀況	Onset age of the disease 該疾病的病發年齡	
Proposed Insured 準受保人				
*Policy Owner 保單主權人				
Supplementary Information/Special Instructions 補充資料/特別指示				
Company Endorsement 公司批註				

DECLARATION OF PAYMENT SOURCE 付款資金來源聲明 (To be completed by Policy Owner 由保單主權人作答)

The source of premiums / investment / contributions are paid by myself and from my (tick one or more) 保費 / 投資 / 供款的資金由本人支付，並來自本人的 (可選多於一項)

- Salary 薪金 Savings 儲蓄
 Investment income 投資收入 Rental income 租金收入 Others (please specify) 其他 (請註明) _____

I understand and consent that if I change my payment source, a written notice with details of such changes must be filed with Sun Life Hong Kong Limited within a period of 30 days from the date of the change. 本人明白及同意若本人更改上述資金來源，必須自更改日起計30日內，向香港永明金融有限公司提交載有上述更改詳情的書面通知。

SECTION 7 第七部份：PERSONAL INFORMATION COLLECTION STATEMENT AND CONSENT 個人資料收集聲明及同意書

I/We understand and consent that, any personal data collected by Sun Life Hong Kong Limited ("Sun Life") (whether collected in this form or otherwise) may be used by Sun Life 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) complying with all laws, regulations, regulatory guidance, court orders or obligation or requirement under an agreement, or other commitment, between Sun Life or any entity within the Sun Life Group and the regulator or government in any jurisdiction (in relation to money laundering, terrorist financing and tax evasion or otherwise) to which Sun Life and its related companies are subject to (of Hong Kong or any other countries); and (ix) purposes which are directly related to any of the above purposes.

Sun Life may also use my/our contact details, demographic information and policy details to contact me/us with marketing information regarding Sun Life and third party pensions, financial and insurance products, including by phone calls, mail, email, SMS or any type of electronic message. Sun Life may not so use my/our data unless Sun Life have received my/our consent (which includes an indication of no objection). I/We know I/we can tick the box below if I/we do not consent to receive such marketing information.

Sun Life may disclose my/our personal data for any of the above purposes: (a) to third parties who provide services in Hong Kong or elsewhere which assist Sun Life 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 Sun Life's insurance agents and MPF intermediaries; (e) to Sun Life'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 or authority to whom Sun Life and its related companies are required to make disclosure to as a result of applicable law, regulation, regulatory guidance, court order or obligation or requirement under an agreement, or other commitment, between Sun Life or any entity within the Sun Life Group and the regulator or government in any jurisdiction (in relation to money laundering, terrorism and tax evasion or otherwise) that Sun Life and its related companies are subject to or required to comply with (of Hong Kong or any other countries) and (h) as otherwise required or permitted by law.

Sun Life 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 Sun Life is unable to process my/our application or continue to provide services to me/us. I/We have the right to seek access to and request correction of any personal data Sun Life holds about me/us by sending a written request to The Manager, Customer Service Centre, Sun Life Hong Kong Limited, 8/F, Sun Life Tower, The Gateway, 15 Canton Road, Kowloon, Hong Kong. Sun Life may charge a reasonable fee for the processing of any such requests.

"Sun Life Group" means Sun Life together with its subsidiaries, subsidiary undertakings and associated companies (whether direct or indirect) from time to time.

Please tick here to reject receiving marketing information from Sun Life.

本人 / 吾等明白及同意香港永明金融有限公司(「永明」) 可以將其所收集的任何人資料(不論由此表格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) 為遵守所有永明及其關連公司所限制的(香港或其他國家)法例、法規、法規指引、法庭命令或永明或永明集團內的任何實體與任何管轄區域的監管機構或政府之間的協議項下的義務或要求或其他承諾(其相關於洗黑錢、恐怖分子資金籌集、逃稅或其他); 及(ix) 與上述任何目的直接有關的其他目的。

永明亦可使用本人/吾等的聯絡資料，基本個人資料及保單資料，就永明及第三方的退休金、金融及保險產品的推廣資訊，以包括電話、郵件、電郵、電話短訊或任何電子信息等方法聯絡本人/吾等。除非得到本人/吾等之同意(包括表示不反對)，否則永明不可使用本人/吾等之資料為該用途。本人 / 吾等明白若本人/吾等不同意接受此等推廣資訊，可於下列方格內填上剔號。

永明可為以上任何目的披露本人/吾等的個人資料予 (a) 為協助永明就上述用途(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) 永明的保險代理人及強積金中介人; (e) 永明的關連公司(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) 永明及其關連公司因受(香港或其他國家)之法例、法規、法規指引、法庭命令或永明或永明集團內的任何實體與任何管轄區域的監管機構或政府之間的協議項下的義務或要求或其他承諾(其相關於洗黑錢、恐怖分子資金籌集、逃稅或其他)限制而需向其作出披露的任何人士或監管當局; 及 (h) 按法例要求或准許的其他人仕。

永明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，可導致永明無法處理本人/吾等的申請或繼續提供服務予本人/吾等。本人/吾等有權查閱及要求更正永明持有有關本人/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客戶服務中心經理。永明可就處理任何該等要求收取合理費用。

"永明集團"指永明及其不時之附屬公司、附屬企業和相聯公司(無論是直接的還是間接的)。

若不同意收取由永明發出的推廣資訊，請於方格內填上剔號。

X
Signature of Policy Owner
保單主權人簽署

X
Signature of Proposed Insured (if other than Policy Owner & aged 18 or above)
準受保人簽署 (如非保單主權人及年齡為18歲或以上)

Date (D/M/Y)
日期(日/月/年)

SECTION 9 第九部份：DECLARATION AND AUTHORIZATION 聲明及授權

I/We hereby declare and agree that:

- (1) the answers and statements made in this application and in any other documents forming part of this application (collectively "this Application") are complete and true (and will be complete and true at the time of payment of the initial investment/premium) and will be the basis of any contract that may arise. I/We declare and agree that if any of the answers and statements given in this Application is inaccurate or untrue, being material facts which shall influence the assessment and acceptance of this Application, notwithstanding any provisions in the policy to the contrary, Sun Life shall have the sole and absolute discretion to render the policy null and void;
- (2) Sun Life will not incur any liability pursuant to this Application unless Sun Life has approved the issue of a policy and then only if the initial investment/premium therefore has been paid in full;
- (3) no person (including any consultant) has the authority to make or modify Sun Life's policies or to waive any of Sun Life's rights or requirements;
- (4) my/our acceptance of any policy issued pursuant to this Application will, without further notice, constitute a ratification by me/us of any addition or modification to this Application made by Sun Life in the space provided for "Company Endorsement", photostatic copy of which constitutes sufficient notice to me of the change(s) made;
- (5) I/we shall disclose to Sun Life immediately if there is any change in the health conditions and/or occupation of the Proposed Insured (and the Policy Owner, if applicable) and/or any information stated in this Application and all related supplement(s)/questionnaire(s) and the amendments therein at any time during the period between the effective date of this Application and my/our receipt of the policy;
- (6) the Policy Owner is the beneficial owner of this Application and not acting on behalf of any other person including natural person, legal person or trust, unless the Policy Owner have declared otherwise;
- (7) The Policy Owner takes out the policy for the use or benefit or on the account of the Proposed Insured in the policy;
- (8) Each of the Policy Owner and the Proposed Life Insured declares and confirms that the information and statements contained in this Application are true, complete and accurate and agrees to inform Sun Life as soon as possible should there be any change or anticipated change which may affect the truth, completeness or accuracy of the information and statements contained in this Application;
- (9) If any term of this policy is to any extent illegal, or incapable of being enforced, such term shall be excluded to the extent of such illegality, or unenforceability; all other terms of the Policy shall remain in full force and effect;
- (10) the policy owners of Sun Life's enforce policies will be automatically assigned to accounts for the e-service of Sun Life Financial (the "e-service") and My Sun Life HK mobile app ("My Sun Life HK"). All of my/our enforce policies can then be accessed and operated through my/our e-service and My Sun Life HK account. I/we understand and agree that upon my/our login to my/our e-service and Sun Life HK account, I/we will be bounded by the TERMS AND CONDITIONS of the e-service; and

本人/吾等在此聲明及同意：

- (1) 此申請表及任何其他組成此申請表之文件(在此併稱為「此申請表」)中所作之答案及陳述為完全及屬實(並於繳付首次投資/保費時乃屬完全及屬實)並將成為任何由此產生的合約之依據。本人/吾等聲明及同意，假若此申請表內所作之任何答案及陳述為不正確或非事實，此乃指會影響評估及接受此申請之重要事實，即使本保單內有任何與此相反的條款，永明有完全及絕對權決定本保單無效；
- (2) 除非永明已核准簽發保單而該保單之首次投資/保費亦全數繳付，否則永明不會根據此申請表承擔任何責任；
- (3) 任何人士(包括顧問)無權更改永明之保單或豁免任何永明之權利或規定；
- (4) 本人/吾等收取根據此申請表簽發的保單，即表示本人/吾等認可永明在「公司批註」內對此申請表的任何增補或修改，而無須另行通知。其影印本即為更改通知；
- (5) 在此申請表生效日後直至本人/吾等收到本保單前，本人/吾等必須立即向永明披露有關受保人(及保單主權人，如適用)的健康狀況及/或職業及/或任何於此申請表及所有相關補充文件/問卷及其中之修訂內的資料之任何改變；
- (6) 此保單主權人為該保險申請的實益擁有人，並不是作為第三者代表投保，包括自然人，法人或信託，除非保單主權人在本申請時加以說明；
- (7) 保單主權人為保單的準受保人之使用或利益，或為保單的準受保人投保；
- (8) 保單主權人及準受保人均聲明及確認此申請表所載的資料及陳述屬真實、完整和準確，並同意若任何變動或預期變動可能影響此申請表所載資料及陳述之真實性、完整性或準確性，將盡快通知永明；
- (9) 若本保單的任何條款在任何範圍內屬違法或無法強制執行，則應在該違法或無法強制執行的範圍內排除該條款；保單的所有其他條款仍然具有十足效力及作用；
- (10) 持有生效保單的保單主權人會自動獲發永明金融網上服務(「網上服務」)及My Sun Life HK流動應用程式(「My Sun Life HK」)的帳戶。本人/吾等可透過本人/吾等網上服務及My Sun Life HK的帳戶查閱及操作本人/吾等名下所有生效中的保單。本人/吾等明白及同意一經登入網上服務或My Sun Life HK的帳戶，本人/吾等將受網上服務的有關條款及細則約束；及

I/We hereby authorize

- (a) any doctor, hospital, clinic, insurance company, government office, organization or persons who has any records, knowledge or information about me/us (whether medical or otherwise) to disclose, release or transfer to Sun Life Hong Kong Limited ("Sun Life") or its representative such records, knowledge or information pertinent to this Application for insurance, reinstatement and any claims arising therefrom; and
- (b) Sun Life or any of its appointed medical / paramedical examiners or laboratories to perform necessary medical assessments and tests to evaluate the health status of me/us in relation to this Application for insurance, reinstatement and any claim arising therefrom. This authorization shall bind my/our successors and assignees and remains valid notwithstanding death or incapacity.

A photostatic copy of this authorization shall be as valid as the original.

本人/吾等現正授權

- (a) 任何擁有本人/吾等之記錄、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、機構或人士就有關此投保申請、復保申請及由此所引起之任何索償向香港永明金融有限公司(「永明」)或其代表披露、透露或轉移此等記錄、詳情或資料；及
 - (b) 永明或永明指定之醫生/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任何索償有關之本人/吾等的健康情況。此授權書對本人/吾等之繼承人及受讓人有約束力，並於本人/吾等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。

SECTION 10 第十部份：CANCELLATION RIGHT 取消保單權益

I/We UNDERSTAND that I/we have the right to cancel and obtain a refund of any investment(s) / contribution(s) / premium and levy paid less any market value adjustment (if any), by giving written notice. Such notice must be signed by me/us and received directly by the Company's Office (8/F, Sun Life Tower, The Gateway, 15 Canton Road, Kowloon, Hong Kong) within 21 days after the delivery of the policy or issue of a Notice to me/us or my/our representative, whichever is the earlier. No refund will be made if a claim has been paid.

本人/吾等明白有權以書面通知要求取消保單及取回扣除市值調整(如有)後的已付投資/供款/保費及保費徵費；惟本人/吾等必須簽署該通知，並確保貴公司之辦事處(香港九龍廣東道15號港威大廈永明金融大樓8樓)於以下時段內直接收到該通知：保單交付或通知書發予本人/吾等或本人/吾等的代表後起計二十一天內，以較先者為準。如於退保前已獲賠償則不會再獲退款。

IMPORTANT NOTE 注意：PLEASE DO NOT SIGN ON BLANK FORM 請勿在空白表格上簽署

X

Signature of Policy Owner
保單主權人簽署

X

Signature of Proposed Insured (if other than Policy Owner & aged 18 or above)
準受保人簽署 (如非保單主權人及年齡為十八歲或以上)

Signature of Witness/Consultant (Must be adult other than Policy Owner)
見證人 / 顧問簽署 (必須成年及為非保單主權人)

Date (D/M/Y)
簽署日期 (日/月/年)

Hong Kong
香港

Signed at
簽署地點