

Report of New Employee(s)/Dependent(s)

新僱員/家屬申報表格



Name of Owner 保單持有人名稱 _____

Life Policy No. 人壽保單號碼 _____

Name of Affiliated Company 附屬公司名稱 _____

Medical Policy No. 醫療保單號碼 _____

NEW ENROLMENT OF EMPLOYEES &/OR DEPENDENTS 新增僱員及/或家屬

Employee HKID Card No. / Staff No. / 僱員香港身份證號碼 / 員工編號	Status 身份 Employee 僱員 S Spouse 配偶 C Child 子女	Date of Marriage (DD/MM/YY) 結婚日期 (日/月/年)	Name of Employee / Dependent (Same as HKID Card / Passport) 僱員家屬姓名 (按香港身份證/護照)		Date of Birth (DD/MM/YY) 出生日期 (日/月/年)	Marital Status 婚姻狀況 S Single 未婚 M Married 已婚 D Divorced 離婚	Sex 性別	Date of Employment (DD/MM/YY) 入職日期 (日/月/年)	Effective Date (DD/MM/YY) 生效日期 (日/月/年)	New Benefit Plan No. 新投保計劃編號		LIFE POLICY ONLY 只適用於人壽保單		MEDICAL POLICY ONLY 只適用於醫療保單			Employee Email Address 僱員電郵地址 (Maximum of 50 characters is acceptable) (只接受五十個字母或以下之電郵地址)	Country of Residence 原居地*
			Surname 姓氏	Given Name 名字						Life 人壽	Medical 醫療	Monthly Salary (HKD) 月薪 (港幣)	Bank Account No. 銀行戶口號碼	Bank Code (3 digits) 銀行編號 (三位數字)	Branch Code (3 digits) 分行編號 (三位數字)	Account No. (7 to 9 digits) 戶口號碼 (七至九位數字)		

* Unless otherwise specified by Insured in written, Inter Partner Assistance (IPA) will consider Hong Kong as the country of residence of all Insureds and repatriate relevant Insured to Hong Kong when medically necessary. 除非受保人特別以書面通知，否則國際救援（亞洲）公司將設定香港為所有受保人之原居地，於有醫療需要時護送有關受保人回香港。

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)，並在此申請表簽署作實：

- I/We am/are duly authorized by employees, members 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 assignees (collectively referred to as "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資料。
- The personal information of employees, members and dependents and obtained their consent 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：

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 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.

(個人資料收集聲明)
 本人/吾等明白及同意公司可以將其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)與上述目的與本人/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(或)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/吾等的銀行作撥款用途；(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(不論在香港或否)為遵守監管當局或其他機構發出之指引或其法例、法規或法庭命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。

- 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 or 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.
 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號滙豐大廈永明金融大樓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。
 本人/吾等明白本人/吾等所提供之個人資料及所有在申請表上簽署之聲明或問卷內的資料，均視為本申請表之一部份，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。
- 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 application by the Company. If the application 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 application as the effective date.
 本人/吾等明白在本人/吾等申請表內所填報之生效日期之後兩個月才收到申請表，公司有權將生效日期定為收到本申請表之前兩個月內的任何一天。
- 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樣有效。

Authorized Signature with Company Chop 授權人簽署及公司蓋章 _____

Date 日期 _____

10/F Two Harbourfront, 22 Tak Fung Street, Hung Hom, Kowloon, Hong Kong
 Tel: (852) 3183 2099 Fax: (852) 2302 0173

香港九龍 紅磡德豐街22號海濱廣場二座10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
 (Incorporated in Bermuda at 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