

Reference Number (if applicable) 參考編號(如適用):	
Policy Holder / Subscriber Name 保單持有人 / 申請人姓名:	
Proposed Insured Person's Name 準受保人姓名:	

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- Please complete the health questionnaires below if you (or proposed Insured Person) have been diagnosed with the diseases or medical conditions **other than** the diseases or medical conditions below:  
 Cancer or carcinoma in situ, Brain tumor, Heart disease, Stroke (including transient ischemic attack (TIA)), Diabetes mellitus or impaired glucose tolerance, Prolapsed intervertebral disc or degenerative spine conditions, Diseases or medical conditions requiring a medical device or prosthesis to be implanted within the body, Mental health conditions (such as depression, anxiety, schizophrenia, eating disorders, or bipolar disorders), Multiple sclerosis, Congenital conditions (medical, physical or mental abnormalities that existed at the time of or before birth), the proposed insured child born before 37th week of pregnancy (for proposed insured children aged 6 or below only)
- For Hypertension and hyperlipidemia, only **Question 4** in the following health questionnaires is required to be filled
- 如你(或準受保人)曾被確診下列疾病或健康狀況**以外**的疾病或健康狀況,請填寫以下健康調查問卷:  
 癌症或原位癌,腦部腫瘤,心臟疾病,中風(包括短暫性腦缺血,俗稱「小中風」),糖尿病或葡萄糖耐量異常,椎間盤突出或脊椎退化性疾病,需要植入醫療儀器或義肢的疾病或健康狀況,精神健康狀況(例如抑鬱、焦慮、精神分裂、飲食失調或躁狂抑鬱症),多發性硬化症,先天性疾病(指於出生時或之前已存在的醫學、生理或精神上的異常),準受保兒童於懷孕第 37 週前出生(適用於六歲或以下之準受保兒童)
- 高血壓、高脂血症只需要在以下健康調查問卷中填寫**問題 4**

Question No. 題號 (refer to application form Health Questionnaire – Section A 根據投保申請表內健康問卷 – 甲部)	Question No. 題號 _____ Medical condition 病症	Question No. 題號 _____ Medical condition 病症	Question No. 題號 _____ Medical condition 病症
Disease / medical condition / sign and symptom 疾病/健康狀況/病徵及症狀			
1. Are you (or proposed Insured Person) currently undergoing investigation / treatment, or awaiting investigation / treatment for this disease / medical condition? 目前你(或準受保人)是否因該疾病/健康狀況正在接受檢查/治療,或等待檢查/治療?	Yes 是 <input type="checkbox"/> / No 否 <input type="checkbox"/>	Yes 是 <input type="checkbox"/> / No 否 <input type="checkbox"/>	Yes 是 <input type="checkbox"/> / No 否 <input type="checkbox"/>
2. Have you (or proposed Insured Person) currently been advised by doctor to undergo treatment / further investigation for this disease / medical condition? 目前醫生是否建議你(或準受保人)接受對該疾病/健康狀況的治療/進一步檢查?	Yes 是 <input type="checkbox"/> / No 否 <input type="checkbox"/>	Yes 是 <input type="checkbox"/> / No 否 <input type="checkbox"/>	Yes 是 <input type="checkbox"/> / No 否 <input type="checkbox"/>
3. Have you (or proposed Insured Person) been advised by doctor to have any regular or ongoing follow-up investigations or follow-up consultations for every 9 months or a shorter time interval (such as monthly, every 2 months, half-yearly) currently for this disease / medical condition? 目前醫生是否建議你(或準受保人)每隔 9 個月或更短的時間(例如每月、每 2 個月、每半年)就該疾病/健康狀況進行任何定期或持續的跟進檢查或跟進診治?	Yes 是 <input type="checkbox"/> / No 否 <input type="checkbox"/>	Yes 是 <input type="checkbox"/> / No 否 <input type="checkbox"/>	Yes 是 <input type="checkbox"/> / No 否 <input type="checkbox"/>
4. In the last 3 years, have you (or proposed Insured Person) been admitted into hospital(s) for more than 3 days for this disease / medical condition? 在過去三年內,你(或準受保人)是否曾因該疾病/健康狀況入院超過 3 天?	Yes 是 <input type="checkbox"/> / No 否 <input type="checkbox"/>	Yes 是 <input type="checkbox"/> / No 否 <input type="checkbox"/>	Yes 是 <input type="checkbox"/> / No 否 <input type="checkbox"/>

#### Declaration 聲明

I declare on behalf of myself and the proposed Insured person of this Application, where appropriate, that the answers I have given are, to the best of my knowledge, true and I have not withheld any material information that may influence the assessment of acceptance of this application, and there has been no change in the health condition of myself, or if applicable proposed Insured person of this Application, since the Application date. I agree that this form will constitute part of my application and that failure to disclose any material fact known to me may invalidate the contract.

A copy of this letter shall be considered as effective and valid as the original.

本人代表本人自己和本申請的準受保人(在適當情況下)聲明,據本人所知,本人所給出的答案是真實的,並且本人沒有隱瞞任何可能影響本申請接受評估的重要信息,並且自申請日期以來,本人或本申請的適用準受保人的健康狀況沒有變化。本人同意此表格將構成本人的申請的一部分,並且不披露本人所知的任何重要事實可能會使合同無效。

本信函的副本應被視為與原件一樣有效。

Signature of Proposed Insured Person 準受保人簽署 (Signature of Subscriber / Policy Holder if proposed Insured Person is under the age of 18) 如準受保人未滿 18 歲,請申請人/保單持有人簽署	Date (DD / MM / YY) 簽署日期: 日/月/年
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