

# VFlexi Voluntary Health Insurance Plan

is a Flexi Plan Certified as a Voluntary Health Insurance Scheme ("VHIS") by the Government (Certification Number: F00078)



# VFlexi Voluntary Health Insurance Scheme

is a Flexi Plan certified by the Government under Voluntary Health Insurance Scheme

Unexpected medical costs may block and distract your life routine. For the peace of mind, the Government certified Voluntary Health Insurance Scheme VFlexi provides you and your loved ones a comprehensive protection on hospitalization, surgical care and emergency treatment to help ease the financial stress on medical costs.

## Comprehensive and Continuous Coverage

VFlexi provides you with an annual benefit of HKD2,500,000 to reimburse your hospitalization and surgical expenses. Benefits are reset every year to offer you a comprehensive coverage with intact insurance, which is guaranteed to be renewable up to Age 100 (attained Age).

## All-round Protection

VFlexi covers a range of hospitalization and surgical expenses, including Psychiatric Treatment, Diagnostic Imaging Tests (CT scan, MRI scan, PET scan, PET-CT combined and PET-MRI combined) and Pre- and Post- Confinement/ Day case Procedure outpatient care. This plan does cover surgical or non-surgical treatment in case you are diagnosed with a cancer unfortunately.

## Up to 15% No Claims Premium Discount

If you haven't made any claims on the previous policy year(s), the Plan will offer you a discount of up to 15% on your next Renewal premium regardless of your Age to encourage you to stay healthy. No Claims Premium Discounts apply as follows:

- No claim for 1 year – 5% premium discount
- No claim for 2 consecutive years - 10% premium discount
- No claim for 3 or more consecutive years – 15% premium discount

## Benefits on Emergency Treatment protection

Emergency situations can be very costly. To help relieve your financial stress under such circumstances, VFlexi reimbursing expenses for Emergency outpatient accidental treatment and Emergency outpatient dental treatment.

## Cash benefits for Day Case Procedure and top-up subsidy

VFlexi goes the extra mile for you. VFlexi will reimburse you with HKD1,000 for any Day Case Procedure (in addition to the Surgeon's fee that have been reimbursed to you), and subsidise an extra HKD500 per day for Hospital Confinements (up to 60 days pre Policy Year) if you have already claimed your individual or group medical insurance from another licensed insurance company.

## Cover Unknown Pre-existing Conditions

The unknown pre-existing conditions are commonly excluded in most of the medical insurances. VFlexi, however, provides partial coverage in the 2nd and 3rd year upon Policy inception as below:

1 <sup>st</sup> Policy Year	2 <sup>nd</sup> Policy Year	3 <sup>rd</sup> Policy Year	4 <sup>th</sup> Policy Year and thereafter
No Coverage	25%	50%	100% (Full coverage)

## Government regulated; Pay less in Tax<sup>#</sup>

VFlexi meets the Government's regulatory standards. If you are a Hong Kong Taxpayer, you can claim annual tax reduction up to HKD8,000 per Insured Person from the premium paid for yourself and your specified relatives (irrespective of number).

Specified relatives include:

- Your spouse/ child
- Parents/ Grandparents/ Siblings of yours or your spouse

Yours and your spouse's relatives	Conditions
Parent or Grandparent	1) Age 55 or more; or 2) under the Age of 55 but eligible to claim an allowance under the Government's Disability Allowance Scheme
Child or Sibling	1) under the Age of 18; or 2) age 18 or above but below Age 25 and receiving full time education at the univer- sity, college, school or other similar educational establishment; or 3) age 18 or above but incapacitated for work for the reason of physical or mental disability

## Multiple Policyholders

VFlexi allows the option of more than one where the premium paid for the Insured Person can be shares equally among all the Policyholders for tax reduction. There is no cap on the number of Policyholders.

## Service at Your Fingertips

Just call one number at (852) 2603 9435 and our customer service representatives are at your service to address your insurance needs.

### Note:

# VFlexi is eligible for tax deduction by you (Hong Kong taxpayer only). The annual premium statement will be issued to you on or before end of April every year for the premium paid during the preceding 12 months ending March of the same year. There is no cap on the number of specified relatives that are eligible for tax deduction. This tax deduction is applicable for Hong Kong only and shall be subject to the Inland Revenue Ordinance (Cap.112) and Government policy as applicable from time to time. bolttech Insurance and its intermediaries do not provide any tax advice and you should consult your own tax advisor for any tax advice. For details of tax deduction arrangement any, please refer to the website of Inland Revenue Department of Hong Kong ([www.ird.gov.hk](http://www.ird.gov.hk)).

### Insurance Levy Rate Table for General Insurance

Levy collected by the Insurance Authority will be imposed on relevant Policy at the applicable rate. The payment to be received for such levy will be remitted to the Insurance Authority under the prescribed arrangement. For further information, please visit [bolttechinsurance.hk](http://bolttechinsurance.hk) <<http://bolttechinsurance.hk>> or contact:(852) 2603 9435.

Date of Policy Inception	Rate	Cap ( <i>HKD</i> )
From 1 April 2019 to 31 March 2020	0.060%	\$3,000
From 1 April 2020 to 31 March 2021	0.085%	\$4,250
From 1 April 2021 onward	0.100%	\$5,000

Benefit Schedule

Bolttech Insurance (Hong Kong) Company Limited

1. Basic benefits						
Benefit items <sup>(1)</sup>	Benefit limit (HKD)					
	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6
	F00078-01-000-01	F00078-01-001-01	F00078-02-000-01	F00078-02-001-01	F00078-03-000-01	F00078-03-001-01
(a) Room and board	\$800		\$1,550		\$2,880	
	(per day, maximum 180 days per Policy Year)					
(b) Miscellaneous charges	\$15,500		\$17,500		\$25,750	
	(per Policy Year)					
(c) Attending doctor's visit fee	\$800		\$1,550		\$2,880	
	(per day, maximum 180 days per Policy Year)					
(d) Specialist's fee <sup>(2)</sup>	\$5,600		\$7,750		\$11,300	
	(per Policy Year)					
(e) Intensive care	\$5,100		\$6,200		\$8,240	
	(per day, maximum 25 days per Policy Year)					
(f) Surgeon's fee (per surgery, subject to surgical category in the Schedule of Surgical Procedures)						
▪ Complex	\$75,000	\$75,000	\$90,000	\$90,000	\$130,500	\$130,500
▪ Major	\$25,000	\$25,000	\$30,000	\$30,000	\$43,500	\$43,500
▪ Intermediate	\$12,500	\$12,500	\$15,000	\$15,000	\$21,750	\$21,750
▪ Minor	\$5,000	\$5,000	\$6,000	\$6,000	\$8,700	\$8,700
(g) Anaesthetist's fee	35% of Surgeon's fee payable <sup>(5)</sup>					
(h) Operating theater charges	35% of Surgeon's fee payable <sup>(5)</sup>					
(i) Prescribed Diagnostic Imaging Tests <sup>(2)(3)</sup>	\$20,000 (per Policy Year, subject to 30% Coinsurance)					
(j) Prescribed Non-surgical Cancer Treatments <sup>(4)</sup>	\$90,000		\$120,000		\$150,000	
	(per Policy Year)					
(k) Pre-and post-Confinement/ Day Case Procedure outpatient care <sup>(2)</sup> (per Confinement/ Day Case Procedure)	\$3,000		\$4,500		\$6,000	
▪ Includes 2 prior visits and follow-up visits within 90 days after Confinement/ Day Case Procedure						
(l) Psychiatric treatments	\$30,000 (per Policy Year)					

2. Enhanced benefits						
Benefit items <sup>(1)</sup>	Benefit limit (HKD)					
	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6
	F00078-01-000-01	F00078-01-001-01	F00078-02-000-01	F00078-02-001-01	F00078-03-000-01	F00078-03-001-01
(1) Emergency outpatient treatment	\$1,000		\$1,500		\$3,000	
	(per Policy Year)					
(2) Outpatient kidney dialysis <sup>(2)</sup>	\$90,000		\$120,000		\$150,000	
	(per Policy Year)					
(3) Home nursing <sup>(2)</sup>	\$500		\$600		\$700	
	(per day, maximum 30 days per Policy Year)					
(4) Companion bed	\$500		\$600		\$700	
	(per day, maximum 30 days per Policy Year)					
(5) Supplementary major medical benefit						
▪ Eligible Expenses in excess of benefit limits under 1. Basic benefits (a) - (j)	/	Restricted Room Type <sup>(7)</sup> : Ward Room	/	Restricted Room Type <sup>(7)</sup> : Semi-Private Room	/	Restricted Room Type <sup>(7)</sup> : Standard Private Room
▪ Coinsurance under 1. Basic benefit (i)		\$120,000 (per Policy Year, subject to 20% Coinsurance)		\$240,000 (per Policy Year, subject to 20% Coinsurance)		\$480,000 (per Policy Year, subject to 20% Coinsurance)
3. Other limits						
Annual Benefit Limit for 1. Basic benefits (a)-(I) and 2. Enhanced benefits (1)-(5) (per Policy Year)						
▪ below Age 75	-	-	-	-	-	-
▪ Age 75 or above	\$450,000	\$530,000	\$670,000	\$510,000	\$650,000	\$870,000
Lifetime Benefit Limit for						
1. Basic benefits (a)-(I)	-	-	-	-	-	-
2. Enhanced benefits (1)-(5) and						
4. Other benefits (I)-(IV)						
4. Other benefits						
(I) Accidental death benefit	\$50,000					
(II) Accidental outpatient dental treatment	\$5,000		\$10,000		\$20,000	
	(per Policy Year)					
(III) Cash benefit for Day Case Procedure <sup>(6)</sup>	\$1,000					
	(per Day Case Procedure, maximum 20 Day Case Procedures per Policy Year)					
(IV) Cash benefit for second claim	\$300		\$400		\$500	
	(per day of confinement, maximum 60 days per Policy Year)					

Notes -

- (1) Eligible Expenses incurred in respect of the same item shall not be recoverable under more than one benefit item in the table above, unless otherwise specified.
- (2) The Company shall have the right to ask for proof of recommendation e.g. written referral or testifying statement on the claim form by the attending doctor or Registered Medical Practitioner.
- (3) Tests covered here only include computed tomography ("CT" scan), magnetic resonance imaging ("MRI" scan), positron emission tomography ("PET" scan), PET-CT combined and PET-MRI combined.
- (4) Treatments covered here only include radiotherapy, chemotherapy, targeted therapy, immunotherapy and hormonal therapy.
- (5) The percentage here applies to the Surgeon's fee actual payable or the benefit limit for the Surgeon's fee according to the surgical categorisation, whichever is the lower.
- (6) This cash benefit shall be payable on a "per Day Case Procedure per Disability" basis, and subject to the condition that if there is a prior Day Case Procedure concerning the same Disability, the two (2) Day Case Procedures have to be separated by a minimum of ninety (90) days period.
- (7) Ward class adjustment factor is applicable if the Insured Person is voluntarily Confined in a ward class of Hospital accommodation higher than his restricted room type. In addition, no benefit shall be payable if the confined ward class is higher than Standard Private Room.

The Clinical benefit and Dental benefit are not part of the certified plan and the premium paid cannot be used for tax reduction

Optional benefits			
Supplementary outpatient benefits (optional)			
Coverage <sup>(1)</sup>	Economy	Standard	Standard
	Cover limit (HK\$)		
Consultation at Physician's office	\$260	\$320	\$400
	per visit per day, maximum 25 visits per year		
Physiotherapists & Chiropractors treatment	\$260	\$320	\$400
	per visit per day, maximum 10 visits per year		
Specialist's consultation	\$400	\$480	\$600
	per visit per day, maximum 10 visits per year		
Chinese Medicine Practitioner's treatment (including bonesetter's & acupuncturists treatment)	\$220	\$250	\$300
	per visit per day, maximum 10 visits per year		
Diagnostic x-ray & laboratory tests (per year)	\$2,000	\$2,400	\$2,800
Prescribed western medicines & drugs (from any legitimate source outside clinic) (per year)	\$3,000	\$3,600	\$4,200

Written referral by the attending physician is required for Physiotherapist's & Chiropractors Treatment, Specialist's Consultation, Diagnostic X-ray & Laboratory Tests, Prescribed Western Medicines & Drugs (Consultation of Dermatologist, Ophthalmologist, Gynaecologist, Orthopaedist & Traumatologist, Paediatrician and Otorhinolaryngologistcan be waived).

Supplementary Dental Benefits (Optional)		
Coverage <sup>(1)</sup>	Economy	Standard
	DE500Z	DE800Z
	Cover limit (HK\$)	
Routine oral examination	\$500	\$800
	scaling, polish & prophylaxis, 1 visit per year	
X-rays required prior to the performance of dental service	\$150 per film subject to 20% Coinsurance	\$200 per film subject to 20% Coinsurance
Abscesses	\$500 per abscess subject to 20% Coinsurance	\$800 per abscess subject to 20% Coinsurance
Filings	\$500 per tooth subject to 20% Coinsurance	\$800 per tooth subject to 20% Coinsurance
Extractions	\$500 per tooth subject to 20% Coinsurance	\$800 per tooth subject to 20% Coinsurance
Overall maximum limit per year	\$5,000	\$8,000

Free Annual Basic Healthy Check-up Profile (for Insured Member)

<b>Anaemia &amp; Blood Disease Screening</b> <ul style="list-style-type: none"><li>Complete Blood Count (CBC)</li><li>Platelet</li></ul> <b>Diabetic Screening</b> <ul style="list-style-type: none"><li>Glucose</li></ul>	<b>Lipids Pattern Screening</b> <ul style="list-style-type: none"><li>Total Cholesterol</li><li>Triglyceride</li></ul> <b>Medical Evaluation on Laboratory Reports</b>
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Supplementary Health Check-up (Optional)

You and your insured family member are entitled to a FREE Basic Health Check-up Profile annually at the designated laboratory centres and may also choose to take any of the following screening profiles at a preferential rate by presenting the original Basic Health Check-up coupon and pay the check-up fee at the designated laboratory centre. The Basic Health Check-up Profile must be redeemed in conjunction with the optional screening profile.

Optional Comprehensive Check-up Profile (\$730)	
<b>Anaemia &amp; Blood Disease Screening</b> <ul style="list-style-type: none"><li>ESR</li></ul> <b>Blood Group and Rh Factor</b> <ul style="list-style-type: none"><li>ABOgroup&amp;Rh-D</li></ul> <b>Gout Screening</b> <ul style="list-style-type: none"><li>Uric acid</li></ul> <b>Heart &amp; Lung Disease Screening</b> <ul style="list-style-type: none"><li>Chest X-Ray</li><li>Electrocardiogram (ECG)</li></ul> <b>Cardiac &amp; Stroke Risk Evaluation</b> <ul style="list-style-type: none"><li>HDL cholesterol</li><li>LDL cholesterol</li></ul>	<b>Intestinal Disease Screening</b> <ul style="list-style-type: none"><li>Stool, Routine Examination</li></ul> <b>Liver Function Tests</b> <ul style="list-style-type: none"><li>SGOT</li><li>SGPT</li></ul> <b>Renal Function Tests</b> <ul style="list-style-type: none"><li>Urea</li><li>IF Creatinine</li><li>Urine, Routine Examination</li></ul> <b>Thyroid Function Test</b> <ul style="list-style-type: none"><li>Thyroxine (T4)</li></ul>
Optional Gentleman Check-up Profile (\$700)	
<b>Tumor Marker Tests</b> <ul style="list-style-type: none"><li>EBV Antibodies</li><li>Alpha Fetoprotein (Liver)</li><li>Prostate Specific Antigen (PSA)</li></ul>	
Optional Lady Check-up Profile (\$750)	
<ul style="list-style-type: none"><li>Breast Examination</li><li>Trichomonas and Monilia Culture</li><li>Pelvis Examination</li><li>Pap Smear</li></ul>	
Optional Cancer Markers (\$1,130)	
<p>The level of individual cancer markers (Cancer antigens) in the blood may reflect the related cancer cells in the body. The blood test is to assist to detect the cancers in an early stage.</p> <ul style="list-style-type: none"><li>Colon/Rectum Cancer (CEA)</li><li>Liver Cancer (AFP)</li><li>Ovary/Cervix Cancer (CA125) (For female)</li><li>Pancreatic Cancer (CA19.9)</li><li>Respiratory, lung and digestive tracts</li><li>Trophoblast(BetaHCG)</li><li>Naso-Pharyngeal Carcinoma (EBV)</li><li>Prostate Cancer (PSA)(For male)</li></ul>	

Note: All check-ups must be completed at the designated laboratory centre following the procedures of the user guide.



## Important Notes and Declarations:

- i. VFlexi is underwritten by Bolttech Insurance (Hong Kong) Company Limited ("bolttech Insurance"). bolttech Insurance reserves the right to revise, modify or adjust the benefits payable under the Policy as certified by the Hong Kong Special Administrative Region Government ("Government") and/ or premium rates at each Policy Renewal.
- ii. VFlexi is issued by bolttech Insurance. bolttech Insurance accepts full responsibility for the accuracy of the information contained in this product material.

This product material is intended to be distributed in the Hong Kong Special Administrative Region ("Hong Kong") only and shall not be construed as an offer to sell, a solicitation to buy or the provision of any insurance products of bolttech Insurance outside Hong Kong. All selling and application procedures of VChoice must be conducted and completed in Hong Kong.
- iii. All underwriting and claims decisions are made by bolttech Insurance. bolttech Insurance relies upon the information provided by the applicant and the insured in the insurance application. bolttech Insurance reserves the right to accept or decline any application by giving notification and explanation of application result. The liability of bolttech Insurance does not commence until the application has been formally accepted and the premium has been paid.
- iv. All the above benefits and payment are paid after deducting unpaid premiums or any amount due (if any) to bolttech Insurance under the Policy.
- v. If you are not satisfied with the Policy, you have the right to cancel it and obtain a refund of any premium paid and levy by giving us a written notice during the cooling-off period. The cancellation right is subject to the request to cancel must be signed by you and received by the office of bolttech Insurance at 9/F 308 Central Des Voeux, 308 Des Voeux Road Central, Hong Kong within twenty-one (21) days after (a) the delivery of the Policy; or (b) the issue of a notice to you or your representative stating that the Policy are available and when the cooling-off period would expire, whichever is earlier, provided that no refund can be made if a benefit payment has been made, is to be made or impeding.
- vi. The Policy provisions of VFlexi are governed by the laws of Hong Kong.
- vii. While the Policy is in force, you may terminate the Policy by sending a written request to bolttech Insurance.
- viii. This product material is for reference only and is indicative of the key features of VFlexi. This product material should read along with the Terms and Benefits and other relevant marketing materials. For the definition of capitalized terms, the exact terms and conditions and the full list of exclusions of VFlexi, please refer to the Policy provisions. In the event of any ambiguity or inconsistency between the terms of this leaflet and the Policy provisions, the Policy provisions shall prevail. If you want to read the Terms and Benefits of the Policy provisions before making an application, you can obtain a copy from bolttech Insurance.
- ix. Guaranteed yearly renewal is subject to the continual availability of the Plan offered by bolttech Insurance, Terms and Conditions applicable including but not limited to Terms and Benefits, and premium rates at the time of Renewal. Renewal premiums are not guaranteed and the premiums for each renewal are determined based on the Age and the premium table applicable upon Renewal. Premium table is subject to change based on factors including but not limited to the inflation of related medical expense, bolttech Insurance's medical claim experience and persistency of policies from time to time.
- x. The benefit coverage, benefit amount and benefit limit, territorial scope of cover, choice of ward class and Coinsurance of this Plan will remain unchanged even if the Policy Year lasts for less than 12 months.

## Exclusions:

Under these Terms and Benefits, the Company shall not pay any benefits in relation to or arising from the following expenses.

1. Expenses incurred for treatments, procedures, medications, tests or services which are not Medically Necessary.
2. Expenses incurred for the whole or part of the Confinement solely for the purpose of diagnostic procedures or allied health services, including but not limited to physiotherapy, occupational therapy and speech therapy, unless such procedure or service is recommended by a Registered Medical Practitioner for Medically Necessary investigation or treatment of a Disability which cannot be effectively performed in a setting for providing Medical Services to a Day Patient.
3. Expenses arising from Human Immunodeficiency Virus («HIV») and its related Disability, which is contracted or occurs before the Policy Effective Date. Irrespective of whether it is known or unknown to the Policyholder or the Insured Person at the time of submission of Application, including any updates of and changes to such requisite information (if so requested by the Company under Section 8 of Part 1) such Disability shall be generally excluded from any coverage of these Terms and Benefits if it exists before the Policy Effective Date. If evidence of proof as to the time at which such Disability is first contracted or occurs is not available, manifestation of such Disability within the first five (5) years after the Policy Effective Date shall be presumed to be contracted or occur before the Policy Effective Date, while manifestation after such five (5) years shall be presumed to be contracted or occur after the Policy Effective Date. However, the exclusion under this entire Section 3 shall not apply where HIV and its related Disability is caused by sexual assault, medical assistance, organ transplant, blood transfusions or blood donation, or infection at birth, and in such cases the other terms of these Terms and Benefits shall apply.
4. Expenses incurred for Medical Services as a result of Disability arising from or consequential upon the dependence, overdose or influence of drugs, alcohol, narcotics or similar drugs or agents, self-inflicted injuries or attempted suicide, illegal activity, or venereal and sexually transmitted disease or its sequelae (except for HIV and its related Disability, where Section 3 of this Part 7 applies).
5. Any charges in respect of services for -
  - (a) beautification or cosmetic purposes, unless necessitated by Injury caused by an Accident and the Insured Person receives the Medical Services within ninety (90) days of the Accident; or
  - (b) correcting visual acuity or refractive errors that can be corrected by fitting of spectacles or contact lens, including but not limited to eye refractive therapy, LASIK and any related tests, procedures and services.
6. Expenses incurred for prophylactic treatment or preventive care, including but not limited to general check-ups, routine tests, screening procedures for asymptomatic conditions, screening or surveillance procedures based on the health history of the Insured Person and/or his family members, Hair Mineral Analysis (HMA), immunisation or health supplements. For the avoidance of doubt, this Section 6 does not apply to -
  - (a) treatments, monitoring, investigation or procedures with the purpose of avoiding complications arising from any other Medical Services provided;
  - (b) removal of pre-malignant conditions; and
  - (c) treatment for prevention of recurrence or complication of a previous Disability.
7. Expenses incurred for dental treatment and oral and maxillofacial procedures performed by a dentist except for Emergency Treatment and surgery during Confinement arising from an Accident. Follow-up dental treatment or oral surgery after discharge from Hospital shall not be covered.
8. Expenses incurred for Medical Services and counselling services relating to maternity conditions and its complications, including but not limited to diagnostic tests for pregnancy or resulting childbirth, abortion or miscarriage; birth control or reversal of birth control; sterilisation or sex reassignment of either sex; infertility including in vitro fertilisation or any other artificial method of inducing pregnancy; or sexual dysfunction including but not limited to impotence, erectile dysfunction or pre- mature ejaculation, regardless of cause.
9. Expenses incurred for the purchase of durable medical equipment or appliances including but not limited to wheelchairs, beds and furniture, airway pressure machines and masks, portable oxygen and oxygen therapy devices, dialysis machines, exercise equipment, spectacles, hearing aids, special braces, walking aids, over-the counter drugs, air purifiers or conditioners and heat appliances for home use. For the avoidance of doubt, this exclusion shall not apply to rental of medical equipment or appliances during Confinement or on the day of the Day Case Procedure.
10. Expenses incurred for traditional Chinese medicine treatment, including but not limited to herbal treatment, bone-setting, acupuncture, acupressure and tui na, and other forms of alternative treatment including but not limited to hypnotism, qigong, massage therapy, aromatherapy, naturopathy, hydrotherapy, homeotherapy and other similar treatments.

11. Expenses incurred for experimental or unproven medical technology or procedure in accordance with the common standard, or not approved by the recognised authority, in the locality where the treatment, procedure, test or service is received.
12. Expenses incurred for Medical Services provided as a result of Congenital Condition(s) which have manifested or been diagnosed before the Insured Person attained the Age of eight (8) years.
13. Eligible Expenses which have been reimbursed under any law, or medical program or insurance policy provided by any government, company or other third party.
14. Expenses incurred for treatment for Disability arising from war (declared or undeclared), civil war, invasion, acts of foreign enemies, hostilities, rebellion, revolution, insurrection, or military or usurped power.

Premium adjustment

Premium is not guaranteed. The premium of every Renewal is based on the attained Age, Place(s) of Residence and occupation of the Insured Person as well as the Standard Premium Schedule applicable at the time when the Policy is renewed.

Premium term and non-payment of premium

The premium payment term of the Policy of VChoice ends on the Policy anniversary immediately following the Insured Person's 100th birthday.

bolttech Insurance allows a grace period of thirty (30) days after the premium due date for payment of each premium. If a premium is still unpaid at the expiration of the grace period, the Policy will be terminated from the date the first unpaid premium was due. Please note that once the Policy is terminated on this basis, you will lose all of your benefits.

Termination conditions

The Policy shall be automatically terminated on the earliest of the followings -

- (a) where the Policy is terminated due to non-payment of premiums after the grace period as specified in the Policy provision;
- (b) the day immediately following the death of the Insured Person; or
- (c) the Company has ceased to have the requisite authorisation under the Insurance Ordinance to write or continue to write the Policy.

For more details, please refer to the Terms and Conditions of the Policy provisions.

Vflexi Voluntary Health Insurance Plan

Standard Premium Schedule (HKD)

(Effective from 1 May, 2025)

Age	Plan 1				Plan 2				Plan 3			
	Male		Female		Male		Female		Male		Female	
	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly
0#	3,245	292	3,245	292	4,500	405	4,500	405	4,187	377	4,187	377
1	3,245	292	3,245	292	4,500	405	4,500	405	4,187	377	4,187	377
2	3,245	292	3,245	292	4,500	405	4,500	405	4,187	377	4,187	377
3	3,245	292	3,245	292	4,500	405	4,500	405	4,187	377	4,187	377
4	3,245	292	3,245	292	4,500	405	4,500	405	4,187	377	4,187	377
5	2,214	199	2,214	199	3,188	287	3,188	287	3,278	295	3,278	295
6	2,214	199	2,214	199	3,188	287	3,188	287	3,278	295	3,278	295
7	2,214	199	2,214	199	3,188	287	3,188	287	3,278	295	3,278	295
8	2,214	199	2,214	199	3,188	287	3,188	287	3,278	295	3,278	295
9	2,214	199	2,214	199	3,188	287	3,188	287	3,278	295	3,278	295
10	2,214	199	2,214	199	3,188	287	3,188	287	3,278	295	3,278	295
11	2,214	199	2,214	199	3,188	287	3,188	287	3,278	295	3,278	295
12	2,214	199	2,214	199	3,188	287	3,188	287	3,278	295	3,278	295
13	2,214	199	2,214	199	3,188	287	3,188	287	3,278	295	3,278	295
14	2,214	199	2,214	199	3,188	287	3,188	287	3,278	295	3,278	295
15	2,214	199	2,214	199	3,188	287	3,188	287	3,278	295	3,278	295
16	2,214	199	2,214	199	3,188	287	3,188	287	3,278	295	3,278	295
17	2,214	199	2,214	199	3,188	287	3,188	287	3,278	295	3,278	295
18	2,305	207	2,361	212	3,288	296	3,387	305	3,345	301	3,515	316
19	2,319	209	2,419	218	3,302	297	3,445	310	3,361	302	3,539	319
20	2,330	210	2,425	218	3,313	298	3,451	311	3,381	304	3,561	320
21	2,341	211	2,432	219	3,324	299	3,458	311	3,399	306	3,585	323
22	2,350	212	2,439	220	3,333	300	3,465	312	3,418	308	3,606	325
23	2,363	213	2,451	221	3,346	301	3,477	313	3,442	310	3,639	328
24	2,377	214	2,468	222	3,360	302	3,494	314	3,467	312	3,715	334
25	2,396	216	2,685	242	3,393	305	3,804	342	3,507	316	3,971	357
26	2,643	238	2,975	268	3,720	335	4,186	377	3,882	349	4,435	399
27	2,657	239	2,997	270	3,740	337	4,213	379	3,909	352	4,466	402
28	2,677	241	3,019	272	3,764	339	4,239	382	3,938	354	4,498	405
29	2,716	244	3,068	276	3,812	343	4,302	387	3,992	359	4,556	410
30	2,785	251	3,158	284	3,952	356	4,478	403	4,121	371	4,731	426
31	2,821	254	3,229	291	4,005	360	4,568	411	4,188	377	4,821	434
32	2,862	258	3,312	298	4,052	365	4,658	419	4,218	380	4,910	442
33	2,889	260	3,355	302	4,083	367	4,707	424	4,252	383	4,962	447
34	2,921	263	3,377	304	4,141	373	4,779	430	4,308	388	5,037	453
35	3,153	284	3,822	344	4,486	404	5,409	487	4,766	429	5,833	525
36	3,207	289	3,880	349	4,561	410	5,509	496	4,827	434	5,898	531
37	3,235	291	3,909	352	4,614	415	5,565	501	4,861	437	5,934	534
38	3,269	294	3,949	355	4,671	420	5,641	508	4,906	442	5,987	539
39	3,327	299	4,017	362	4,740	427	5,787	521	4,988	449	6,084	548
40	3,439	310	4,168	375	4,919	443	5,963	537	5,199	468	6,363	573
41	3,764	339	4,535	408	5,275	475	6,361	572	5,623	506	6,850	617
42	3,840	346	4,615	415	5,431	489	6,517	587	5,707	514	6,942	625
43	3,921	353	4,706	424	5,551	500	6,656	599	5,814	523	7,096	639
44	3,970	357	4,808	433	5,640	508	6,845	616	6,001	540	7,368	663
45	5,250	473	5,887	530	7,237	651	8,172	735	8,019	722	9,043	814
46	5,360	482	6,002	540	7,463	672	8,346	751	8,155	734	9,188	827
47	5,424	488	6,075	547	7,548	679	8,443	760	8,246	742	9,288	836
48	5,488	494	6,145	553	7,651	689	8,555	770	8,336	750	9,388	845
49	5,554	500	6,215	559	7,754	698	8,668	780	8,428	759	9,490	854

# Age '0' means aged 15+ days

Age	Plan 1				Plan 2				Plan 3			
	Male		Female		Male		Female		Male		Female	
	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly
50	5,727	515	6,422	578	7,991	719	8,947	805	8,747	787	9,864	888
51	6,120	551	6,890	620	8,589	773	9,644	868	9,299	837	10,486	944
52	6,251	563	7,017	632	8,850	797	9,916	892	9,522	857	10,727	965
53	6,399	576	7,190	647	9,084	818	10,228	921	9,731	876	10,951	986
54	6,637	597	7,427	668	9,406	847	10,513	946	10,029	903	11,271	1,014
55	8,258	743	8,612	775	11,342	1,021	11,828	1,065	12,702	1,143	13,280	1,195
56	8,524	767	8,885	800	11,889	1,070	12,389	1,115	13,052	1,175	13,641	1,228
57	8,672	780	9,038	813	12,157	1,094	12,670	1,140	13,264	1,194	13,861	1,247
58	8,851	797	9,223	830	12,487	1,124	13,010	1,171	13,507	1,216	14,111	1,270
59	9,257	833	9,635	867	13,063	1,176	13,599	1,224	13,998	1,260	14,613	1,315
60	10,656	959	10,656	959	14,733	1,326	14,733	1,326	16,465	1,482	16,465	1,482
61	10,998	990	10,998	990	15,461	1,391	15,461	1,391	16,919	1,523	16,919	1,523
62	11,179	1,006	11,179	1,006	15,758	1,418	15,758	1,418	17,183	1,546	17,183	1,546
63	11,378	1,024	11,378	1,024	16,036	1,443	16,036	1,443	17,464	1,572	17,464	1,572
64	11,658	1,049	11,658	1,049	16,512	1,486	16,512	1,486	18,011	1,621	18,011	1,621
65	13,606	1,225	13,606	1,225	18,659	1,679	18,659	1,679	21,032	1,893	21,032	1,893
66	14,507	1,306	14,507	1,306	20,577	1,852	20,577	1,852	22,387	2,015	22,387	2,015
67	14,870	1,338	14,870	1,338	21,224	1,910	21,224	1,910	22,862	2,058	22,862	2,058
68	15,317	1,379	15,317	1,379	21,877	1,969	21,877	1,969	23,418	2,108	23,418	2,108
69	15,911	1,432	15,911	1,432	22,676	2,041	22,676	2,041	24,158	2,174	24,158	2,174
70	18,040	1,624	18,040	1,624	25,252	2,273	25,252	2,273	27,884	2,510	27,884	2,510
71	18,527	1,667	18,527	1,667	26,084	2,348	26,084	2,348	28,559	2,570	28,559	2,570
72	18,948	1,705	18,948	1,705	26,782	2,410	26,782	2,410	29,118	2,621	29,118	2,621
73	19,528	1,758	19,528	1,758	27,567	2,481	27,567	2,481	29,839	2,686	29,839	2,686
74	20,034	1,803	20,034	1,803	28,351	2,552	28,351	2,552	30,531	2,748	30,531	2,748
75	21,965	1,977	21,965	1,977	30,365	2,733	30,365	2,733	33,467	3,012	33,467	3,012
76	22,383	2,014	22,383	2,014	30,866	2,778	30,866	2,778	34,103	3,069	34,103	3,069
77	22,825	2,054	22,825	2,054	31,358	2,822	31,358	2,822	34,708	3,124	34,708	3,124
78	23,284	2,096	23,284	2,096	31,850	2,867	31,850	2,867	35,363	3,183	35,363	3,183
79	23,748	2,137	23,748	2,137	32,331	2,910	32,331	2,910	36,078	3,247	36,078	3,247
80	25,686	2,312	25,686	2,312	34,319	3,089	34,319	3,089	38,803	3,492	38,803	3,492
81*	26,173	2,356	26,173	2,356	34,823	3,134	34,823	3,134	39,540	3,559	39,540	3,559
82*	26,173	2,356	26,173	2,356	34,906	3,142	34,906	3,142	39,540	3,559	39,540	3,559
83*	26,173	2,356	26,173	2,356	34,989	3,149	34,989	3,149	39,540	3,559	39,540	3,559
84*	26,173	2,356	26,173	2,356	35,155	3,164	35,155	3,164	39,540	3,559	39,540	3,559
85*	26,173	2,356	26,173	2,356	35,322	3,179	35,322	3,179	39,540	3,559	39,540	3,559
86*	26,173	2,356	26,173	2,356	35,571	3,201	35,571	3,201	39,540	3,559	39,540	3,559
87*	26,173	2,356	26,173	2,356	35,737	3,216	35,737	3,216	39,540	3,559	39,540	3,559
88*	26,173	2,356	26,173	2,356	35,987	3,239	35,987	3,239	39,540	3,559	39,540	3,559
89*	26,173	2,356	26,173	2,356	36,320	3,269	36,320	3,269	39,540	3,559	39,540	3,559
90*	26,173	2,356	26,173	2,356	36,652	3,299	36,652	3,299	39,540	3,559	39,540	3,559
91*	26,173	2,356	26,173	2,356	36,985	3,329	36,985	3,329	39,540	3,559	39,540	3,559
92*	26,173	2,356	26,173	2,356	37,401	3,366	37,401	3,366	39,540	3,559	39,540	3,559
93*	26,173	2,356	26,173	2,356	37,733	3,396	37,733	3,396	39,540	3,559	39,540	3,559
94*	26,173	2,356	26,173	2,356	38,233	3,441	38,233	3,441	39,540	3,559	39,540	3,559
95*	26,173	2,356	26,173	2,356	38,732	3,486	38,732	3,486	39,540	3,559	39,540	3,559
96*	26,173	2,356	26,173	2,356	39,314	3,538	39,314	3,538	39,540	3,559	39,540	3,559
97*	26,173	2,356	26,173	2,356	39,896	3,591	39,896	3,591	39,540	3,559	39,540	3,559
98*	26,173	2,356	26,173	2,356	40,644	3,658	40,644	3,658	39,540	3,559	39,540	3,559
99*	26,173	2,356	26,173	2,356	41,559	3,740	41,559	3,740	39,540	3,559	39,540	3,559

\* Premiums of age 81-99 are only applicable for Renewal

Age	Plan 4				Plan 5				Plan 6			
	Male		Female		Male		Female		Male		Female	
	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly
0#	6,054	545	6,054	545	7,474	673	7,474	673	10,809	973	10,809	973
1	6,054	545	6,054	545	7,474	673	7,474	673	10,809	973	10,809	973
2	6,054	545	6,054	545	7,474	673	7,474	673	10,809	973	10,809	973
3	6,054	545	6,054	545	7,474	673	7,474	673	10,809	973	10,809	973
4	6,054	545	6,054	545	7,474	673	7,474	673	10,809	973	10,809	973
5	4,710	424	4,710	424	5,841	526	5,841	526	8,390	755	8,390	755
6	4,710	424	4,710	424	5,841	526	5,841	526	8,390	755	8,390	755
7	4,710	424	4,710	424	5,841	526	5,841	526	8,390	755	8,390	755
8	4,710	424	4,710	424	5,841	526	5,841	526	8,390	755	8,390	755
9	4,710	424	4,710	424	5,841	526	5,841	526	8,390	755	8,390	755
10	4,710	424	4,710	424	5,841	526	5,841	526	8,390	755	8,390	755
11	4,710	424	4,710	424	5,841	526	5,841	526	8,390	755	8,390	755
12	4,710	424	4,710	424	5,841	526	5,841	526	8,390	755	8,390	755
13	4,710	424	4,710	424	5,841	526	5,841	526	8,390	755	8,390	755
14	4,710	424	4,710	424	5,841	526	5,841	526	8,390	755	8,390	755
15	4,710	424	4,710	424	5,841	526	5,841	526	8,390	755	8,390	755
16	4,710	424	4,710	424	5,841	526	5,841	526	8,390	755	8,390	755
17	4,710	424	4,710	424	5,841	526	5,841	526	8,390	755	8,390	755
18	4,815	433	5,058	455	5,970	537	6,485	584	8,589	773	9,324	839
19	4,831	435	5,082	457	5,994	539	6,595	594	8,613	775	9,434	849
0	4,851	437	5,104	459	6,020	542	6,613	595	8,639	778	9,452	851
2	4,869	438	5,128	462	6,046	544	6,631	597	8,665	780	9,470	852
22	4,888	440	5,149	463	6,073	547	6,675	601	8,692	782	9,514	856
23	4,912	442	5,182	466	6,113	550	6,713	604	8,732	786	9,552	860
24	4,937	444	5,258	473	6,154	554	6,807	613	8,773	790	9,646	868
25	4,988	449	5,663	510	6,248	562	7,332	660	8,896	801	10,463	942
26	5,484	494	6,266	564	6,911	622	8,194	737	9,775	880	11,584	1,043
27	5,519	497	6,305	567	6,961	626	8,250	743	9,841	886	11,655	1,049
28	5,554	500	6,345	571	7,004	630	8,303	747	9,895	891	11,723	1,055
29	5,625	506	6,422	578	7,081	637	8,385	755	10,001	900	11,838	1,065
30	5,859	527	6,713	604	7,377	664	8,772	789	10,469	942	12,429	1,119
31	5,951	536	6,832	615	7,490	674	8,917	803	10,626	956	12,646	1,138
32	5,988	539	6,928	624	7,533	678	9,022	812	10,686	962	12,809	1,153
33	6,030	543	6,992	629	7,582	682	9,136	822	10,748	967	12,959	1,166
34	6,128	552	7,162	645	7,761	698	9,309	838	11,000	990	13,302	1,197
35	6,775	610	8,233	741	8,669	780	10,997	990	12,179	1,096	15,452	1,391
36	6,865	618	8,392	755	8,745	787	11,080	997	12,406	1,117	15,699	1,413
37	6,908	622	8,441	760	8,792	791	11,151	1,004	12,491	1,124	15,812	1,423
38	6,991	629	8,538	768	8,864	798	11,231	1,011	12,637	1,137	15,976	1,438
39	7,195	648	8,801	792	9,000	810	11,394	1,025	12,980	1,168	16,445	1,480
40	7,426	668	9,098	819	9,457	851	11,996	1,080	13,488	1,214	17,097	1,539
41	7,860	707	9,569	861	10,265	924	12,945	1,165	14,311	1,288	18,066	1,626
42	8,043	724	9,808	883	10,432	939	13,229	1,191	14,676	1,321	18,588	1,673
43	8,230	741	10,093	908	10,753	968	13,556	1,220	15,184	1,367	19,132	1,722
44	8,556	770	10,498	945	11,070	996	13,902	1,251	15,737	1,416	19,674	1,771
45	11,047	994	12,513	1,126	15,141	1,363	17,149	1,543	20,826	1,874	23,590	2,123
46	11,311	1,018	12,731	1,146	15,345	1,381	17,372	1,563	21,243	1,912	24,032	2,163
47	11,432	1,029	12,866	1,158	15,562	1,401	17,609	1,585	21,515	1,936	24,332	2,190
48	11,581	1,042	13,032	1,173	15,736	1,416	17,801	1,602	21,800	1,962	24,649	2,218
49	11,732	1,056	13,201	1,188	15,924	1,433	18,083	1,627	22,101	1,989	25,059	2,255

Age	Plan 4				Plan 5				Plan 6			
	Male		Female		Male		Female		Male		Female	
	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly
50	12,147	1,093	13,680	1,231	16,515	1,486	18,708	1,684	22,853	2,057	25,869	2,328
51	13,009	1,171	14,651	1,319	17,857	1,607	20,189	1,817	24,754	2,228	27,990	2,519
52	13,429	1,209	15,119	1,361	18,258	1,643	20,622	1,856	25,553	2,300	28,868	2,598
53	13,772	1,239	15,490	1,394	18,817	1,694	21,055	1,895	26,463	2,382	29,684	2,672
54	14,196	1,278	15,948	1,435	19,611	1,765	21,739	1,957	27,503	2,475	30,632	2,757
55	17,440	1,570	18,230	1,641	24,136	2,172	25,283	2,275	33,107	2,980	34,680	3,121
56	18,170	1,635	18,982	1,708	24,702	2,223	25,872	2,328	34,321	3,089	35,943	3,235
57	18,565	1,671	19,395	1,746	25,154	2,264	26,340	2,371	35,124	3,161	36,778	3,310
58	19,039	1,714	19,888	1,790	25,576	2,302	26,778	2,410	35,987	3,239	37,678	3,391
59	19,782	1,780	20,651	1,859	26,345	2,371	27,569	2,481	37,214	3,349	38,969	3,507
60	22,704	2,043	22,723	2,045	31,406	2,827	31,406	2,827	43,077	3,877	43,238	3,891
61	23,656	2,129	23,656	2,129	32,143	2,893	32,143	2,893	44,960	4,046	44,960	4,046
62	24,201	2,178	24,201	2,178	32,620	2,936	32,620	2,936	45,859	4,127	45,859	4,127
63	24,600	2,214	24,600	2,214	33,114	2,980	33,114	2,980	46,663	4,200	46,663	4,200
64	25,428	2,289	25,428	2,289	34,412	3,097	34,412	3,097	48,423	4,358	48,423	4,358
65	28,846	2,596	28,846	2,596	40,118	3,611	40,118	3,611	55,030	4,953	55,030	4,953
66	31,648	2,848	31,648	2,848	42,646	3,838	42,646	3,838	60,234	5,421	60,234	5,421
67	32,591	2,933	32,591	2,933	43,647	3,928	43,647	3,928	62,052	5,585	62,052	5,585
68	33,400	3,006	33,400	3,006	44,730	4,026	44,730	4,026	63,634	5,727	63,634	5,727
69	34,388	3,095	34,388	3,095	46,987	4,229	46,987	4,229	66,436	5,979	66,436	5,979
70	38,876	3,499	38,876	3,499	53,195	4,788	53,195	4,788	73,960	6,656	73,960	6,656
71	40,151	3,614	40,151	3,614	54,349	4,891	54,349	4,891	76,133	6,852	76,133	6,852
72	41,136	3,702	41,136	3,702	55,268	4,974	55,268	4,974	78,040	7,024	78,040	7,024
73	42,177	3,796	42,177	3,796	56,349	5,071	56,349	5,071	79,733	7,176	79,733	7,176
74	43,297	3,897	43,297	3,897	58,335	5,250	58,335	5,250	82,534	7,428	82,534	7,428
75	46,360	4,172	46,360	4,172	64,712	5,824	64,712	5,824	89,153	8,024	89,153	8,024
76	47,124	4,241	47,124	4,241	65,939	5,935	65,939	5,935	90,622	8,156	90,622	8,156
77	47,806	4,303	47,806	4,303	66,990	6,029	66,990	6,029	91,818	8,264	91,818	8,264
78	48,512	4,366	48,512	4,366	69,392	6,245	69,392	6,245	94,317	8,489	94,317	8,489
79	49,252	4,433	49,252	4,433	71,595	6,444	71,595	6,444	96,568	8,691	96,568	8,691
80	52,054	4,685	52,054	4,685	77,978	7,018	77,978	7,018	103,096	9,279	103,096	9,279
81*	52,816	4,753	52,816	4,753	79,456	7,151	79,456	7,151	104,623	9,416	104,623	9,416
82*	52,944	4,765	52,944	4,765	79,456	7,151	79,456	7,151	104,865	9,438	104,865	9,438
83*	53,072	4,776	53,072	4,776	79,456	7,151	79,456	7,151	105,107	9,460	105,107	9,460
84*	53,327	4,799	53,327	4,799	79,456	7,151	79,456	7,151	105,591	9,503	105,591	9,503
85*	53,582	4,822	53,582	4,822	79,456	7,151	79,456	7,151	106,075	9,547	106,075	9,547
86*	53,965	4,857	53,965	4,857	79,456	7,151	79,456	7,151	106,801	9,612	106,801	9,612
87*	54,221	4,880	54,221	4,880	79,456	7,151	79,456	7,151	107,285	9,656	107,285	9,656
88*	54,603	4,914	54,603	4,914	79,456	7,151	79,456	7,151	108,011	9,721	108,011	9,721
89*	55,114	4,960	55,114	4,960	79,456	7,151	79,456	7,151	108,979	9,808	108,979	9,808
90*	55,625	5,006	55,625	5,006	79,456	7,151	79,456	7,151	109,946	9,895	109,946	9,895
91*	56,135	5,052	56,135	5,052	79,456	7,151	79,456	7,151	110,914	9,982	110,914	9,982
92*	56,774	5,110	56,774	5,110	79,456	7,151	79,456	7,151	112,124	10,091	112,124	10,091
93*	57,284	5,156	57,284	5,156	79,456	7,151	79,456	7,151	113,092	10,178	113,092	10,178
94*	58,050	5,225	58,050	5,225	79,456	7,151	79,456	7,151	114,544	10,309	114,544	10,309
95*	58,816	5,293	58,816	5,293	79,456	7,151	79,456	7,151	115,996	10,440	115,996	10,440
96*	59,710	5,374	59,710	5,374	79,456	7,151	79,456	7,151	117,690	10,592	117,690	10,592
97*	60,603	5,454	60,603	5,454	79,456	7,151	79,456	7,151	119,384	10,745	119,384	10,745
98*	61,752	5,558	61,752	5,558	79,456	7,151	79,456	7,151	121,562	10,941	121,562	10,941
99*	63,157	5,684	63,157	5,684	79,456	7,151	79,456	7,151	124,224	11,180	124,224	11,180

\*Premiums of age 81-99 are only applicable for Renewal

Note:

- This Standard Premium Schedule does not include levy which is collected by the Insurance Authority.
- The above Standard Premiums are not guaranteed. The premiums for each Renewal are determined based on the Insured Person's attained age, Place of Residence, the occupation and the Standard Premium Schedule applicable at that time when the Policy is Renewed.



# VFlexi Voluntary Health Insurance Plan Application Form

## 智適選自願醫療保險計劃申請表

<p>1. One application form for one Insured Person only. 每份申請表只限投保一名受保人。</p> <p>2. Insured Person must be applicant himself or his spouse, children (aged below 18, aged 18 to 25 with full-time education or aged 18 or above disabled), siblings/siblings of spouse (aged below 18, aged 18 to 25 with full-time education or aged 18 or above disabled), parents and grandparents/ parents and grandparents of spouse (aged 55 or above or aged 55 or below disabled). 受保人必須是申請人自己或其配偶、子女(年齡小於18歲、18歲至25歲而接受全日制教育者或18歲或以上之殘疾人士)，其兄弟姐妹/配偶的兄弟姐妹(年齡小於18歲、18歲至25歲而正接受全日制教育者或18歲或以上之殘疾人士)，其父母或祖父母/其配偶的父母或祖父母(年齡達55歲或以上或年齡小於55歲之殘疾人士)。</p> <p>3. If there is more than one Policyholder, a "Representative Policyholder" must be jointly designated by all the other Policyholder(s), the Representative Policyholder shall be authorised to give instructions or notices, and receive notices or benefits on behalf of all the Policyholders. The Applicant here will be set as the Representative Policyholder unless otherwise is specified. The relationship between the other Policyholder(s) (non-Representative Policyholder(s)) and the insured person must be the relationship listed in the above point no. 2. 本保險計劃允許多於一名保單持有人；如保單持有多於一人，需要所有保單持有人共同委任一名保單持有人作為「保單持有人代表」，授權其對本公司發出指示或通知，並代表所有保單持有人接收通知或保障，除非另有所指，此申請表之申請人將設定為保單持有人代表，其他保單持有人(非保單持有人代表)與受保人之關係亦必須符合以上第2點所列要求。</p> <p>4. This policy will be auto renewed on the policy expiry date. The Policyholder has to pay the relevant renewal premium. The Policyholder will be notified on the renewal premium separately until the policyholders prior written instruction for cancellation. 此保單於到期日將自動續保，保單持有人需繳付相關保費，而續保保費將另函通知保單持有人或保單持有人代表(如適用)，直至保單持有人書面通知取消為止。</p> <p>5. To ensure your future benefits, you have to disclose this application. ALL material fact should be declared at application and will become part of the contract material. Fail to do that will result in voiding the contract at the discretion of Bolttech Insurance (Hong Kong) Company Limited. please declare all the uncertain information for your own good. 為保障閣下的未來利益，閣下必須在此申請書上填報一切有關之事宜，因閣下與保特保險(香港)有限公司(「保特保險」)之合約將以這些事實為根據，否則保特保險有權將所續發之保單宣告無效。如閣下不清楚某一項事實是否重要，亦請在此申請書上對之披露。</p>			
VHIS Plan Certification Number: 自願醫保認可產品編號: Please [ ] as appropriated 請選擇並加「」號 F00078-01-000-01      F00078-02-000-01      F00078-03-000-01 F00078-01-001-01      F00078-02-001-01      F00078-03-001-01		Effective date: 生效日期:  (For bolttech Insurance use only 保持保險專用)	
<b>(I) Applicant Details (must be 18 years old or above)</b> (if more than one Policyholder, please fill in "Other Policyholders Information section", the applicant will then be the Representative Policyholder.) <b>申請人資料(年齡必須為18歲或以上)</b> (如保單持有多於一人，並請填寫其他保單持有人資料部份，申請人將設定為保單持有人代表)			
Name in English (same as HKID Card) Family Name                      Given Name		中文姓名(與香港身份證相同)	
HKID Card No. 香港身份證號碼	Date of Birth (DD/MM/YYYY) 出生日期(日/月/年)	Male      Female 男          女	
Nationality 國籍			
Address* 地址* (Please complete in ENGLISH 請以英文填寫) Flat/Room 單位/室      Floor 層數      Block 座      Building 大廈 / Mansion 閣 / House 樓 / Estate 屋苑			
Street 街/ Road 道	District 地區	HK Island 香港島	Kowloon 九龍  N.T. 新界
Contact No. 聯絡電話/ Mobile No. 流動電話號碼		Email Address* 電郵地址*	
<b>(II) Insured Person Details 受保人資料</b>			
Occupation# 職業#	Please provide average stay of Insured Person in Hong Kong per year: 受保人每年平均居港時間: _____months月  If the average stay is less than 9 months, please provide the place of residence outside Hong Kong*: 受保人之每年平均居港時間少於9個月，請提供海外居住地*: _____		

(III) Insured Person Details 受保人資料 (如與申請人不同)			
Name in English (same as HKID) Family Name                      Given Name		中文姓名 (與香港身份證相同)	
HKID Card No. 香港身份證號碼	Date of Birth (DD/MM/YYYY) 出生日期(日/月/年)	Male 男	Female 女
Please provide Relationship with the Applicant 請提供與申請人關係		Nationality 國籍	

Footnotes注釋：

- # In the event of any changes in the insured person's place of residence or occupation, the policyholder must notify boltech Insurance at the time of renewal.  
It's important to note that such changes will require re-underwriting, which may result in a modification of premiums or certain terms and benefits or even termination of the policy.  
若受保人的職業或居住地有所變更，保單持有人需於續保時通知保特保險。請注意有關變更需重新核保及其結果有可能導致保費或相關條款出現轉變，或終止保障。
- \* P.O. Box, hotel address and overseas address are not acceptable.  
信箱、酒店地址和海外地址均不可接受。
- ^ Please provide email address to receive the policy and the corresponding documents, including medical claim statement and renewal notice.  
請提供電郵地址以收取保單及相關文件，包括醫療索償、理賠表及續保通知書。

Health Declaration of Insured Person 受保人健康申報			
Part A - General Information 甲部 - 基本資料			
1. Height 身高:	cm 厘米	2. Weight 體重:	kg 公斤
3. Smoking Habit 吸煙習慣 (“Smoking” includes but is not limited to cigarettes, cigars, tobacco pipes, chewing tobacco and the use of nicotine replacement products (such as e-cigarettes)) (「吸煙」包括但不限於香煙、雪茄、煙斗、嚼煙及使用尼古丁補充劑產品 (例如電子煙))			
a. Do you smoke or have you smoked in the last 5 years? 您有沒有吸煙或在過去五年內曾否吸煙？	Yes 是 * if answer ‘Yes’, please complete 3(b) - 3(e) *如答「是」，請完成3(b) - 3(e)	No 否	
b. Type of tobacco product 煙草產品種類 _____			
c. Duration of smoking habit 吸煙習慣的持續時間 _____	d. Frequency and quantity of consumption 頻密度及吸食份量 On average 平均每日 _____ sticks(s) per day 支		
e. If you no longer smoke now, 若您現時已沒有吸煙， i. When did you quit smoking? 請問您是何時戒煙的？ _____ ii. Are you advised by doctor to quit smoking and for what reason? 是否醫生建議戒煙及原因為何？ Yes 是      No 否 Reason 原因 _____			
4. Alcohol Consumption 飲酒			
a. In the last 12 months, on average do you drink alcoholic beverage for more than 3 times in a week? 在過去十二個月內，您是否平均每週飲用酒精飲品超過三次？	Yes 是 * if answer ‘Yes’, please complete 4(b) - 4(e) *如答「是」，請完4(b) - 4(e)	No 否	
b. Type of alcoholic beverage 酒精飲品種類 _____			
c. Duration of drinking habit 飲酒習慣的持續時間 _____	d. Frequency and quantity of consumption 頻密度及飲用份量 On average 平均每星期 _____ glass(es) per week 杯 (1 glass杯 = Beer啤酒 250ml毫升 / Wine葡萄酒 125ml毫升 / Spirit烈酒 25ml毫升)		
e. If you no longer drink now, 若您現時已沒有飲酒， i. When did you quit drinking? 請問您是何時戒酒的？ _____ ii. Are you advised by doctor to quit drinking and for what reason? 是否醫生建議戒酒及原因為何？ Yes 是      No 否 Reason 原因 _____			
5. Taking of drugs not prescribed by doctors 服用未經醫生處方之藥物			
a. In the last 5 years, have you used any drugs (excluding dietary supplements) which are not prescribed by doctors (including habit-forming or recreational drugs such as cocaine, ecstasy, heroin, methadone, anabolic steroids) for a continuous period of more than one (1) month? 在過去五年內，您曾否持續超過一個月使用未經醫生處方之藥物 (包括成癮性或消遣性藥物，例如可卡因、興奮劑、海洛英、美沙酮、同化性類固醇；惟不包括營養補充品) ？	Yes 是 * if answer ‘Yes’, please complete 5(b) - 5(e) *如答「是」，請完5(b) - 5(e)	No 否	
b. Type of drugs 藥物種類 _____			
c. Duration 用藥持續時間 _____	d. Frequency 頻密度 每日 _____ 次 Time(s) per day	e. Quantity of consumption 份量 _____	
6. Have you engaged in the following activities within the last 12 months, or will you engage/intend to engage in the following activities within the next 12 months?您曾否在過去十二個月內或會否在未來十二個月內參與以下活動？			
a. Any hazardous sports or activities (such as diving, motor racing, mountaineering or rock climbing, parachuting, sky diving, hang gliding). 任何危險性運動或活動 (例如：潛水、賽車、攀山或攀石、跳傘、高空跳傘、懸掛滑翔飛行) ？	Yes 是 * if answer ‘Yes’, please complete 6(c) - 6(d) *如答「是」，請完成6(c) - 6(d)	No 否	
b. Flying activities other than as a fare-paying passenger of a licensed air service operating within recognised scheduled routes. 飛行活動 (不包括以付費乘客身份乘搭由商業性民航客機提供並獲認可的定期航班服務)	Yes 是 * if answer ‘Yes’, please complete 6(c) - 6(d) *如答「是」，請完成6(c) - 6(d)	No 否	

c. Type of activity 活動種類

d. Engagement in the activity 活動的參與

i. Duration 持續時間

ii. Frequency 頻密度

每年\_\_\_\_\_次 Time(s) per year

Part B – Health Information 乙部 – 健康資料

Note for applicant(s): Questions of Part B do not require the applicant(s) to disclose information regarding the medical conditions or treatments below – 申請人須知：無需於乙部問題披露以下健康狀況或治療 –

Cold / flu / sore throat, gastroenteritis / food poisoning (fully recovered), indigestions (no investigations required), acne, muscle sprained (fully recovered), thrush, routine scan / blood test for pregnancy (normal result), routine cervical smear (normal result), routine health check (normal result), preventive vaccination, Hormonal Replacement Therapy (menopause), infertility treatment or uncomplicated pregnancy, myopia / hyperopia / astigmatism / presbyopia. 傷風 / 感冒 / 喉嚨痛、腸胃炎 / 食物中毒(已痊癒)、消化不良(無需檢查)、痤瘡、肌肉扭傷(已痊癒)、鵝口瘡、常規產前掃描 / 血液檢驗(檢驗結果正常)、常規子宮頸細胞塗片檢驗(檢驗結果正常)、常規健康檢查(檢查結果正常)、預防疫苗、荷爾蒙補充治療(更年期)、不育治療或胎兒生長情況正常的懷孕、近視 / 遠視 / 散光 / 老花

If your answer to any of the questions 7 - 14 below is“Yes”, please proceed to answer the relevant follow-up questions in Part C. 若以下第 7至14項任何一項問題之答案為「是」者，請於丙部回答相關的跟進問題。

7. Have you ever been diagnosed with any of the following diseases or medical conditions? 您是否曾被確診下列疾病或健康狀況？

a. Cancer or carcinoma in situ 癌症或原位癌	Yes 是	No 否
b. Brain tumor 腦部腫瘤	Yes 是	No 否
c. Heart disease 心臟疾病	Yes 是	No 否
d. Stroke (including transient ischemic attack (TIA)) 中風(包括短暫性腦缺血，俗稱「小中風」)	Yes 是	No 否
e. Hypertension 高血壓	Yes 是	No 否
f. Diabetes mellitus or impaired glucose tolerance 糖尿病或葡萄糖耐量異常	Yes 是	No 否
g. Kidney disease 腎病	Yes 是	No 否
h. Prolapsed intervertebral disc or degenerative spine conditions 椎間盤突出或脊椎退化性疾病	Yes 是	No 否
i. Diseases or medical conditions requiring a medical device or prosthesis to be implanted within the body 需要植入醫療儀器或義肢的疾病或健康狀況	Yes 是	No 否
j. Human immunodeficiency virus (“HIV”) infection 人體免疫力缺乏病毒(愛滋病病毒)感染	Yes 是	No 否
k. Congenital conditions (medical, physical or mental abnormalities that existed at the time of or before birth) 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)	Yes 是	No 否
l. Physical defects, impairments, deformities, and / or conditions affecting mobility, sight, speech or hearing 身體缺陷、不健全、畸形，及 / 或影響活動能力、視力、說話能力或聽力的狀況	Yes 是	No 否
m. Mental health conditions (such as depression, anxiety, schizophrenia, eating disorders, or bipolar disorders) 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)	Yes 是	No 否
n. Hypercholesterolemia or Hyperlipidemia 高膽固醇症或高血脂症	Yes 是	No 否
o. Liver disorder (such as hepatitis B or hepatitis C (including tested positive), fatty liver or cirrhosis of liver) 肝臟疾病(例如乙型或丙型肝炎(包括測試呈陽性反應)、脂肪肝或肝硬化)	Yes 是	No 否
p. Multiple sclerosis 多發性硬化症	Yes 是	No 否

8. Do you currently have any of the following diseases or medical conditions? 您目前是否患有下列疾病或健康狀況？

a. Hernia 疝氣(俗稱「小腸氣」)	Yes 是	No 否
b. Breast lesion (tumour / mass / lump / cyst / nodule / growth) 乳房病變(腫瘤 / 硬塊 / 腫塊 / 囊腫 / 結節 / 增生)	Yes 是	No 否
c. Uterine or ovarian lesion (tumour / mass / lump / cyst / polyp / nodule / growth) 子宮或卵巢病變(腫瘤 / 硬塊 / 腫塊 / 囊腫 / 瘰肉 / 結節 / 增生)	Yes 是	No 否
d. Benign prostatic hypertrophy 良性前列腺肥大	Yes 是	No 否
e. Gall bladder stone or urinary stone (renal stone, ureteric stones or urinary bladder stone) 膽結石或泌尿道結石(腎結石、輸尿管結石或膀胱結石)	Yes 是	No 否
f. Cataract, glaucoma or retinopathy 白內障、青光眼或視網膜病變	Yes 是	No 否

g. Arthritis or other joint disorder 關節炎或其他關節疾病	Yes 是	No 否
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9. In the last 5 years, have you ever had or been advised to have any regular or ongoing (such as monthly, every 2 months, half-yearly, annually) follow-up consultations or medical care with a healthcare professional (such as specialist doctor, physiotherapist, psychiatrist) for any disease or medical condition? 在過去五年內，您是否曾經或被建議定期或持續(例如每月、每兩個月、每半年、每年)為任何疾病或健康狀況接受專業醫護人員(例如專科醫生、物理治療師、精神科醫生)的跟進診治或醫療護理？	Yes 是	No 否
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10. In the last 5 years, have you been advised by your doctor to take any medications (such as to be taken daily / once per week / as needed as directed by doctor) for a continuous period of more than one (1) month? 在過去五年內，您是否曾被醫生建議定期(例如按醫生指示每日 / 每週一次 / 有需要時)服用為期超過一個月的處方藥物？	Yes 是	No 否
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11. In the last 5 years, have you been admitted into a hospital? 在過去五年內，您是否曾入住醫院？	Yes 是	No 否
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12. In the last 5 years, have you undergone a surgical procedure (including endoscopy or biopsy) without being admitted into a hospital? 在過去五年內，您是否曾在非住院情況下接受外科程序(包括內窺鏡檢查或活組織化驗)？	Yes 是	No 否
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13. In the last 5 years, have you ever had or been advised to undergo investigations (such as blood or urine test, ECG, X-ray, ultrasound, CT scan, MRI, PET scan, HIV test, Hepatitis B test, Hepatitis C test)? 在過去五年內，您是否曾接受或曾被建議接受檢查(例如驗血、驗尿、心電圖、X光、超聲波、電腦掃描、磁力共振、正電子掃描、愛滋病測試、乙型肝炎測試、丙型肝炎測試)？ *If answer ‘Yes’, do your investigation result(s) include the followings? *如答「是」，您的檢查結果是否包括下列情況？	Yes 是*	No 否
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a. Normal test result is advised 檢驗結果正常	Yes 是	No 否
b. Abnormal test result is advised 檢驗結果異常	Yes 是	No 否
c. You are still awaiting test / test result 您正等候檢驗或檢驗結果	Yes 是	No 否
d. Test result is inconclusive or uncertain (retesting or follow up test is required) 檢驗結果為無定論或不確定(需要重新或進一步檢驗)	Yes 是	No 否
e. Medical advice has been sought or treatment is required for the test result (such as liver cyst / brain cyst / joint degeneration or calcification / lung or breast or thyroid calcification discovered on imaging test, that may not require immediate treatment) 就檢驗結果已尋求醫療意見或需要接受治療(例如一些未必需要即時治療的情況如肝囊腫 / 腦囊腫 / 關節退化或鈣化 / 於成像檢測中發現肺部或乳房或甲狀腺出現鈣化)	Yes 是	No 否

14. Apart from anything you have already disclosed in Questions 7 - 13, do you have any of the following conditions?  
除了您在第7 至13 項問題中已披露的資料外，您是否有下列情況？

a. Unintentional weight loss by more than 5 kg (11 lbs) over past 1 year 在過去一年內，體重無故地減少了5 公斤(11 磅)以上	Yes 是	No 否
b. Abnormal bleeding (such as vaginal bleeding, rectal bleeding, nose bleeding or coughing up of blood) for at least one (1) month 不正常出血(例如陰道出血、便血、流鼻血或咳血)至少一個月	Yes 是	No 否
c. In the last 1 year, you had or have been required to have follow-up consultation with a healthcare professional (such as specialist doctor, physiotherapist, psychiatrist) for any medical condition or sign and symptom 在過去一年內，您有任何健康狀況或病徵及症狀曾經接受或需要接受專業醫護人員(例如專科醫生、物理治療師、精神科醫生)的跟進診治	Yes 是	No 否
d. Other medical conditions or sign and symptom (such as lump, headache, persistent coughing, chest pain or epigastric pain) that you are seeking or intend to seek medical advice 其他健康狀況或病徵及症狀(例如腫塊、頭痛、持續咳嗽、胸痛或上腹痛)而正在或打算尋求醫療意見	Yes 是	No 否

(This question is for female only 這題只適用於女性)	Yes 是*	No 否
15. Are you currently pregnant? 您現時是否懷孕？	*if answer ‘Yes’, please provide the expected date of delivery: *如答「是」，請提供預產日期: ____ DD日 ____ MM月 ____ YY年	

(This question is for insured children aged 6 or below only 這題只適用於六歲或以下之受保兒童)	Yes 是*	No 否
16. Was the insured child born before 37th week of pregnancy and / or born with body weight less than 2.5 kg (5.5 lbs)? 受保兒童是否於懷孕第37 週前出生，及 / 或出生時體重少於2.5 公斤(5.5磅)？	*if answer ‘Yes’, please complete 16(a) - 16(b) *如答「是」，請完成16(a) - 16(b)	

a. At which week of pregnancy was the insured child born? 受保兒童在孕期哪一週出生？	less than 少於 28 weeks 週	28 - 31 weeks週	32 - 37 weeks週	more than 多於 32 weeks 週
b. Body weight at birth 出生時體重？	less than 少於 1kg 公斤 (2.2 lbs 磅)	1 - 1.5 kg 公斤 (2.2 - 3.31 lbs 磅)	1.51 - 2.5 kg 公斤 (3.32 - 5.51 lbs 磅)	more than 多於 2.5 kg 公斤 (5.51 lbs 磅)

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17. At your best knowledge, have any of your parents or siblings by blood been diagnosed with any of the following diseases or medical conditions at or before age 60: 就您所知，您的親生父母或兄弟姊妹曾否於六十歲或以前被確診下列疾病或健康狀況：				
a. Cancer 癌症		Yes 是*	No 否	
b. Coronary heart disease 冠心病		Yes 是*	No 否	
c. Diabetes mellitus 糖尿病		Yes 是*	No 否	
d. Motor neuron disease 運動神經元疾病		Yes 是*	No 否	
e. Multiple sclerosis 多發性硬化症		Yes 是*	No 否	
f. Stroke 中風		Yes 是*	No 否	
g. Parkinson's disease 帕金森症		Yes 是*	No 否	
h. Hereditary diseases 遺傳病 <ul style="list-style-type: none"><li>including cystic fibrosis, familial adenomatous polyposis, Alzheimer's disease, familial cardiomyopathy, inherited blood disorders (hemophilia, thalassemia, sickle cell disease), muscular dystrophy, polycystic kidney disease or Huntington's disease.</li><li>包括囊性纖維化、家族性大腸腺息肉病、亞茲海默氏症、家族性心肌病、遺傳性血病(血友病、地中海貧血、鐮刀型貧血)、肌肉萎縮症、多囊性腎病或亨丁頓舞蹈症。</li></ul>		Yes 是*	No 否	
		*if answer 'Yes' in any of 17(a) - 17(h), please complete 17(i) - 17(k) *如在 17(a) - 17(h) 中任何一題答「是」，請完成17(i) - 17(k)		
i. Which family member? 哪個親屬？				
j. Which disease? 哪種疾病？				
k. Onset age of disease 病發年齡				
age at or below 30 30 歲或以下				
age 40-31歲				
age 50-41歲				
age 60-51				

Part C – Supplementary Health Information 丙部 – 健康資料補充							
If you answered 'Yes' to any of the questions 7 - 14, please provide additional information for each relevant question. 如您在問題 7 - 14 中任何一題答「是」，請提供每一條相關問題的更多資料。							
Notes註解: 1. Please provide information as detailed as possible (e.g. provide year and month if exact date could not be recalled) for the sake of fair assessment in underwriting. 請盡量提供齊全資料 (例如在未能回憶確實日期 的情況下提供年份及月份) 以便作出公平核保決定。 2. Please provide the date in the format DD/MM/YY. 請以 日/月/年 格式提供日期。							
	1. Disease / medical condition / sign and symptom 疾病 / 健康狀況 / 病徵及症狀	2. Date of first occurrence of sign and symptom 首次出現病徵及症狀的日期	3a. Treatment / investigations / tests / scans that have been performed 已進行的治療 / 檢查 / 測試 / 掃描  3b. Date of such treatment / investigation / tests / scan 有關治療 / 檢查 / 測試 / 掃描日期	4. Present condition (such as whether fully recovered, follow up action / medication / next follow up date) 現況 (例如是否已完全康復、有否跟進 / 服用跟進藥物 / 下次覆診日期)	5.Date of last follow-up medical consultation / treatment 最後覆診 / 治療日期	6. Name of doctor who treated the disease / sickness / medical condition / sign and symptom 治療有關疾病 / 不適 / 健康狀況 / 病徵及症狀的醫生姓名	7. Name of Hospital, where applicable 醫院名稱 (如適用)
Question No. 題號							
Question No. 題號							
Question No. 題號							



Statement for Collection of Information 資料收集聲明

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Applicable to Insurance Broker only:  
The applicant understands, acknowledges and agrees that, as a result of the applicant purchasing and taking up the policy to be issued by bolttech Insurance, bolttech Insurance will pay the authorised insurance broker commission during the continuance of the policy including renewals, for arranging the said policy. Where the applicant is a body corporate, the authorised person who signs on behalf of the applicant further confirms to bolttech Insurance that he or she is authorised to do so. The applicant further understands that the above agreement is necessary for bolttech Insurance to proceed with the application.  
只適用於保險經紀:  
申請人明白、確知及同意, 保特保險會就申請人購買及接受其簽發的保單, 於保單有效期內(包括續保期)向負責安排有關保單的獲授權保險經紀支付佣金。如申請人為法人團體, 則代表申請人簽署的獲授權人員在此向保特保險確認他/她已獲該法人團體授權。申請人亦明白保特保險必須取得申請人的同意, 才可以處理其保單申請。  
Cancellation Rights and Refund of Premium(s)  
I understand that I have the right to cancel and obtain a refund of any premium(s) paid (less any market value adjustments, if any) and any levy by giving written notice. Such notice must be signed by me and received directly by Bolttech Insurance (Hong Kong) Company Limited at 9/F, 308 Central Des Voeux, No. 308 Des Voeux Road Central, Sheung Wan, Hong Kong within 21 days after the delivery of the policy or issuance of a notice to the Policyholder or the Policy holder's representative, whichever is the earlier.  
取消保單權益及發還保費  
本人明白本人有權以書面通知要求取消保單及取回所有已繳保費(扣除市場價值調整後計算, 如適用)及保費徵費; 但是本人必須親自在該書面通知上簽署, 並確保保特保險(香港)有限公司於香港上環德輔道中308號9樓將於以下時段內直接收到該書面通知: 保單或《通知書》交付本人後起計的21天, 以較先者為準。

Applicant Signature 申請人簽署

Signed in Hong Kong on 於香港簽署之日期DD/MM/YYYY 日/月/年

Advisor/Broker's Information 代理人/經紀資料

Advisor / Broker Name 代理人/經紀姓名

Account Code 帳戶號碼

Email Address 電郵地址 (Required field 必需填寫)

Contact No. 聯絡電話

Please provide email address to receive policy and medical claim statement.  
請提供電郵地址以收取保單及醫療索償理賠表。

Credit Card Payment Authorisation Form 信用卡付款授權書

Visa 卡      Master Card 萬事達卡

Cardholder Name  
持卡人姓名

Credit Card Account No.  
信用卡號碼

Credit Card Expiry Date (MM/YY)  
信用卡到期日

I hereby authorise Bolttech Insurance (Hong Kong) Company Limited  
本人茲授權保特保險(香港)有限公司從本人上述之信用卡帳戶支取此保險所應繳之保費及保險徵費(包括續保保費), 直至另行通知。

Cardholder Signature 持卡人簽署

DD/MM/YYYY 日/月/年

# Personal Information Collection Statement (“PICS”) 收集個人資料聲明

Please scan the following QR code for review of Bolttech Insurance (Hong Kong) Company Limited’s (the “Company”) PICS. You can also request a copy of the PICS by calling the Company’s Customer Service Hotline at 2603 9435.

請掃描以下二維碼查看保特保險(香港)有限公司(「本公司」)的收集個人資料聲明。您亦可致電本公司的客戶服務熱線 2603 9435 索取收集個人資料聲明副本。



English



中文

## Important Notes

The Applicant (i.e. You are) is required to disclose all material facts which you know Bolttech Insurance (Hong Kong) Company Limited (the “Company”) as an insurer would regard them as likely to influence the acceptance and assessment of this proposal. If you are in doubt whether certain facts are material you should disclose them. We recommend you to keep a record (including a copy of completed proposal) for your future reference of all information given. Providing correct answers and making sure we are informed is for your own protection, as failure to disclose such information may mean that your policy will not provide with the cover you require and may even invalidate the policy altogether.

## 重要事項

申請人(即你)必須提供所有可能影響保特保險(香港)有限公司(「本公司」)接受承保及評估之重要事實, 如未能確定這項事實是否具有實質性的關係, 應將該等事實填報, 我們建議你將有關的資料(包括此投保書副本作紀錄), 以備日後作參考之用。為確保你的利益, 你應如實呈報所有有關資料, 否則此保單將可能無法提供你所需的保障, 甚至可能會導致此保單無效。

VFlexi Voluntary Health Insurance Plan 智適選自願醫療保險計劃

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