

VChoice Voluntary Health Insurance Plan

智適簡自願 醫療保險計劃

is a Standard Plan Certified as a Voluntary Health Insurance Scheme ("VHIS") by the Government (Certification Number : S00012-01-000-03)

為政府自願醫保計劃的認可標準計劃
(認可產品編號：S00012-01-000-03)



智適簡自願醫療保險計劃 為政府自願醫保計劃之認可標準計劃

突如其來的醫療開支會阻礙您的人生發展大計，而作為政府自願醫保計劃認可的智適簡自願醫療保障計劃（智適簡），能為您及您的摯愛親人帶來全面及多元化的住院及手術醫療保障，助您減輕高昂醫療費用所帶來的壓力。

全面及持續保障

智適簡每年為您提供的港元\$420,000保障限額，為住院及手術開支提供了全面的保障，限額將每年重新計算，您不會因為保障限額耗盡而失去保障，更可獲保證能續保至100歲（實際年齡）。

周全保障

智適簡承保一系列的住院及手術開支保障，包括精神科治療、診斷成像檢測（包括電腦斷層掃描（CT掃描）、磁力共振掃描（MRI掃描）、正電子放射斷層掃描（PET掃描）、PET-CT組合掃描及PET-MRI組合掃描），以及入院前或出院後/日間手術前後的門診護理。假若您不幸確診患上癌症，無論是手術或非手術治療均在承保範圍內。

政府監管稅項扣減⁹

智適簡自願醫療保險計劃以政府自願醫保計劃作為準則，以保障您的權益。如果您是香港納稅人打算為自己及指明的親屬投保，您便可以從為每名受保人支付的保費中申請扣減每年稅務高達8,000港元。

指明的親屬包括：

- 您的配偶/子女
- 您的或您的配偶的父母/祖父母/外相父母/兄弟姊妹

多名保單持有人

智適簡自願醫療保險計劃提供了多名保單持有人的選項，所有保單持有人均可於一份保單內就同一位受保人申請年度稅務扣減。其扣減額可由所有保單持有人平分，而為同一受保人申請稅務扣減的納稅人數量並沒有上限。

投保前未知的已有病症可獲保障

在投保時未知的已有病症於一般醫療保險中通常皆不獲保障，而智適簡則可在保單生效首三年的等候期內為其提供部分保障，如下：

投保後首年	投保後第二年	投保後第三年	投保後第四年或以上
不獲賠償	25%	50%	100% (全面賠償)

覆蓋全球的支援服務¹⁰ (認可標準計劃以外的免費附加服務)

當您身處外地遇上意外或患病時，智適簡的全球緊急援助服務將會妥善照顧您的需要。您只需要致電24小時緊急援助熱線，即可獲得全天候的環球緊急支援服務，包括電話醫療諮詢、緊急醫療撤離及遺體運送等服務。

全天候客戶支援

致電保特保險的服務熱線(852) 3123 3344，讓我們的客戶服務主任隨時為您服務，處理您的保險需要。

VChoice Voluntary Health Insurance Plan

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

Yet unexpected medical costs can distract your focus and hinder progress. To ensure peace of mind, the Government-certified Voluntary Health Insurance Scheme ('VChoice') provides you a comprehensive reimbursement coverage on hospitalisation and surgical care. With VChoice, you and your loved ones are covered for the high cost of medical treatments which helps ease the financial stress of medical costs.

Comprehensive and Continuous Coverage

VChoice provides you with an annual benefit of HKD420,000 to reimburse your expenses on surgery and hospitalisation. Benefits are reset annually to offer you a comprehensive coverage with intact insurance, which is guaranteed to be renewable until the Age of 100 (attained Age)!

All-round Protection

A range of hospitalisation and surgical benefits, 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, can be reimbursed under VChoice without any lifetime limit. In case you are unfortunately diagnosed with a cancer, no matter it is surgical or non-surgical, this plan does cover the treatment needed.

Government regulated; Pay less in Tax⁹

You can be confident VChoice is fair to you and meets the Government's regulatory standards. If you are a Hong Kong taxpayer, you can claim annual tax deduction 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

Multiple Policyholders

VChoice offers Multiple Policy Holders option where all the Policy Holders can equally share the premium paid for the same Insured Person under one Policy for tax deduction. There is no cap on the number of taxpayers who can make a claim for tax deduction for the same Insured Person.

Cover Unknown Pre-existing Conditions

The unknown pre-existing conditions are commonly excluded in most of the medical insurance. VChoice, however, provides partial coverage during a waiting period of 3 years upon Policy inception as below:

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

Worldwide support service¹⁰ (Free service other than the Certified Plan)

If you have an Accident or suffer an illness whilst abroad, your needs will be well taken care of with the Worldwide Emergency Assistance. All you need to do is call the 24-hour emergency assistance hotline to enjoy round-the-clock worldwide support and assistance that includes phone medical advice, emergency medical evacuation and repatriation of mortal remains, etc.

Service at Your Fingertips

Just call one number at (852)3123 3344 and our Customer Service Representatives are at your service to address your insurance needs.

VHIS Plan Certification Number: S00012-01-000-03 (Standard Plan)

智適簡自願醫療保險計

申請資格	
投保年齡	15日至80歲(實際年齡)
保障年期	保證能每年續保至受保人100歲 ^{ix}
保費繳費方式	年繳/月繳
保單貨幣	港元

保障列表	
保障項目 ⁽¹⁾	賠償限額(港元)
(a) 房間及膳食費	每日\$750 每保單年度最多180日
(b) 雜項費	每保單年度\$14,000
(c) 主診醫生巡房費	每日\$750 每保單年度最多180日
(d) 專科醫生費 ⁽²⁾	每保單年度\$4,300
(e) 深切治療服務	每日\$3,500 每保單年度最多25日
(f) 外科醫生費	每項手術,按手術表劃分的手術分類 - <ul style="list-style-type: none"> ■ 複雜 \$50,000 ■ 大型 \$25,000 ■ 中型 \$12,500 ■ 小型 \$ 5,000
(g) 麻醉科醫生費	外科醫生費用的35% ⁽⁵⁾
(h) 手術室費	外科醫生費用的35% ⁽⁵⁾
(i) 訂明診斷成像檢測 ⁽²⁾⁽³⁾	每保單年度\$20,000 (設有30%的共同保險)
(j) 訂明非手術癌症治療 ⁽⁴⁾	每保單年度\$80,000
(k) 入院前或出院後/ 日間手術前後的門診護理 ⁽²⁾	每次\$580,每保單年度\$3,000 <ul style="list-style-type: none"> ■ 住院/進行日間手術前最多1次門診或或急症診症 ■ 出院/日間手術後的90日內最多3次門診跟進
(l) 精神科治療	每保單年度\$30,000
其他限額	
保障項目 (a) – (l)的每年保障限額	每保單年度\$420,000
保障項目 (a) – (l)的終身保障限額	無

Choice Voluntary Health Insurance Plan

Eligibility	
Issue Age	Age 15 days - Age 80 (Attained Age)
Benefit Term	Guaranteed yearly renewal ^{ix} up to Age 100 of the Insured Person
Premium Payment Mode	Annually / Monthly
Currency	HKD

Benefit Schedule

Benefit items ⁽¹⁾	Benefit limit in HKD
(a) Room and board	\$750 per day Maximum 180 days per Policy Year
(b) Miscellaneous charges	\$14,000 per Policy Year
(C) Attending doctor's visit fee	\$750 per day Maximum 180 days per Policy Year
(d) Specialist's fee ⁽²⁾	\$4,300 per Policy Year
(e) Intensive care	\$3,500 per day Maximum 25 days per Policy Year
(f) Surgeon's fee	Per surgery, subject to surgical category for the surgery / procedure in the Schedule of Surgical Procedures- <ul style="list-style-type: none"> Complex \$50,000 Major \$25,000 Intermediate \$12,500 Minor \$5,000
(g) Anaesthetist's fee	35% of Surgeon's fee payable ⁽⁵⁾
(h) Operating theatre charges	35% of Surgeon's fee payable ⁽⁵⁾
(i) Prescribed Diagnostic Imaging Tests ⁽²⁾⁽³⁾	\$20,000 per Policy Year (Subject to 30% Coinsurance)
(j) Prescribed Non-surgical Cancer Treatments ⁽⁴⁾	\$80,000 per Policy Year
(k) Pre-and post-Confinement/ Day Case Procedure outpatient care ⁽²⁾	\$580 per visit, up to \$3,000 per Policy Year <ul style="list-style-type: none"> 1 prior outpatient visit or Emergency consultation per Confinement/ Day Case Procedure 3 follow-up outpatient visits per Confinement / Day Case Procedure (within 90 days after discharge from Hospital or completion of Day Case Procedure)
(l) Psychiatric treatments	\$30,000 per Policy Year
Other limits	
Annual Benefit Limit for benefit items (a) - (l)	\$420,000 per Policy Year
Lifetime Benefit Limit for benefit items (a) - (l)	Nil

註解：

- (1) 同一項目的合資格費用不可獲上述表中多於一個保障項目的賠償。
- (2) 本公司有權要求有關書面建議的證明，例如轉介信或由主診醫生或註冊醫生在索償表內提供的陳述。
- (3) 檢測只包括電腦斷層掃描(CT掃描)、磁力共振掃描(MRI掃描)、正電子放射斷層掃描(PET掃描)、PET - CT組合掃描及PET - MRI組合掃描。
- (4) 治療只包括放射性治療、化療、標靶治療、免疫治療及荷爾蒙治療。
- (5) 此百分比適用於外科醫生費用之實際賠償金額或根據手術分類下外科醫生費用的保障限額，以較低者為準。
- (6) 即使保單年度不足十二(12)個月，此計劃的保障範圍、保障金額、保障限額、保障地域範圍、選擇病房級別及其他共同保險亦會維持不變。
- (7) 除了保障表內提及的保障項目(I)精神科治療外，所有保障項目均適用於全球範圍。
- (8) 所有保障對病房級別及醫療服務供應者均不設選擇的限制，包括但不限於註冊醫生及醫院。
- (9) 智適簡為合資格獲得稅務扣減之計劃(只限香港納稅人)。年結保費通知書會於每年的四月底前向保單持有人發出，以總結該年度三(3)月底前過去十二(12)個月內已繳付的保費。合資格獲得稅務扣減的指明親屬的數目不設上限。稅務扣減僅適用於香港，並須不時遵守《稅務條例》(第112章)及政府的最新政策。保特保險及其中介並不會提供任何稅務建議，您應就任何稅務問題諮詢您的稅務顧問或參閱稅務局的網站(www.ird.gov.hk)。

指明親屬	有關條件*
父母、祖父母或外祖父母 (包括配偶的父母、祖父母或外祖父母)	1) 年滿55歲或以上；或 2) 未年滿55歲，但有資格根據政府傷殘津貼計劃申索津貼。
子女或兄弟姊妹 (包括配偶的兄弟姊妹)	1) 未年滿18歲；或 2) 滿18歲或以上但未滿25歲，並且正在大學、學院、學校或其他相似的教育機構接受全日制教育；或 3) 年滿18歲或以上，但因身體上或精神上無行為能力而不能工作。

- (10) 服務由第三方服務供應商提供，保特保險(將不會就第三方服務供應商的任何行為或疏忽負上任何責任。此服務為不保證持續提及不適用於七十五(75)歲或以上的受保人。保特保險或將不時調整有關服務的詳情，恕不另行通知。此項服務將適用於受保人在外地旅遊或暫時居住國外且每次行程不超過連續九十(90)天的情況下。

Remarks:

1. Eligible Expenses incurred in respect of the same item shall not be recoverable under more than one benefit item in the table above.
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 actually payable or the benefit limit for the Surgeon's fee according to the surgical categorisation, whichever is the lower.
6. The benefit coverage, benefit amount and benefit limits, 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.
7. Except for the psychiatric treatments as stated in benefit item (I), of the Benefit Schedule, all benefits described in the benefit items shall be applicable worldwide.
8. All benefits described in the benefit items are not subject to any restriction in the choice of healthcare services provider and ward class, including but not limited to Registered Medical Practitioner and Hospital.
9. VChoice is eligible for tax deduction by you (Hong Kong taxpayer). 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).

Specified Relative	Conditions
Parent or Grandparent (including spouse's parent or grandparent)	1) aged 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 (including spouse's sibling)	1) under the Age of 18; or 2) age 18 or above but below age 25 and receiving full time education at the university, 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

10. The service is provided by a third-party service provider and bolttech Insurance shall not be responsible for any acts or failures to act on the part of the third-party service provider. This service is not guaranteed to be renewable and is not applicable to Insured Person aged 75 or above. bolttech Insurance may revise the details of the services from time to time without prior notice. This service is available to the Insured Person when travelling outside the home country or country of residence for periods not exceeding ninety (90) consecutive days per trip.

重要事項及聲明：

- i. 智適簡由保特保險(香港)有限公司(「保特保險」)承保。保特保險保留作出更改、修改或調整經香港特別行政區政府(「政府」)所認可此保單的保障賠償及/或於每份保單續保時的保費率的權利。
- ii. 智適簡是由保特保險所發行的。保特保險對此產品資料所載資料的準確性承擔一切責任。此產品資料只在香港特別行政區(「香港」)派發，並不能詮釋為在香港境外出售，遊說購買或提供的保特保險保險產品。智適簡的銷售及申請程序必須在香港境內進行及完成手續。
- iii. 所有核保及理賠決定均取決於保特保險，保特保險將根據申請人及受保人於投保時所提供的資料而決定接受或拒絕有關申請，保特保險保留接納或拒絕任何申請的權利，並可透過申請結果通知及說明拒絕您的申請。申請經正式接納及在保費繳付後，本公司承保之責任才開始生效。
- iv. 以上全部保障及款項將於扣除未清繳之保費或任何應付予保特保險之款項(如有)後支付。
- v. 如您對保單未感滿意，則在您未曾因索償而獲得或將獲得賠償的前題下，您有權在「冷靜期」內要求取消保單及取回所有已繳交的保費(以減去任何市值調整後計算，如適用)及任何保費繳費。此取消權利是受限於(a)保單交付至保單持有人或其代表或(b)有關通知領取保單及「冷靜期」屆滿日的《通知書》予保單持有人或其代表後，起計21天，以較早者為準，同時您須以書面形式並附上您的親筆簽署向保特保險提出取消保單要求，並將之直接寄往於保特保險位於香港中環德輔道308號富衛金融中心9樓的辦事處。
- vi. 智適簡之保單條款受香港特別行政區的法律所規管。
- vii. 於保單生效期間，您可向保特保險作出書面申請退回或終止保單。
- viii. 此產品資料只供參考及旨在解釋智適簡的主要特點，此產品應與說明文件、條款及保障及其他相關銷售資料一同閱讀。有關粗體及斜體詞彙之釋義、條款細則的詳細資料及所有不承保事項，請參閱保單條款。若本單張及保單條款內容於陳述上出現任何歧義，應以保單條款為準。如欲在投保前參閱保險合約條款及保障，您可向保特保險索取。
- ix. 保證能夠每年續保的條件取決於保特保險有否繼續提供本計劃，每年續保時將根據當時的條款及細則包括但不限於保單終止條文、保障和保費率。續保保費並非保證不變及每次續保之保費將根據續保時的實際年齡及當時的保費表而釐定的。保費表將不時根據各種因素，包括但不限於相關的醫療費用的增加及保特保險的理賠數據及保單條款是否適用來釐定。保特保險保留隨時作出修改應付賠償額、條款及細則及保費的權利。
- x. 由2018年1月1日起，所有保單持有人須向保險業監管局就新生效的香港保單繳付保費繳費。有關保費繳費的更多資料，請瀏覽我們的網頁**bolttechinsurance.hk/tc/insurance-levy/**或致電客戶服務熱線 3123 3344。

Important Notes and Declarations:

- i. VChoice 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. VChoice 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 and can decline your 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 (less any market value adjustment, if any) and any levy by giving 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., FWD Financial Centre, 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 VChoice 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 VChoice. 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 VChoice, 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 Termination Provisions, 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. Effective from 1 January 2018, all Policy Holder are required to pay a levy on each premium payment made for both new and in-force Hong Kong policies to the Insurance Authority. For further information on levy, please visit our website at bolttechinsurance.hk/en/insurance-levy or contact our customer service hotline 3123 3344.

一般不承保之事項

按本條款及保障，本公司不會對下列項目相關或由其引致的費用作出賠償：

1. 任何非醫療必需之治療、治療程序、藥物、檢測或服務的費用。
2. 若純粹為接受診斷程序或專職醫療服務（包括但不限於物理治療、職業治療及言語治療）而住院，該住院期間所衍生的全部或部分費用。惟若該等程序或服務是在註冊醫生的建議下而進行之醫療必需的診斷，或無法以為日症病人提供醫療服務的方式下有效地進行的傷病治療，則不屬此項。
3. 在保單生效日前，因感染或出現人體免疫力缺乏病毒（HIV）及其相關的傷病所衍生的費用。不論保單持有人或受保人在遞交投保申請文件（若本公司在第一部分第8節提出要求，則包括相關必需資料的任何更新及改動）時是否知悉，若此傷病在保單生效日前已存在，本條款及保障則不會賠償此傷病。若無法證明初次感染或出現此傷病的時間，則若此傷病於保單生效日起計五（5）年內發病，將被推定為於保單生效日前已感染或出現；若在這五（5）年後發病，將被推定為於保單生效日後感染或出現。

惟本第3節的不承保事項並不適用於因性侵犯、醫療援助、器官移植、輸血或捐血、或出生時受HIV感染所引致的傷病，有關賠償將按本條款及保障內其他條款處理。
4. 因倚賴或過量服用藥物、酒精、毒品或類似物質（或受其影響）、故意自殘身體或企圖自殺、參與非法活動、或性病及經由性接觸傳染的疾病或其後遺症（HIV及其相關的傷病將按本第七部分第3節處理）的醫療服務費用。
5. 以下服務的收費-
 - (a) 以美容或整容為目的的服務，惟受保人因意外而受傷，並於意外後九十（90）日內接受的必要醫療服務則不屬此項；或
 - (b) 矯正視力或屈光不正的服務，而該等視力問題可透過驗配眼鏡或隱性眼鏡矯正，包括但不限於眼部屈光治療、角膜激光矯視手術（LASIK），以及任何相關的檢測、治療程序及服務。
6. 預防性治療及預防性護理的費用，包括但不限於在並無症狀下的一般身體檢查、定期檢測或篩查程序、或僅因受保人及其家人過往病歷而進行的篩查或監測程序、頭髮重金屬元素分析、接種疫苗或健康補充品。為免存疑，本第6節並不適用於：
 - (a) 為了避免因接受其他醫療服務引起的併發症而進行的治療、監測、檢查或治療程序；
 - (b) 移除癌前病變；及
 - (c) 為預防過往傷病復發或其併發症的治療。
7. 牙科醫生進行的牙科治療及口腔頷面手術的費用，惟受保人因意外引致在住院期間接受的急證治療及手術則不屬此項。出院後的跟進牙科治療及口腔手術則不會獲得賠償。
8. 下列醫療服務及輔導服務的費用 – 產科狀況及其併發症，包括但不限於懷孕、分娩、墮胎或流產的診斷檢測；節育或恢復生育；任何性別的結紮或變性；不育（包括體外受孕或任何其他人工受孕）；以及性機能失常，包括但不限於任何原因導致的陽痿、不舉或早洩。
9. 購買屬耐用用品的醫療設備及儀器的費用，包括但不限於輪椅、床及家具、呼吸道壓力機及面罩、攜帶式氧氣裝置及氧氣治療儀器、血液透析機、運動設備、眼鏡、助聽器、特殊支架、輔助步行器具、非處方藥物、家居使用的空氣清新機或冷氣機及供熱裝置。為免存疑，住院期間或日間手術當日所租用的醫療設備及儀器則不屬此項。
10. 傳統中醫治療的費用，包括但不限於中草藥治療、跌打、針灸、穴位按摩及推拿，以及另類治療，包括但不限於催眠治療、氣功、按摩治療、香薰治療、自然療法、水療法、順勢療法及其他類似的治療。
11. 按接受治療、治療程序、檢測或服務所在地的普遍標準（或尚未經當地認可機構批准）界定為實驗性或未經證實醫療成效的醫療技術或治療程序的費用。
12. 受保人年屆八（8）歲前發病或確診的先天性疾病所導致的醫療服務費用。
13. 已獲任何法律、或由任何政府、僱主或第三方提供的醫療或保險計劃賠償的合資格費用。
14. 因戰爭（不論宣戰與否）、內戰、侵略、外敵行動、敵對行動、叛亂、革命、起義、或軍事政變或奪權事故所導致的治療費用。

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 Policy Holder 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.

保費調整

保費為非保證並且每年續保之保費會根據投保人的年齡、居住地、職業以及保單續保時所適用的標準保費計劃而定。

保費年期及欠繳保費

智適簡自願醫療保險計劃的保費條款有效期直至投保人年齡達一百(100)歲。

本公司將給予保單持有人三十(30)日繳交保費的寬限期，由每期保費到期日起計。本保單於寬限期內仍然生效，若在寬限期屆滿後保單持有人仍未繳清保費，本保單即於保費到期日起當日終止。

終止保單

本保單將在以下情況時自動終止，以最先者為準：

- (a) 保單持有人在本保單之條款及細則內指明的寬限期屆滿時仍未繳交保費；或
- (b) 受保人身故翌日；或
- (c) 本公司不再獲《保險業條例》授權承保或繼續承保本保單。

有關詳細資料，請參閱保單條款之條款及細則。

一般保險保費徵費表

保單起保日	徵費率	最高徵費 (港元)
由2019年4月1日至2020年3月31日	0.060%	\$3,000
由2020年4月1日至2021年3月31日	0.085%	\$4,250
由2021年4月1日之後	0.100%	\$5,000

保險業監管局將會按規定的徵費率向相關的保單徵收保費徵費，當中的徵費會按規定轉付予保險業監管局，有關詳情請瀏覽 boltechinsurance.hk/te/insurance-levy/ 或聯絡 (852) 3123 3344。

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.

Insurance Levy Rate Table for General Insurance

Date of Policy Inception	Rate	Cap (HKD)
From 1 Apr 2019 till 31 Mar 2020	0.060%	\$3,000
From 1 Apr 2020 till 31 Mar 2021	0.085%	\$4,250
From 1 Apr 2021 onward	0.100%	\$5,000

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/en/insurance-levy/ or contact: (852) 3123 3344.

VChoice Voluntary Health Insurance Plan

Standard Premium Schedule (HKD)

(Effective from 1 April, 2019)

Attained Age	Male		Female		Attained Age	Male		Female	
	Annual	Monthly	Annual	Monthly		Annual	Monthly	Annual	Monthly
0*	2,996	270	2,177	196	50	4,104	370	4,941	445
1	2,996	270	2,177	196	51	4,320	389	5,085	458
2	2,996	270	2,177	196	52	4,644	409	5,235	472
3	2,996	270	2,177	196	53	4,781	431	5,393	486
4	1,363	123	1,525	138	54	5,028	453	5,561	501
5	1,363	123	1,525	138	55	5,321	479	5,766	519
6	1,363	123	1,525	158	56	5,557	501	5,989	540
7	1,363	123	1,525	138	57	5,848	527	6,211	559
8	1,363	123	1,525	138	58	6,142	553	6,451	581
9	1,363	123	1,525	138	59	6,440	580	6,735	607
10	1,363	123	1,525	138	60	6,736	607	7,068	637
11	1,363	123	1,525	138	61	7,108	640	7,417	668
12	1,363	123	1,525	138	62	7,491	675	7,766	699
13	1,363	123	1,525	138	63	7,883	710	8,117	731
14	1,363	123	1,525	138	64	8,374	754	8,457	762
15	1,400	126	1,613	146	65	8,833	795	8,803	793
16	1,471	133	1,696	153	66	9,322	839	9,171	826
17	1,484	134	1,760	159	67	9,841	886	9,563	861
18	1,492	135	1,821	164	68	10,335	935	9,975	898
19	1,601	136	1,875	169	69	10,953	986	10,405	937
20	1,566	141	1,921	173	70	11,532	1,038	10,829	976
21	1,574	142	1,956	177	71	12,115	1,091	11,271	1,015
22	1,606	145	1,995	180	72	12,702	1,144	11,696	1,053
23	1,638	148	2,060	186	73	13,168	1,186	12,108	1,090
24	1,693	153	2,121	191	74	13,568	1,222	12,507	1,126
25	1,738	157	2,234	202	75	13,894	1,251	12,839	1,156
26	1,782	161	2,284	206	76	14,263	1,284	13,161	1,185
27	1,842	166	2,338	211	77	14,561	1,311	13,483	1,214
28	1,886	170	2,393	216	78	14,816	1,334	13,800	1,242
29	1,949	176	2,450	221	79	15,180	1,367	14,121	1,271
30	1,993	180	2,576	232	80	15,744	1,417	14,638	1,318
31	2,041	184	2,639	238	81*	16,054	1,445	14,886	1,340
32	2,087	188	2,709	244	82*	16,357	1,473	15,123	1,362
33	2,160	194	2,778	251	83*	16,676	1,501	15,372	1,384
34	2,230	201	2,856	258	84*	16,995	1,530	15,641	1,408
35	2,289	207	3,012	272	85*	17,295	1,557	15,913	1,433
36	2,326	210	3,090	279	86*	17,592	1,584	16,186	1,457
37	2,400	216	3,172	286	87*	17,866	1,608	16,428	1,479
38	2,471	223	3,255	293	88*	18,164	1,635	16,688	1,502
39	2,540	229	3,343	301	89*	18,457	1,662	16,943	1,525
40	2,643	238	3,517	317	90*	18,753	1,688	17,199	1,548
41	2,707	244	3,628	327	91*	19,051	1,715	17,459	1,572
42	2,829	255	3,764	339	92*	19,360	1,743	17,726	1,596
43	2,966	267	3,909	352	93*	19,665	1,770	17,991	1,620
44	3,120	281	4,060	366	94*	19,983	1,799	18,267	1,645
45	3,274	295	4,203	379	95*	20,302	1,828	18,543	1,669
46	3,428	309	4,351	392	96*	20,604	1,855	18,804	1,693
47	3,578	323	4,501	406	97*	20,924	1,884	19,081	1,718
48	3,755	338	4,648	419	98*	21,249	1,913	19,362	1,743
49	3,899	351	4,804	433	99*	21,396	1,926	19,499	1,755

0 year old means 15 days of age * Standard Premium of 81 years old or above is for renewal only

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.

智適簡自願醫療保險計劃

標準保費表 (港元)

(2019年4月1日起生效)

實際年齡	男		女		實際年齡	男		女	
	年繳	月繳	年繳	月繳		年繳	月繳	年繳	月繳
0#	2,996	270	2,177	196	50	4,104	370	4,941	445
1	2,996	270	2,177	196	51	4,320	389	5,085	458
2	2,996	270	2,177	196	52	4,644	409	5,235	472
3	2,996	270	2,177	196	53	4,781	431	5,393	486
4	1,363	123	1,525	138	54	5,028	453	5,561	501
5	1,363	123	1,525	138	55	5,321	479	5,766	519
6	1,363	123	1,525	158	56	5,557	501	5,989	540
7	1,363	123	1,525	138	57	5,848	527	6,211	559
8	1,363	123	1,525	138	58	6,142	553	6,451	581
9	1,363	123	1,525	138	59	6,440	580	6,735	607
10	1,363	123	1,525	138	60	6,736	607	7,068	637
11	1,363	123	1,525	138	61	7,108	640	7,417	668
12	1,363	123	1,525	138	62	7,491	675	7,766	699
13	1,363	123	1,525	138	63	7,883	710	8,117	731
14	1,363	123	1,525	138	64	8,374	754	8,457	762
15	1,400	126	1,613	146	65	8,833	795	8,803	793
16	1,471	133	1,696	153	66	9,322	839	9,171	826
17	1,484	134	1,760	159	67	9,841	886	9,563	861
18	1,492	135	1,821	164	68	10,335	935	9,975	898
19	1,601	136	1,875	169	69	10,953	986	10,405	937
20	1,566	141	1,921	173	70	11,532	1,038	10,829	976
21	1,574	142	1,956	177	71	12,115	1,091	11,271	1,015
22	1,606	145	1,995	180	72	12,702	1,144	11,696	1,053
23	1,638	148	2,060	186	73	13,168	1,186	12,108	1,090
24	1,693	153	2,121	191	74	13,568	1,222	12,507	1,126
25	1,738	157	2,234	202	75	13,894	1,251	12,839	1,156
26	1,782	161	2,284	206	76	14,263	1,284	13,161	1,185
27	1,842	166	2,338	211	77	14,561	1,311	13,483	1,214
28	1,886	170	2,393	216	78	14,816	1,334	13,800	1,242
29	1,949	176	2,450	221	79	15,180	1,367	14,121	1,271
30	1,993	180	2,576	232	80	15,744	1,417	14,638	1,318
31	2,041	184	2,639	238	81*	16,054	1,445	14,886	1,340
32	2,087	188	2,709	244	82*	16,357	1,473	15,123	1,362
33	2,160	194	2,778	251	83*	16,676	1,501	15,372	1,384
34	2,230	201	2,856	258	84*	16,995	1,530	15,641	1,408
35	2,289	207	3,012	272	85*	17,295	1,557	15,913	1,433
36	2,326	210	3,090	279	86*	17,592	1,584	16,186	1,457
37	2,400	216	3,172	286	87*	17,866	1,608	16,428	1,479
38	2,471	223	3,255	293	88*	18,164	1,635	16,688	1,502
39	2,540	229	3,343	301	89*	18,457	1,662	16,943	1,525
40	2,643	238	3,517	317	90*	18,753	1,688	17,199	1,548
41	2,707	244	3,628	327	91*	19,051	1,715	17,459	1,572
42	2,829	255	3,764	339	92*	19,360	1,743	17,726	1,596
43	2,966	267	3,909	352	93*	19,665	1,770	17,991	1,620
44	3,120	281	4,060	366	94*	19,983	1,799	18,267	1,645
45	3,274	295	4,203	379	95*	20,302	1,828	18,543	1,669
46	3,428	309	4,351	392	96*	20,604	1,855	18,804	1,693
47	3,578	323	4,501	406	97*	20,924	1,884	19,081	1,718
48	3,755	338	4,648	419	98*	21,249	1,913	19,362	1,743
49	3,899	351	4,804	433	99*	21,396	1,926	19,499	1,755

「0」歲指出生滿15天 * 81歲或以上之標準保費只適用於續保

注意：

- 此標準保費表並未包括由保險業監管局徵收的保費徵費。
- 上述標準保費並非保證不變，每次續保之保費將根據保單續保時受保人的實際年齡、居住地及職業及當時的標準保費表而釐定的。

VChoice Voluntary Health Insurance Plan Application Form

智適簡自願醫療保險計劃申請表

自願醫保認可產品編號: S00012-01-000-03 (標準計劃) VHIS Plan Certification Number: S00012-01-00-03 (Standard Plan)

1. One application form for one Insured Person only 每份申請表只限投保一名受保人
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被、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)。
3. This insurance plan allows more than one Policyholder. If there is more than one Policyholder, a "Representative Policy holder" 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。
4. This insurance plan is an automatic renewal policy. The policy will be automatically renewed on the policy expiry date. The policyholder will be required to pay the relevant renewal premium. The Policyholder or Representative Policyholder (if applicable) will be notified on the renewal premium separately until the policyholder's prior written instruction for cancellation. 此保險計劃為自動續保之保單。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。
5. To ensure your future benefits, you have to disclose this application ALL material facts, which shall form the basis of our contracts; otherwise the policy issued may be declared void at the discretion of Bolttech Insurance (Hong Kong) Company Limited ("bolttech Insurance"). If you are in doubt whether a particular piece of information is a 'material fact', please disclose it on the application form. 為保閣下的未來利益,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。如閣下不清楚某一事實是否重要,亦請在此申請書上對之披露。

Please tick as appropriated 請選擇並加「✓」號	For bolttech Insurance use only 保特保險專用	Effective date: 生效日期:
---------------------------------------	--	-----------------------

Personal Details of Applicant (Applicant's age must be 18 years or above) (If there is more than one Policyholder, the applicant will be set as the Representative Policyholder and please complete the other Policyholders information section)

申請人資料(申請人年齡必須為18歲以上)(如保單持有多於一人,申請人將設定為保單持有人代表,並請填寫其他保單持有人資料部份)

Name in English (same as HKID Card) 英文姓名(與香港身份證相同)		
Family Name 姓	Given Name 名	Name in Chinese 中文姓名
HKID Card No. 身份證號碼	Date of Birth (DD/MM/YYYY) 出生日期(日/月/年)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female 性別 男 女
Occupation* (Applicable to Applicant who is also to be the Insured Person) 職業*(適用於同時為受保人的申請人)		Nationality (Optional) 國籍(非必要填寫)
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	<input type="checkbox"/> HK Island 香港島 <input checked="" type="checkbox"/> <input type="checkbox"/> Kowloon 九龍 <input type="checkbox"/> N.T. 新界
Contact No. 聯絡電話	Mobile No. 流動電話號碼	(Required field 必需填寫)
Email Address* 電郵地址^		

Details of Insured Person 受保人資料

Please tick one and provide average stay in Hong Kong per year 請選擇一項並提供每年平均居港時間	<input type="checkbox"/> Myself (Details as above) 本人(資料與以上相同)	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 nine months, please provide the place of residence outside Hong Kong: 如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*名稱: _____
	<input type="checkbox"/> Others (Please provide Relationship with the Applicant): 其他(請提供與申請人關係)	
Name in English (same as HKID Card) 英文姓名(與香港身份證相同)		
Family Name 姓	Given Name 名	Name in Chinese 中文姓名
HKID Card No. 身份證號碼	Date of Birth (DD/MM/YYYY) 出生日期(日/月/年)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female 性別 男 女
Occupation* 職業*		Nationality (Optional) 國籍(非必要填寫)

Choice of Cover 投保項目		
<input checked="" type="checkbox"/> VChoice Voluntary Health Insurance Plan 智適簡自願醫療保險計劃	<input type="checkbox"/> Annual Premium 每年保費 <input type="checkbox"/> Monthly Premium 每月保費	HKD 港幣 <small>(Excluding Insurance Levy)(不包括保費徵費)</small>
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 advise bolttechinsurance.hk/en/insurance-levy/ or contact: (852) 3123 3344. 保險業監管局將會按規定的徵費率向相關的保單徵收保費徵費，當中的徵費會按規定轉予保險業監管局。詳情請瀏覽bolttechinsurance.hk/lc/insurance-levy/或聯絡(852) 3123 3344。		

Footnotes 注釋：

- # In the event of any changes in the insured person's place of residence or occupation, the policyholder must notify bolttech 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 enjoy bolttech Insurance eServices app and to receive the policy, medical claim statement and renewal notice. 請提供電郵地址以享用保特保險eService應用程式及透過電子郵件收取保單、醫療索償理賠表及續保通知。

Health Declaration of Insured Person 受保人健康聲明				
1. Insured Person's Height and Weight 受保人的身高及體重	身高 Height 米 m: 釐米 cm: 尺 ft: 寸 inc		體重 Weight: 公斤 Kg: 磅 lb:	
2. Has the Insured Person ever had or been told to have any of the following: 受保人有否曾患有或獲悉患有下列疾病：			Yes 有	No 否
i. Diseases of the Heart 心臟病			<input type="checkbox"/>	<input type="checkbox"/>
ii. Cancer or tumor 癌症或腫瘤			<input type="checkbox"/>	<input type="checkbox"/>
iii. Diabetes or high blood sugar 糖尿病或高血糖			<input type="checkbox"/>	<input type="checkbox"/>
iv. Hepatitis B or C 乙型肝炎或丙型肝炎			<input type="checkbox"/>	<input type="checkbox"/>
v. Kidney Failure 腎功能衰竭			<input type="checkbox"/>	<input type="checkbox"/>
vi. Stroke 中風			<input type="checkbox"/>	<input type="checkbox"/>
3. In the last 5 years, has the Insured Person received medical advice or been treated for any of the following: 在過去的5年裡，受保人有否曾就下列疾病接受過醫療建議或治療：			Yes 有	No 否
i. Carcinoma in situ, abnormal growth, cysts or polyps 原位癌、異常生長、囊腫或息肉			<input type="checkbox"/>	<input type="checkbox"/>
ii. Asthma, tuberculosis, pneumonia or chronic obstructive lung disease 哮喘、肺結核、肺炎或慢性阻塞性肺病			<input type="checkbox"/>	<input type="checkbox"/>
iii. Stomach ulcer, pancreatitis or gastritis 胃潰瘍、胰腺炎或胃炎			<input type="checkbox"/>	<input type="checkbox"/>
iv. High blood pressure or high cholesterol 高血壓或高膽固醇			<input type="checkbox"/>	<input type="checkbox"/>
v. Abnormal liver function 肝功能異常			<input type="checkbox"/>	<input type="checkbox"/>
vi. Nephritis or abnormal kidney function, renal stones, gall bladder disorders, prostate enlargement or elevated PSA levels, polycystic ovarian syndrome or endometriosis 腎炎或腎功能異常、腎結石、膽囊疾病、前列腺肥大或PSA值高於正常水平、多囊卵巢綜合征或子宮內膜異位			<input type="checkbox"/>	<input type="checkbox"/>
vii. Any injury or disorder of the eyes (excluding vision corrected by prescription lens), ears, bones, muscle, joints or spine or physical disability 任何眼鏡的手上或病症 (不包括通過處方鏡片矯正視力)、耳朵、骨骼、肌肉、關節或脊柱或身體殘疾			<input type="checkbox"/>	<input type="checkbox"/>
viii. HIV infection or positive HIV test result 愛滋病毒感染或愛滋病檢測陽性結果			<input type="checkbox"/>	<input type="checkbox"/>
ix. Depression, mental disease or neurological disorder or intellectual disability 抑鬱症、精神病或神經系統的疾病或智力障礙			<input type="checkbox"/>	<input type="checkbox"/>
x. Any disorders of the breast, thyroid or large intestine 任何乳房、甲狀腺或大腸的疾病			<input type="checkbox"/>	<input type="checkbox"/>
4. For any condition other than the above, in the last 3 years, has the Insured Person: 在過去3年中，除上述病症外，受保人有沒有：			Yes 有	No 否
i. Had ongoing follow-up with a doctor or specialist doctor for a period of 6 months or more? 與醫生或專科醫生持續進行6個月或更長時間的跟進？			<input type="checkbox"/>	<input type="checkbox"/>
ii. Received medication or treatment, any of which was for a continuous period of 2 weeks or more? 服用藥物或接受治療，其中任何一項持續兩個或更長時間？			<input type="checkbox"/>	<input type="checkbox"/>
iii. Had a surgical procedure, or been hospitalised for a continuous period of 6 days or more? (If yes, please provide relevant report(s)) 進行手術或持續住院超過6天？(如有，請提交相關報告)			<input type="checkbox"/>	<input type="checkbox"/>
iv. Had abnormal result or results outside the normal range in a blood test, biopsy, ECG, imaging scan, pap smear, colonoscopy or other investigation? (If yes, please provide relevant report(s)) 在血液測試、活組織檢查、心電圖、影像學掃描、子宮頸抹片檢查、結腸鏡檢查或其他檢驗測試中發現異常或超出正常範圍的結果？(如有，請提交相關報告)			<input type="checkbox"/>	<input type="checkbox"/>

5. Family Health History 親屬健康狀況		Yes 有	No 否
Amongst your biological parents, brothers or sisters 受保人的親生父母、兄弟或姐妹有沒有：			
i. Whom have been diagnosed with breast or ovary cancer (for female Insured Person only), colon cancer or rectal cancer, heart disease or stroke before age 50 在50歲以前被診斷患有乳癌或卵巢癌(女性受保人適用), 結腸癌或直腸癌, 心臟病或中風		<input type="checkbox"/>	<input type="checkbox"/>
ii. One of whom has been diagnosed with Alzheimer's disease, Polycystic Kidney Disease, Motor Neurone Disease, Parkinson's Disease or Muscular Dystrophy before age 60 在60歲以前被診斷患有阿爾茨海默症(認知障礙症)、多囊腎病、運動神經元病、帕金森症或肌肉營養不良症		<input type="checkbox"/>	<input type="checkbox"/>
6. (Applicable to female Insured Person only) 只適用於女性受保人		Yes 有	No 否
i. Is the Insured Person pregnant now? 受保人現在是否懷有身孕?		<input type="checkbox"/>	<input type="checkbox"/>
ii. If Yes, does the Insured Person has any complications such as high blood pressure, eclampsia or pre-eclampsia, gestational diabetes or risk of premature delivery (excluding reduced iron levels for which you are taking vitamin supplements)? 如是, 受保人曾否患有任何併發症, 如高血壓、子癇或子癇前症(妊娠毒血症), 妊娠糖尿病或早產風險(因鐵質水平下降而需要服用維生素補充劑除外)?		<input type="checkbox"/>	<input type="checkbox"/>
如上述問題的回答為「是」, 請提供詳細資料如下: If you answer Yes to any of the above questions, please provide details below:			
Name of condition 病症名稱	Date diagnosed 診斷日期	What treatment did the Insured Person have? Please include treatment period, type of treatment and the details (e.g. name of medication, procedure or surgery) 受保人曾接受何種治療? 請注明接受治療的時間、治療種類及其詳情(如藥物、治療程序或手術之名稱)	Is the Insured Person Fully Recovered with no ongoing treatment? 受保人是否已完全康復及沒有正在進行治療?
			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"/>
If you have any medical reports or reports of investigations, please enclose them and put a tick in the box. 如您有任何醫療報告或醫療檢查報告, 請隨此表格同時附上, 並請於空格加「✓」號。			<input type="checkbox"/> With Attachment 另有附頁
Bank Name and Account No. for Claim Settlement (Account-Holder must be the Applicant) 賠償時所用之銀行名稱及帳戶號碼(戶口持有人必須是申請人)			
Personal bank account (Hong Kong dollar only) 個人銀行戶口(只限港元)			
Bank Name 銀行名稱		Branch Code 分行代碼	Bank account no. 銀行賬號
Premium Payment Method 繳付保費方法			
付款期數 Payment Mode	付款方法 Payment Method		
<input type="checkbox"/> Yearly 每年	<input type="checkbox"/> Cheque 支票 Please mark cheque payable to "Bolttech Insurance (Hong Kong) Company Limited" and must submit with this application form. Policy will be issued after payment has been settled. 票抬頭請填寫「保特保險(香港)有限公司」並必需經同本申請表一併提交, 保單將於付款確認繳付後簽發。		
	<input type="checkbox"/> Credit Card 信用卡 Please complete the credit card payment authorisation form. Policy will be issued after payment has been settled. 請填寫「信用卡付款授權書」。保單將於付款確認繳付後簽發。		
<input type="checkbox"/> Monthly 每月	<input type="checkbox"/> Credit Card 信用卡 Please complete the credit card authorisation form. Policy will be issued after the 1st installment payment has been settled. 請填寫「信用卡付款授權書」。保單將於第一期分期付款後簽發。		

Other Policyholders information section (Policyholder's age must be 18 years or above) (This part only applicable to more than one Policyholder) 其他保單持有人資料部份 (保單持有人年齡必須為18歲或以上) (此部份只於保單持有人多於一人時使用)				
1	Policyholder 保單持有人	Name in English (same as HKID Card) 英文姓名 (與香港身份證相同)		Name in Chinese 中文姓名
Relationship with the Insured Person 與受保人關係		HKID Card No. 身份證號碼	Date of Birth (DD/MM/YYYY) 出生日期(日/月/年)	Sex 性別 <input type="checkbox"/> Male 男 <input type="checkbox"/> Female 女
<p>I hereby designated the Applicant to be the Representative Policyholder of this insurance policy and authorise him/her to apply for this policy application, to give instructions or notices, and receive notices or benefits from bolttech Insurance for the policy to be issued on behalf of me. I confirm that I have read, understood and accepted the Personal Information Collection Statement of bolttech Insurance.</p> <p>本人謹此指定申請人為本保單的保單持有人代表，並授權他/她作出此保單申請，並就日後發出之保單作出指示或通知，並代表本人接收保特保險的通知或保單。本人確認已細閱、明白及接受保特保險之收集個人資料聲明。</p> <p><input type="checkbox"/> Opt out from marketing communications or materials and bolttech Insurance to use of personal data for direct marketing purpose. 拒絕接收推廣訊息或資料及保特保險對本人的個人資料作直接促銷的用途。</p>				
Signature 簽署		Signed in Hong Kong on 於香港簽署之日期 (DD/MM/YYYY 日/月/年)		
2	Policyholder 保單持有人	Name in English (same as HKID Card) 英文姓名 (與香港身份證相同)		Name in Chinese 中文姓名
Relationship with the Insured Person 與受保人關係		HKID Card No. 身份證號碼	Date of Birth (DD/MM/YYYY) 出生日期(日/月/年)	Sex 性別 <input type="checkbox"/> Male 男 <input type="checkbox"/> Female 女
<p>I hereby designated the Applicant to be the Representative Policyholder of this insurance policy and authorise him/her to apply for this policy application, to give instructions or notices, and receive notices or benefits from bolttech Insurance for the policy to be issued on behalf of me. I confirm that I have read, understood and accepted the Personal Information Collection Statement of bolttech Insurance.</p> <p>本人謹此指定申請人為本保單的保單持有人代表，並授權他/她作出此保單申請，並就日後發出之保單作出指示或通知，並代表本人接收保特保險的通知或保單。本人確認已細閱、明白及接受保特保險之收集個人資料聲明。</p> <p><input type="checkbox"/> Opt out from marketing communications or materials and bolttech Insurance to use of personal data for direct marketing purpose. 拒絕接收推廣訊息或資料及保特保險對本人的個人資料作直接促銷的用途。</p>				
Signature 簽署		Signed in Hong Kong on 於香港簽署之日期 (DD/MM/YYYY 日/月/年)		
3	Policyholder 保單持有人	Name in English (same as HKID Card) 英文姓名 (與香港身份證相同)		Name in Chinese 中文姓名
Relationship with the Insured Person 與受保人關係		HKID Card No. 身份證號碼	Date of Birth (DD/MM/YYYY) 出生日期(日/月/年)	Sex 性別 <input type="checkbox"/> Male 男 <input type="checkbox"/> Female 女
<p>I hereby designated the Applicant to be the Representative Policyholder of this insurance policy and authorise him/her to apply for this policy application, to give instructions or notices, and receive notices or benefits from bolttech Insurance for the policy to be issued on behalf of me. I confirm that I have read, understood and accepted the Personal Information Collection Statement of bolttech Insurance.</p> <p>本人謹此指定申請人為本保單的保單持有人代表，並授權他/她作出此保單申請，並就日後發出之保單作出指示或通知，並代表本人接收保特保險的通知或保單。本人確認已細閱、明白及接受保特保險之收集個人資料聲明。</p> <p><input type="checkbox"/> Opt out from marketing communications or materials and bolttech Insurance to use of personal data for direct marketing purpose. 拒絕接收推廣訊息或資料及保特保險對本人的個人資料作直接促銷的用途。</p>				
Signature 簽署		Signed in Hong Kong on 於香港簽署之日期 (DD/MM/YYYY 日/月/年)		
4	Policyholder 保單持有人	Name in English (same as HKID Card) 英文姓名 (與香港身份證相同)		Name in Chinese 中文姓名
Relationship with the Insured Person 與受保人關係		HKID Card No. 身份證號碼	Date of Birth (DD/MM/YYYY) 出生日期(日/月/年)	Sex 性別 <input type="checkbox"/> Male 男 <input type="checkbox"/> Female 女
<p>I hereby designated the Applicant to be the Representative Policyholder of this insurance policy and authorise him/her to apply for this policy application, to give instructions or notices, and receive notices or benefits from bolttech Insurance for the policy to be issued on behalf of me. I confirm that I have read, understood and accepted the Personal Information Collection Statement of bolttech Insurance.</p> <p>本人謹此指定申請人為本保單的保單持有人代表，並授權他/她作出此保單申請，並就日後發出之保單作出指示或通知，並代表本人接收保特保險的通知或保單。本人確認已細閱、明白及接受保特保險之收集個人資料聲明。</p> <p><input type="checkbox"/> Opt out from marketing communications or materials and bolttech Insurance to use of personal data for direct marketing purpose. 拒絕接收推廣訊息或資料及保特保險對本人的個人資料作直接促銷的用途。</p>				
Signature 簽署		Signed in Hong Kong on 於香港簽署之日期 (DD/MM/YYYY 日/月/年)		

Cooling-off period 有關冷靜期

Cancellation within cooling-off period

The Policyholder may exercise the right of cancellation with full refund of paid premium and levy without interests during the cooling-off period. The cancellation right is subject to the following conditions-

- (a) The request to cancel must be signed by the Policyholder or Representative Policyholder and received by bolttech Insurance within 21 days after
 - (i) the delivery of the Terms and Benefits and the Policy Schedule; or
 - (ii) the issue of a notice to the Policyholder or his representative stating that the Terms and Benefits and the Policy Schedule are available and when the cooling-off period would expire; whichever is the earlier, and
- (b) No refund can be made if a benefit payment has been made, is to be made or impending.

冷靜期內取消保單

保單持有人可在冷靜期內行使權利取消本保單及獲發還全數已付保費，但行使此項權利時，必須符合以下條件：

- (a) 取消要求必須由保單持有人或保單持有人代表簽署，並確保保單於以下日期後起計的21日內收到該要求，並以較先者為準：
 - (i) 保單條款及保障和保單資料頁交付至保單持有人；或
 - (ii) 向保單持有人或其代表發出通知書，列明保單條款及保障和保單資料頁已備妥及冷靜期何時屆滿；及
- (b) 若曾獲賠償或將獲賠償，則不獲發還保費及保險費

Declaration and Authorisation 聲明及授權

1. I declare to the best of my knowledge and belief that all the statements and answers in the above are full, complete and true and form part of the application and the basis of the policy to be issued. I understand and agree that if any of the statements and answers given in the above are inaccurate or I have not disclosed any material facts, bolttech Insurance shall be entitled to cancel the policy or to reissue the policy with change even after the policy has been issued, I/we further authorise any physician, hospital, insurance company or organisation to furnish part of or all medical history (including but not limited to information in respect of consultations, diagnostic test results, prescriptions or treatment) with respect to any illness or injury of the Insured Person to bolttech Insurance or its authorised representative. A photocopy of this authorisation shall be considered as effective and valid as the original.
本人聲明書本人所知所信，以上的答案皆完全屬實及真確無訛，以此作為投保申請書的一部分，並為日後簽發保單之基礎。本人了解並同意如在本投保申請書上的陳述及以上之答案有不確之處或隱瞞任何重要事實，即使保單已獲簽發，保單仍保留終止保單或就此修訂而重新簽發另一保單的權利。本人及受保人授權任何醫生、醫院、保險公司或機構，可以將部分或全部有關受保人傷患之病歷（包括但不限於診症、診斷性檢驗結果、藥方或治療資料）給予保單保險或其已獲授權之代理人。此授權之副本與正本具同等效力。
2. I undertake that I will inform/have informed the Insured Person and other Policyholders (if applicable) about this Policy and the Personal Information Collection Statement ("PICS") of bolttech Insurance (whether contained herein or otherwise obtained) before transferring his/her personal data to bolttech Insurance. bolttech Insurance shall not accept any liability for the Insured Person and other Policyholders not having been so informed. I further undertake that I will comply with the Personal Data (Privacy) Ordinance and confirm I have obtained the consent from the Insured Person for the transfer of his/her personal data to bolttech Insurance for the purpose of enrolling him/her in this insurance plan.
本人承諾於遞交所需之個人資料予保單保險前，須通知受保人及其他保單持有人（如適用）有關本保單及保單保險之收集個人資料聲明（不論是否就此申請表或由其他途徑取得），保單保險將不會就受保人及其他保單持有人未被通知的情況承擔任何責任。本人承諾會遵守個人資料（私隱）條例，並確認已獲得受保人及其他保單持有人的同意，將其個人資料移交保單保險以作申請本計劃之用。
3. I, as the applicant, understand that I declare and sign on behalf of the Insured Person in this Application (If applicable). I also understand that the coverage effective date shall be the date when this Application is accepted by bolttech Insurance.
本人作為申請人，明白本人代表此申請表內之受保人作出聲明及簽署（如適用）。本人亦明白生效日期須為保單保險接受此申請之日期。
4. I, as the applicant, am willing to be the Representative Policyholder (if applicable) and understand that I also declare and sign on behalf of the other Policyholders in this Application. I will notify the other Policyholder(s) on the information I received on this Application and the policy to be issued.
本人作為申請人，願意作為保單持有人代表（如適用），明白本人亦代表其他保單持有人作出聲明及簽署，並會將本申請及日後簽發保單的全部資料通知所有其他保單持有人。
5. I confirm having read and understood the product brochure and policy provisions. I acknowledged this medical insurance product's suitable for my and the Insured Person's insurance needs.
本人確認已閱讀及明白此醫療保險產品的產品小冊子及保單條款的內容，本人確認此醫療保險產品適合本人及受保人的需要。
6. I confirm that I understood that all benefits described in the insurance plan are applicable worldwide except for psychiatric treatment and all benefit described in this insurance plan are not subject to any restriction in the choice of healthcare services providers and ward class. I also confirm that I understood that there is the Coinsurance arrangement of Prescribed Diagnostic Imaging Tests under this insurance plan.
本人確認及明白除精神科治療外，保險計劃內的所有保障均全球適用。保險計劃內的所有保障對醫療服務供應者選擇或病房級別選擇均不設限制。本人並確認明白此保險計劃的保障中，診斷成像檢測的共同保險安排。
7. I understand that this insurance plan is a Certified Plan under Voluntary Health Insurance Scheme and is eligible for claiming tax deduction under the Inland Revenue Ordinance (Cap.112). bolttech Insurance and its intermediaries do not provide tax advice and I shall consult my tax advisor for any tax advice. For further information, I shall visit the website of Inland Revenue Department (www.ird.gov.hk) and the website of Voluntary Health Insurance Scheme (www.vhis.gov.hk).
本人明白此保險計劃是於自願醫保計劃的認可產品，並可享根據稅務條例（第112章），就保費支出提供稅務扣減，保單保險及其中介並不提供稅務建議。本人會向本人的稅務顧問諮詢稅務建議。如需進一步資料，本人可瀏覽稅務局網頁（www.ird.gov.hk）及自願醫保計劃網頁（www.vhis.gov.hk）。
8. I have the duty to immediately inform bolttech Insurance and correct the above information I provided if they have become incomplete, untrue and inaccurate subsequent to before any policy is issued.
本人明白於保單生效前，若因任何原因改變，導致上述本人所提供之資料不再完整、不再正確或不再準確，本人有責任立即通知保單保險並對該資料作出更正。
9. Any payment made in connection with this Application does not guarantee immediate approval of the coverage applied for. The insurance coverage applied for shall only take effect when the relevant policy has been issued and the initial premium paid (including any additional initial premium payable due to revisions of the policy terms and conditions).
就有關本申請所作出付款，並不代表能保證立刻批准所申請的承保範圍。承保範圍只在發出保單及交妥首期保費時方會生效（包括因更改受保條件而需繳付的額外首期保費）。
10. I have read, understood and accepted the Personal Information Collection Statement of bolttech Insurance.
本人已細閱、明白及接受保單保險之收集個人資料聲明。
bolttech Insurance intends to send you marketing communications or materials and use Your Personal Data in accordance with paragraphs 8 & 9 of PICS. If you do not agree to receive such marketing communications or bolttech Insurance's intended use of Your Personal Data, please tick below to exercise your right to opt-out.
保單保險有意向閣下發送推廣訊息或資料及根據收集個人資料聲明第8及第9段使用閣下的個人資料。如閣下不同意接收有關的推廣訊息或不同意保單保險就該目的使用閣下的個人資料，請在以下有關方格內加上（✓）號，藉以行使閣下不同意此項安排的權利。
☐ 拒絕接收推廣訊息或資料及保單保險使用本人的個人資料作直接促銷的用途。
Opt-out from marketing communications or materials and bolttech Insurance to use of my personal data for direct marketing purpose.

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，保持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持保險確認他/她已獲該法人團體授權。申請人亦明白保持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, FWD Financial Centre, 308 Des Voeux Road Central, Hong Kong within 21 days after the delivery of the policy or issuance of a notice to the Policy Holder 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，並確保保持保險(香港)有限公司於香港中環德輔道中308號富衛金融中心9樓將於以下時段內直接收到該書面通知：保單交付本人或本人的代表後，或《通知書》發予本人或本人的代表後，起計的21天，以較先者為準。

	Signed in Hong Kong on 於香港簽署之日期
X _____ Applicants Signature 申請人簽署	DD/MM/YYYY 日/月/年

Advisor/Broker's Information 代理人/經紀資料

Advisor / Broker's Name 代理人/經紀	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 by email. 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

<input type="checkbox"/> Visa 卡 <input type="checkbox"/> Master Card 萬事控卡	
Cardholder's 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
<input type="checkbox"/> I hereby authorise Bolttech Insurance (Hong Kong) Company Limited 本人茲授權保持保險(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。	
X _____ Cardholder's Signature 持卡人簽署	Date 日期

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 3123 3344.

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 3123 3344 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。

Product Suitability Assessment Form

產品合適性評估表

Please provide the personal information in this Suitability Assessment Form in order for us to analyse your medical, financial, and coverage needs to make suitable medical coverage recommendations for you. By providing the information below, you understand and agree that the information provided in this form will be handled in accordance with the Personal Information Collection Statement ("PICS") of Bolttech Insurance (Hong Kong) Company Limited.

請根據此產品合適性評估表提供個人資料以助我們分析您在醫療、財務及保障上的需要，以便提供合適的醫療保障建議。客戶在填寫此分析表時，即表示您明白及同意有關資料將根據保特保險(香港)有限公司之個人資料收集聲明予以處理。

Applicant's name: 申請人姓名：	Proposed insured's name: 準受保人姓名：	Proposed Insured's Age: 準受保人年齡：	Proposed insured's Sex: 準受保人性別：	Proposed insured's relationship to applicant: 準受保人與申請人關係：

Step 1: Customer's medical insurance needs and objectives:

第一步：客戶醫療保險需求及目標：

- 1) Are you able to pay medical insurance premium every year to enjoy the benefits and services as stated in the medical insurance policy for future illnesses or injuries?
您確定每年都能支付醫療保險保費，以享用醫療保險保單中所指定的保障項目和服務來保障未來可能出現之疾病或傷患嗎？
☐ a) Yes 確定
☐ b) No 不確定
- 2) What is your annual budget for medical insurance protection?
您的每年醫療保障費用預算為？

 HK\$ 港幣 _____
- 3) Do you have any existing personal medical insurance(s)?
您有現有的個人醫療保險嗎？
☐ a) Yes 有 _____
 (If yes, please indicate no. of in-force policy)
 如有，請寫出生效之保單數目：
 i) Medical expense reimbursement insurance 醫療費用實報實銷保險 _____
 ii) Daily cash for hospitalization insurance 每日住院現金保險 _____
 iii) Critical illness insurance 危疾保險 _____
 iv) Personal accident insurance 個人意外保險 _____
☐ b) No 沒有
- 4) Why do you want to purchase a new medical insurance?
您為什麼想購買一份新的醫療保險？
☐ a) For insurance protection of the increasing medical treatment costs 為日益增加的醫療費用提供保險保障
☐ b) For income protection during sickness 用於疾病期間的收入保障
☐ c) My existing medical insurance cover is insufficient 我的現有醫療保險保障不足
☐ d) To enjoy tax allowance of VHIS compliant product ("Voluntary Health Insurance Scheme") 我希望享受「自願醫保」所提供的免稅額
☐ e) Others, please specify 其他，請註明： _____
- 5) What are your preferred benefits and coverages for your newly applied medical insurance?
在您新投保的醫療保險中，您首要考慮的保障項目和保險範圍是什麼？
☐ a) Basic hospitalization and surgical benefits 基本住院及手術保障之項目
☐ b) Comprehensive medical insurance protection 全面的醫療保險保障
☐ c) Income protection during sickness 疾病期間的收入保障
☐ d) Annual deductible or co-insurance options to lower the annual premium 每年以自付費或共付保險形式投保之選項，以降低每年的保費

Step 2: Insurance intermediary product recommendation after product suitability assessment**第二步：產品合適性評估後，保險中介人之產品建議**

Insurance intermediary product recommendations: 保險中介人之產品建議：

Step 3: Customer selected product after product suitability assessment**第三步：產品合適性評估後客戶選擇之產品**

I / we confirm that I have gone through the above product suitability assessment and confirm the below medical insurance product is selected by my / our own decision.

本人/我們確認本人/我們已進行上述之產品合適性評估並確認以下之醫療保險產品選擇是本人/我們自己所決定的。

Plan name 計劃名稱: _____

Annual Deductible option (if applicable) 每年自付費選擇(如有): HK\$ _____

Optional benefit (if applicable) 自選保障(如有): _____

客戶聲明 Customer Declaration:

- 1) I / We have read and understood the product brochure, information sheet and policy provision of the medical insurance product I / we selected. 本人/我們已細閱及明瞭本人/我們所選擇之醫療保險產品的產品小冊子、資訊單張及保單條款之內容。
- 2) I / We confirm the medical insurance product I / we selected (in respect of any type of indemnity, non-indemnity, or combo product) is suitable for my / our insurance needs and my / our objectives for purchasing a medical insurance product (including but not limited to (i) income protection during hospital confinement; (ii) preparation for the hospitalization and medical treatment expenses due to illness or injury), and I / we can afford to pay the required premium. 本人/我們確認本人/我們所選擇之醫療保險產品(包括任何種類之賠償、非賠償、或組合產品)符合本人/我們的保險需要及購買醫療保險產品的目標(包括但不限於(i)住院期間的收入保障;(ii)為疾病或受傷之住院及其醫療費用作準備),及本人/我們有能力支付其所需的保費。
- 3) I / We confirm the medical insurance product I/we selected is my / our own decision with no forced pressure from any third parties. 本人/我們確認本人/我們所選擇之醫療保險產品是在沒有受第三者壓力下由本人/我們自行決定的。
- 4) I / We understand the information contained in this form was used to analyse my / our medical insurance needs and provided as reference only for my choice of medical insurance product and premium amount. I / We also understand and agree that the information contained in this form will be handled in accordance with the Personal information Collection Statement ("PICS") of Bolttech Insurance (Hong Kong) Company Limited. 本人/我們明白此表格內所提供之資料乃用作分析本人/我們的醫療保險需求,並為本人/我們在選擇保險計劃及保費金額時作參考。本人/我們亦明白此表格內之資料會根據保特保險(香港)有限公司的收集個人資料聲明予以處理。
- 5) We understand that the analysis and choices made in this form were based upon the information provided and it does not create any liability to Bolttech Insurance (Hong Kong) Company Limited. 本人/我們明白此表格之分析及選擇乃基於本人/我們所提供之資料而作出的,當中並不構成保特保險(香港)有限公司之任何責任。
- 6) I / We understand that I / We are required to inform Bolttech Insurance (Hong Kong) Company Limited if there are any substantial changes to the information provided in this form prior to the insurance policy being issued. 本人/我們明白,如本人/我們就此表格內的資料有任何重大更改,本人/我們需在保單生效前通知保特保險(香港)有限公司。

I / We, as the Applicant, confirm that I / we have read and understood all the contents in this form and provided all the correct information for the above on behalf of the proposed insured / existing insured listed in this application. 本人/我們作為申請人確認已細閱及明瞭此表格之內容,並代表此計劃之準受保人/現有受保人就以上問題提供正確無誤之資料。

Applicant's name
申請人姓名

Applicant's Signature
申請人簽署

/ /
Date (DD / MM / YYYY)
日期(日/月/年)

Proposed insured's name
(if different from the Applicant)
準受保人姓名(如跟申請人不同)

Proposed insured's Signature
準受保人簽署

/ /
Date (DD / MM / YYYY)
日期(日/月/年)

Name of Agent / Broker
經紀姓名

Agent's / Broker's Code
經紀編號

Agent's / Broker's signature
經紀簽署