

Change of Personal Particulars and Beneficiary Designation Form

更改個人資料及受益人申請書



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www.cigna.com.hk

Same policyholder can fill in one form. 相同持有人可以填寫一份表格。

Private & Confidential 私人及機密

Policyholder 保單持有人 _____	
Policy Number 保單編號 _____	Person Insured 受保人 _____
Policy Number 保單編號 _____	Person Insured 受保人 _____
Policy Number 保單編號 _____	Person Insured 受保人 _____

Please notify us of any change in customer identification information. We should treat your information as remaining unchanged from our latest record unless we receive your notice of change. To make changes to your policy please download MyCigna HK App from the app store or Google Play store and register the account to enjoy e-services.

如閣下的身分識別資料有所更改，請儘快通知本公司。倘若本公司未有收到閣下之通知，有關的資料將視作與本公司最近之記錄維持不變。您只需由 app store or Google Play store 下載 MyCigna HK 手機應用程式及登入註冊便可以更改保單資料。

1. Change of Personal Particulars 更改個人資料

Note: Please submit Policyholder/Person Insured's valid HKID copy/Passport copy/Deed Poll copy if applicable for personal information change including English or Chinese name / gender / date of birth / HKID or Passport number.

注意：如需更改中英文姓名 / 性別 / 出生日期 / 香港身分證或護照號碼，請提供保單持有人/受保人之有效香港身分證副本/護照副本/改名契副本。

☐ Policyholder 保單持有人

Name (English & Chinese) 中英文姓名

Sex 性別 ☐ Male男 ☐ Female女

Place of Birth 出生地

Date of Birth 出生日期 _____ Year年/ _____ Month月/ _____ Day日

Nationality 國籍*

HKID/Passport No. 香港身分證/護照號碼

☐ Person Insured 受保人

Name (English & Chinese) 中英文姓名

Sex 性別 ☐ Male男 ☐ Female女

Place of Birth 出生地

Date of Birth 出生日期 _____ Year年/ _____ Month月/ _____ Day日

Nationality 國籍*

HKID/Passport No. 香港身分證/護照號碼

*Please submit nationality proof (e.g. passport) for non-permanent HKID card holder. 如屬香港居民身份證持有人(非永久性)，請遞交國籍證明(例如：護照)。

2. Change of Address 更改地址 (only applicable for policyholder 只適用於保單持有人)

Note: Correspondence address will only be changed for the policy(ies) specified by you in this section.

注意：更改通訊地址只適用於閣下在此欄指明的保單。

Residential Address
住宅地址

Flat/Room 室 / Floor 層 / Block 座

Building/Estate/Street 大廈/屋苑/街道

District 地區

Country 國家

Permanent Address
(if different from Residential Address)
永久地址 (如與住址不同)

Flat/Room 室 / Floor 層 / Block 座

Building/Estate/Street 大廈/屋苑/街道

District 地區

Country 國家

Correspondence Address
(if different from Residential Address)
通訊地址 (如與住址不同)

Flat/Room 室 / Floor 層 / Block 座

Building/Estate/Street 大廈/屋苑/街道

District 地區

Country 國家

3. Change of Contact Information 更改聯絡資料 ☐ **Policyholder 保單持有人** ☐ **Person Insured 受保人**

Mobile Number 流動電話號碼

Residential Number 住宅電話號碼

Office Number 辦公室電話號碼

Email address 電郵地址

4. Change of Occupation 更改職業 ☐ **Policyholder 保單持有人** ☐ **Person Insured 受保人**

Job Title 職銜

Nature of Business 業務性質

Occupation Class 職業類別

Exact Job Duties 工作職務

Name of Employer 僱主名稱

Monthly Income 每月收入

Address of Employer 僱主地址

5. Change of Signature 更改簽名樣式**6. Others 其他**

Note: Please submit Policyholder/Person Insured's valid HKID copy/Passport copy.
 注意：請提供保單持有人/受保人之有效香港身分證副本/護照副本。

Policyholder 保單持有人

Person Insured 受保人

7. Change of Beneficiary 更改受益人Name in English
英文姓名HKID/Birth Cert./Passport No.
香港身分證/出世紙/護照號碼Relationship with Person Insured
與受保人關係Share(%) 分配(%)
Total 合共：100%**Personal Information Collection Statement of Cigna Hong Kong 信諾香港個人資料收集聲明**

Cigna Worldwide General Insurance Company Limited ("Cigna Hong Kong ", "our", "we", "us")
 信諾環球保險有限公司 (「信諾香港」或「我們」)

The protection of privacy in relation to personal information is the concern of Cigna Hong Kong. We respect personal information and are committed to fully implementing and complying with the Data Protection Principles and the Personal Data (Privacy) Ordinance ("the Ordinance").
 信諾香港關注保障個人資料私隱。我們尊重個人資料，並且全力執行及遵守保障資料原則，以及《個人資料（私隱）條例》（“私隱條例”）。

1) Personal Information We Collect and/or Hold 我們收集及/或持有的個人資料的範圍

We collect your personal information from you for the purposes as set out in this Personal Information Collection Statement. We may collect personal information directly or indirectly from you in a range of ways, including but not limited to when you complete or submit an application, or claim, or request services or products, contact us in person, phone, mail, email or online, when you participate in our programs, when you access our website and services. The personal information that we collect and/or hold includes your personal identification information, contact information, policy details, transaction records, financial background, claims history, biometric data including but not limited to your voice pattern and facial images, location information based on your device and medical and health records.

我們為本個人資料收集聲明中列明之目的向閣下收集個人資料。我們可能會以各種方式直接或間接向閣下收集個人資料，包括但不限於當閣下填寫或提交申請或索償，要求提供服務或產品，當面、透過電話、郵件、電郵或在綫聯繫我們時，當閣下參與我們的計劃時，當閣下使用我們的網站和服務時。我們收集及/或持有的個人資料，包括閣下之個人識別資料、聯絡資料、保單詳情、交易記錄、財務背景、索償歷史、生物識別數據（包括但不限於閣下的聲音模式及面部圖像）、根據閣下設備的位置信息和醫療及健康記錄。

We may also collect personal information of the insureds, your beneficiaries (or any other personnel designated or entitled to receive benefits under the corresponding policies), assignees, authorized representatives, dependents, company employees, and other individuals to which you have provided personal information of. Where you provide personal information of others to us, you confirm that you have authority to do so as their parent or guardian or have obtained that person's consent to provide such personal information to us for Cigna Hong Kong's use and transfer in accordance with this Personal Information Collection Statement.

我們亦可能收集下列人士的個人資料：受保人、閣下的受益人（或被指定或有權獲得相應保單下利益的任何其他人士）、受讓人、獲授權代表、受養人、公司僱員及閣下已提供其個人資料的其他個人。當閣下向我們提供他人個人資料時，閣下確認閣下作為其父母或監護人有權向我們提供其個人資料，或者已獲得該人同意向我們提供其個人資料，供信諾香港按照本個人資料收集聲明使用和轉移。

We may also collect personal information about you from third parties in certain circumstances, such as from other insurance companies, agents, brokers and other intermediaries, credit reference/reporting agencies, employers, vendors, financial institutions, fraud prevention agencies or databases, government agencies, medical personnel, courts or public record.

在特定情況下，我們亦可能向第三者收集有關閣下的個人資料，如其他保險公司、代理、經紀及其他中介人、信用查詢 / 報告機構、僱主、供應商、金融機構、防欺詐機構或數據庫、政府機構、醫務人員、法院或公共記錄。

2) Importance of Information Collection 收集個人資料的重要性

From time to time, it is mandatory and necessary for you to supply Cigna Hong Kong with personal information. Where you are unable or fail to supply the mandatory information requested by Cigna Hong Kong, Cigna Hong Kong may not be able to issue policies, process claims, applications or your requests, or provide products or services to you.

閣下不時有義務且有必要向信諾香港提供有關的個人資料。倘若閣下無法或未能向信諾香港提供強制性要求的資料，信諾香港可能無法簽發保單處理索償、申請或閣下的要求，或向閣下提供產品或服務。

3) Purposes of Information Collection and Usage 收集個人資料的目的及用途

Your personal information held by Cigna Hong Kong may be used for the following purposes:-

信諾香港所持有閣下的資料可能會被用於下列用途：

- i) processing and evaluating any applications or requests made by you for products or services;
處理及評估閣下就產品或服務提出的任何申請或要求；
- ii) administration of insurance or financial or investment related products or services, including but not limited to alterations, variations, assignments, cancellation or renewal of such products or services;
處理保險或財務或投資相關產品或服務之日常運作，包括但不限於其更改、變動、轉讓、取消或續期；
- iii) processing, investigation or analysis of any claim applications made by, against or otherwise involving you in respect of any products or services;
處理、調查或分析就產品或服務而由閣下或針對閣下提出的或者其他涉及閣下的任何索償申請；
- iv) conducting research, satisfaction surveys, data analytics and statistics, to further understand your needs and to improve and test our facilities and services and/or products for any other purposes in connection with our business and the business of any member of the Cigna group companies;
為與我們的業務及信諾集團公司任何成員的業務有關的任何其他目的，進行研究、滿意度調查、數據分析和統計，以進一步瞭解閣下的需求，並改進和測試我們的設施及服務及/或產品；
- v) carrying out matching procedures;
進行核對程序；
- vi) (with your consent – see section 7 below) direct marketing including but not limited to promoting, marketing or selling of Cigna Hong Kong or co-branded or other third party insurance or financial or investment related products or services by electronic or other means;
(得到閣下的同意下 – 請看以下第7條) 直接促銷，包括但不限於透過電子或其他模式作推廣、宣傳或銷售信諾香港或信諾香港聯合的其它公司或其他第三者的保險、財務或與投資相關之產品或服務；
- vii) making disclosure under and/or complying with any law, rules, regulations, codes of practice or guidelines binding on or applicable to Cigna Hong Kong or any of its group companies and respond to requests from public, governmental authorities, regulatory bodies and litigation;
遵守適用於信諾香港或其集團公司的法律、規則、規例、實務守則或指引，及就其要求作出披露，並就公共、政府機構、監管機構和訴訟方面的要求作出答覆；
- viii) evaluating the policy or related risk intended to be the subject of reinsurance by an actual or proposed re-insurer of Cigna Hong Kong;
使信諾香港的確實或建議再保人，評核意圖再保交易的有關保單或相關風險；
- ix) conducting medical or health reference checks;
用作於醫療或健康參考上之用；
- x) conducting surveys, research and compiling statistics for insurance, financial or investment related purposes;
用作於保險、財務或投資相關調查、研究及統計之用；
- xi) investigation and settlement of claims, disputes and detection and prevention of fraud (whether or not relating to the policy issued in respect of an application); and
調查及處理索償、爭議、偵測及防止欺詐（無論是否與根據申請簽發之保單有關）；及
- xii) other purposes directly relating to any of the above.
與上述任何目的直接有關的其他目的。

4) Transfer of Personal Information 個人資料的轉移

Your personal information held by Cigna Hong Kong will be kept confidential, but may be shared with the following individuals and/or entities, whether within or outside Hong Kong, for any of the purposes set out above:-

信諾香港所持有閣下的資料會被絕對保密，但信諾香港可能會就上述任何目的把有關資料給予下列人士及 / 或實體（無論在香港境內還是境外）：

- i) any agent, contractor or third party service provider who provides administrative, accounting, data hosting, analytics and processing, customer service, call center, financial, legal, telecommunications, technology, fund management, debt collection, payment, anti-money laundering and other regulatory screenings, marketing, research, mailing, printing, loss adjustment or other services to Cigna Hong Kong; 任何向信諾香港提供行政、會計、資料寄存、分析及處理、客戶服務、電話中心、財務、法務、電訊、資訊科技、基金管理、收債、繳費、反洗黑錢及其他法規的審查、促銷、研究、郵寄、印刷、理賠、或其他服務的代理、承辦商或第三者服務供應商；
- ii) any insurance intermediary acting on your behalf (in placing an insurance policy with Cigna Hong Kong, in handling insurance claims with Cigna Hong Kong or as notified by you to Cigna Hong Kong) (an "Insurance Intermediary") and (with your consent – see section 7 below) for its own direct marketing and business purposes, and such provision of your personal information may be for gain; 任何代表閣下安排購買信諾香港提供的保單，或代表閣下處理對信諾香港的保險索償，或由閣下通知信諾香港作為代表閣下的保險中介人（“保險中介人”）；（在得到閣下的同意下 – 請看以下第7條）個人資料作其直接促銷或業務推廣的用途，並可能從而得益；
- iii) any agent, contractor or third party service provider engaged by an Insurance Intermediary (as notified by such Insurance Intermediary to Cigna Hong Kong from time to time) to provide any services to the Insurance Intermediary in relation to the purposes set out under sections 3(i) and 3(ii) above; 任何由保險中介人聘用的代理、承辦商或第三者服務供應商（由保險中介人不時通知信諾香港）以提供任何有關第3(i)及(ii)條所載用途之服務；
- iv) any insurance adjusters, agents, brokers or other intermediaries; employers; medical service providers; health care professionals; hospitals; organizations that consolidate claims and underwriting information for the insurance industry; fraud prevention organizations; other insurance companies (whether directly or through fraud prevention organization or other persons named in this paragraph), the police and databases or registers (and their operators) used by the insurance industry to analyse and check information provided against existing information; 任何保險理賠員、代理、經紀或其他中介人；僱主；醫療服務提供者；專業醫護人員；醫院；為保險業整合索償及承保資料的組織；防欺詐組織；其他保險公司（無論是直接或透過防欺詐組織或本段中提及的其他人）；警方及保險業用作分析和基於現有資料核對所提供資料的數據庫或登記處（及其運營人）；
- v) any branch, subsidiary, holding company, associated company or affiliates of Cigna Hong Kong; 信諾香港的分行、附屬公司、控股公司、關聯公司或聯繫公司；
- vi) Chubb Life Insurance Hong Kong Limited, or any branch, subsidiary, holding company, associated company or affiliates of Chubb Life Insurance Hong Kong Limited, and their respective successors and assignees; 安達人壽保險香港有限公司，或其分行、附屬公司、控股公司、關聯公司或聯繫公司，以及其各別繼承人及受讓人；
- vii) any financial institution or credit / charge card issuer related to your premium payment account; 與閣下用作繳交保費戶口有關的金融機構或信用咭 / 記賬咭發咭人；
- viii) any actual or proposed re-insurer of Cigna Hong Kong; 信諾香港的確實或建議再保人；
- ix) any person or authority to whom Cigna Hong Kong is under an obligation to make disclosure under the requirement of any law, regulations, rules, codes of practice or guidelines binding on or applicable to Cigna Hong Kong or any of its group companies; 適用於及對信諾香港或任何其集團公司具法律、規則、規例、實務守則或指引約束力的規定下而信諾香港有責任對其作出披露的任何人或機構；
- x) any other person under a duty of confidentiality to Cigna Hong Kong which has undertaken to keep such information confidential; 其他對信諾香港資料有保密責任並承諾保密該等資料的人士；
- xi) any debt collection agencies; and 任何收賬代理；及
- xii) any organization or person who provides survey, research and statistics services. 任何調查、研究及統計機構 / 人員。

5) Transfer of Information Outside Hong Kong 轉移資料往香港以外地區

Cigna Hong Kong may from time to time transfer your personal information outside Hong Kong for different purposes set out above including but not limited to processing or storage.

信諾香港可能不時就上述不同的目的（包括但不限於處理或儲存）將閣下的資料轉移往香港以外地區。

6) Data Access 資料查閱

I. Under and in accordance with the terms of the Ordinance, you have the right to:-

根據私隱條例中的條款，閣下有權：

- i) check whether Cigna Hong Kong holds data about you and seek access to such data; and 查詢信諾香港是否持有閣下的資料及查閱有關的資料；及
- ii) require Cigna Hong Kong to correct any data relating to you which is inaccurate. 要求信諾香港改正有關閣下不準確的資料。

II. Cigna Hong Kong may charge a reasonable fee for the processing of any data access request.

信諾香港有權就處理任何查閱資料的要求收取合理費用。

III. Requests under section 6(I) should be addressed to the following:

Cigna Hong Kong's Data Protection Officer

16/F, 348 Kwun Tong Road, Kwun Tong, Hong Kong

任何關於上述條款6(I)的要求，應向右列人士提出：信諾香港資料私隱主任（香港觀塘觀塘道348號16樓）。

7) Direct Marketing 直接促銷

In accordance with the requirements of the Ordinance, Cigna Hong Kong intends to use and transfer your personal information for the purposes of conducting direct marketing and may not do so unless we have received your consent or written consent (in the case of transfer).

根據私隱條例的要求，信諾香港擬使用及轉移閣下的個人資料作直接促銷之用途，但除非我們得到閣下的同意或書面同意（在轉移的情況下），否則不得使用及轉移閣下的個人資料作此用途。

With your consent or written consent (in the case of transfer) (which includes an indication of no objection), Cigna Hong Kong may: 在得到閣下的同意或書面同意（在轉移的情況下）下(包括表示不反對)，信諾香港可：

- I. use personal information, including your name, contact details, products and other services portfolio information, financial background and demographic data it holds about you for direct marketing purposes; 使用閣下提供予信諾香港的個人資料，包括閣下的姓名、聯絡資料、產品及服務組合資料、財務背景及人口統計資料作直接促銷之用途；
- II. conduct direct marketing in relating to the following classes of products and services that Cigna Hong Kong, our affiliates, our co-branding partners and our business partners may offer: 就信諾香港及信諾香港的聯繫公司、聯合品牌夥伴及商業合作夥伴可能提供之下列類別的產品及服務進行直接促銷；
 - i) insurance, financial or investment related products and services; 保險、財務或投資相關產品及服務；
 - ii) reward, loyalty, co-branding or privileges programs and related services and products on health, wellness and medical, sporting activities and membership, entertainment, travel and transportation, concierge, home care (including pet care), household, food and beverages, apparel, jewelry, telecommunication, education, social networking and media; and 獎賞、年資、聯合品牌及優惠計劃及其相關產品及服務：健康、保健及醫療、體育運動及會員服務、娛樂、旅遊及交通、禮賓、家庭護理（包括寵物護理）、家居、餐飲、服裝、珠寶、電訊、教育、社交網絡及媒體；及
 - iii) donations and contributions for charitable or non-profit making purposes; 作慈善或非牟利用途的捐獻；
- III. provide the personal information described in section 7(I) to any agent or contractor for the purpose of carrying out direct marketing of the above products and/or services on behalf of Cigna Hong Kong; and 將第7(I)條所述的個人資料提供予任何代理人或承辦商以代表信諾香港進行直接促銷上述產品及 / 或服務之用途；及
- IV. in addition to marketing the above products and services, share the personal information described in section 7(I), for gain, with any or all of the following persons for use in direct marketing, and Cigna Hong Kong requires your written consent (which includes an indication of no objection) for the purposes and will not do so without your written consent: 除促銷上述產品及服務外，將第7(I)條所述的個人資料提供予任何或所有下列人士作直接促銷之用，並從而得益；及信諾香港就此用途必須得到閣下的書面同意（包括表示不反對），並在沒有閣下的書面同意下不會就此用途轉移閣下的個人資料：
 - i) any Insurance Intermediary acting on your behalf for its own direct marketing purposes in relation to insurance, financial or investment related products or services, and business purposes; and 任何代表閣下的保險中介人作其直接促銷保險、財務或投資相關產品或服務之用途，及業務推廣之用途；及
 - ii) any third party provider of any of the classes of products and/or services as described in section 7(II) for direct marketing purposes in relation to such classes of products and/or services. 任何提供第7(II)條所述的產品及 / 或服務類別之第三者供應商作直接促銷該等類別的產品及 / 或服務之用途。

If you do not consent to Cigna Hong Kong using and/or sharing your personal information for any of those purposes, you may exercise your opt-out right by notifying Cigna Hong Kong's Data Protection Officer at the above address, and we will not do so. You may also subsequently withdraw your consent by writing to Cigna Hong Kong's Data Protection Officer at the above address. If you exercise your right to opt out of the use/sharing of your personal information for any of the above purposes, it will mean that Cigna Hong Kong, your Insurance Intermediary and/or third party service providers will not be able to send you any direct marketing, targeted or special offers in the future.

如閣下不同意信諾香港就任何上述使用及 / 或轉移閣下的個人資料之用途，閣下可根據上述地址通知信諾香港資料私隱主任行使你的權利選擇拒絕直接促銷，我們便不會使用及 / 或轉移閣下個人資料作以上之用途。閣下亦可隨時根據上述地址致函給我們的信諾香港資料私隱主任撤回閣下的同意意願。如閣下行使你的權利選擇拒絕閣下的個人資料被用於或轉移作以上任何用途，這代表將來閣下不能從信諾香港、閣下的保險中介人及 / 或第三者服務供應商收到任何針對性或特別優惠的直接促銷。

Cigna Hong Kong will not use any personal data of minors for its own direct marketing purposes and/or share the personal data of minors with any third party for its direct marketing/business purposes.

信諾香港不會使用任何未成年人的個人資料作直接促銷之用及 / 或轉交至任何第三者作直接促銷 / 業務推廣的用途。

8) Retention of personal information 個人資料的保存

We retain your personal information for as long as necessary for the purposes set out in this Personal Information Collection Statement, or otherwise agreed between you and us, unless otherwise required or permitted under applicable law. Where we no longer require your personal information for the purposes under this Personal Information Collection Statement, or otherwise required under law, we will take appropriate steps to securely delete or destroy your personal information.

除非適用法律另有要求或允許，否則，我們按本個人資料收集聲明中規定目的所需的期限或閣下與我們另行約定的期限保存閣下的個人資料。倘若我們為本個人資料收集聲明列明之目的不再需要閣下的個人資料，或者法律另有要求，我們將採取適當措施，安全地刪除或銷毀閣下的個人資料。

This Personal Information Collection Statement shall from the date hereinafter appearing be deemed an integral part of all contracts, agreements and other binding arrangements which you have entered into or intend to enter into with Cigna Hong Kong. For any enquiries regarding this Personal Information Collection Statement, please contact our Customer Services Hotline at 2560 1990.

在此個人資料收集聲明發出的日期起，它將成為閣下與信諾香港或有意與信諾香港訂定之所有合約、協議、及其他約束性安排之一部份。如有任何有關此個人資料收集聲明的查詢，請致電2560 1990與我們的客戶服務部聯絡。

Release Date: November 2022

發出日期：二零二二年十一月

In case of discrepancies between the English and Chinese version, the English version shall apply and prevail.

此聲明備有中英文版本，如內容有異，以英文版本為準。

Declarations and Authorization 聲明及授權

I(We) hereby request the above Policy to be changed in the above particulars with the understanding and agreement that this request shall form part of the said Policy. I(We) understand and agree that such changes or services will not take effect unless (1) any required documents are submitted in full and (2) the application is duly approved by Cigna Healthcare.

本人(吾等)謹此要求按上述資料更改上述保單，並明白及同意此要求將成為有關保單的一部分。本人(吾等)明白及同意上述的修改或服務將不會生效直至(1)所有相關文件已收妥及(2)申請表是經信諾環球批核後方可作實。

I(We) declare and agree that the answers in this application are complete and true to the best of my (our) knowledge and belief.

本人(吾等)聲明及同意此表格各欄之作答，據本人所知及所信，均屬完整及屬實無訛。

I(We) hereby authorize, and (in case the applicant is not the Person Insured) confirm that the Person Insured has authorized, any licensed physician, medical practitioner, hospital, clinic or other medical or medically related facility, insurance company or other organization, institution or person, that has any records or knowledge of my (our) or the Person Insured's health to give to the Company and its reinsurers any such information for the purpose of assessment of this insurance proposal or subsequent assessment of any insurance claim under the policy that may be issued pursuant to this application. A photographic copy of this authorization shall be as valid as the original.

本人(吾等)授權，而且(倘申請人並非受保人)確認受保人已授權，凡存有關於本人(吾等)或受保人健康狀況任何記錄或得悉此方面資料的任何持牌醫師、醫院、診所或者其他醫療或與醫療相關的設施、保險公司或其他組織、機構或個人，可向貴公司及其再保險公司提供有關資料，以評估本保險申請或日後評估根據本申請書簽發的本保單下提出任何的保險索償。此授權書的複本與正本同樣有效。

I (We) declare and agree that my (our) change of nationality or citizenship, if any, may cause change on my (our) tax liabilities and obligations. I (We) declare and agree that I (we) should seek advice from my (our) tax consultant on my (our) tax position and be responsible for settlement of my (our) tax liabilities regarding the insurance policy(ies).

本人(吾等)聲明及同意，若本人(吾等)之國籍或公民身分有變，則本人(吾等)之稅務承擔及責任亦可能隨之更改。本人(吾等)聲明及同意，本人(吾等)須就持有之保單諮詢稅務顧問及承擔相關之稅務責任。

I (We) declare and agree that if the Policyholder's tax status changes, and becomes a U.S. citizen or resident, the Policyholder must notify Cigna Healthcare immediately. In the event Cigna Healthcare has any reason to believe that the Policyholder is a U.S. person, the Policyholder shall upon Cigna Healthcare's request provide any information as required by any governmental authorities, regulatory bodies and/or any relevant person(s) for U.S. federal tax purpose.

本人(吾等)聲明及同意，若保單持有人的稅務狀況有更改，並且成為美國公民或居民，保單持有人必須立即通知信諾環球。就美國聯邦稅而言，倘若信諾環球有任何理由相信保單持有人為美國人，保單持有人須應信諾環球之要求提供任何政府機關、監管機構及/或有關人士所要求的任何資料。

I (We) agree that Cigna Healthcare may use and/or disclose my (our) personal information in accordance with Personal Information Collection Statement of Cigna Hong Kong ("Statement") and acknowledge that I (we) have read and understood the Statement. I (We) understand that I (we) have the right to opt out of the use of my (our) personal information in accordance with the options set out below. I (We) understand that opting out will mean that Cigna Healthcare or insurance intermediary or third party provider of the specified classes of products and services will not be able to send me (us) any direct marketing, targeted or special offers in the future.

本人(吾等)同意信諾環球可根據其個人資料收集聲明(「聲明」)，使用及/或披露本人(吾等)之個人資料。本人(吾等)確認已閱讀及明白此聲明。本人(吾等)明白本人(吾等)有權根據以下選擇拒絕本人(吾等)個人資料被用於下列用途。然而，本人(吾等)也明白選擇拒絕本人(吾等)個人資料被用於下列用途會導致將來本人(吾等)不能從信諾環球或保險中介人或指定產品及服務類別之第三者供應商處收到任何針對性或特別優惠的直接促銷。

Policyholder 保單持有人：

- ☐ I do not want Cigna Healthcare to use my personal data for Cigna Healthcare's direct marketing purposes.
本人不願信諾環球使用本人個人資料作直接促銷之用。
- ☐ I do not want Cigna Healthcare to share my personal data with insurance intermediaries for their direct marketing purposes and/or business purposes.
本人不願信諾環球將本人個人資料給予保險中介人作直接促銷及/或業務推廣之用。
- ☐ I do not want Cigna Healthcare to share my personal data with third party product/service providers for direct marketing purposes.
本人不願信諾環球將本人個人資料給第三者產品/服務供應商作直接促銷之用。

Person Insured 受保人：

- ☐ I do not want Cigna Healthcare to use my personal data for Cigna Healthcare's direct marketing purposes.
本人不願信諾環球使用本人個人資料作直接促銷之用。
- ☐ I do not want Cigna Healthcare to share my personal data with insurance intermediaries for their direct marketing purposes and/or business purposes.
本人不願信諾環球將本人個人資料給予保險中介人作直接促銷及/或業務推廣之用。
- ☐ I do not want Cigna Healthcare to share my personal data with third party product/service providers for direct marketing purposes.
本人不願信諾環球將本人個人資料給第三者產品/服務供應商作直接促銷之用。

Parent/guardian of Person Insured (if the Person Insured is under 18): 受保人的家長/監護人 (如受保人是十八歲以下)：

I declare that I am the parent/guardian of the Person Insured and I reasonably believe that Cigna Healthcare's use and disclosure of the Person Insured's personal data for the purposes stated in the Statement are in the best interests of the minor.

本人謹此聲明本人是未成年受保人的家長/監護人及本人合理地相信信諾環球使用及/或披露未成年受保人的個人資料是以未成年受保人的最佳利益為依歸。

The Policyholder understands, acknowledges and agrees that, as a result of the Policyholder purchasing and taking up the above change in insurance coverage to be granted by Cigna Healthcare, Cigna Healthcare will pay the authorized insurance broker commission for arranging the said change, during the continuance of the policy including renewals, for arranging the said policy/change. Where the Policyholder is a body corporate, the authorized person who signs on behalf of the Policyholder further confirms to Cigna Healthcare that he or she is authorized to do so. The Policyholder further understands the above agreement is necessary for Cigna Healthcare to proceed with the application.

保單持有人明白、確知及同意，信諾環球會就保單持有人購買及接受信諾環球批核的保險保障更改，於保單有效期內（包括續保期），向負責安排有關保單/保單更改的獲授權保險經紀支付佣金。假如保單持有人為法人團體，代表保單持有人簽署的獲授權人員須向信諾環球確認他/她已獲法人團體授權簽署。保單持有人亦明白信諾環球必須取得保單持有人以上的同意，才可以處理有關申請。

Agent/Broker Code 保險代理人/經紀編號	Please ensure the consistence of your signature with our record for verification. 請確保簽名樣式與保單紀錄一致以作核實。		Company Endorsement 公司背書
Agent/Broker/Witness Name 保險代理人/經紀/見證人姓名			
Agent/Broker/Witness Signature 保險代理人/經紀/見證人簽名	Signature of Policyholder 保單持有人簽名	Signature of Person Insured 受保人簽名 (if not Policyholder 如非保單持有人) (Age 18 or above 18歲或以上)	
Manager Name 經理姓名	Y/M/D 年/月/日	Y/M/D 年/月/日	
Manager Signature 經理簽名	Signed at (place) 簽署地方	Signed at (place) 簽署地方	
PLEASE DO NOT SIGN ON BLANK FORM 請勿在空白表格上簽署			