Bupa Health Insurance Scheme Credit Card Authorisation Form
保柏醫療保障計劃信用卡付款授權書

Please complete this form in **ENGLISH AND BLOCK LETTERS**. Please tick as appropriate. 請以**英文正楷**填妥本表格，並於適用地方加「✔」號。

Membership No. (16 digits)
會員號碼 (16位數字)

Subscriber / Policy Holder's Name 投保人/保單持有人姓名
Surname
姓

Given Name
名

Section I - Credit Card Account for Collection of Subscription / Premium, Levy and Shortfall (if applicable)
收取應繳保費、保費徵費、差額 (如適用) 的信用卡賬戶

If you choose to return this form by mail, please photocopy the 'Personal Information Collection Statement' on the bottom of this page for your reference. This information can also be found on our website. 若你選擇郵寄此表格，請複印此頁底部的「個人資料收集聲明」以作將來參考之用。你亦可於我們的網頁隨時瀏覽有關資料。

If credit card payment is chosen as the payment method, please complete this form, sign where marked "X" and return this form to Bupa by mail or by fax. If you have faxed this form to Bupa, please do not return it to us by mail again. 若選擇以信用卡付款，請填妥此表格及簽署於「X」位置，並交回保柏。若你已傳真此表格給我們，請無須寄回此表格。

☐ Visa ☐ MasterCard

Cardholder's Name 持卡人姓名

HKID Card No. 香港身份證號碼

Credit Card Account No. 信用卡戶口號碼

Credit Card Expiry Date 信用卡到期日 *MM 月* *YY 年*

I acknowledge that the Contract / Policy shall be renewed automatically on a yearly basis unless it is not renewed by giving notice to Bupa or according to the terms of the Contract / Policy. I hereby authorise and direct Bupa (Asia) Limited to automatically debit the subscription / premium and levy due from my credit card account on an annual / monthly* basis until further notice.
本人明白除非收到本人給予保柏的通知不再續保或因根據合約 / 保單條款規定，否則合約 / 保單將會每年自動續保。本人茲授權保柏(亞洲)有限公司自動從本人的信用卡戶口每年 / 每月*支付應繳保費及保費徵費金額，直至另行通知。

If the Cardholder is not the Subscriber (Policy Holder) or Member (Insured Person), please fill in the following information. 若信用卡持有人並非投保人(保單持有人)或會員(受保人)，請填寫以下資料。

Relationship with the Subscriber (Policy Holder) or Member (Insured Person)** 與投保人(保單持有人)或會員(受保人)**關係
(Applicable to spouse, parents or children only 只適用於配偶、父母或子女)

☑ I hereby agree and authorise Bupa (Asia) Limited to collect any shortfall under this Contract / Policy from the credit card account provided above for the purpose as stated in Section II. (Applicable to Global Prestige VHIS Plan, Excel, Excel Plus and Global Supreme Health Insurance Schemes)
本人同意及授權保柏 (亞洲) 有限公司按第II部份所列之目的透過以上信用卡賬戶收取本合約 / 保單內的所有差額。(適用於環球優越自願醫保計劃，摯尚，摯悅及摯卓醫療保障計劃)

* *NOT applicable to Bupa Care & Care Child / Bupa Care HealthNet / Bupa Civil Servants / Bupa Crystal / Bupa Gold / Bupa Wise Choice / Bupa Critical Essential Care / Bupa Hospital Cash (Plan 4-6).*

* *不適用於「保柏樂康健及兒康健」/「保柏康健網」/「保柏公務員」/「保柏晶彩寶」/「保柏尊貴寶」/「保柏智康健」/「保柏智安保危疾」/「保柏住院現金 (計劃 4-6)」。*

** Please delete if inappropriate 請刪除不適用者

Cardholder's Signature 持卡人簽署
X

Contact Phone No. 聯絡電話號碼

Date 日期
DD 日 *MM 月* *YYYY 年*

Section II - Credit Card Account for Collection of Shortfall 收取差額的信用卡賬戶
(Please fill in this section only if different from the above credit card information. 如與上述信用卡賬戶不同，請填寫此部份。)
(Applicable to Global Prestige VHIS Plan, Excel, Excel Plus and Global Supreme Health Insurance Schemes)
(適用於環球優越自願醫保計劃，摯尚，摯悅及摯卓醫療保障計劃)

A shortfall may be incurred if the final treatment costs are greater than your scheme coverage or if the medical expenses are not covered under your scheme. This form authorises Bupa to collect the shortfall from the credit card account provided below.
請注意，若最終的治療費用超過你的保障額，或有關醫療費用不屬於保障範圍內，此授權書將授權保柏透過以下信用卡賬戶收取差額。

☑ I hereby agree and authorise Bupa (Asia) Limited to collect any shortfall under this Contract / Policy from the credit card account provided below.
本人同意及授權保柏 (亞洲) 有限公司透過以下信用卡賬戶收取本合約 / 保單內的所有差額。

Cardholder's Name (same as HKID Card / Passport No.) 持卡人姓名 (與香港身份證 / 護照號碼相同)

HKID Card No. / Passport No. 香港身份證號碼 / 護照號碼

Credit Card Account No. 信用卡戶口號碼 (VISA / Master)

Credit Card Expiry Date 信用卡到期日 *MM 月* *YY 年*

Cardholder's Signature 持卡人簽署
X

Contact Phone No. 聯絡電話號碼

Date 日期
DD 日 *MM 月* *YYYY 年*

OP/BHCCA-VM/1025

Personal Information Collection Statement 個人資料收集聲明

I understand and agree that all personal information relating to me contained in this form will be used by Bupa (Asia) Limited ("Bupa") for the purpose of (1) processing any applications for insurance products and services; (2) making or receiving any payments in connection with my insurance; (3) communication with me about this form; (4) exercising the right to determine indebtedness, collecting and recovering amounts owing by me or any person who has provided any security or undertaking for my liabilities; and (5) satisfying any applicable legal or regulatory requirements.
I agree that such information may be transferred for the above purposes to any of the following parties (within or outside Hong Kong): Bupa's group companies, any insurance adjusters, agents and brokers, any service providers providing services to Bupa, any association or federation relating to the insurance industry, and any person or organisation as required by law.

Consequences of non-provision of personal information: I understand that Bupa may be unable to process my Application for insurance products and services if I fail to provide any information requested in this form or otherwise by Bupa.

My rights in respect of my personal information: I understand that (1) under the Personal Data (Privacy) Ordinance, I shall have the right to request access to and correction of any personal information concerning me provided to Bupa, by writing to Bupa's Data Privacy Officer/Customer Service Manager at 6/F, Tower 2, The Quayside, 77 Hoi Bun Road, Kwun Tong, Kowloon, Hong Kong. (2) I also have the right to request Bupa to cease using my personal information for direct marketing purposes by emailing customercare@bupa.com.hk or calling the Bupa Customer Care helpdesk on 2517 5333. The detailed and updated version of Bupa "Personal Information Collection Statement" may be obtained on Bupa's website at www.bupa.com.hk.

本人明白及同意保柏 (亞洲) 有限公司 (「保柏」) 透過此表格收集之本人之個人資料，可供保柏用作以下用途 (1) 處理任何申請及提供保險有關服務；(2) 就本人的保險繳付及收取賬項；(3) 就此表格與本人聯絡；(4) 行使向本人提供保險和相關服務及產品而享有的權利，例如釐定欠付本人拖欠的任何款項的金額，及向本人或任何已為本人的債務提供任何擔保或承諾的人士，追收和收回拖欠的任何款項；及 (5) 遵守任何法例或監管要求。
本人同意該等資料可因上述用途提供予下述任何各方 (不論在香港境內或境外) ：保柏的集團公司、任何保險評估員、代理人、經紀人、任何向保柏提供服務的供應商機構、與保險業相關之團體及任何法律要求的任何人士及團體。

未能提供個人資料的後果：本人明白若本人不能提供此表格或保柏要求的其他資料，保柏不能處理對保險產品及服務作出的申請。
有關個人資料的權利：本人明白(1)根據個人資料(私隱)條例，本人有權就查閱及修正保柏所持有關於本人的任何個人資料致函保柏之保障資料主任/客戶服務經理，地址為：香港九龍觀塘海濱道77號海濱匯第2座6樓。(2)本人亦可透過聯絡保柏的客戶服務專線(電郵至 customercare@bupa.com.hk或致電 2517 5333)，以要求保柏停止將本人的個人資料作直接市場推廣用途。
有關個人資料收集聲明之詳情和最新的版本，請參閱保柏之網站 www.bupa.com.hk.

Bupa (Asia) Limited 保柏 (亞洲) 有限公司
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