



MSIG

MSIG Insurance (Hong Kong) Limited
 三井住友海上火災保險（香港）有限公司
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A Member of **MS&AD** INSURANCE GROUP

SME Group Medical Insurance Application Form 中小企團體醫療保險投保申請書

H1029

Please submit a copy of business registration certificate along with the completed application form. 請將填妥的投保申請書連同商業登記證副本一併交回。

| Details of applicant 申請人資料 (Please complete in ENGLISH BLOCK LETTERS 請以英文正楷填寫) | |
|--|---|
| Company name 公司名稱 | |
| Correspondence address 通訊地址 | |
| Name of contact person 聯絡人姓名 | Position of contact person 聯絡人職位 |
| Tel. no. 電話號碼 | E-mail address 電郵地址 |
| Total no. of employees 僱員總人數 | Policy effective date (DD日 / MM月 / YYYY年) 保單生效日期 / / |
| Business nature 業務性質 | Business registration no. 商業登記號碼 |

| Eligibility 參加資格 (Please tick (✓) the boxes as appropriate 請在適當的方格內填上「✓」號) | |
|--|--|
| For new employees 新僱員 | <input type="checkbox"/> On the first day of employment 受僱首日參加 <input type="checkbox"/> On the first day following ____ months' probation 個月試用期滿後之翌日參加 <input type="checkbox"/> Others (please specify) 其他 (請註明) _____ |

| Category 組別 | Category details 組別詳情 | Dependant coverage 家屬保障 | |
|---------------|-----------------------|---|--|
| Example 例子: 1 | Director 董事 | Yes 有 <input checked="" type="checkbox"/> | No 否 <input type="checkbox"/> |
| Example 例子: 2 | General staff 一般員工 | Yes 有 <input type="checkbox"/> | No 否 <input checked="" type="checkbox"/> |
| 1 | | Yes 有 <input type="checkbox"/> | No 否 <input type="checkbox"/> |
| 2 | | Yes 有 <input type="checkbox"/> | No 否 <input type="checkbox"/> |
| 3 | | Yes 有 <input type="checkbox"/> | No 否 <input type="checkbox"/> |
| 4 | | Yes 有 <input type="checkbox"/> | No 否 <input type="checkbox"/> |
| 5 | | Yes 有 <input type="checkbox"/> | No 否 <input type="checkbox"/> |

| Benefits selection 保障選擇 (Please tick (✓) the boxes as appropriate 請在適當的方格內填上「✓」號) | | | | | | |
|---|--|--|-------------------------------------|---|--|--|
| Category 組別 | Core benefit 基本保障 Hospitalisation & Surgical Benefit 住院及手術保障 | Optional benefits 自選保障 | | | | |
| | | Supplementary Major Medical Benefit 附加醫療保障 (Plan same as core benefit 計劃級別與基本保障相同) | | Outpatient Benefit 門診保障 (Can choose the same plan, one level up, or one level down as the core benefit 可以選擇與基本保障相同、高一級、或低一級的計劃) | Dental Benefit 牙科保障 (Can choose plan 1-6 可以選擇計劃1-6) | Personal Accident 人身意外保障 (Can choose plan 1-6 可以選擇計劃1-6) |
| | | Yes 有 <input type="checkbox"/> | No 否 <input type="checkbox"/> | Reimbursement % 賠償率 80% / 100% | Reimbursement % 賠償率 80% / 100% | |
| Example 例子: 1 | Plan 計劃 __ 6 __ | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> <input type="checkbox"/> Plan 計劃 __ 6 __ | <input checked="" type="checkbox"/> <input type="checkbox"/> Plan 計劃 __ 5 __ | Plan 計劃 __ 5 __ |
| Example 例子: 2 | Plan 計劃 __ 3 __ | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> <input checked="" type="checkbox"/> Plan 計劃 __ 4 __ | <input type="checkbox"/> <input checked="" type="checkbox"/> Plan 計劃 __ 3 __ | Plan 計劃 __ 3 __ |
| 1 | Plan 計劃 ____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> Plan 計劃 ____ | <input type="checkbox"/> <input type="checkbox"/> Plan 計劃 ____ | Plan 計劃 ____ |
| 2 | Plan 計劃 ____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> Plan 計劃 ____ | <input type="checkbox"/> <input type="checkbox"/> Plan 計劃 ____ | Plan 計劃 ____ |
| 3 | Plan 計劃 ____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> Plan 計劃 ____ | <input type="checkbox"/> <input type="checkbox"/> Plan 計劃 ____ | Plan 計劃 ____ |
| 4 | Plan 計劃 ____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> Plan 計劃 ____ | <input type="checkbox"/> <input type="checkbox"/> Plan 計劃 ____ | Plan 計劃 ____ |
| 5 | Plan 計劃 ____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> Plan 計劃 ____ | <input type="checkbox"/> <input type="checkbox"/> Plan 計劃 ____ | Plan 計劃 ____ |

Number of insured persons 投保人數目 (Minimum 2 employees 最少2名僱員)

All eligible permanent full-time employees must be enrolled.
所有合資格的全職僱員必須投保。

All employees with the same eligibility must be enrolled into the same plan.
擁有同一資格組別的所有僱員必須投保同一計劃。

All eligible dependants must also be enrolled into the same plan as the employees.
所有合資格的家屬成員亦必須投保與僱員相同的計劃。

With the exception of the top plan, all other plans in the scheme must contain a minimum of 3 employees.
除計劃中最高組別外，所有其他計劃必須至少有3名僱員。

Maximum number of plans per scheme is 5.
每個方案最多可以有5個計劃組別。

All eligible employees must be actively at work on the policy effective date.
在本保單生效當日，所有合資格的僱員必須為正常在職員工。

Individual health declaration is required for group with 5 employees or below.
僱員人數為5人或以下的公司，必須提交「個人健康狀況證明」。

Number of employees 僱員數目

| Age groups (years old) 年齡組別 (歲數) | Plan 計劃 1 | Plan 計劃 2 | Plan 計劃 3 | Plan 計劃 4 | Plan 計劃 5 | Plan 計劃 6 |
|-------------------------------------|-----------|-----------|-----------|-----------|-----------|-----------|
| 18 - 25 | | | | | | |
| 26 - 30 | | | | | | |
| 31 - 35 | | | | | | |
| 36 - 40 | | | | | | |
| 41 - 45 | | | | | | |
| 46 - 50 | | | | | | |
| 51 - 55 | | | | | | |
| 56 - 60 | | | | | | |
| 61 - 64 | | | | | | |

Number of dependants 家屬數目

| Age groups (years old) 年齡組別 (歲數) | Plan 計劃 1 | Plan 計劃 2 | Plan 計劃 3 | Plan 計劃 4 | Plan 計劃 5 | Plan 計劃 6 |
|-------------------------------------|-----------|-----------|-----------|-----------|-----------|-----------|
| 0 - 17 | | | | | | |
| 18 - 25 | | | | | | |
| 26 - 30 | | | | | | |
| 31 - 35 | | | | | | |
| 36 - 40 | | | | | | |
| 41 - 45 | | | | | | |
| 46 - 50 | | | | | | |
| 51 - 55 | | | | | | |
| 56 - 60 | | | | | | |
| 61 - 64 | | | | | | |

Declaration 聲明

I/We, the undersigned, desire to effect the insurance specified herein and declared that I/We:

- agree that MSIG Insurance (Hong Kong) Limited reserves its right to reject my application.
- warrant that the information given and answers to questions herein are true and correct to the best of my/our knowledge.
- have not withheld facts likely to influence assessment of this application.
- agree that this application, declaration and other information provided shall form the basis of the contract and agree to accept the terms, limitations, exclusions, conditions, clauses and warranties contained in the policy/policies and/or as modified or extended by any endorsements thereon.

本人(等)(下列簽署人)特此聲明：

- 同意三井住友海上火災保險(香港)有限公司保留其不受理本人投保的權利。
- 保證所填報資料及對所載問題的回答，據本人確信，均為正確無訛。
- 並未隱瞞可能影響本投保書評估的事實。
- 同意本投保書、聲明及所提供的其他資料作為合約基礎，並同意接受本保單所載及/或其任何修訂或擴充的條款、限制、不承保事項、條件、條文及保證。

Declaration of broker commission (if applicable)

經紀佣金聲明 (如適用)

The applicant understands, acknowledges and agrees that, as a result of the applicant purchasing and taking up the policy to be issued by MSIG Insurance (Hong Kong) Limited ("MSIG"), MSIG 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 MSIG that he or she is authorised to do so.

The applicant further understands that the above agreement is necessary for MSIG to proceed with the application.

申請人明白、確知及同意，三井住友海上火災保險(香港)有限公司(「三井住友保險」)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。假如申請人為法人團體，代表申請人簽署的獲授權人員須向三井住友保險確認他/她已獲該法人團體授權。

申請人亦明白三井住友保險必須取得申請人以上的同意，才可以處理其保險申請。

Appendix: Notice to customers relating to the Personal Data (Privacy) Ordinance ("the Ordinance")

MSIG Insurance (Hong Kong) Limited ("MSIG", "we" or "us") would ask that you take the time to read this privacy policy carefully. In case of discrepancies between the English and Chinese versions of this statement, the English version shall prevail.

PRIVACY POLICY

MSIG takes your privacy very seriously. To ensure your personal information is secure, we communicate and enforce our privacy and security guidelines according to the relevant laws and regulations. MSIG takes precautions to safeguard your personal information against loss, theft, and misuse, as well as against unauthorised access, disclosure, alteration, and destruction. Furthermore, we will not sell your personal information to anyone for any purposes. MSIG imposes very strict sanction control and only authorised staff on a need-to-know basis are given access to or will handle your personal data, and we provide regular training to our staff to keep them abreast of any new developments in privacy laws and regulations.

We will only retain your personal data in our business records for as long as it is necessary for business and tax purposes as permitted by the laws. We will require our agent, contractor or third party who provides administrative or other services on our behalf to protect personal data they may receive in a manner consistent with this policy. We do not allow them to use such information for any other purposes. If you have any questions or inquiries regarding our privacy policy, please feel free to contact us.

We may amend this Privacy Policy at any time and for any reason. The updated version will be available by following the 'Privacy Policy' link on our website homepage at msig.com.hk. You should check the Privacy Policy regularly for changes.

Personal Information Collection Statement

Personal information is data that can be used to uniquely identify or contact a single person. As our customers, it is necessary from time to time for you to supply us with your personal data in relation to the general insurance services and products ("the Product") that we provide to you and in order for us to deliver and improve the customer service. This includes but not limited to the personal data contained in the proposal form or in any documents in relation to the Product or any claim made under the Product.

Your personal data may be used for **obligatory purpose** or **voluntary purpose**. If personal data are to be used for an obligatory purpose, you **MUST** provide your personal data to MSIG if you want MSIG to provide the Product. Failure to supply such data for obligatory purpose may result in MSIG being unable to provide the Product.

The **obligatory purposes** for which your personal data may be used are as follows:-

- processing and evaluating your insurance application and any future insurance application you may make;
- our daily operation and administration of the services and facilities in relation to the Product provided to you;
- variation, cancellation or renewal of the Product;
- invoicing and collecting premiums and outstanding amounts from you;
- assessing and processing claims in relation to the Product and any subsequent legal proceedings;
- exercising any right of subrogation by us;
- contacting you for any of the above purposes;
- other ancillary purposes which are directly related to the above purposes; complying with applicable laws, regulations or any industry codes or guidelines; and
- detecting and preventing fraud (whether or not relating to the policy issued in respect of this application).

The **voluntary purposes** for which your personal data may be used are any sales, marketing, promotion of other general insurance services and products provided by MSIG. The personal data we intend to use for voluntary purposes are your name, your address, your phone number and email address.

If you do not wish MSIG to use your personal data for the voluntary purposes listed above, you should tick the box on the right and provide us with the following information. You may also notify us by filling in the General enquiry form - Opt-out from direct marketing activities on our website at msig.com.hk. In your notification, you must supply the same required information as listed below.

| |
|--|
| To enable us to process your opt-out request, please provide us below information. |
| Full Name: |
| Contact Number: |
| HKID Number: <i>(for identification purpose)</i> |
| Policy / Certificate / Acknowledgement Number <i>(if you have one)</i>: |
| NOTE: This instruction will override all previous instructions relating to direct marketing that have been given to MSIG. |

In connection with any of the above purposes, the personal data that we have collected might be transferred to:

- third party agents, contractors and advisors who provide administrative, communications, computer, payment, security or other services which assist us to carry out the above purposes (including medical service providers, emergency assistance service providers, telemarketers, mailing houses, IT service providers and data processors);
- in the event of a claim, loss adjudicators, claims investigators and medical advisors;
- reinsurers and reinsurance brokers;
- your insurance broker;
- our legal and professional advisors;
- our related companies as defined in the Companies Ordinance;
- the Hong Kong Federation of Insurers (or any similar association of insurance companies) and its members;
- the Insurance Complaints Bureau and similar industry bodies; and
- government agencies and authorities as required or permitted by law;
- 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.

In order to confirm the accuracy of your personal data, you agree to provide us with authorisation to access to and to verify any of your personal data with the information collected by any federation of insurance companies from the insurance industry.

Under the relevant laws and regulations, you have the right to request access to and to request correction of your personal data held by us. If you wish to exercise these rights, please write to our Data Protection Officer at 9/F 1111 King's Road, Taikoo Shing, Hong Kong.

If you have any enquiries or require assistance with this Personal Information Collection Statement, please call us at +852 3122 6922.

Authorised signature (with company stamp)

Name and position

Date (DD/MM/YYYY)

附錄：致各客戶有關個人資料（私隱）條例（“條例”）通知書

三井住友海上火災保險（香港）有限公司（下稱「三井住友保險」、「我們」或「本公司」）請您仔細閱讀下列條款與條件。如此聲明的英文版本與中文版本內容有歧異，將以英文版本為準。

私隱政策

三井住友保險極為重視您的私隱。為了保障您的個人資料，我們以有關法例及規例為準則，向公司內部傳達並執行我們定立之私隱及保障指引。三井住友保險採取預防措施以保障您的個人資料免遭受遺失、盜竊、誤用，以及在未經許可之情況下被取用、洩露、更改及破壞。此外，我們均不會出售您的個人資料給任何人。三井住友保險嚴格執行認可管制，只容許獲授權之職員在必需要的情況下，取用或處理您的個人資料。我們會向職員定期提供培訓，確保他們知悉任何有關私隱法律及規例的新發展。

我們只會在法律容許並必需用於業務及稅務用途之情況下，保留您的個人資料作為我們的業務記錄。我們會向以本公司之名義提供行政或其他服務之代理、承辦商或第三者，要求他們遵循本政策保護有可能收到的個人資料。本公司不會容許他們使用有關資料於任何其他目的。如您對我們的私隱政策有任何疑問，歡迎聯絡我們查詢。

我們可能不時修改此範本。修改後的範本可於本公司網頁msig.com.hk下載。您應定期查閱此範本所修改的內容。

個人資料收集聲明

個人資料是可以用作獨立識別或聯絡個別人士之數據。貴為我們的客戶，您須向我們不時供給與我們提供之一般保險服務及保單產品（下稱「保單」）相關的個人資料，讓我們可向您提供客戶服務及改善服務質素。當中包括但不限於您在申請表填寫或任何與保單有關之文件上或任何透過保單索償上所載之個人資料。

您的個人資料可被用於強制性或自願性用途。如個人資料是用於強制性用途，而您希望三井住友保險提供有關保單，則您必須向三井住友保險提供有關個人資料，否則三井住友保險將不能向您提供有關保單。

您的個人資料可被用於以下**強制性**之用途：

- 處理及審批您的保險申請或您將來提交的保險申請；
- 向您提供與保單及核保相關之日常運作及行政用途；
- 保單之更改、取消或續保用途；
- 發出繳交保費通知及向您收取保費及欠款；
- 評估及處理透過保單索償及任何繼後法律訴訟之用途；
- 由本公司行使代位權利之用途；就以上用途聯絡您；
- 其他與上述用途有直接關係的附帶用途；
- 遵循適用法律、條例及業內守則及指引；及
- 偵測和防止欺詐行為（無論是否與就此申請而發出的保單有關）所需的目的。

而**自願性用途**則指任何三井住友保險提供的其他一般保險服務及保單產品之銷售、市場營銷及推廣。用作自願性用途之個人資料則為您的姓名、地址、電話號碼及電郵地址。

如您不欲三井住友保險將您的個人資料用作上述自願性用途，您應於右列方格加上剔號並將此通告之副本連同您要求拒絕服務所必須提供的資料（詳情如下）郵寄至下列地址。您亦可填妥本公司網頁msig.com.hk的一般查詢表格 - 拒絕直銷活動。



| |
|---------------------------------------|
| 為讓我們能夠處理您以上提出的拒絕服務之請求，請提供以下資料。 |
| 姓名： |
| 聯絡電話： |
| 香港身份證號碼： (作識別之用) |
| 保單號碼 / 證書編號 / 確認編號 (如適用)： |
| 附註：此拒絕服務要求將會取代您先前給予三井住友保險一切關於直接促銷的指示。 |

就任何上述的用途，我們所收集的個人資料可能會被轉移至：

- 向我們提供行政、通訊、電腦、付款、保安及其他服務的第三方代理、承包商及顧問（包括：醫療服務供應商、緊急救援服務供應商、電話促銷商、郵寄及印刷服務商、資訊科技服務供應商及數據處理服務商）；
- 處理索賠個案的理賠師、理賠調查員及醫療顧問；
- 再保公司及再保經紀；
- 您的保險經紀；
- 我們的法律及專業業務顧問；
- 我們的關連公司（以《公司條例》內的定義為準）；
- 香港保險業聯會（或同類的保險公司聯會）及其會員；
- 保險投訴局及同類的保險業機構；
- 法例要求或許可的政府機關；
- 防欺詐組織；
- 其他保險公司（無論是直接地，或是通過防欺詐組織或本段中指名的其他人士）；
- 警察；及
- 保險業就現有資料而對所提供的資料作出分析和檢查的數據庫或登記冊（及其運營者）。

為了確保您的個人資料之準確性，您同意授權本公司查閱並核實任何由保險業界內保險公司聯會所收集有關您的個人資料。

根據有關法例及規例，您有權查閱及更正本公司所持的任何載有您的個人資料之記錄。如您欲行使以上權利，可以書面形式投寄至香港太古城英皇道1111號9樓三井住友海上火災保險（香港）有限公司，通知本公司的資料保護主任。

如您對此個人資料收集聲明有任何疑問或須協助，請致電+852 3122 6922與我們聯絡。

授權簽署 (連公司蓋章)

姓名及職位

日期 _____ (日/月/年)