Cigna HealthFirst Elite Plan
Application Form (Individual / Family)
信諾尊尚醫療保申請書 (個人/家庭) (GI)

16/F, International Trade Tower,
348 Kwun Tong Road, Kwun Tong,
Kowloon, Hong Kong
Tel: 2560 1990 Fax: 2886 3722
www.cigna.com.hk

PRIVATE & CONFIDENTIAL 私人及機密

Part I 第一部份 – To be completed in English (Block Letter). Any changes should be signed by the relevant party. 請用英文正楷填寫。若更改任何資料，請在刪改處旁簽名。

In case the space provided is insufficient, please indicate the section and question number, and provide the details in a separate Additional Declaration.
如所提供之空位不敷應用，請於附加聲明表格上列明題號及詳情。

A - Particulars of Applicant 甲部 - 申請人資料 *Delete if inappropriate. 刪去不適用者

Title 稱謂	Family Name 姓	Given Name (Same as HKID Card) 名 (與香港身份證相同)	Sex 性別	HKID / Passport No.* (Please submit copy) 香港身份證 / 護照號碼* (請遞交副本)
☐ Mr 先生	English 英文		☐ M 男	
☐ Mrs 太太			☐ F 女	Date of Birth 出生日期 (DD 日 - MM 月 - YYYY 年)
☐ Ms 女士 / ☐ Miss 小姐	Chinese 中文			

Residential Address 住宅地址	Flat / Room 室 / Floor 層	Correspondence Address 通訊地址 (if different from Residential Address 如與住宅地址不同)	Flat / Room 室 / Floor 層
	Building / Block 大廈 / 座		Building / Block 大廈 / 座
	Street / Estate 街道 / 屋村		Street / Estate 街道 / 屋村
	District 地區		District 地區
	Country 國家		Country 國家

Place of Birth 出生地	Nationality 國籍 (Please submit nationality proof for non-permanent HKID card holder 若香港居民身份證持有人(非永久性)，請遞交國籍證明)	Smoker 吸煙者
		☐ Yes 是
		☐ No 否

Contact Number 聯絡電話 (At least provide 1 contact no. 最少提供一個聯絡電話)

Residential 住宅	Office 辦公室	Mobile 流動電話

Email Address 電郵地址 (Please put "NA" if no email address 若沒有電郵地址，請填 "NA")

B - Particulars of Proposed Person Insured 乙部 - 準受保人資料

Code of Proposed Person Insureds 準受保人編號	Application Number 投保編號	Please tick the below box if the Applicant is equal to the Proposed Person Insured 1 若申請人是準受保人1，請在以下方格打剔	Family Name 姓	Given Name (Same as HKID Card) 名 (與香港身份證相同)	Sex 性別
1	(GI)	☐	Applicant 申請人		

Relationship with the Applicant 與申請人的關係	HKID / Passport / Birth Cert. No.* (Please submit copy) 香港身份證 / 護照 / 出世紙號碼* (請遞交副本)	Date of Birth 出生日期 (DD日 - MM月 - YYYY年)	Live with the Applicant 與申請人同住
Details as above 資料同上			

Place of Birth 出生地	Nationality 國籍 (Please submit nationality proof for non-permanent HKID card holder 若香港居民身份證持有人(非永久性)，請遞交國籍證明)	Smoker 吸煙者
Details as above 資料同上		

Email Address 電郵地址 (Please put "NA" if no email address 若沒有電郵地址，請填 "NA")

Details as above 資料同上

NELG/NELGA/NESGA (Life - Ind / Family) (E-form version 1 - 201908) (B)

Code of Proposed Person Insureds 準受保人編號	Application Number 投保編號	Family Name 姓		Given Name (Same as HKID Card) 名 (與香港身份證相同)	Sex 性別
2		English 英文			☐ M男
	(GI)	Chinese 中文			☐ F女

Relationship with the Applicant 與申請人的關係	HKID / Passport / Birth Cert. No.* (Please submit copy) 香港身份證 / 護照 / 出世紙號碼* (請遞交副本)	Date of Birth 出生日期 (DD日 - MM月 - YYYY年)		Live with the Applicant 與申請人同住
				(If the answer is "NO", please also provide the residential address of Proposed Person Insured in an Additional Declaration) (若答案為「否」，請於附加聲明表格上提供準受保人之住宅地址)
Place of Birth 出生地	Nationality 國籍	(Please submit nationality proof for non-permanent HKID card holder 若香港居民身份證持有人(非永久性)，請遞交國籍證明)	Smoker 吸煙者 ☐ Yes是 ☐ No否	☐ Yes是 ☐ No否

Email Address 電郵地址 (Please put "NA" if no email address 若沒有電郵地址，請填 "NA")

Code of Proposed Person Insureds 準受保人編號	Application Number 投保編號	Family Name 姓		Given Name (Same as HKID Card) 名 (與香港身份證相同)	Sex 性別
3		English 英文			☐ M男
	(GI)	Chinese 中文			☐ F女

Relationship with the Applicant 與申請人的關係	HKID / Passport / Birth Cert. No.* (Please submit copy) 香港身份證 / 護照 / 出世紙號碼* (請遞交副本)	Date of Birth 出生日期 (DD日 - MM月 - YYYY年)		Live with the Applicant 與申請人同住
				(If the answer is "NO", please also provide the residential address of Proposed Person Insured in an Additional Declaration) (若答案為「否」，請於附加聲明表格上提供準受保人之住宅地址)
Place of Birth 出生地	Nationality 國籍	(Please submit nationality proof for non-permanent HKID card holder 若香港居民身份證持有人(非永久性)，請遞交國籍證明)	Smoker 吸煙者 ☐ Yes是 ☐ No否	☐ Yes是 ☐ No否

Email Address 電郵地址 (Please put "NA" if no email address 若沒有電郵地址，請填 "NA")

Code of Proposed Person Insureds 準受保人編號	Application Number 投保編號	Family Name 姓		Given Name (Same as HKID Card) 名 (與香港身份證相同)	Sex 性別
4		English 英文			☐ M男
	(GI)	Chinese 中文			☐ F女

Relationship with the Applicant 與申請人的關係	HKID / Passport / Birth Cert. No.* (Please submit copy) 香港身份證 / 護照 / 出世紙號碼* (請遞交副本)	Date of Birth 出生日期 (DD日 - MM月 - YYYY年)		Live with the Applicant 與申請人同住
				(If the answer is "NO", please also provide the residential address of Proposed Person Insured in an Additional Declaration) (若答案為「否」，請於附加聲明表格上提供準受保人之住宅地址)
Place of Birth 出生地	Nationality 國籍	(Please submit nationality proof for non-permanent HKID card holder 若香港居民身份證持有人(非永久性)，請遞交國籍證明)	Smoker 吸煙者 ☐ Yes是 ☐ No否	☐ Yes是 ☐ No否

Email Address 電郵地址 (Please put "NA" if no email address 若沒有電郵地址，請填 "NA")

C - Beneficiary 丙部 - 受益人   Beneficiary(ies) to whom proceeds payable on the Person Insured's death. 受保人身故時獲付保險金之受益人。

Code of Proposed Person Insureds 準受保人編號		Name of Beneficiary in English 受益人英文姓名	Name of Beneficiary in Chinese 受益人中文姓名
1	a		
	b		
	c		
	d		

Relationship between the Beneficiary and the Proposed Person Insured 受益人與準受保人之關係	HKID / Passport / Birth Cert. No.* (Please submit copy) 香港身份證 / 護照 / 出世紙號碼* (請遞交副本)	Percentage Share 分配百分比 (whole number and add up to 100% 整數及加起來總數為100%)
a		%
b		%
c		%
d		%

Cigna Worldwide Life Insurance Company Limited 信諾環球人壽保險有限公司   Cigna Worldwide General Insurance Company Limited 信諾環球保險有限公司

Code of Proposed Person Insureds 準受保人編號		Name of Beneficiary in English 受益人英文姓名	Name of Beneficiary in Chinese 受益人中文姓名
2	a		
	b		
	c		
	d		

Relationship between the Beneficiary and the Proposed Person Insured 受益人與準受保人之關係	HKID / Passport / Birth Cert. No.* (Please submit copy) 香港身份證 / 護照 / 出世紙號碼* (請遞交副本)	Percentage Share 分配百分比 (whole number and add up to 100% 整數及加起來總數為100%)
a		**%**
b		**%**
c		**%**
d		**%**

Code of Proposed Person Insureds 準受保人編號		Name of Beneficiary in English 受益人英文姓名	Name of Beneficiary in Chinese 受益人中文姓名
3	a		
	b		
	c		
	d		

Relationship between the Beneficiary and the Proposed Person Insured 受益人與準受保人之關係	HKID / Passport / Birth Cert. No.* (Please submit copy) 香港身份證 / 護照 / 出世紙號碼* (請遞交副本)	Percentage Share 分配百分比 (whole number and add up to 100% 整數及加起來總數為100%)
a		**%**
b		**%**
c		**%**
d		**%**

Code of Proposed Person Insureds 準受保人編號		Name of Beneficiary in English 受益人英文姓名	Name of Beneficiary in Chinese 受益人中文姓名
4	a		
	b		
	c		
	d		

Relationship between the Beneficiary and the Proposed Person Insured 受益人與準受保人之關係	HKID / Passport / Birth Cert. No.* (Please submit copy) 香港身份證 / 護照 / 出世紙號碼* (請遞交副本)	Percentage Share 分配百分比 (whole number and add up to 100% 整數及加起來總數為100%)
a		**%**
b		**%**
c		**%**
d		**%**

Note 註 : If more than one Beneficiary is named, please give details of apportionment if applicable. Otherwise, Beneficiaries are to be paid in equal shares. 如受益人超過一位而保險金並非平均分配者，請列出分配之詳情，否則，保險金將作平均分配。
If there is no assignment of beneficiary, the death benefit would be paid according to the policy provision. 若沒有指定的受益人，身故保障將會根據保單條款而支付。

Part II : Plan Details 第二部份：計劃詳情

1. Discount 折扣

	Proposed Person Insured 1 準受保人 1	Proposed Person Insured 2 準受保人 2	Proposed Person Insured 3 準受保人 3	Proposed Person Insured 4 準受保人 4
Child Discount 子女折扣	☐ Father's application no. 父親之投保編號	☐ Father's application no. 父親之投保編號	☐ Father's application no. 父親之投保編號	☐ Father's application no. 父親之投保編號
	☐ Mother's application no. 母親之投保編號	☐ Mother's application no. 母親之投保編號	☐ Mother's application no. 母親之投保編號	☐ Mother's application no. 母親之投保編號
Spouse Discount 配偶折扣	☐ Spouse's application no. 配偶之投保編號	☐ Spouse's application no. 配偶之投保編號	☐ Spouse's application no. 配偶之投保編號	☐ Spouse's application no. 配偶之投保編號
Promotional Discount 推廣折扣	☐	☐	☐	☐
Others 其他				

2a. Basic Plan 基本計劃

Area of Cover 受保地區	☐ Worldwide 環球				☐ Worldwide excluding the US 環球不包括美國				☐ Asia 亞洲							
Accommodation Room Type 病房類別	Standard Private 標準私家房 (NELG/NELGA)				Standard Private 標準私家房 (NELG/NELGA)				☐ Standard Private 標準私家房 (NELG/NELGA)				☐ Semi-Private 半私家房 (NESG/NESGA)			
Deductible (HKD) 墊底費 (HKD)	☐ 0 (RS1)	☐ 15,000 (RSA)	☐ 25,000 (RS2)	☐ 50,000 (RS3)	☐ 0 (RS4)	☐ 15,000 (RSB)	☐ 25,000 (RS5)	☐ 50,000 (RS6)	☐ 0 (RS7)	☐ 15,000 (RSC)	☐ 25,000 (RS8)	☐ 50,000 (RS9)	☐ 0 (RS7)	☐ 15,000 (RSC)	☐ 25,000 (RS8)	☐ 50,000 (RS9)
Code of Proposed Person Insured 準受保人編號 (1 / 2 / 3 / 4)	☐1 ☐2 ☐3 ☐4	☐1 ☐2 ☐3 ☐4	☐1 ☐2 ☐3 ☐4	☐1 ☐2 ☐3 ☐4	☐1 ☐2 ☐3 ☐4	☐1 ☐2 ☐3 ☐4	☐1 ☐2 ☐3 ☐4	☐1 ☐2 ☐3 ☐4	☐1 ☐2 ☐3 ☐4	☐1 ☐2 ☐3 ☐4	☐1 ☐2 ☐3 ☐4	☐1 ☐2 ☐3 ☐4	☐1 ☐2 ☐3 ☐4	☐1 ☐2 ☐3 ☐4	☐1 ☐2 ☐3 ☐4	☐1 ☐2 ☐3 ☐4

2b. Optional Insurance Benefits 自選保障

Code of Proposed Person Insured 準受保人編號 (1/2/3/4)	Optional Insurance Benefits 自選保障															
☐1 ☐2 ☐3 ☐4	☐ Outpatient Benefits 門診保障	(OPTG/OPTGA) (RS1)				(OPTG/OPTGA) (RS4)				(OPTG/OPTGA) (RS7)						
☐1 ☐2 ☐3 ☐4	☐ Dental Benefits 牙科保障	(DETG/DETGA) (RS1 / LRS 2)				(DETG/DETGA) (RS4 / LRS 5)				(DETG/DETGA) (RS7 / LRS 8)						
☐1 ☐2 ☐3 ☐4	☐ Maternity Benefits 產科保障	(MATG/MATGA) (RS1)				(MATG/MATGA) (RS4)				(MATG/MATGA) (RS7)						
☐1 ☐2 ☐3 ☐4	☐ Pharmacy Benefits 藥物保障	(DRTG/DRTGA) (RS1)				(DRTG/DRTGA) (RS4)				(DRTG/DRTGA) (RS7)						
☐1 ☐2 ☐3 ☐4	☐ Deductible Discount 墊底費折扣	NA	(DDRG/DDRGA) (RSA)	(DDRG/DDRGA) (RS2)	(DDRG/DDRGA) (RS3)	NA	(DDRG/DDRGA) (RSB)	(DDRG/DDRGA) (RS5)	(DDRG/DDRGA) (RS6)	NA	(DDRG/DDRGA) (RSC)	(DDRG/DDRGA) (RS8)	(DDRG/DDRGA) (RS9)	NA	(DDRG/DDRGA) (RSD)	(DDRG/DDRGA) (RS0)	(DDRG/DDRGA) (RS1)
☐1 ☐2 ☐3 ☐4	☐ Premium Waiver due to Cancer 癌症保費豁免	(PWLG/PWLGA) (RS1)	(PWLG/PWLGA) (RSA)	(PWLG/PWLGA) (RS2)	(PWLG/PWLGA) (RS3)	(PWLG/PWLGA) (RS4)	(PWLG/PWLGA) (RSB)	(PWLG/PWLGA) (RS5)	(PWLG/PWLGA) (RS6)	(PWLG/PWLGA) (RS7)	(PWLG/PWLGA) (RSC)	(PWLG/PWLGA) (RS8)	(PWLG/PWLGA) (RS9)	(PWSG/PWSGA) (RS7)	(PWSG/PWSGA) (RSC)	(PWSG/PWSGA) (RS8)	(PWSG/PWSGA) (RS9)

3. Payment Frequency 繳款形式

Code of Proposed Person Insured 準受保人編號	Payment Frequency 繳款形式 (Please choose either one 請選擇其中之一)	
	☐ Monthly 月繳	☐ Annual 年繳
	Monthly Premium 每月保費	Annual Premium 每年保費
1		
2		
3		
4		

4. Payment Method 繳款方法

	Remarks 備註
☐ Cheque* 支票*	
Bank Name 銀行名稱	Please attach a cheque 請連同支票交回本公司
Cheque No 支票號碼	
Amount 金額	
☐ Credit Card 信用卡	Please attach a completed Direct Debit Authorization Form 請填妥直接付款授權書
☐ Autopay 自動轉帳 (For subsequent payment and auto-renew premium 後續繳費及自動續期保費)	Please attach a cheque for the first 2 months' premium with a completed Direct Debit Authorization Form 請填妥直接付款授權書連同首兩個月保費之支票交回本公司

If you pay the premium by crossed cheque, please make it payable to "Cigna Worldwide General Insurance Company Limited"
以劃線支票繳付保費時，請寫抬頭人為「信諾環球保險有限公司」

Part III : Underwriting Questions 第三部份：承保保險問題

A - Health Questions 健康問題 Please note that Person Insured will not be eligible for claims resulting from the non-disclosure of health condition. 請注意，任何因未經填報之健康狀況而引致之索償申請，將不獲接納。

Proposed Person Insured 準受保人 1	Height 身高	cm 厘米 / — ft-in 呎-吋	Proposed Person Insured 準受保人 2	Height 身高	cm 厘米 / — ft-in 呎-吋
	Weight 體重	kg 千克 / lb 磅		Weight 體重	kg 千克 / lb 磅
Proposed Person Insured 準受保人 3	Height 身高	cm 厘米 / — ft-in 呎-吋	Proposed Person Insured 準受保人 4	Height 身高	cm 厘米 / — ft-in 呎-吋
	Weight 體重	kg 千克 / lb 磅		Weight 體重	kg 千克 / lb 磅

	Proposed Person Insured 1 準受保人1		Proposed Person Insured 2 準受保人2		Proposed Person Insured 3 準受保人3		Proposed Person Insured 4 準受保人4	
	Yes 是	No 否	Yes 是	No 否	Yes 是	No 否	Yes 是	No 否
1. Has the Proposed Person Insured ever had or been diagnosed with or treated for or told they have any of the following conditions: cancer, heart disease or disorder, emphysema, stroke, kidney failure, liver cirrhosis, diabetes, HIV, or paralysis? 準受保人曾否被診斷、接受治療或被告知有以下身體狀況：癌症、心臟疾病與疾患、肺氣腫、中風、腎功能衰竭、肝硬化、糖尿病、人體免疫力缺乏病毒感染或癱瘓？	☐	☐	☐	☐	☐	☐	☐	☐
2. During the past five (5) years, has the Proposed Person Insured: 過去五(5)年內，準受保人曾否：								
a. Had a chronic or a recurrent disease or an injury that has not healed completely? 有慢性或復發性疾病或尚未完全痊愈的損傷？	☐	☐	☐	☐	☐	☐	☐	☐
b. Been in a hospital or sanatorium for surgery, observation or treatment? 在醫院或療養院接受手術、觀察或治療？	☐	☐	☐	☐	☐	☐	☐	☐
c. Had any symptom of or been diagnosed with or received treatment by a doctor for any of the following conditions? If YES, please tick the appropriate box(es) and provide the details in the space provided below: 就以下任何一項，有任何病徵或被確診患有或接受醫生治療？如果是，請於適當的空格打勾和在提供的空白處提供有關詳情：	☐	☐	☐	☐	☐	☐	☐	☐

☐ Chest Pain 胸部疼痛 ☐ Tuberculosis 結核病 ☐ Peptic Ulcer 消化性潰瘍
☐ High Blood Pressure 高血壓 ☐ Arthritis 關節炎 ☐ Chronic Hepatitis 慢性肝炎
☐ Asthma 哮喘 ☐ Ulcerative Colitis 潰瘍性結腸炎 ☐ Epilepsy 癲癇
☐ Pneumonia 肺炎 ☐ Polyps 息肉 ☐ Depression 抑鬱症

	Proposed Person Insured 1		Proposed Person Insured 2		Proposed Person Insured 3		Proposed Person Insured 4	
3. In the past one (1) year, has the Proposed Person Insured had any symptom or has the Proposed Person Insured consulted a doctor for any condition or symptom or had an abnormal physical exam, a laboratory test (including blood test), X-ray, ECG, USG, MRI or CT scan, for which further testing, surgery or treatment was recommended? 在過去一(1)年內，準受保人曾否在任何病徵，或就任何情況或徵狀或身體檢查、實驗室試驗(包括血液檢驗)、X光、心電圖、超聲波、磁力共振或電腦掃描後的異常結果，諮詢過醫生的意見或作進一步檢查、手術或治療建議？	☐	☐	☐	☐	☐	☐	☐	☐
4. During the past five (5) years, has the Proposed Person Insured had any medical conditions(s), symptoms or injury or recurrent disease which have last for more than two (2) weeks, not mentioned above? 在過去五(5)年內，準受保人曾否患有以上不曾提及，已經持續兩(2)星期的任何身體狀況、病徵或損傷或復發性疾病？	☐	☐	☐	☐	☐	☐	☐	☐
5. Has any of the Proposed Person Insured's natural parent(s), brother(s) or sister(s) had any type of heart problems, stroke, polycystic kidney disease, diabetes, breast, ovarian, colon or other cancers, or any other hereditary disease(s) before attaining aged sixty-five (65)? 準受保人的父母、兄弟或姊妹在六十五(65)歲前是否曾患有任何類別的心臟疾病、中風、多囊腎症、糖尿病、乳癌、卵巢癌、腸癌、或其它任何癌症或遺傳病？	☐	☐	☐	☐	☐	☐	☐	☐

USE THIS SPACE TO GIVE DETAILS IF THE ANSWER YOU PROVIDED TO Q5 IS "YES" 如在第五題回答"是"，請在以下的空白處提供有關詳情

Family History 家族病史

Code of Proposed Person Insured 準受保人編號 (1 / 2 / 3 / 4)		
Relationship with Proposed Person Insured 與準受保人之關係	Name of disease 疾病名稱	Onset age 病發年歲

Code of Proposed Person Insured 準受保人編號 (1 / 2 / 3 / 4)		
Relationship with Proposed Person Insured 與準受保人之關係	Name of disease 疾病名稱	Onset age 病發年歲

Code of Proposed Person Insured 準受保人編號 (1 / 2 / 3 / 4)		
Relationship with Proposed Person Insured 與準受保人之關係	Name of disease 疾病名稱	Onset age 病發年歲

Code of Proposed Person Insured 準受保人編號 (1 / 2 / 3 / 4)		
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Relationship with Proposed Person Insured 與準受保人之關係	Name of disease 疾病名稱	Onset age 病發年歲

USE THIS SPACE TO GIVE DETAILS IF THE ANSWER YOU PROVIDED TO Q1-Q4 IS "YES"
如在第一題至第四題回答"是",請在以下的空白處提供有關詳情

Code of Proposed Person Insured 準受保人編號 (1 / 2 / 3 / 4)		Question No. 題號	☐ 1 ☐ 2a ☐ 2b ☐ 2c ☐ 3 ☐ 4
Nature of Condition 症狀		Name of Attending Physician 主診醫生姓名	
Diagnosis 診斷		First date of onset 首次病發日期 (DD 日 - MM 月 - YYYY 年)	
Investigation Date 檢驗日期 (DD日- MM月- YYYY年)		Date of recovery 痊癒日期 (DD日- MM月- YYYY年)	
Investigation Type 檢驗種類		Degree of Recovery 痊癒程度	
Investigation Result 檢驗結果		Date of Last Follow Up 最後覆診日期 (DD 日 - MM 月 - YYYY 年)	

Code of Proposed Person Insured 準受保人編號 (1 / 2 / 3 / 4)		Question No. 題號	☐ 1 ☐ 2a ☐ 2b ☐ 2c ☐ 3 ☐ 4
Nature of Condition 症狀		Name of Attending Physician 主診醫生姓名	
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Investigation Type 檢驗種類		Degree of Recovery 痊癒程度	
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Code of Proposed Person Insured 準受保人編號 (1 / 2 / 3 / 4)		Question No. 題號	☐ 1 ☐ 2a ☐ 2b ☐ 2c ☐ 3 ☐ 4
Nature of Condition 症狀		Name of Attending Physician 主診醫生姓名	
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Investigation Result 檢驗結果		Date of Last Follow Up 最後覆診日期 (DD 日 - MM 月 - YYYY 年)	

Remarks 備註

Company Endorsement 公司背書 (Office use only 內部專用)

Part IV 第四部份

A - Personal Information Collection Statement 甲部 - 個人資料收集聲明

Cigna Worldwide Life Insurance Company Limited and Cigna Worldwide General Insurance Company Limited ("Cigna")
信諾環球人壽保險有限公司及信諾環球保險有限公司（「信諾」）

The protection of privacy in relation to personal information is the concern of Cigna. We respect personal information and are committed to fully implementing and complying with the Data Protection Principles and all relevant provisions of the Personal Data (Privacy) Ordinance ("the Ordinance").
信諾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」） 的各項有關規定。

(1) Personal Information We Collect and / or Hold 我們收集及 / 或持有的個人資料的範圍
　　The personal information that we collect and / or hold includes your personal identification information, contact information, policy details, transaction records, financial background and medical and health affairs.
　　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、醫療及健康事項。

(2) Importance of Information Collection 收集個人資料的重要性
　　From time to time, it is necessary for you to supply Cigna with personal information. Cigna may not be able to issue policies, process claim applications or provide products or services to you if you fail to supply your information as requested by Cigna.
　　閣下需要不時向信諾提供有關的個人資料。倘若閣下未能向信諾提供被要求的資料，信諾可能無法簽發保單、處理索償申請或提供產品或服務。

(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 may be used for the following purposes:-
　　信諾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 alterations, variations, 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，包括其更改、變動、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)　carrying out matching procedures;
　　　　進行核對程序；
　　v)　(with your consent — see section 7 below) direct marketing including but not limited to promoting, marketing or selling of Cigna or co-branded 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、宣傳或銷售信諾或信諾聯合其它公司提供的保險、財務或與投資相關之產品或服務；
　　vi)　making disclosure under and/or complying with any law, rules, regulations, codes of practice or guidelines binding on or applicable to Cigna or any of its group companies;
　　　　遵守適用於信諾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；
　　vii)　evaluating the policy intended to be the subject of reinsurance by an actual or proposed re-insurer of Cigna;
　　　　使信諾的確實或建議再保人，評核意圖再保交易的有關保單；
　　viii)　conducting medical or health reference checks;
　　　　用作於醫療或健康參考上之用；
　　ix)　conducting surveys, research and compiling statistics for insurance, financial or investment related purposes; and
　　　　用作於保險、財務或投資相關調查、研究及統計之用；及
　　x)　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 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:-
　　信諾所持有閣下的資料會被絕對保密，但信諾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, data processing, customer service, call center, telecommunications, technology, fund management, debt collection, payment, anti-money laundering and other regulatory screenings, marketing, research, mailing, printing or other services to Cigna;
　　　　任何向信諾提供行政、資料處理、客戶服務、電話中心、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, in handling insurance claims with Cigna or as notified by you to Cigna) (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提供的保單，或代表閣下處理對信諾的保險索償，或由閣下通知信諾作為代表閣下的保險中介人（「保險中介人」）；及（在得到閣下的同意下 — 請看以下第7條）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 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）以提供任何有關第3(i)及(ii)條所載用途之服務；
　　iv)　any branch, subsidiary, holding company, associated company or affiliates of Cigna for data processing and modeling;
　　　　信諾的分行、附屬公司、控權公司、關聯公司或聯繫公司以用作資料處理和建立數據模型；

v) 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卡 / 記賬卡發卡人；

vi) any actual or proposed re-insurer of Cigna;
信諾的確實或建議再保人；

vii) any person to whom Cigna 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 or any of its group companies;
適用於或對信諾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有責任對其作出披露的任何人；

viii) any other person under a duty of confidentiality to Cigna which has undertaken to keep such information confidential;
其他對信諾資料有保密責任並承諾保密該等資料的人士；

ix) any debt collection agencies; and
任何收賬代理；及

x) any 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 may from time to time transfer your personal information outside Hong Kong for different purposes including processing or storage.
信諾可能不時就不同的目的（包括處理或儲存）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 holds data about you and seek access to such data; and
查詢信諾是否持有閣下的資料及查閱有關的資料；及

ii) require Cigna to correct any data relating to you which is inaccurate.
要求信諾改正有關閣下不準確的資料。

II) Cigna may charge a reasonable fee for the processing of any data access request.
信諾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's Data Protection Officer: 16/F, International Trade Tower, 348 Kwun Tong Road, Kwun Tong, Kowloon, Hong Kong
任何關於上述條款6(I)的要求，應向右列人士提出：信諾資料私隱主任（香港九龍觀塘觀塘道348號國際貿易中心16樓）。

(7) Direct Marketing 直接促銷
With your consent (which includes an indication of no objection), Cigna may:
在得到閣下的同意下（包括表示不反對），信諾可：

I) use personal information, including your name, contact details (such as phone number, email address and mailing address), 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的個人資料，包括閣下的姓名、聯絡資料（例如：電話號碼、電郵地址及郵遞地址）、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, our affiliates, our co-branding partners and our business partners may offer:
就信諾及信諾的聯繫公司、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; 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 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。

Cigna Worldwide Life Insurance Company Limited 信諾環球人壽保險有限公司　　Cigna Worldwide General Insurance Company Limited 信諾環球保險有限公司

If you do not consent to Cigna using and sharing your personal information for any of those purposes, you may exercise your opt-out right by notifying us, and we will not do so. You may also subsequently withdraw your consent by writing to Cigna's Data Protection Officer at the above address. If you exercise your right to opt out of the use / share of your personal information for any of the above purposes, it will mean that Cigna, 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.

如閣下不同意信諾就任何上述使用及／或轉移閣下的個人資料之用途，閣下可通知我們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以上任何用途，這代表將來閣下不能從信諾，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 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。

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. 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或有意與信諾訂定之所有合約、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: May 2019
In case of discrepancies between the English and Chinese version, the English version shall apply and prevail.
發出日期：二零一九年五月
此聲明備有中英文版本，如內容有異，以英文版本為準。

B - Declaration and Authorization 乙部 - 聲明及授權

(1) It is declared and agreed that the answers in this application are complete and true to the best of my (our) knowledge and belief.
謹此聲明及同意以上各欄之填報，據本人（吾等）所知，均完全屬實無訛。

(2) I (We) agree that except as otherwise provided in the Conditional Receipt, insurance under any policy issued on this application will become effective only when the policy is delivered and the first premium is paid, such delivery and payment being made while there has, since date of this application, been no deterioration in the Person Insured's insurability under Cigna Worldwide General Insurance Company Limited (the "Company")'s rules.
本人（吾等）同意除非「附條件臨時保障收據」內之條文另有規定，否則，按本申請而發出的任何保單所提供的保險，須於首期保費繳清及保單送達保單持有人後才開始生效；而自本申請提出之後，至繳付保費及送達保單之時，按信諾環球保險有限公司（以下稱「貴公司」）規則評定，受保人的受保資格不得下降。

(3) I (We) agree that acceptance of any policy issued on this application will constitute an agreement to its terms and conditions and notification of any changes specified by the Company in this policy.
本人（吾等）同意接受本申請而發出的任何保單即等於接納保單內的條款，同時追認貴公司在保單上所作的任何更改。

(4) I (We) understand that the information requested in this application is required in order for the Company to process this application for insurance, and failure to disclose any material facts or information which may influence or which the Company would regard as likely to influence the assessment and acceptance of this application, may render voidable by the Company the insurance coverage that may be issued pursuant to this application. In the event of doubt as to whether a fact or information is material, it should be disclosed in this application.
本人（吾等）明白本人（吾等）必須就本申請內要求的資料提供予貴公司作處理本投保申請之用。如未有披露任何重要事實或資料，而該等重要事實或資料足以影響貴公司評估及接受本申請，貴公司有權將所簽發的保單宣告無效。假如未能確定事實或資料重要性，則須於本申請披露該等事實或資料。

(5) I (We) agree that during the Person Insured's life-time and subject to the policy's Beneficiary provision, the Policyholder can change the Beneficiary designation without the consent of any Beneficiary.
本人（吾等）同意在保單內關於受益人之條款約束下，在受保人有生之年，保單持有人可更改受益人而毋須任何受益人同意。

(6) I (We) declare that the above questions have been explained to me (us) and that they are fully understood and truthfully answered.
本人（吾等）聲明，以上各欄問題已向本人（吾等）清楚解釋，本人（吾等）徹底明白該等問題，並誠實作答。

(7) I (We) understand and agree that additional information / document in relation to the identification and verification of identity of the Applicant, Person Insured and Beneficiary may be requested by the Company, as deemed necessary.
本人（吾等）明白及同意，貴公司有權於有必要情況下就識別和驗證申請人、受保人及受益人之身分，向本人（吾等）等索取額外資料 / 文件。

(8) I (We) hereby authorize, and (in case the application is not the Proposed Person Insured(s)) confirm that the Proposed Person Insured(s) 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 Proposed Person Insured(s)'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（倘申請人並非準受保人）確認準受保人已授權，凡存有關於本人（吾等）或準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、醫生、醫院、診所或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。此授權書的複印本與正本同樣有效。

(9) I (We) agree that the Company and Cigna Worldwide Life Insurance Company Limited (collectively, "Cigna") may use and / or disclose my (our) personal information in accordance with Cigna's Personal Information Collection Statement ("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 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）同意貴公司及信諾環球人壽保險有限公司（統稱「信諾」）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導致將來本人（吾等）不能從信諾或保檢中介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。

Applicant 申請人：

☐ I do not want Cigna to use my personal data for Cigna's direct marketing purposes. 本人不願信諾使用本人個人資料作直接促銷之用。

☐ I do not want Cigna to share my personal data with insurance intermediaries for their marketing purposes and / or business purposes. 本人不願信諾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 to share my personal data with third party product/ service providers for direct marketing purposes. 本人不願借諾將本人個人資料給予第三者產品 / 服務供應商作直銷之用。

Parent / guardian of the Proposed Person Insured (if the Proposed Insured is under 18) 準受保人的家長 / 監護人（如準受保人是十八歲以下）：
I declare that I am the parent/guardian of the Proposed Person Insured and I reasonably believe that Cigna's use and disclosure of the Proposed 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準受保人的家長 / 監護人及本人合理地相信信諾使用及 / 或披露未成年準受保人的個人資料是以未成年準受保人的最佳利益為依歸。

(10) **The Applicant understands, acknowledges and agrees that, as a result of the Applicant purchasing and taking up the policy to be issued by the Company, the Company will pay the authorized insurance broker commission during the continuance of the policy including renewals, for arranging the said policy. Where the Applicant is a body corporate, the authorized person who signs on behalf of the Applicant further confirms to the Company that he or she is authorized to do so. The Applicant further understands that the above agreement is necessary for the Company to proceed with the application.**

申請人明白、確知及同意，貴公司會就申請人購買及接受保險公司簽發的保單，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貴公司確認他／她已獲法人團體授權簽署。申請人亦明白貴公司必須取得申請人以上的同意，才可以處理有關申請。

Signed in 簽署於 ___Hong Kong 香港___ Place 地方 on [　　　　　] Day 日　Month 月　Year 年 _____ Signature of Applicant 申請人簽署

Signed in 簽署於 ___Hong Kong 香港___ Place 地方 on [　　　　　] Day 日　Month 月　Year 年 _____ Signature of Proposed Person Insured 2 (Age 18 or Above) 準受保人2 簽署（18 歲或以上）

Signed in 簽署於 ___Hong Kong 香港___ Place 地方 on [　　　　　] Day 日　Month 月　Year 年 _____ Signature of Proposed Person Insured 3 (Age 18 or Above) 準受保人3 簽署（18 歲或以上）

Signed in 簽署於 ___Hong Kong 香港___ Place 地方 on [　　　　　] Day 日　Month 月　Year 年 _____ Signature of Proposed Person Insured 4 (Age 18 or Above) 準受保人4 簽署（18 歲或以上）

[　　　　　　　　　　] Name of Financial Consultant 理財顧問姓名　　　　　　　[　　　　　　　　] Code of Financial Consultant 理財顧問編號

[　　　　　　　　　　] ☐ PIBA / ☐ CIB Registration no. 註冊號碼　　　[　　　　　　　] Financial Consultant's contact no. 理財顧問聯絡電話

Signed in 簽署於 ___Hong Kong 香港___ Place 地方 on [　　　　　] Day 日　Month 月　Year 年 _____ Signature of Financial Consultant 理財顧問簽署　　　_____ Company Chop 公司蓋章

PLEASE DO NOT SIGN ON BLANK FORM 請勿在空白表格上簽署

Part V：Application Checklist 第五部份：申請書清單 (Please check the following documents have been attached 請核對申請書已附上以下文件)

☐ 1. Initial Premium 首期保費　Payment method 繳款形式　　☐ Credit card 信用卡；　　　☐ Cheque 支票；or 或

(pay by the Applicant 由申請人支付)　☐ Other 其他 [　　　　　　　　　　]

☐ 2. True copies* of identification document of the Applicant and the Proposed Person Insured 申請人及準受保人的身份證明文件認證副本*
*Certified by suitable certifiers (e.g. authorized insurance brokers, appointed insurance agents or other professional third parties)
須由適合的證明人 (例如獲授權保檢經紀、獲委任保險代理人或其他專業第三者) 認證

Direct Debit Authorization Form 直接付款授權書

PRIVATE & CONFIDENTIAL 私人及機密

Please fill in the appropriate boxes and print in block letters. 請填寫適當方格及用正楷填寫

Direct Debit via Savings / Current Account 經儲蓄 / 來往賬戶直接付款 (Applicable to subsequent premium payment only 只適用於首期保費後之每期保費)

Name and Account Number to be credited (The Beneficiary) 收款之一方的名稱及賬戶編號(受益人)

0 0 4	-	8 0 8	-	1 9 4 9 6 3 0 0 1

Cigna Worldwide General Insurance Company Limited 信諾環球保險有限公司   Bank No. 銀行編號   Branch No. 分行編號   Account No. 賬戶編號

1. I / We hereby authorize my / our below named Bank to effect transfers from my / our account to that of the Beneficiary in accordance with such instructions as my / our Bank may receive from the Beneficiary from time to time, including the settlement of policy premium, levy, or other relevant charges under the relevant policy(ies). 本人 / 吾等現授權本人 / 吾等之下述銀行，根據受益人不時給予本人 / 吾等銀行之指示，自本人 / 吾等之賬戶內轉賬予受益人之賬戶，以繳付保費、徵費或其他相關保單費用。
2. I / We agree that my / our Bank shall not be obligated to ascertain whether or not notice of any such transfer has been given to me / us. 本人 / 吾等同意本人 / 吾等之銀行毋須證實該等轉賬通知是否已交予本人 / 吾等。
3. I / We confirm that my / our signature(s) on this application form is / are the same as that / those for the operation of my / our Savings / Current Account to be debited for the transfer. 本人 / 吾等證明本人 / 吾等在此表格上之簽名式樣與本人 / 吾等之銀行賬戶簽名式樣一致。
4. I / We agree to notify the Beneficiary of any change of bank account or cancellation of payment method. 本人 / 吾等同意如更改銀行賬戶或取消此付款方式時，將通知受益人。
5. I / We jointly and severally accept full responsibility for any overdraft (or increase in existing overdraft) on my / our account which may arise as a result of any such transfer(s). I / We agree that should there be insufficient funds in my / our Bank account to meet any transfer hereby authorized, the Bank shall be entitled, at its discretion, not to effect such transfer in which event the Bank may make the usual service charge to be paid by me / us. 如因該等轉賬而令本人 / 吾等之賬戶出現透支 (或令現時之透支增加)，本人 / 吾等願共同及個別承擔全部責任。本人 / 吾等並同意如本人 / 吾等之賬戶並無足夠款項支付該等轉賬時，本人 / 吾等之銀行有權不予轉賬，且銀行可收取慣常之服務費用。
6. This authorization shall be in effect until further notice. 本授權書將繼續生效直至另行通知。
7. I / We agree that any notice of cancellation or variation of this authorization which I / we may give to my / our Bank shall be given at least five working days prior to the date on which such cancellation / variation is to take effect. 本人 / 吾等同意，本人 / 吾等取消或更改本授權書之任何通知，須於取消 / 更改生效日最少5個工作天之前交予本人 / 吾等之銀行。

BANK NAME 銀行名稱：

BRANCH NAME 分行名稱：

BANK ACCOUNT 銀行賬戶：

Bank No. 銀行編號   Branch No. 分行編號   Account No. 賬戶編號

Please note 請注意：
- It takes 6-8 weeks' time to process this authorization, so the payment of <u>two months' premium</u> is requested to be sent along with this Authorization Form. 由於銀行處理此授權書需時約6至8個星期，故此請連同兩個月保費一併交回。
- This facility is applicable to the Policyholder, Person Insured/Proposed Person Insureds only. 此項目只適用於保單持有人、受保人/準受保人。
- At least 5 working days' written notice in advance is required for termination of this payment instruction. 如需取消此繳費指示，請於最少5個工作天前以書面提出。

Direct Debit via Credit Card 經信用卡直接付款

NAME OF CARD ISSUING BANK 發卡銀行名稱：

COUNTRY OF CARD ISSUING BANK 發卡銀行國家：

VISA / MASTERCARD CREDIT CARD ACCOUNT VISA / 萬事達信用卡賬戶號碼：

CARD EXPIRY DATE (MONTH - YEAR) 信用卡有效日期 (月 - 年)：

Please note 請注意：
- The Issuer of the credit card identified above is authorized to pay the amount as requested by the Beneficiary upon proper presentation. The Cardholder promises to pay such total (including policy premium and levy under the relevant policy(ies), together with any other charges due thereon) subject to and in accordance with the agreement governing the use of such credit card. 本人授權發出信用卡之機構，在收到有關指示時，即支付受益人所要求之銀碼。本人承諾根據所持信用卡之合約繳付全部款項 (包括相關保單的保費及徵費，及其他有關費用)。
- This facility is applicable to Policyholder, Person Insured / Proposed Person Insured only. 此項目只適用於保單持有人、受保人 / 準受保人。
- This payment method is for regular premium and selected products only. 此付款方法只適用定期繳付之保費及指定之保險計劃。
- Non-monthly premium will be debited on the same month of the premium due date and on the Payment Date chosen below. In case of unsuccessful transaction, premium will be debited again next month. 非每月供款之保費將於保費到期日之同一月份及以下所選定之付款日數扣除。如未能成功過數，保費將於下一個月再扣除。
- At least 5 working days' written notice in advance is required for termination of this payment instruction. 如需取消此付款指示，請於最少5個工作天前以書面提出。

General Information 一般資料

I.D NUMBER OF ACCOUNT HOLDER(S) 賬戶持有人身份證明文件號碼：	I.D TYPE 身份證明文件類別：☐ HKID 香港身份證　　☐ PASSPORT 護照
	☐ BUSINESS REGISTRATION 商業登記證　　☐ CERTIFICATE OF INCORPORATION 公司註冊證明書
	☐ Others 其他：
NAME OF ACCOUNT HOLDER(S) IN ENGLISH 賬戶持有人英文姓名： (AS RECORDED IN STATEMENT / PASSBOOK / CREDIT CARD) (在月結單 / 存摺 / 信用卡所記錄之名稱)	SIGNATURE OF ACCOUNT HOLDER(S) 賬戶持有人簽名：
	SIGNATURE MUST BE CONSISTENT WITH YOUR BANK'S RECORD 簽名式樣必須與銀行檔案相同

CHOICE OF PAYMENT DATE 付款日期

Debit Date 轉賬日期：3rd of each month 每月3號

Payment submitted: HKD　已付款銀碼：港元 _____ (By Cash/Cheque* 以現金 / 支票付款*)

This authorization is signed on (Date) 此授權書之簽署日期： _____

DD日　　　MM月　　　YYYY年

Cigna Worldwide Life Insurance Company Limited 信諾環球人壽保險有限公司　　Cigna Worldwide General Insurance Company Limited 信諾環球保險有限公司