

Cancellation Form

取消保單申請書



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Private & Confidential 私人密件

Policy Number 保單編號	Person Insured 受保人	Policyholder 保單持有人
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Note 注意：

*** Please re-consider to retain a medical insurance policy for continuing the protection***

*** 請重新考慮保留保單以繼續醫療保障 ***

- 30-day prior submission of Cancellation Form is required for policy termination unless policy is to be canceled within the cooling-off period.**
如要取消保單，除於冷靜期內取消保單，請於三十日前遞交此申請書。
- Please provide the bankruptcy document of Policyholder from Official Receiver's Office (ORO), if applicable.**
請提供破產管理署發出保單持有人的破產文件，如適用。
- Termination of master policy may cause auto termination or adjustment in discount of child policy.**
主保單的終止可能會導致子保單的自動終止或折扣調整。
- 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。您只需要由 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。

Part 1. Cancellation Reason 第一部分：取消原因

Cancellation Reason 取消原因	☐ Purchased policy from other insurers 已購入其他保險公司產品 ☐ Renewal premium not attractive 續保保費不吸引 ☐ Plan design not suitable 產品設計不適合	☐ Poor customer experience 顧客體驗不愉快 ☐ No longer require 不再需要 ☐ Others (please specify) 其他 (請註明)
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Part 2. Payment Instruction for Policy Cancellation (if applicable) 第二部分：取消保單退款指示 (如適用)

Payment Instruction for Policy Cancellation 取消保單退款指示

Note 注意：

- Hong Kong Dollar cheque (if applicable) will be issued when the policy premium debited through autopay bank account.**
如保單付款經由銀行戶口直接授權，港元支票退款 (如適用) 將會發出。
- We will update your contact information and/or correspondence address with the provided details.**
我們會按照您提供的電話資料及 / 或通訊地址以更新聯繫信息或 / 和通訊地址。

Cheque Delivery 支票傳遞：

- ☐ by Agent/Broker 經保險代理人/經紀傳送
- ☐ to be collected by myself 親自到取
(We will contact you through the provided contact number. 請提供日間聯絡號碼，我們盡快聯繫您。日間聯絡號碼：_____)
- ☐ by surface mail to the correspondence address 以平郵寄至通訊地址
(Please specify your correspondence address. 請提供通訊地址：_____)

I agree that my personal information and data collected by Cigna Healthcare may be disclosed to such persons and may be used for such purposes as are respectively set out in the Personal Information Collection Statement of Cigna Hong Kong (the "Notice"). I acknowledge that I have obtained an updated copy of the said Notice from Cigna Healthcare's website at www.cigna.com.hk.

本人同意根據信諾香港個人資料收集聲明(「聲明」)，將本人之個人資料發放予聲明內所涉及的有關人士作及聲明內所涉及用途。而本人確認已從信諾環球保險有限公司之網頁 (www.cigna.com.hk) 內取得此聲明的最新版本。

Signature of Policyholder 保單持有人 Please ensure that your signature is consistent with that in your policy record. 閣下簽名之模式，應與保單紀錄之簽名一致，以作核對。		Signature of Agent/Broker/Manager (If applicable) 保險代理人/經紀/經理簽名 (如適用)	
x	*Date(Y/M/D) 日期(年/月/日)	x	*Date(Y/M/D) 日期(年/月/日)
Name of Policyholder 保單持有人		Name of Agent/Broker/Manager (If applicable) 保險代理人/經紀/經理姓名(如適用)	

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