

富邦門診醫療保障計劃投保表格

Fubon Outpatient Medical Plan Enrolment Form



申請人必須確保投保書內各項內容填寫清楚無誤。請用英文正楷填寫。Please ensure it is properly and fully completed in English BLOCK LETTERS.

(請✓適用方格及*刪去不適用者。Please tick the appropriate box and * delete wherever is inappropriate.)

申請人資料 (必須年滿 18 歲) Applicant's information (must be aged over 18)

申請人姓名 (先生/太太/女士)* 姓 _____ 名 _____
Name of Applicant (Mr./ Mrs./ Ms.)* Surname _____ Name _____
香港身份證/ 護照號碼* _____ 出生日期 (日/ 月/ 年) _____
HKID no./ Passport no.* _____ () Date of birth (dd/ mm/ yy) _____
電郵地址 _____ 日間聯絡電話 _____
E-mail address _____ Day time contact no. _____
晚間聯絡電話 _____ 手提電話號碼 _____
Night time contact no. _____ Mobile phone no. _____
通訊地址 _____
Correspondence address _____
地區 _____ 香港/九龍/新界*
District _____ HK/KLN/NT*

受保人個人資料 Information of Insured Person(s)

如申請人同樣是受保人，必須填寫此欄。Please fill in applicant's information if he/she is also an insured person.

	受保人英文姓名 (須與香港身份證相同) Insured person's English name (as shown on HKID card) 姓 名 Surname First name	香港身份證 / 護照號碼 / 出生證明書 (11 歲或以下) / HKID no. / Passport no. / Birth cert. (for age 11 or below)	出生日期 (日/月/年) Date of birth (dd/mm/yy)	與申請人 關係 Relation- ship with applicant	性別 Sex		計劃類別及保費 (港幣/元) Plan type & premium (HK\$)					
					男 M	女 F	優越計劃 Premier Plan		女性計劃 Female Plan		兒童計劃 Child Plan	
					季繳 Quarterly 504	年繳 Annual 2,016	季繳 Quarterly 534	年繳 Annual 2,136	季繳 Quarterly 594	年繳 Annual 2,376		
1					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

總保費 (港幣/元) Total premium (HK\$) (1+2+3+4+5) : _____

註：保單持有人有權以三十日書面通知本公司取消本保單，如保單持有人在保單首年度 14 天保單審閱期後取消本保單，恕不退回任何保費，「受保人」必須負起支付所取消本保單的尚未繳付的全年保費。

Remark: You may cancel the policy by giving 30 days' written notice to the Company. In the event of the policy being cancelled by you in the first policy year after the 14-day policy examination period, no premium will be refunded. You should be responsible for paying the outstanding balance of the annual premium for any policy year during which you cancel the policy.

生效日期 Effective date: 01 15 日 dd _____ 月 mm _____ 年 yy

繳費方法 Payment method

本人授權蘇黎世保險有限公司（「貴公司」）從本人下述之信用卡賬戶或銀行賬戶支取「富邦門診醫療保障計劃」之每季/每年保費(根據本人所選擇之繳費方式)及以後每季/全年保費，包括本人同意續保「富邦門診醫療保障計劃」以後的每季/全年保費。本人明白若取消此項授權，須於一個月前以書面通知貴公司，若貴公司無法收取有關之保費，貴公司將有權取消有關之保單。

I hereby authorize Zurich Insurance Company Limited ("The Company") to charge my credit card or bank account below for the "Fubon Outpatient Medical Plan" quarterly/ annual premium (as the payment frequency that I have selected) and subsequent quarterly/ annual payments including quarterly/ annual payments for the subsequent years upon any acceptance on renewal of Fubon Outpatient Medical Plan. I understand that I may withdraw the authorization by giving, one month in advance, written notice of cancellation to the Company. If any premium is not being debited successfully, the Company reserves the right to cancel the policy(ies).

富邦銀行信用卡 Fubon Credit Card
 VISA MasterCard MyCard

持卡人姓名
Name of the credit cardholder _____
信用卡號碼
Credit card no. _____
持卡人簽名
Cardholder's signature _____

與申請人關係
Relationship with applicant _____
信用卡有效日期至 _____ 月 _____ 年
Credit Card expiry date _____ M _____ Y

富邦銀行賬戶 Fubon bank account
請填寫直接付款授權書及以支票繳付首季/首年保費。
Please fill in the Direct Debit Authorization Form and pay the initial quarterly/ annual premium by cheque.

賬戶持有人姓名
Name of the bank account holder _____
銀行賬戶號碼
Bank account no. _____

與申請人關係
Relationship with applicant _____
賬戶持有人簽名
Bank account holder's signature _____

聲明 Declaration

吾謹此聲明本投保表格所列全部資料乃就吾所知一切據實填報，並經本人核實正確無誤。吾聲明吾已獲得吾之配偶/子女/兄弟姊妹及父母(如屬受保人)授予全權，簽署此項投保申請，並提供任何個人資料作以下用途：(1) 評核此項的申請，(2) 辦理直接付款授權書或信用卡付款，(3) 提供蘇黎世保險有限公司(「本公司」/「貴公司」)及關連機構的推廣資料，(4)處理保險的索償或有關之分析(「此用途」)。吾明白本投保表格及聲明將構成吾與貴公司之間的合約依據。吾明白一切由貴公司所收集或持有個人資料，不論以任何方式獲取，均可供貴公司使用或向在香港境內或境外之任何人或機構披露作此用途。保單生效日期將列印在保單附中，此保險申請須待貴公司覆核，接納投保書及已繳付保費後才能生效。

I declare that to the best of my knowledge and belief the information given on this Enrolment Form is true and complete in every respect and all information disclosed have been verified by me as true and correct. I declare that I have full and complete authority from my spouse, children, sister(s), brother(s) and parent(s) if they are insured persons to sign the application and disclose any personal information being requested for the following purposes: (1) to assess and service this application; (2) to process the Direct Debit Authorization or Credit Card Payment; (3) to provide marketing material of Zurich Insurance Company Limited("The Company") or its associated companies and (4) to conduct insurance claims or analysis("The Purposes"). I agree that this Enrolment Form and declaration shall form the basis of the contract between me and the Company. I understand that all the personal information collected or held by the Company, howsoever obtained, may be used by or disclosed to any individual or organization within or outside Hong Kong for the Purposes. Policy effective date will be indicated on the policy schedule. This insurance application will not be in force until the application(s) has been accepted by the Company and the premium has been paid.

日期 Date: _____ 簽署 Signature: _____

申請人或受保人有權查閱及要求更改由本公司所持有有關他們的任何個人資料。任何關於個人資料查閱或更改之要求，可向本公司之個人資料私隱主任提出，地址為香港港島東華蘭路 18 號港島東中心 24-27 樓。The Applicant or the Insured Person shall have the right of access to and to request correction of any personal information concerning themselves held by the Company. A request for such access and correction may be made to the Personal Data Privacy Officer of the Company at 24-27/F, One Island East, 18 Westlands Road, Island East, Hong Kong.