

# Home Helper Plus Insurance Plan Enrolment Form

## 「健樂保」僱傭保險計劃投保表格



請以英文正楷大寫填報 Please complete in BLOCK LETTERS.

請✓適用方格及\*刪去不適用者 Please tick the appropriate box and \* delete whichever is inappropriate.

### 投保人資料 Proposer's information

先生/太太/女士\* 姓 名 別名  
Mr./Mrs./Ms.\* Surname First Name Other Name

出生日期 日 月 年 香港身份證/護照號碼\*  
Date of birth D M Y HKID card/ passport no.\* ( )

通訊地址 室/單位\* 樓 座 大廈  
Correspondence address Flat/Rm.\* Floor Block Building

屋苑名稱/街名及門牌/地段\*  
Estate name/no. & street name/lot no.\*

地區 香港/九龍/新界\*  
District HK/KLN/NT\*

日間聯絡電話 手提電話號碼  
Day time tel. no. Mobile phone no.

晚間聯絡電話 電郵地址  
Night time tel. no. E-mail address

保障生效日期 日 月 年  
Effective date of insurance D M Y

保障計劃及保障年期 Plan type and insurance period:

- ☐ 「健樂保」僱傭保險計劃 (1 年期) Home Helper Plus Insurance Plan (1-year)
- ☐ 「健樂保」僱傭保險計劃 (2 年期) Home Helper Plus Insurance Plan (2-year)
- ☐ 僱員補償保險計劃 (1 年期) Employees' Compensation Insurance Plan (1-year)

### 家庭傭工資料 Domestic helper's information

先生/太太/女士\* 姓 名 別名  
Mr./Mrs./Ms.\* Surname First Name Other Name

出生日期 日 月 年 國籍  
Date of birth D M Y Nationality

香港身份證/護照號碼\*  
HKID card/ passport no.\* ( )

倘若超過一名家庭傭工，請將詳情填寫在附加紙張上並簽署寄回。  
If more than one domestic helper, please give details with your signature on a separate sheet of paper.

### 一般資料 General information

你於投保其他僱傭保險計劃時是否曾被拒絕?  
Has your domestic helper insurance application been refused?

☐ 是 Yes ☐ 否 No

如✓「是」者，請詳細說明於下：  
If you have ticked "Yes", please give details below :

### 保費支付辦法 Premium payment

本人選擇以下保障計劃及保障年期 I wish to apply for the following plan type and insurance period:

- 「健樂保」僱傭保險計劃 Home Helper Plus Insurance Plan
- ☐ 1 年保費港幣 600 元 HK\$600 for 1 year ☐ 2 年保費港幣 1,150 元 HK\$1,150 for 2 years

☐ 1 年保費港幣 300 元 HK\$300 for 1 year

☐ 現金 Cash☐ 支票 Cheque☐ 信用卡 Credit Card<sup>+</sup>

† (請填寫信用卡付款指示 Please fill in credit card details and sign below.)

I hereby authorize Zurich Insurance Company Limited to charge my credit card account below for the above selected Home Helper Plus Insurance Plan/ Employees' Compensation Insurance Plan initial annual premium payment and subsequent annual premium payments until further written notice from me.

持卡人姓名

Name of the credit card holder

持卡人香港身份證號碼

Card holder's HKID card no. \_\_\_\_\_ ( )

與投保人關係

Relationship with proposer \_\_\_\_\_

本人之信用卡號碼為

My credit card no. is

信用卡有效期至

Credit Card expiry date	M	Y
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☐ VISA (VISA 卡)

☐ American Express (美國運通信用卡)

☐ Master Card (萬事達卡)☐ Diners Club International (大來用信証)

持卡人簽名

Card holder's signature

日期

Date \_\_\_\_\_

1. 本人明白「健樂保」僱傭保險計劃／僱員補償保險計劃（「此計劃」）只限於處理家庭職務的合法家庭傭工。本人接受蘇黎世保險有限公司（「貴公司」）毋須負責此計劃保單生效前家庭傭工已染有之疾病或傷患的賠償。本人明白「健樂保」僱傭保險計劃保單在其生效日起之首 15 天的醫療及牙醫費用，貴公司毋需負上賠償責任。

2. 本人特此聲明此投保表格的資料乃根據本人所知及所信為確實及完全而填報，屬實無訛。本人聲明本人已獲得受保人授予全權，簽署此投保申請，並提供任何個人資料作評核此投保申請之用。本人明白本人與貴公司的保險合約將照此投保表格及聲明而訂立。

3. 本人明白貴公司有權向受保人之醫生索取有關病歷資料，本人同意提供任何進一步與此計劃保單有關之資料並自付所需費用。

4. 本人明白所有條件及細則概以此計劃保單為準。

5. 本人明白本人如對此計劃保單條款未盡滿意，可於收到保單後 14 天內退回保單，所繳之保費將獲原銀奉還。

6. 本人明白一切由貴公司收集或持有的個人資料，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以下用途：

(1) 評核此項申請，(2) 辦理直接付款授權書或信用卡付款，(3) 提供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。

7. 本人明白本人可向貴公司之個人資料私隱主任要求查閱及/或更改由貴公司持有有關本人的任何個人資料，地址為香港港島東華蘭路 18 號港島東中心 24-27 樓。

1. I understand that the Home Helper Plus Insurance Plan/ Employees' Compensation Insurance Plan ("this Plan") is only for the proposed domestic helper who is lawfully engaged for domestic duties. I accept that no benefits are payable by Zurich Insurance Company Limited ("the Company") for injury or illness that originated before the effective date of the policy of this Plan. I understand that no benefits of medical and dental expenses are payable by the Company during the first 15 days from the effective date of the policy of Home Helper Plus Insurance Plan.

2. I declare that to the best of my knowledge and belief the information on this enrolment form is true and complete in every respect. I declare that I have full and complete authority from the insured to sign the application and disclose any personal information being requested to assess the insurance application. I understand that this enrolment form and declaration will form the basis of the contract between me and the Company.

3. I authorize the Company to obtain medical information from the insured's medical practitioner(s) and I agreed to supply additional information relevant to the policy of this Plan at my own expense.

4. I understand that I shall refer to the policy of this Plan for details of the insurance coverage, exclusion clauses and terms and conditions.

5. I understand that if I am not completely satisfied with the policy of this Plan, I can return it within 14 days after receipt and any premium charged during this period will be refunded in full.

6. 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 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 the Company or its associated companies and (4) to conduct insurance claims or analysis.

7. I understand that I may contact the Company's Personal Data Privacy Officer at 24-27/F, One Island East, 18 Westlands Road, Island East, Hong Kong for any request to access to and/or correct any information supplied to the Company.

此保險申請需待貴公司覆核，接納投保書及已繳付保費後才能生效。

This insurance application will not be in force until the application(s) has been accepted by the Company and the premium has been paid.

投保人簽署

Signature of proposer

日期

Date \_\_\_\_\_

**投保傳真 Enrolment Fax: 2903 9340**

**Zurich Insurance Company Limited** (a company incorporated in Switzerland)  
24-27/F, One Island East, 18 Westlands Road, Island East, Hong Kong  
Customer Services Hotline: (852) 2903 9300 Fax: (852) 2903 9340 <http://www.zurich.com.hk>  
**蘇黎世保險有限公司(於瑞士註冊成立之公司)**  
香港港島東華蘭路 18 號港島東中心 24-27 樓  
客戶服務熱線: (852) 2903 9300 傳真: (852) 2903 9340 <http://www.zurich.com.hk>