

# Application Form for Voluntary Health Insurance Scheme

## 自願醫保計劃保險申請表


 Non Medical 不驗身

 Medical 驗身

 Policy No. 保單編號 : **301**

By completing this Application, you are applying for an insurance policy underwritten by Sun Life Hong Kong Limited. Your payment or transfer must be made to "Sun Life Hong Kong Limited" only. Sun Life Hong Kong Limited will not be responsible for any transfer or payment made otherwise. 通過填寫此申請表，閣下現正申請由香港永明金融有限公司所承保的壽險計劃。所有付款或匯款必須指定收款人為「香港永明金融有限公司」，否則香港永明金融有限公司不會對有關付款或匯款承擔任何責任。

In compliance with the Guideline on Anti-Money Laundering and Counter-Terrorist Financing issued by the Insurance Authority, all insurance institutions should identify and verify the identities of the customers when the business relationship is established. Therefore, your consultant will have to obtain a copy of the identification documents of the Policy Holder. 根據保險業監管局發出的「打擊洗錢及恐怖分子資金籌集指引」，保險機構與客戶建立業務關係時，必須識別及核實其客戶之身分。因此，閣下的顧問會向閣下索取保單持有人的身分證明文件。

CONSULTANT'S DETAILS 顧問資料												
Name 姓名		Code 編號		Division / Branch 區域 / 分行								
Name 姓名		Code 編號		Division / Branch 區域 / 分行				Campaign Code 推廣活動編號				
SECTION 1 第一部份：PERSONAL INFORMATION 個人資料												
Proposed Insured Person 準受保人					Policy Holder 保單持有人 (if not the same as Proposed Insured Person 如非準受保人)							
1.	Name in English 英文姓名		Surname 姓		Given Name 名			Surname / Company Name 姓 / 公司名稱		Given Name 名		
2.	Name in Chinese 中文姓名											
3.	Relationship to Proposed Insured Person 與準受保人之關係		Not Applicable 不適用									
4.	Sex 性別		<input type="checkbox"/> Male 男		<input type="checkbox"/> Female 女			<input type="checkbox"/> Male 男		<input type="checkbox"/> Female 女	<input type="checkbox"/> Company 公司	
5.	Smoking Status 吸煙狀況		<input type="checkbox"/> Non-Smoker 非吸煙者		<input type="checkbox"/> Smoker 吸煙者			<input type="checkbox"/> Non-Smoker 非吸煙者		<input type="checkbox"/> Smoker 吸煙者		
6.	Date of Birth 出生日期 (日dd/月mm/年yyyy)		Age Last Birthday 上次生日年齡		Age Last Birthday 上次生日年齡			Age Last Birthday 上次生日年齡				
7.	Country of Birth 出生國家											
8.	Nationality 國籍											
9.	Citizenship 公民身份 (Please list all if different from Nationality. 如與國籍不同，請列出所有。)											
10.	ID Card / Passport 身份證 / 護照											
11.	Marital Status 婚姻狀況		<input type="checkbox"/> Single 單身		<input type="checkbox"/> Married 已婚			<input type="checkbox"/> Single 單身			<input type="checkbox"/> Married 已婚	<input type="checkbox"/> Others 其他

		Proposed Insured Person 準受保人			Policy Holder 保單持有人 (if not the same as Proposed Insured Person 如非準受保人)					
12.	Occupation Title 職業職銜									
	Exact Duties 確實職務	Please state here 請於以下說明：			Please state here 請於以下說明：					
	Does your job involve manual work, outdoor work, work at height, underground work, work outside Hong Kong, operating machine or other hazardous work? 閣下的工作是否涉及體力勞動、戶外工作、高空工作、地底工作、在香港以外地區工作、操作機器或其他危險工作？	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 If yes, please provide detail including average height/depth, work location, type of machine or others. 如是，請提供詳情包括工作平均高度/深度，工作地方，需使用的機器等。			<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 If yes, please provide detail including average height/depth, work location, type of machine or others. 如是，請提供詳情包括工作平均高度/深度，工作地方，需使用的機器等。					
	Average Monthly Income (HKD) 每月平均入息(港幣)									
	Employer's Name 僱主名稱									
	Employer's Address 僱主地址									
Nature of Business 公司業務性質 (If trading, please specify type of goods being traded. 如為貿易，請註明其貿易貨品的種類。)										
13.	Residential Address 居住地址  (If Residential address of Proposed Insured Person is different from Policy Holder, please specify. 如準受保人的居住地址與保單持有人不同，請填寫。)	Room / Flat 室	Floor 樓數	Block 座數	Room / Flat 室	Floor 樓數	Block 座數			
		Building / Estate Name 大廈 / 屋邨名稱			Building / Estate Name 大廈 / 屋邨名稱					
		No. & Name of Street / Lot No. 街道名稱及編號 / 地段號數			No. & Name of Street / Lot No. 街道名稱及編號 / 地段號數					
		District / Country 地區 / 國家 <input type="checkbox"/> HK 香港 <input type="checkbox"/> KLN 九龍 <input type="checkbox"/> NT 新界			District / Country 地區 / 國家 <input type="checkbox"/> HK 香港 <input type="checkbox"/> KLN 九龍 <input type="checkbox"/> NT 新界					
		ZIP/Postal Code 郵政編號					ZIP/Postal Code 郵政編號			
<b>Policy Holder's Contact Information 保單持有人聯絡資料*</b> * The contact information applies to all of your existing policies. 閣下的聯絡資料將適用於所有保單。 <b>If you are a natural person<sup>^</sup> and have provided an email address and mobile phone number herein or before, then, unless you choose to receive hardcopy in the "Policy Document Option" section, all correspondences (if any) relating to the insurance policy / policies you own / may own in the future ("Document(s)") will be delivered only to the "Policy Documents" folder of your account in My Sun Life HK App or My Sun Life HK Portal ("Client Digital Platforms"), which is the same as delivery to your correspondence address. If eAdvice is applicable to you, delivery will be notified to you by eAdvice (as defined in the "Policy Document Option" section). Once delivered, you will be deemed to have read the Documents. No printed copies will be delivered to your correspondence address.</b> 如您為自然人 <sup>^</sup> 並已在此文件或曾經提供了電郵地址及手提電話號碼，則除非您於「保單文件選項」部份選擇接收列印版本，所有與您擁有的/將來或會擁有的保單相關的信件(如有)(「該等文件」)將只會被傳送至您在My Sun Life HK流動應用程式或My Sun Life HK網上平台(「客戶網上平台」)帳戶中的「保單文件」頁面，如同郵寄至您的通訊地址一樣。如電子通知適用於您，您將會收到電子通知(請參閱「保單文件選項」部份以了解其釋義)向您提示該等文件已被傳送。一旦該等文件已被傳送，您即被視為已閱讀它們。您將不會再透過通訊地址收到印刷版本。 <sup>^</sup> If a BR No. is provided for the Policy Holder in this form, then you may not be eligible to apply for eAdvice. <sup>^</sup> 如您已就保單持有人在這份表格內提供了商業登記號碼，則您或不符合資格申請電子通知。										
Correspondence Address 通訊地址  (If Correspondence Address is different from Residential Address, please specify. 如通訊地址與居住地址不同，請填寫。)		Room / Flat 室	Floor 樓數	Block 座數	Building / Estate Name 大廈 / 屋邨名稱					
<input type="checkbox"/> Apply to this policy only 只適用於本保單 (If no option is selected, "Apply to all policies" will be defaulted. 如沒有作出指示，將設定為「適用所有保單」。)		No. & Name of Street / Lot No. 街道名稱及編號 / 地段號數			District / Country 地區 / 國家 <input type="checkbox"/> HK 香港 <input type="checkbox"/> KLN 九龍 <input type="checkbox"/> NT 新界					
					ZIP/Postal Code 郵政編號					
Tel 電話 (With Country Code. 需包含國家代碼) Mobile no. must be provided 必須提供手提電話號碼  Tel no. provided herein will supersede all the contact no. you have provided to Sun Life Hong Kong Limited before (if any). 此欄提供的電話號碼將會取代閣下之前向香港永明金融有限公司提供的所有電話號碼(如有)。		1. OTP will be sent to your registered mobile number if you pay premium for new application(s) via Credit Card ePayment system or the first time you log in to My Sun Life HK app 若您於網上以信用卡繳付投保申請的保費或當您首次登入My Sun Life HK流動應用程式時，我們會發出一次性密碼到你已登記的手機號碼 2. SMS notification will be sent to you when your eContract is available in My Sun Life HK app or when there are important notices that need your immediate attention 我們會透過手機短訊通知您電子保單已上載至My Sun Life HK流動應用程式或有關保單的重要資訊			Home Tel 住宅電話		Business Tel 公司電話		Mobile 手提電話	
		Country Code 國家代碼	Telephone No 電話號碼		Country Code 國家代碼	Telephone No 電話號碼		Country Code 國家代碼	Telephone No 電話號碼	
Email Address 電郵地址 If no update here, your existing email address (if provided) will be retained. 如沒有於此處作出更新，閣下現有的電郵地址(如已提供)將繼續被保留。					If you do not want to provide, please cross out. 如閣下不想提供，請以斜線刪除。					

<b>Policy Document Option</b> 保單文件選項	<input type="checkbox"/> Hardcopy 列印版本 (If you do not put a tick in the box, you will be applying for eAdvice for all your existing and future policies, and you agree to download and/or register to use the Client Digital Platforms. "eAdvice" is an email or push notification from Sun Life Hong Kong Limited to you. 如您沒有在方格內填上剔號，您將為您現在及將來擁有的所有保單申請電子通知，您亦同意下載及/或註冊使用客戶網上平台。「電子通知」是由香港永明金融有限公司向您發送的電郵或推送通知。)
<b>Policy Contract Language Option</b> 保單合約語言選項	<input type="checkbox"/> English 英文 (Chinese will be defaulted, if English is needed, please tick. 預設為中文語言，如選用英文語言，請在方格內填上剔號。)
<b>Policy Contract Version</b> 保單合約版本	<input type="checkbox"/> Hardcopy 列印版本 (eContract is the default option, please tick the box if Hardcopy is required 預設為電子版本，如選用列印版本，請在方格內填上剔號。) a) Since eContract is not applicable for entity Policy Holder and Mainland China Resident, a printed policy contract will be provided. 由於電子保單並不適用於公司實體保單持有人及中國內地居民，我們將提供列印版保單合約。 b) You need to download and register My Sun Life HK mobile app to view your eContract. 閣下需要下載並註冊My Sun Life HK流動應用程式以查閱電子保單。 c) A valid mobile number and/or an email address are required for eContract (see Question 13 of this form). Otherwise, a hard copy of your contract will be provided. 如選擇電子保單，請提供有效的手提電話號碼及/或電郵地址（見本表格第13題）。如未能提供，我們將發出列印版保單合約。

## SECTION 2 第二部份：POLICY INFORMATION 保單資料

<b>1. Plan Currency</b> 保單貨幣：HK\$ 港元	
<b>2. Basic Plan</b> 基本計劃	<input type="checkbox"/> WeHealth Preferred 永明港無憂醫療保
<input type="checkbox"/> WeHealth 永明港健康醫療保	<input type="checkbox"/> WeHealth Prestige 永明港卓越醫療保
<input type="checkbox"/> WeHealth Plus Scheme 1 永明港稱心醫療保計劃一	<b>Deductible (if applicable)</b> 自付費（如適用）
<input type="checkbox"/> WeHealth Plus Scheme 2 永明港稱心醫療保計劃二	<input type="checkbox"/> HK\$0 港元0
	<input type="checkbox"/> HK\$20,000.00 港元20,000.00
	<input type="checkbox"/> HK\$50,000.00 港元50,000.00
	<input type="checkbox"/> HK\$80,000.00 港元80,000.00
<b>3. Medical Insurance Suitability Assessment</b> 醫療保險合適性評估	
(1) What are your objective(s) of purchasing a medical insurance product? (tick one or more) 閣下購買醫療保險產品的目標為何？（可選多於一項）	
<input type="checkbox"/> a. Getting insurance protection for future healthcare needs (e.g. increasing expenses for medical and healthcare services) 得到為應付未來醫療需要的保險保障（例如：醫療及保健服務開支增加）	
<input type="checkbox"/> b. Getting insurance protection for loss of income upon illness 得到因疾病而失去收入的保險保障	
<input type="checkbox"/> c. Getting insurance protection for loss of income during hospital confinement 得到在住院期間失去收入的保險保障	
<input type="checkbox"/> d. Others 其他：_____	
(2) What type(s) of medical insurance products are you looking for to meet your objective(s) above? 閣下考慮以哪種類型的醫療保險產品迎合 閣下上述的目標？	
<input type="checkbox"/> a. Indemnity (i.e. reimbursement product) 彌償（如實報實銷產品）	
<input type="checkbox"/> b. Non-indemnity 非彌償	
<b>4. Payment Information</b> 付款資料	
<b>a) Payment Arrangement</b> 付款安排	
<b>(i) Payment Mode</b> 付款次數	
<input type="checkbox"/> Annual 年繳	
<input type="checkbox"/> Semi-Annual 半年繳	
<input type="checkbox"/> Monthly Autopay 月繳自動轉賬	
If also apply prepayment (if applicable), please attach Prepayment page of Proposal and refer to the page to complete below 如同時申請預繳保費（如適用），請遞交保單建議書的預繳保費說明頁及依據該頁填寫以下資料：	
<input type="checkbox"/> Prepayment 預繳保費	
Number of Annual Premiums 年繳保費之期數：_____	
Prepayment of Premiums 預繳保費額：\$ _____	
<b>(ii) Payment Method</b> 付款方法	
<input type="checkbox"/> *Direct Billing 通知繳付 (Not applicable to Monthly Mode 不適用於月繳付款)	
<input type="checkbox"/> Autopay 自動轉賬 (Please submit DDA form 請遞交直接付款授權書)	
*Except Monthly Mode, Direct Billing will be the defaulted option if none of above is chosen. 除月繳付款外，若以上均沒有選擇則付款方法將自動設定為通知繳付。	
<b>b) Amount paid with this application</b> 連同此申請表一同繳交之款項 (Initial investment/ premium could be paid at any time before the policy is issued. 首期投資/ 保費可選擇隨時於保單生效前完成繳付。)	
<b>(i) Payment Means</b> 繳交方式	
<input type="checkbox"/> Cash 現金 <input type="checkbox"/> Cheque 支票 <input type="checkbox"/> Credit Card 信用卡	
<input type="checkbox"/> Electronic Payment 電子貨幣支付 <sup>1</sup> ：	
Date 日期 _____ Time 時間 _____	
Type 型式 _____	
<input type="checkbox"/> Thru' Convenient Store 經由便利店	
<input type="checkbox"/> Others (please specify) 其他（請註明）_____	
<b>(ii) Payment Amount</b> 繳交金額	
<input type="checkbox"/> HK\$ 港元	
<input type="checkbox"/> US\$ 美元	
<input type="checkbox"/> RMB 人民幣	

<sup>1</sup> The account for electronic payment (including ATM, PPS, phone banking and internet banking) must be held by the Policy Holder/third party payer as defined in Section B of the "Third Party Payment Declaration". In case of premium refund, Sun Life will automatically arrange such refund to the original payment account.  
用於電子貨幣支付（包括自動櫃員機、繳費靈、電話理財及網上繳費）的帳戶需由保單持有人如「第三付款聲明書」B部所列之第三方支付款人所持有。如有保費退款，永明將會自動安排退款予原本之付款帳戶內。

For Office Use Only 公司專用

HF / GW

**SECTION 3 第三部份：BENEFICIARY INFORMATION 受益人資料****Important Notes 重要事項:**

1. Unless otherwise specify, the relevant death benefit payable will be divided into equal shares to the beneficiaries surviving upon the death of the Proposed Insured Person. If beneficiary has not been designated or no surviving beneficiary, death benefit will belong to the Policy Holder or the Policy Holder's Estate. 如無特別註明，有關及須繳付的身故賠償將平均分子予準受保人去世時尚生存的受益人。如沒有定立受益人或仍生存的受益人，身故賠償將屬保單持有人所有或撥入保單持有人之遺產。

2. This section provides beneficiary designation of primary and contingent beneficiaries. The beneficiary designation of contingent beneficiary will be effective only if all primary beneficiaries die. 此部份提供指定基本受益人及次位受益人。指定次位受益人須於所有基本受益人身故後才生效。

3. A beneficiary designation of either "estate" or "own estate" will constitute an instruction to designate the Policy Holder as at the death of the Proposed Insured Person to receive the relevant death benefit payable. 指定 estate 或 own estate 作為受益人將構成對保險公司的指示，指定於準受保人去世時之保單持有人收取有關及須繳付的身故賠償。

I/We hereby designate beneficiary(ies) for the policy as below and I/We hereby declare that any trustee designated in the table below shall be appointed as trustee to receive any death benefit under the policy for the beneficiary(ies) designated below and in accordance with the percentage proportion as stated in the same row during his/her minority.

本人/吾等為本保單於下表內指定受益人及本人/吾等謹此聲明，於指定受益人未成年期間，委任以下表內之指定信託人以信託人身份代表下列之指定受益人根據下述表內同一行之百分比收取本保單的身故賠償。

Beneficiary 受益人 (*Please tick whenever appropriate 請於適當地方加上剔號)						Trustee 信託人 (Only applicable to beneficiary under the age of 18 只適用於18歲以下的受益人)		
*Primary 基本	*Contingent 次位	Name 姓名	Relationship with Proposed Insured Person 與準受保人的關係	ID / Passport No 身份證/護照號碼	Share (Total 100%) 分配百分比 (合共100%)	Name 姓名	Relationship with Proposed Insured Person 與準受保人的關係	ID / Passport No 身份證/護照號碼
<input type="checkbox"/>	<input type="checkbox"/>							
<input type="checkbox"/>	<input type="checkbox"/>							
<input type="checkbox"/>	<input type="checkbox"/>							
<input type="checkbox"/>	<input type="checkbox"/>							

**SECTION 4 第四部份：RESIDENCY DETAILS 居住地資料**

		Proposed Insured Person 準受保人
1.	<p>Did the Proposed Insured Person reside / travel outside of Hong Kong for more than six (6) months in the past twelve (12) months; or does Proposed Insured Person intend to reside / travel outside of Hong Kong for more than six (6) months or anticipate any significant change in traveling pattern / resident city location within the next twelve (12) months? If "Yes", please indicate the country, city, reason and duration of stay.</p> <p>準受保人曾否於過去十二(12)個月內在香以外居住 / 旅行超過六(6)個月; 或於未來十二(12)個月內打算在香港以外居住 / 旅行超過六(6)個月或預計旅遊習慣 / 居住地區有重大變化? 如果「是」，請註明國家、城市、原因和逗留時間。</p>	<p>Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/></p> <p>Country 國家 _____</p> <p>City 城市 _____</p> <p>Reason 原因 _____</p> <p>Duration of stay 逗留時間 _____</p>

**SECTION 5 第五部份：GENERAL INFORMATION 基本資料**

		Proposed Insured Person 準受保人
1	<p>Do you smoke or have you smoked in the last 12 months? 閣下有沒有吸煙或在過去十二個月內曾否吸煙?</p> <p>For the purpose of this question, the meaning of "smoking" includes but is not limited to cigarettes, cigars, tobacco pipes, chewing tobacco and the use of nicotine replacement products (such as e- cigarettes). 「吸煙」在此問題的含義包括但不限於香煙、雪茄、煙斗、嚼煙及使用尼古丁補充劑產品(例如電子煙)。</p>	<p>Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/></p>
2	<p>In the last 12 months, on average do you drink alcoholic beverage for more than 3 times in a week? 在過去十二個月內，閣下是否平均每週飲用酒精飲品超過三次?</p> <p>If the answer is "Yes", please proceed to answer below questions. 若答案為「是」，請回答以下問題。</p> <p>a. Type of alcoholic beverage 酒精飲品種類</p> <p>If drink more than one type of alcoholic beverage, please provide details in "Supplementary Information". 如飲用多於一種的酒精飲品，請於補充資料提供詳情。</p> <p>b. Duration of drinking habit, and frequency and quantity of consumption 飲酒習慣的持續時間、頻密度及飲用份量</p> <p>Please note: 請注意 1 can of beer is equivalent to 330 ml 一罐啤酒為330毫升 1 glass of wine is equivalent to 100 ml 一杯餐酒為100毫升 1 tot of spirit is equivalent to 30 ml 一杯烈酒為30毫升</p> <p>c. If you no longer drink now, 若閣下現時已沒有飲酒，</p> <p>i. When did you quit drinking? 請問閣下是何時戒酒的?</p> <p>ii. Are you advised by doctor to quit drinking and for what reason? 是否醫生建議戒酒及原因為何?</p>	<p>Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/></p> <p>Beer / Wine / Spirit * 啤酒 / 餐酒 / 烈酒*</p> <p>*Please delete as appropriate. *請刪除不適用者。</p> <p>Duration 持續時間 _____ year 年</p> <p>Frequency 頻密度 _____ time(s) per week 次數/每週</p> <p>Quantity per time 每次飲用份量 _____ ml 毫升</p> <p>Month / _____ Year 年</p> <p>Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/></p> <p>Reason 原因 _____</p>

		Proposed Insured Person 準受保人	
3	In the last 5 years, have you used any drugs (excluding dietary supplements) which are not prescribed by doctors (including habit-forming or recreational drugs such as cocaine, ecstasy, heroin, methadone, anabolic steroids) for a continuous period of more than one month? 在過去五年內，閣下曾否持續超過一個月使用未經醫生處方之藥物（包括成癮性或消遣性藥物，例如可卡因、興奮劑、海洛英、美沙酮、同化性類固醇；惟不包括營養補充品）？ <b>If the answer is "Yes", please provide i) type of drugs, ii) duration, frequency and quantity of consumption in "Supplementary Information".</b> 若答案為「是」，請於補充資料提供以下詳情：i) 藥物種類，ii) 用藥持續時間、頻密度及份量。	Yes 是 <input type="checkbox"/>	No 否 <input type="checkbox"/>
4	Have you engaged in the following activities within the last 12 months or will you engage / intend to engage in the following activities within the next 12 months? 閣下曾否在過去十二個月內或會否在未來十二個月內參與以下活動？ a. Any hazardous sports or activities (such as diving, car racing, parachuting, or mountain climbing outside Hong Kong)? 任何危險性運動或活動（例如：潛水、賽車、跳傘、於香港以外的地方攀山） b. Flying activities other than as a fare-paying passenger of a licensed air service operating within recognised scheduled routes. 飛行活動（不包括以付費乘客身份乘搭由商業性民航客機提供並獲認可的定期航班服務） <b>If any answer to the above questions is "Yes", please provide i) type of activity and ii) duration and frequency of engagement in the activity in "Supplementary Information" and complete corresponding questionnaire.</b> 若以上任何一項問題之答案為「是」，請於補充資料提供以下詳情：i) 活動種類，ii) 參與活動的持續時間和頻密度，並填寫有關問卷。	Yes 是 <input type="checkbox"/>	No 否 <input type="checkbox"/>

### SECTION 6 第六部份：HEALTH INFORMATION 健康資料

Note for applicant(s): Questions of SECTION 6 do not require the applicant(s) to disclose information regarding the medical conditions or treatments below –  
申請人須知：無需於第六部份披露以下健康狀況或治療 –

Cold / flu / sore throat, gastroenteritis / food poisoning (fully recovered), indigestions (no investigations required), acne, muscle sprained (fully recovered), thrush, routine scan / blood test for pregnancy (normal result), routine cervical smear (normal result), routine health check (normal result), preventive vaccination, Hormonal Replacement Therapy (menopause), infertility treatment or uncomplicated pregnancy, myopia / hyperopia / astigmatism / presbyopia.  
傷風 / 感冒 / 喉嚨痛、腸胃炎 / 食物中毒（已痊癒）、消化不良（無需檢查）、瘡瘡、肌肉扭傷（已痊癒）、鵝口瘡、常規產前掃描 / 血液檢驗（檢驗結果正常）、常規子宮頸細胞塗片檢驗（檢驗結果正常）、常規健康檢查（檢查結果正常）、預防疫苗、荷爾蒙補充治療（更年期）、不育治療或胎兒生長情況正常的懷孕、近視 / 遠視 / 散光 / 老花。

**If the answer is "Yes" to the following questions with a \*, you may skip the follow-up questions on the right and complete corresponding questionnaires.**  
若以下記上\*號的問題之答案屬「是」，請填寫有關問卷，而無需回答右欄的跟進問題。

		Proposed Insured Person 準受保人	
1	Please state your height and weight. 請填寫閣下的身高及體重。	_____ cm 厘米 _____ kg 公斤	
2	Have you ever been diagnosed with any of the following diseases or medical conditions? 閣下是否曾被確診下列疾病或健康狀況？	<b>Follow-up Questions 跟進問題</b> If any answer to Question 2 to 9 is "Yes", please give full particulars below and quote the relevant section and question number. Information provided for Question 2 to 9 should include (a) Disease / medical condition / sign and symptom, (b) Date of first occurrence of sign and symptom, (c) Treatment / investigations / tests / scans that have been performed, (d) Date of such treatment / investigation / tests / scan, (e) Present condition (such as whether fully recovered, follow-up action / medication / next follow-up date), (f) Date of last follow-up medical consultation / treatment, (g) Name of doctor who treated the disease / sickness / medical condition / sign and symptom, (h) Name of Hospital, where applicable. If space given is insufficient, please use the space in Supplementary Information or submit an "Application Supplement Form" 若問題二至九中曾答「是」，請在此欄提供詳細資料並註明所屬部份及題號。答案須包括下列詳情： (a) 疾病 / 健康狀況 / 病徵及症狀、 (b) 首次出現病徵及症狀的日期、 (c) 已進行的治療 / 檢查 / 測試 / 掃描、 (d) 有關治療 / 檢查 / 測試 / 掃描日期、 (e) 現況（例如是否已完全康復、有否跟進 / 服用跟進藥物 / 下次覆診日期）、 (f) 最後覆診 / 治療日期、 (g) 治療有關疾病 / 不適 / 健康狀況 / 病徵及症狀的醫生姓名、 (h) 醫院名稱（如適用）。 如空位不夠使用，請填寫於補充資料欄內或遞交「投保申請補充書」。	
	a. Cancer or carcinoma in situ* 癌症或原位癌*	Yes 是 <input type="checkbox"/>	No 否 <input type="checkbox"/>
	b. Brain tumor* 腦部腫瘤*	Yes 是 <input type="checkbox"/>	No 否 <input type="checkbox"/>
	c. Heart disease 心臟疾病	Yes 是 <input type="checkbox"/>	No 否 <input type="checkbox"/>
	d. Stroke (including transient ischemic attack (TIA)) 中風（包括短暫性腦缺血，俗稱「小中風」）	Yes 是 <input type="checkbox"/>	No 否 <input type="checkbox"/>
	e. Hypertension* 高血壓*	Yes 是 <input type="checkbox"/>	No 否 <input type="checkbox"/>
	f. Diabetes mellitus or impaired glucose tolerance 糖尿病或葡萄糖耐量異常*	Yes 是 <input type="checkbox"/>	No 否 <input type="checkbox"/>
	g. Kidney disease 腎病	Yes 是 <input type="checkbox"/>	No 否 <input type="checkbox"/>
	h. Prolapsed intervertebral disc or degenerative spine conditions* 椎間盤突出或脊椎退化性疾病*	Yes 是 <input type="checkbox"/>	No 否 <input type="checkbox"/>
	i. Diseases or medical conditions requiring a medical device or prosthesis to be implanted within the body 需要植入醫療儀器或義肢的疾病或健康狀況	Yes 是 <input type="checkbox"/>	No 否 <input type="checkbox"/>
	j. Human immunodeficiency virus ("HIV") infection 人體免疫缺陷病毒（愛滋病毒）感染	Yes 是 <input type="checkbox"/>	No 否 <input type="checkbox"/>
	k. Congenital conditions (medical, physical or mental abnormalities that existed at the time of or before birth) 先天性疾病（指於出生時或之前已存在的醫學、生理或精神上的異常）	Yes 是 <input type="checkbox"/>	No 否 <input type="checkbox"/>
	l. Physical defects, impairments, deformities, and / or conditions affecting mobility, sight, speech or hearing 身體缺陷、不健全、畸形，及 / 或影響活動能力、視力、說話能力或聽力的狀況	Yes 是 <input type="checkbox"/>	No 否 <input type="checkbox"/>
	m. Mental health conditions (such as depression, anxiety, schizophrenia, eating disorders, or bipolar disorders) 精神健康狀況（例如抑鬱、焦慮、精神分裂、飲食失調或躁狂抑鬱症）	Yes 是 <input type="checkbox"/>	No 否 <input type="checkbox"/>
	n. Hypercholesterolemia or Hyperlipidemia 高膽固醇症或高血脂症	Yes 是 <input type="checkbox"/>	No 否 <input type="checkbox"/>
	o. Liver disorder (such as hepatitis B* or hepatitis C* (including tested positive), fatty liver or cirrhosis of liver) 肝臟疾病（例如乙型肝炎*或丙型肝炎*（包括測試呈陽性反應）、脂肪肝或肝硬化）	Yes 是 <input type="checkbox"/>	No 否 <input type="checkbox"/>
	p. Multiple sclerosis 多發性硬化症	Yes 是 <input type="checkbox"/>	No 否 <input type="checkbox"/>

		Proposed Insured Person 準受保人	
3	<p>Do you currently have any of the following diseases or medical conditions? 閣下目前是否患有下列疾病或健康狀況？</p> <p>a. Hernia 疝氣（俗稱「小腸氣」）</p> <p>b. Breast lesion (tumour / mass / lump / cyst / nodule / growth) * 乳房病變（腫瘤 / 硬塊 / 腫塊 / 囊腫 / 結節 / 增生）*</p> <p>c. Uterine or ovarian lesion (tumour / mass / lump / cyst / polyp / nodule / growth) * 子宮或卵巢病變（腫瘤 / 硬塊 / 腫塊 / 囊腫 / 瘰肉 / 結節 / 增生）*</p> <p>d. Benign prostatic hypertrophy 良性前列腺肥大</p> <p>e. Gall bladder stone or urinary stone (renal stone, ureteric stones or urinary bladder stone) 膽結石或泌尿道結石（腎結石、輸尿管結石或膀胱結石）</p> <p>f. Cataract, glaucoma or retinopathy 白內障、青光眼或視網膜病變</p> <p>g. Arthritis or other joint disorder 關節炎或其他關節疾病</p>	<p>Yes 是 <input type="checkbox"/></p> <p>No 否 <input type="checkbox"/></p> <p>Yes 是 <input type="checkbox"/></p> <p>No 否 <input type="checkbox"/></p> <p>Yes 是 <input type="checkbox"/></p> <p>No 否 <input type="checkbox"/></p> <p>Yes 是 <input type="checkbox"/></p> <p>No 否 <input type="checkbox"/></p> <p>Yes 是 <input type="checkbox"/></p> <p>No 否 <input type="checkbox"/></p>	
4	<p>In the last 5 years, have you ever had or been advised to have any regular or ongoing (such as monthly, every 2 months, half- yearly, annually) follow-up consultations or medical care with a healthcare professional (such as specialist doctor, physiotherapist, psychiatrist) for any disease or medical condition? 在過去五年內，閣下是否曾經或被建議定期或持續（例如每月、每兩個月、每半年、每年）為任何疾病或健康狀況接受專業醫護人員（例如專科醫生、物理治療師、精神科醫生）的跟進診治或醫療護理？</p>	<p>Yes 是 <input type="checkbox"/></p> <p>No 否 <input type="checkbox"/></p>	
5	<p>In the last 5 years, have you been advised by your doctor to take any medications (such as to be taken daily / once per week / as needed as directed by doctor) for a continuous period of more than one month? 在過去五年內，閣下是否曾被醫生建議定期（例如按醫生指示每日 / 每週一次 / 有需要時）服用為期超過一個月的處方藥物？</p>	<p>Yes 是 <input type="checkbox"/></p> <p>No 否 <input type="checkbox"/></p>	
6	<p>In the last 5 years, have you been admitted into a hospital? 在過去五年內，閣下是否曾入住醫院？</p>	<p>Yes 是 <input type="checkbox"/></p> <p>No 否 <input type="checkbox"/></p>	
7	<p>In the last 5 years, have you undergone a surgical procedure (including endoscopy or biopsy) without being admitted into a hospital? 在過去五年內，閣下是否曾在非住院情況下接受外科程序（包括內窺鏡檢查或活組織化驗）？</p>	<p>Yes 是 <input type="checkbox"/></p> <p>No 否 <input type="checkbox"/></p>	
8	<p>In the last 5 years, have you ever had or been advised to undergo investigations (such as blood or urine test, ECG, X-ray, ultrasound, CT scan, MRI, PET scan, HIV test, Hepatitis B test, Hepatitis C test)? 在過去五年內，閣下是否曾接受或曾被建議接受檢查（例如驗血、驗尿、心電圖、X光、超聲波、電腦掃描、磁力共振、正電子掃描、愛滋病測試、乙型肝炎測試、丙型肝炎測試）？</p> <p>If the answer is "Yes", do your investigation result(s) include the followings? 如果答案屬「是」，閣下檢查結果是否包括下列情況？</p> <p>a. Abnormal test result is advised 檢驗結果異常</p> <p>b. You are still awaiting test / test result 閣下正等候檢驗或檢驗結果</p> <p>c. Test result is inconclusive or uncertain (retesting or follow-up test is required) 檢驗結果為無定論或不確定（需要重新或進一步檢驗）</p> <p>d. Medical advice has been sought or treatment is required for the test result (such as liver cyst / brain cyst* / joint degeneration or calcification / lung or breast or thyroid calcification discovered on imaging test, that may not require immediate treatment) 就檢驗結果已尋求醫療意見或需要接受治療（例如一些未必需要即時治療的情況如肝囊腫* / 腦囊腫* / 關節退化或鈣化 / 於成像檢測中發現肺部或乳房或甲狀腺出現鈣化）</p>	<p>Yes 是 <input type="checkbox"/></p> <p>No 否 <input type="checkbox"/></p> <p>Yes 是 <input type="checkbox"/></p> <p>No 否 <input type="checkbox"/></p> <p>Yes 是 <input type="checkbox"/></p> <p>No 否 <input type="checkbox"/></p> <p>Yes 是 <input type="checkbox"/></p> <p>No 否 <input type="checkbox"/></p>	
9	<p>Apart from anything you have already disclosed in Questions 2 to 8, do you have any of the following conditions? 除了閣下在第 2 至 8 項問題中已披露的資料外，閣下是否有下列情況？</p> <p>a. Unintentional weight loss by more than 5 kg over past 12 months 在過去十二個月內，體重無故地減少了 5 公斤以上</p> <p>b. Abnormal bleeding (such as vaginal bleeding, rectal bleeding, nose bleeding or coughing up of blood) for at least one month 不正常出血（例如陰道出血、便血、流鼻血或咳血）至少一個月</p> <p>c. In the last 12 months, you had or have been required to have follow-up consultation with a healthcare professional (such as specialist doctor, physiotherapist, psychiatrist) for any medical condition or sign and symptom 在過去十二個月內，閣下有任何健康狀況或病徵及症狀曾經接受或需要接受專業醫護人員（例如專科醫生、物理治療師、精神科醫生）的跟進診治</p> <p>d. Other medical conditions or sign and symptom (such as lump, headache, persistent coughing, chest pain or epigastric pain) that you are seeking or intend to seek medical advice 其他健康狀況或病徵及症狀（例如腫塊、頭痛、持續咳嗽、胸痛或上腹痛）而正在或打算尋求醫療意見</p>	<p>Yes 是 <input type="checkbox"/></p> <p>No 否 <input type="checkbox"/></p> <p>Yes 是 <input type="checkbox"/></p> <p>No 否 <input type="checkbox"/></p> <p>Yes 是 <input type="checkbox"/></p> <p>No 否 <input type="checkbox"/></p> <p>Yes 是 <input type="checkbox"/></p> <p>No 否 <input type="checkbox"/></p>	

<p>10 At your best knowledge, have any of your parents or siblings by blood been diagnosed with any of the following diseases or medical conditions at or before age 60: 就閣下所知，閣下的親生父母或兄弟姊妹曾否於六十歲或以前被確診下列疾病或健康狀況：</p> <p>If the answer is "Yes", please tick "Yes" on right hand side and complete table below. 若答案為「是」，請在右邊方格內填上剔號及填寫以下表格。</p> <p>a. Cancer 癌症</p> <p>b. Coronary heart disease 冠心病</p> <p>c. Diabetes mellitus 糖尿病</p> <p>d. Motor neuron disease 運動神經元疾病</p> <p>e. Multiple sclerosis 多發性硬化症</p> <p>f. Stroke 中風</p> <p>g. Parkinson's disease 帕金森症</p> <p>h. Hereditary diseases including cystic fibrosis, familial adenomatous polyposis, Alzheimer's disease, familial cardiomyopathy, inherited blood disorders (hemophilia, thalassemia, sickle cell disease), muscular dystrophy, polycystic kidney disease or Huntington's disease. 遺傳病包括囊性纖維化、家族性大腸腺息肉病、亞茲海默氏症、家族性心肌病、遺傳性血病（血友病、地中海貧血、鐮刀型貧血）、肌肉萎縮症、多囊性腎病或亨丁頓舞蹈症</p>	<p>Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/></p> <p>Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/></p> <p>Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/></p> <p>Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/></p> <p>Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/></p> <p>Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/></p> <p>Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/></p> <p>Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/></p>																								
<p>Which family member? 哪個親屬？</p>	<p>Which disease? 哪種疾病？</p>	<p>Onset age of disease 病發年齡</p> <table border="1"> <thead> <tr> <th>Age at or below 30 30歲或以下</th> <th>Age 31-40 31-40 歲</th> <th>Age 41-50 41-50 歲</th> <th>Age 51-60 51-60 歲</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>				Age at or below 30 30歲或以下	Age 31-40 31-40 歲	Age 41-50 41-50 歲	Age 51-60 51-60 歲	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<p>11 (For Proposed Insured Person aged under 6 only 只適用於 6 歲以下的準受保人) Was the insured child born before 37th week of pregnancy and / or born with body weight less than 2.5 kg (5.5 lbs)? 受保兒童是否於懷孕第 37 週前出生，及 / 或出生時體重少於 2.5 公斤 (5.5 磅)？</p> <p>If the answer is "Yes", please proceed to answer below questions and tick as appropriate. 若答案為「是」，請回答以下問題及在適當方格內填上剔號。</p>		<p>Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/></p>																							
<p>a. At which week of pregnancy was the insured child born? 受保兒童在孕期哪一週出生？</p> <p><input type="checkbox"/> more than 31 weeks 多於31週</p> <p><input type="checkbox"/> 28 to 31 weeks 28至31週</p> <p><input type="checkbox"/> 24 to 27 weeks 24至27週</p> <p><input type="checkbox"/> less than 24 weeks 少於24週</p>																									
<p>b. Body weight at birth. 出生時體重</p> <p>Please note 1kg is equivalent to 2.2 lbs. 請注意1公斤等於2.2磅。</p> <p><input type="checkbox"/> more than 2.50 kg 多於2.50公斤</p> <p><input type="checkbox"/> 1.50 to 2.49 kg 1.50至2.49公斤</p> <p><input type="checkbox"/> 1.00 to 1.49 kg 1.00至1.49公斤</p> <p><input type="checkbox"/> less than 1.00 kg 少於 1.00 公斤</p>																									
<p>Supplementary Information/Special Instructions 補充資料/特別指示</p>																									
<p>Company Endorsement 公司批註</p>																									

**DECLARATION OF PAYMENT SOURCE 付款資金來源聲明 (To be completed by Policy Holder 由保單持有人作答)**

The source of premiums / investment / contributions are paid by myself and from my (tick one or more) 保費 / 投資 / 供款的資金由本人支付，並來自本人的 (可選多於一項)

Salary 薪金

Savings 儲蓄

Investment income 投資收入  Rental income 租金收入  Others (please specify) 其他 (請註明) \_\_\_\_\_

I understand and consent that if I change my payment source, a written notice with details of such changes must be filed with Sun Life Hong Kong Limited within a period of 30 days from the date of the change. 本人明白及同意若本人更改上述資金來源，必須自更改日起計30日內，向香港永明金融有限公司提交載有上述更改詳情的書面通知。

**REPLACEMENT DECLARATION\* 轉保聲明 \***

In order to fund the purchase of your new life insurance policy, are you using, or do you intend to use some or all of the funds arising from your existing life insurance policy, or any savings made by reducing the premium payable under your existing life insurance policy in the past 12 months or next 12 months? For example, such funds or savings may arise from:

閣下是否使用或打算使用於過去 12 個月或未來 12 個月內來自現有人壽保險保單的部分或全部資金，或通過減少現有人壽保險保單的應付保費而節省的金額，以資助閣下購買新的人壽保險保單？例如，此等資金或金額可能來自：

- a) surrendering/ partially surrendering your existing life insurance policy to obtain its surrender value  
就閣下現有人壽保險保單作出退保/部分退保的安排，以獲得其退保價值
- b) taking out a policy loan (including automatic premium loan) from your existing life insurance policy  
從閣下現有人壽保險保單中提取保單貸款（包括自動保費貸款）
- c) withdrawing policy values from your existing life insurance policy (e.g. cash out dividends or redeem fund units etc.)  
從閣下現有人壽保險保單中提取保單價值（例如：套現紅利或贖回基金單位等）
- d) lapsation of your existing life insurance policy (e.g. by non-payment of premium)  
容許閣下現有人壽保險保單失效（例如：終止支付保費）
- e) exercising the right to a premium holiday under your existing life insurance policy  
行使閣下現有人壽保險保單中「保費假期」的權利
- f) assigning your existing life insurance policy to the assignee as collateral to obtain loan facility  
將閣下現有人壽保險保單作為抵押轉讓予受讓人以獲得貸款

Yes 是

Not yet decided 尚未決定

No 否

Please check one appropriate box only 請在適當的方格內填上別號（只可選擇一項）

**Warning: Please answer the above question carefully. Making changes on your existing life insurance policy may not be in your best interest. Your consultant/ broker must explain to you the financial implications, insurability implications and claims eligibility implications of such changes. For this purpose, your consultant/ broker may require certain information on your existing life insurance policy. You may need to approach the insurer of your existing life insurance policy to obtain accurate and up to date information on your existing policy.**

**If your answer is "Yes" or "Not yet decided", your consultant/ broker must explain the "Important Facts Statement - Policy Replacement" to you.**

忠告：請小心回答上述問題。就現有人壽保險保單作出變更未必符合閣下的最佳利益。閣下的顧問/經紀必須向閣下解釋有關變更對閣下的財務、受保資格及索償資格所構成的影響。因此，閣下的顧問/經紀可能會向閣下索取閣下現有人壽保險保單的某些資料。閣下可能需要聯絡現有人壽保險保單的保險公司並向其索取有關現有人壽保險保單準確及最新的資料。

若閣下的回答為「是」或「尚未決定」，閣下的顧問/經紀必須向閣下解釋《重要資料聲明書 -- 轉保》。

X \_\_\_\_\_

Signature of Policy Holder

保單持有人簽署

Date (D / M / Y)

日期 (日 / 月 / 年)



## STATEMENT FOR COLLECTION OF INFORMATION 資料收集聲明

(i) This questionnaire collects health-related information solely for the purpose of underwriting which is a process for the Company to evaluate the health risk of the applicants and decide the application results. The underwriting process that the Company adopts should be fair and reasonable, and the Company should explain the application results if requested by the customers. (ii) As the applicant, you are required to provide the Company with complete and accurate information requested in this questionnaire to the best of your knowledge and belief. Based on the information provided, the Company may have follow-up questions or enquiries that require you to provide further information for underwriting purpose. (iii) If there are any changes to or updates of the information provided in this questionnaire after the time of submission of this application and before you receive the Policy, you are required to notify the Company in a timely manner. (iv) Even after an insurance policy has been issued upon successful application, the insurance coverage for you may be affected or the policy may be terminated, voided or rescinded, or claims may be repudiated by the Company, if you have not provided the Company with complete and accurate information to the best of your knowledge and belief according to (ii), or if you have not notified the Company on any changes to or updates of the information in time according to (iii).

(i) 此問卷收集與健康相關的資料僅作為核保之用途，而核保是本公司評估申請人之健康風險及決定申請結果的程序。本公司採用的核保程序應為公平合理，並會因應客戶要求解釋申請結果。(ii) 作為申請人，閣下需要盡其所知所信，按本問卷中要求向本公司提供完整及準確的資料。本公司根據閣下提供的資料，可能會提出跟進問題或查詢而需要閣下進一步提供資料以作核保之用。(iii) 若閣下在提交本申請表後至閣下收到保單前的期間就本問卷中提供的資料有任何改變或更新，閣下需要及早通知本公司。(iv) 即使已成功投保並獲簽發保單，若閣下未按(ii)所述盡其所知所信向本公司提供完整及準確的資料，或未按(iii)所述就資料的任何改變或更新而及早通知本公司，閣下的保險保障可能會受到影響，本公司亦可能因此終止、作廢或撤銷有關保單，或拒絕賠償。

## SECTION 7 第七部份：PERSONAL INFORMATION COLLECTION STATEMENT AND CONSENT 個人資料收集聲明及同意書

I/We understand and consent that, any personal data collected by Sun Life Hong Kong Limited (Incorporated in Bermuda with limited liability) ("Sun Life") (whether collected in this form or otherwise) may be used by Sun Life for the following purposes: (i) processing and evaluating insurance applications and/or any other applications for financial services; (ii) administering and providing services in relation to insurance or financial products; (iii) processing, investigating and settling insurance claims and detecting and preventing fraud (whether or not relating to the policy issued by the Company); (iv) conducting customer surveys; (v) researching and designing financial, insurance or pensions products for clients' use; (vi) selecting and participating in reward, loyalty or privileges program and related service; (vii) contacting clients for the above purposes; (viii) purposes which are directly related to the above purposes; and (ix) complying with applicable laws, regulation or court order or obligation or requirement under an agreement, or other commitment, between Sun Life or any entity within the Sun Life Group and the regulator or government in any jurisdiction (in relation to money laundering, terrorist financing and tax evasion or otherwise) to which Sun Life and its related companies are subject to.

Sun Life may also use my/our contact details, demographic information and policy details to contact me/us with marketing information regarding Sun Life and third party pensions, financial and insurance products, including by phone calls, mail, email, SMS or any type of electronic message. Sun Life may not use my/our data for direct marketing unless Sun Life have received my/our consent (which includes an indication of no objection). I/We know I/we can tick the box below if I/we do not consent to receive direct marketing information.

Sun Life may disclose my/our personal data for any of the above purposes: (a) to third parties who provide services in Hong Kong or elsewhere which assist the Company to carry out the above purposes, including claims investigators, insurance adjusters, medical advisors, health care professionals, medical service providers, hospitals, emergency assistance service providers, reinsurers, accountants, solicitors and professional financial advisors; (b) to banks for payment purposes; (c) to insurance brokers who are representing the policy holders or clients directly or indirectly; (d) to the Company's insurance agents and MPF intermediaries; (e) to the Company's related companies (as defined in the Companies Ordinance) including pensions services provider, financial services companies and insurance companies; (f) to the Hong Kong Federation of Insurers (or any similar association of insurance companies) and its members; (g) to the policy holder / employers of an Insured Person employee under a group product; (h) to any third party service provider appointed by the policy holder who provides administrative services for the policy holder; (i) to organisations that consolidate claims and underwriting information for the insurance industry; (j) to fraud prevention organisations; (k) to other insurance companies (whether directly or through fraud prevention organisations 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; (l) to any person to whom the Company or its related companies (inside or outside Hong Kong) are under an obligation to make disclosure under the requirements of any law, regulation or court order binding on or applying to or to which the Company or its related companies (inside or outside Hong Kong) are subject to, or under and for the purposes of any guidelines issued by regulatory or other authorities with which the Company or its related companies (inside or outside Hong Kong) are expected to comply; and (m) as otherwise required or permitted by law.

If third party personal information is supplied to the Company by the clients, clients' service providers, claimants or applicants for services, such clients, service providers, claimants or applicants must inform these third parties about this personal information collection statement before they collect their information and supply it to the Company.

I/We understand that it is voluntary for me/us to supply the information, but failure to provide the requested personal data may mean Sun Life is unable to process my/our application or continue to provide services to me/us. I/We have the right to seek access to and request correction of any personal data Sun Life holds about me/us by sending a written request to The Manager, Client Service Centre, Sun Life Hong Kong Limited, G/F, Tower B, Cheung Kei Center, 18 Hung Luen Road, Hunghom, Kowloon, Hong Kong. Sun Life may charge a reasonable fee for the processing of any such requests.

"Sun Life Group" means Sun Life together with its subsidiaries, subsidiary undertakings and associated companies (whether direct or indirect) from time to time.

Please tick here to reject receiving marketing information from Sun Life.

本人 / 吾等明白及同意香港永明金融有限公司（於百慕達註冊成立之有限責任公司）（「永明」）可以將其所收集的任何個人資料（不論由此表格所收集或由其他途徑取得）作以下用途：(i) 處理及評估申請及/或其他金融服務申請；(ii) 管理並提供與保險及/或金融產品相關服務；(iii) 處理、調查和結清保險索償個案，以及偵測和防止欺詐行為（無論是否與公司發出的保單有關）；(iv) 進行客戶調查；(v) 為客戶研究及設計金融、保險或退休金產品；(vi) 甄選及參與獎賞、忠實或特選客戶計劃；(vii) 因上述目的與客戶聯絡；(viii) 與上述目的直接有關的任何其他目的；及(ix) 為遵守適用的法例、法規、法庭命令或永明或永明集團內的任何實體與任何管轄區域的監管機構或政府之間的協議項下的義務或要求或其他承諾（其相關於洗黑錢、恐怖分子資金籌集、逃稅或其他）。

永明亦可使用本人/吾等的聯絡資料，基本個人資料及保單資料，就永明及第三方的退休金、金融及保險產品的推廣資訊，以包括電話、郵件、電郵、電話短訊或任何電子信息等方法聯絡本人/吾等。除非得到本人/吾等之同意（包括表示不反對），否則永明不可使用本人/吾等之資料為該用途。本人/吾等明白若本人/吾等不同意接受此等推廣資訊，可於下列方格內填上別號。

永明可為以上任何目的披露本人/吾等的個人資料予：(a) 為協助公司就上述用途（不論在香港或其他地方）而提供服務的第三方，包括索償調查員、保險理算人、醫療顧問、醫護專業人士、醫療服務提供者、醫院、緊急支援服務供應商、再保險公司、會計師、律師、專業理財顧問；(b) 銀行作繳款用途；(c) 直接或間接代表保單持有人或客戶的保險經紀；(d) 公司的保險代理人及強積金中介人；(e) 公司的關連公司（根據公司條例訂明）包括退休金服務提供者、金融服務機構及其他保險公司；(f) 香港保險業協會（或任何相似的保險公司協會）及其會員；(g) 團體產品的保單持有人 / 受保僱員之僱主；(h) 由保單持有人指定及提供行政服務給保單持有人的第三方服務供應商；(i) 整合保險業索償和承保資料的組織；(j) 防欺詐組織；(k) 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）、警察和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）；(l) 公司及其關連公司（不論在香港與否）為遵守監管當局或其他機構發出之指引或其就法例、法規或法庭頒令所約束或規定之責任而需向其作出披露的任何人士；及(m) 按法例要求或准許的其他人士。

假如第三方個人資料是由客戶、客戶的服務供應商、索償人或申請人提供給公司，該客戶、服務供應商、索償人或申請人必須在收集這些資料前，將此《個人資料收集聲明》告知有關的第三方才把資料提供給公司。

本人/吾等明白本人/吾等提供個人資料均屬自願，然而倘若未能提供所需個人資料，可導致永明無法處理本人/吾等的申請或繼續提供服務予本人/吾等。本人/吾等有權查閱及要求更正永明持有有關本人/吾等的個人資料，有關要求可以書面形式郵寄至香港九龍紅磡紅鸞道18號祥祺中心B座地下香港永明金融有限公司客戶服務中心經理。永明可就處理任何該等要求收取合理費用。「永明集團」指永明及其不時之附屬公司、附屬企業和相聯公司（無論是直接的還是間接的）。

若不同意收取由永明發出的推廣資訊，請於方格內填上別號。

X  
Signature of Policy Holder  
保單持有人簽署

X  
Signature of Proposed Insured Person (if other than Policy Holder & aged 18 or above) 準受保人簽署 (如非保單持有人及年齡為18歲或以上)

Date (D/M/Y)  
日期(日/月/年)

## SECTION 8 第八部份：DECLARATION AND AUTHORIZATION 聲明及授權

I/We hereby declare and agree that:

- (1) the answers and statements made in this application and in any other documents forming part of this application (collectively "this Application") are complete and true (and will be complete and true at the time of payment of the initial Investment/premium) and will be the basis of any contract that may arise. I/We declare and agree that if any of the answers and statements given in this Application is inaccurate or untrue, being material facts which shall influence the assessment and acceptance of this Application, notwithstanding any provisions in the policy to the contrary, Sun Life shall have the sole and absolute discretion to render the policy null and void;
- (2) Sun Life will not incur any liability pursuant to this Application unless Sun Life has approved the issue of a policy and then only if the initial Investment/premium therefore has been paid in full;
- (3) no person (including any consultant) has the authority to make or modify Sun Life's policies or to waive any of Sun Life's rights or requirements;
- (4) my/our acceptance of any policy issued pursuant to this Application will, without further notice, constitute a ratification by me/us of any addition or modification to this Application made by Sun Life in the space provided for "Company Endorsement", photostatic copy of which constitutes sufficient notice to me of the change(s) made;
- (5) I/we shall disclose to Sun Life immediately if there is any change in the health conditions and/or occupation of the Proposed Insured Person (and the Policy Holder, if applicable) and/or any information stated in this Application and all related supplement(s)/questionnaire(s) and the amendments therein at any time during the period between the effective date of this Application and my/our receipt of the policy;
- (6) the Policy Holder is the beneficial owner of this Application and not acting on behalf of any other person including natural person, legal person or trust, unless the Policy Holder have declared otherwise;
- (7) The Policy Holder takes out the policy for the use or benefit or on the account of the Proposed Insured Person in the policy;
- (8) Each of the Policy Holder and the Proposed Life Insured Person declares and confirms that the information and statements contained in this Application are true, complete and accurate and agrees to inform Sun Life as soon as possible should there be any change or anticipated change which may affect the truth, completeness or accuracy of the information and statements contained in this Application;
- (9) If any term of this policy is to any extent illegal, or incapable of being enforced, such term shall be excluded to the extent of such illegality, or unenforceability; all other terms of the Policy shall remain in full force and effect;
- (10) the policy holders of Sun Life's enforce policies will be automatically assigned to accounts for the e-service of Sun Life Financial (the "e-service") and My Sun Life HK mobile app ("My Sun Life HK"). All of my/our enforce policies can then be accessed and operated through my/our e-service and My Sun Life HK account. I/we understand and agree that upon my/our login to my/our e-service and Sun Life HK account, I/we will be bounded by the TERMS AND CONDITIONS of the e-service; and
- (11) in the event of cancellation or rejection of application, SunLife shall retain the personal data and application record, including but not limited to original of application form.

本人/吾等在此聲明及同意：

- (1) 此申請表及任何其他組成此申請表之文件(在此併稱為「此申請表」)中所作之答案及陳述為完全及屬實(並於繳付首次投資/保費時乃屬完全及屬實)並將成為任何由此產生的合約之依據。本人/吾等聲明及同意，假若此申請表內所作之任何答案及陳述為不正確或非事實，此乃指會影響評估及接受此申請之重要事實，即使本保單內有任何與此相反的條款，永明有完全及絕對權決定本保單無效；
- (2) 除非永明已核准簽發保單而該保單之首次投資/保費亦全數繳付，否則永明不會根據此申請表承擔任何責任；
- (3) 任何人士(包括顧問)無權更改永明之保單或豁免任何永明之權利或規定；
- (4) 本人/吾等收取根據此申請表簽發的保單，即表示本人/吾等認可永明在「公司批註」內對此申請表的任何增補或修改，而無須另行通知。其影印本即為更改通知；
- (5) 在此申請表生效日後直至本人/吾等收到本保單前，本人/吾等必須立即向永明披露有關受保人(及保單持有人，如適用)的健康狀況及/或職業及/或任何於此申請表及所有相關補充文件/問卷及其中之修訂內的資料之任何改變；
- (6) 此保單持有人為該保險申請的實益擁有人，並不是作為第三者代表投保，包括自然人，法人或信託，除非保單持有人在本人申請時加以說明；
- (7) 保單持有人為保單的準受保人之使用或利益，或為保單的準受保人投保；
- (8) 保單持有人及準受保人均聲明及確認此申請表所載的資料及陳述屬真實、完整和準確，並同意若任何變動或預期變動可能影響此申請表所載資料及陳述之真實性、完整性或準確性，將盡快通知永明；
- (9) 若本保單的任何條款在任何範圍內屬違法或無法強制執行，則應在該違法或無法強制執行的範圍內排除該條款；保單的所有其他條款仍然具有十足效力及作用；
- (10) 持有生效保單的保單持有人會自動獲發永明金融網上服務(「網上服務」)及My Sun Life HK流動應用程式(「My Sun Life HK」)的帳戶。本人/吾等可透過本人/吾等網上服務及My Sun Life HK的帳戶查閱及操作本人/吾等名下所有生效中的保單。本人/吾等明白及同意一經登入網上服務或My Sun Life HK的帳戶，本人/吾等將受網上服務的有關條款及細則約束；及
- (11) 若申請被取消或拒絕，永明有權保留本人/吾等的個人資料及申請記錄，包括但不限於申請表正本。

I/We hereby authorize

- (a) any doctor, hospital, clinic, insurance company, government office, organization or persons who has any records, knowledge or information about me/us (whether medical or otherwise) to disclose, release or transfer to Sun Life Hong Kong Limited ("Sun Life") or its representative such records, knowledge or information pertinent to this Application for insurance, reinstatement and any claims arising therefrom; and
- (b) Sun Life or any of its appointed medical / paramedical examiners or laboratories to perform necessary medical assessments and tests to evaluate the health status of me/us in relation to this Application for insurance, reinstatement and any claim arising therefrom. This authorization shall bind my/our successors and assignees and remains valid notwithstanding death or incapacity.

A photostatic copy of this authorization shall be as valid as the original.

本人/吾等現正授權

- (a) 任何擁有任何本人/吾等之記錄、詳情或資料(醫療或其他資料)之醫生、醫院、診所、保險公司、政府部門、機構或人士就有關此投保申請、復保申請及由此所引起之任何索償向香港永明金融有限公司(「永明」)或其代表披露、透露或轉移此等記錄、詳情或資料；及
  - (b) 永明或永明指定之醫生/醫護人員或化驗所進行必要之健康評估及檢驗，以評估與此投保申請、復保申請及由此所引起之任何索償有關之本人/吾等的健康情況。此授權書對本人/吾等之繼承人及受讓人有約束力，並於本人/吾等身故後或喪失能力後仍然有效。
- 此授權書的正本及影印本同屬有效。

## SECTION 9 第九部份：CANCELLATION RIGHT 取消保單權益

I/We UNDERSTAND that I/we have the right to cancel and obtain a refund of any investment(s) / contribution(s) / premium and levy paid by giving written notice. Such notice must be signed by me/us and received directly by the Company's Office (G/F, Tower B, Cheung Kei Center, 18 Hung Luen Road, Hunghom, Kowloon, Hong Kong) or through email (hk\_csd@sunlife.com) within **21 calendar days** after the delivery of the policy or issue of a Cooling-off Notice informing me/us or my/our representative about the availability of the policy and the expiry date of the cooling-off period, whichever is earlier. I/We understand that the Cooling-off Notice is a notice that will be sent to me/us or my/our nominated representative by the Company to notify me/us of the Cooling-off Period around the time the policy is delivered. No refund can be made if any payment from the Company under the policy has been made prior to the request for cancellation.

本人/吾等明白有權以書面通知要求取消保單及取回已付投資/供款/保費及保費徵費；惟本人/吾等必須簽署該通知，並確保貴公司透過辦事處(香港九龍紅磡紅鸞道18號祥祺中心B座地下)或電郵(hk\_csd@sunlife.com)於緊接保單或冷靜期通知書(說明可以領取保單及冷靜期到期之日)交付予本人/吾等或本人的/吾等的代表之日起計的**21個曆日**內(以較早者為準)收到該通知。本人/吾等明白冷靜期通知書是由貴公司在交付保單時致予本人或本人的指定代表的一份通知書，以就冷靜期一事通知本人/吾等。如貴公司在收到取消保單申請前，曾經就有關保單作出任何付款，則不會獲退還保費。

**IMPORTANT NOTE 注意：PLEASE DO NOT SIGN ON BLANK FORM 請勿在空白表格上簽署**

X

Signature of Policy Holder  
保單持有人簽署

X

Signature of Proposed Insured Person (if other than Policy Holder & aged 18 or above)  
準受保人簽署 (如非保單持有人及年齡為十八歲或以上)

Signature of Witness/Consultant (Must be adult other than Policy Holder)  
見證人 / 顧問簽署 (必須成年及為非保單持有人)

Date (D/M/Y)  
簽署日期 (日/月/年)

Hong Kong  
香港

Signed at  
簽署地點