

Group Medical & Life Insurance – Policy Particulars Change Form

團體醫療及人壽保險 – 更改保單資料表格

Notes

1. Please complete this form in BLOCK LETTERS and tick the box where appropriate. Please initial any corrections you made on this form.
2. The change of Policy particulars will be effective from the date we complete processing this form or the specified effective date chosen by you in this form, whichever is later.
3. Please submit this form within 60 days from the Effective Date of such change by fax to 2302 0173 or by mail to Group Administration and Operations, Sun Life Hong Kong Limited, 10/F, Two Harbourfront, 22 Tak Fung Street, Hung Hom, Kowloon, Hong Kong. Please DO NOT send this form twice by different methods.
4. *Means delete whichever is inappropriate.

注意事項

1. 請用正楷填寫本表格，並於適當空格內加✓號。如須作出任何更改，請於刪改之位置旁簽署。
2. 更改的保單資料將於我們完成處理此表格當天或您於此表格中列明之生效日期生效，以較後者為準。
3. 請由更改資料之生效日期起 60 日內傳真此表格至 2302 0173 或郵寄至有關要求可以書面形式郵寄至香港九龍紅磡德豐街 22 號海濱廣場二座10樓香港永明金融有限公司團體保險行政部收。請勿以不同方式重覆遞交本表格。
4. *表示把不適當之處刪除。

Section I – Details of the Policy Owner 第一部分：保單持有人資料

Policy No.

保單號碼

Name of Policy Owner

保單持有人名稱

Effective date of below changes:

下列更改之生效日期：

Section II – Details of Changes 第二部分：更改資料

Part A. Policy Owner's Information 甲部：保單持有人資料

<input type="checkbox"/> Change of Business Address 更改公司地址 (Post Office Box is not acceptable 不接受郵政信箱)	Room / Flat 室	Floor 樓	Block / Tower 座數
	Name of Building 大廈名稱		
	Street No. and Street Name 街道號碼及街道名稱		
	District 地區	<input type="checkbox"/> HK 香港 <input type="checkbox"/> KLN 九龍 <input type="checkbox"/> NT 新界	
<input type="checkbox"/> Change of Contact Person 更改聯絡人	English Name 英文姓名 *(Mr 先生 / Ms 小姐 / Mrs 女士)		
	Title 職位	Tel No. 電話號碼	
	Email Address 電郵地址 ^②	Fax No. 傳真號碼	
	Please note that the above Contact Person will be defaulted as e-Services contact person who acting on behalf of the Authorized Person of the Policy to receive the Username and Password ^① issued by Sun Life Hong Kong Limited for providing your company particulars information (e.g. Authorized Persons / Beneficial Owners / Senior Managing Officials / Directors etc.) and accessing the Insureds' data in Group Insurance e-Services. If you wish to change another e-Services contact person, please complete the following "Change of e-Services contact person". 請注意上列之聯絡人會被預設為代表本保單授權人之網上服務聯絡人以接收由香港永明金融有限公司發出之有關網上服務的用戶名稱及密碼 ^① ，並作為在團體保險網上服務內提供貴公司資料之詳情（例如：授權人／實益擁有人／高級管理人員／董事等）及查詢受保人資料。如欲更改其他網上服務聯絡人，請在以下「更改網上服務聯絡人」填寫。		
<input type="checkbox"/> Change of e-Services contact person 更改網上服務聯絡人	English Name 英文姓名 *(Mr 先生 / Ms 小姐 / Mrs 女士)		Title 職位
	Email Address for registration 登記電郵地址 ^②		Tel No. 電話
<input type="checkbox"/> Change of Nature of Business 更改業務性質			
<input type="checkbox"/> Change of Place of Incorporation 更改成立地方			
① Username and Password for login to Group Insurance e-Services will be sent directly to the above email address of e-Services contact person. 用於登入團體保險 e-Services 的用戶名稱及密碼將會直接寄到上述網上服務聯絡人之電郵地址。			
② Please note that the maximum length of the email address is 50 characters. 請注意電郵地址不能多於50個字符。			

Part B. Change of Authorized Person**乙部：更改獲授權人士**

Change Type 更改類別	<input type="checkbox"/> Addition Authorized Person^{④⑤} 新增獲授權人士 <input type="checkbox"/> Deletion of Authorized Person^⑥ 刪除獲授權人士 <input type="checkbox"/> Change information of Authorized Person 更改獲授權人士之資料	<input type="checkbox"/> Addition Authorized Person^{④⑤} 新增獲授權人士 <input type="checkbox"/> Deletion of Authorized Person^⑥ 刪除獲授權人士 <input type="checkbox"/> Change information of Authorized Person 更改獲授權人士之資料
Name^③ 姓名		
Title 職位		
HKID card / passport no.[^] 香港身份證號碼／護照號碼		
Nationality 國籍		
Date of Birth 出生日期 (dd日 / mm月 / yyyy年)		
Specimen Signature 簽署式樣		
Additional Information 附加資料		
Former name 曾用姓名		
Place of Birth 出生地點		
Gender 性別 (M 男 / F 女)		
Residential Address 居住地址		
<p>③ Name should be the same as identity document. 姓名必須與身份證明文件相同。</p> <p>④ Please submit a copy of HKID Card/Passport of the above Authorized Person. 請提交上述授權人的香港身份證或護照副本。</p> <p>⑤ Only accept authorization by a Director/Beneficial Owner listed in the latest Annual Return or the certified true copy of certificate of incumbency of the Policy Owner. If the Authorized Person is not the Director/Beneficial Owner, please provide authorization letter or board resolution or certification by independent department for the person acting on behalf of the Policy Owner. 只接受保單持有人的最近週年報表或註冊資料證明書之認證副本內之董事／實益擁有人之授權，若授權人並非董事／實益擁有人，請就簽署人代表該保單持有人行事提供授權書或董事會會議記錄或獨立部門發出的證明。</p> <p>⑥ Only require to complete Name. 只須填寫姓名／名稱。</p> <p>[^] Please submit a copy of HKID Card / Passport of the above Authorized Person if HKID card / Passport no. is changed. 若更改香港身份證號碼／護照號碼，請提交上述授權人的香港身份證或護照副本。</p>		

Part C. Change of Beneficial Owner^⑦/ Senior Managing Official^⑧/ Director (natural person)**丙部：更改實益擁有人／高級管理人員／董事（自然人）**

Change Type 更改類別	<input type="checkbox"/> Addition of Beneficial Owner ^⑧ 新增實益擁有人	<input type="checkbox"/> Addition of Beneficial Owner ^⑧ 新增實益擁有人
	<input type="checkbox"/> Addition of Senior Managing Official ^⑧ 新增高級管理人員	<input type="checkbox"/> Addition of Senior Managing Official ^⑧ 新增高級管理人員
	<input type="checkbox"/> Addition of Director ^⑧ 新增董事	<input type="checkbox"/> Addition of Director ^⑧ 新增董事
	<input type="checkbox"/> Deletion of Beneficial Owner ^⑧ 刪除實益擁有人	<input type="checkbox"/> Deletion of Beneficial Owner ^⑧ 刪除實益擁有人
	<input type="checkbox"/> Deletion of Senior Managing Official ^⑧ 刪除高級管理人員	<input type="checkbox"/> Deletion of Senior Managing Official ^⑧ 刪除高級管理人員
	<input type="checkbox"/> Deletion of Director ^⑧ 刪除董事	<input type="checkbox"/> Deletion of Director ^⑧ 刪除董事
	<input type="checkbox"/> Change information of Beneficial Owner 更改實益擁有人之資料	<input type="checkbox"/> Change information of Beneficial Owner 更改實益擁有人之資料
	<input type="checkbox"/> Change information of Senior Managing Official 更改高級管理人員之資料	<input type="checkbox"/> Change information of Senior Managing Official 更改高級管理人員之資料
	<input type="checkbox"/> Change information of of Director 更改董事之資料	<input type="checkbox"/> Change information of of Director 更改董事之資料

Name ^⑧ 姓名		
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HKID card / passport no. 香港身份證號碼／護照號碼		
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Nationality 國籍		
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Date of Birth 出生日期 (dd日 / mm月 / yyyy年)		
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Additional Information 附加資料

Former name 曾用姓名		
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Place of Birth 出生地點		
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Gender 性別 (M 男 / F 女)		
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Residential Address 居住地址		
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⑦ Beneficial Owner(s) means 實益擁有人是指：
(A) in relation a corporation 就法團而言，

(i) means an individual who (a) owns or controls, directly or indirectly, including through a trust or bearer share holding, over 25% of the issued share capital of the corporation; (b) is, directly or indirectly, entitled to exercise or control the exercise of over 25% of the voting rights at general meetings of the corporation; or (c) exercises ultimate control over the management of the corporation; or 指符合以下說明的個人 (a) 直接或間接地擁有或控制（包括透過信託或持票人股份持有）該法團已發行股本的多於25%；(b) 直接或間接地有權行使在該法團的成員大會上的投票權的多於25%，或支配該比重的投票權的行使；或 (c) 行使對該法團的管理最終的控制權；或

(ii) if the corporation is acting on behalf of another person, means the other person.
如該法團是代表另一人行事，指該另一人。

(B) in relation a partnership 就法團而言，

(i) means an individual who (a) is entitled to or controls, directly or indirectly, over 25% share of the capital or profits of the partnership; (b) is, directly or indirectly, entitled to exercise or control the exercise of over 25% of the voting rights in the partnership; or (c) exercises ultimate control over the management of the partnership; or

指符合以下說明的個人 (a) 直接或間接地有權攤分或控制該合夥的資本或利潤的多於25%；(b) 直接或間接地有權行使在該合夥的投票權的多於25%，或支配該比重的投票權的行使；或 (c) 行使對該合夥的管理最終的控制權；或

(ii) if the partnership is acting on behalf of another person, means the other person.

如該合夥是代表另一人行事，指該另一人。

(C) in relation to an unincorporated body other than a partnership, 就除合夥外的不屬法團團體而言，

(i) means an individual who ultimately owns or controls the unincorporated body; or

最終擁有或控制該不屬法團團體的個人；或

(ii) if the unincorporated body is acting on behalf of another person, means the other person.

如該不屬法團團體是代表另一人行事，指該另一人。

⑧ Please submit the required document(s) as listed in Section III Checklist of Application Documents. 請提供於第三部分申請文件清單所列之所需文件。

⑨ Senior Managing official (SMO) shall mean management officials at the highest level in the corporation such as Chief Executive officer, chairman of the executive committee or chairman of the board, or equivalent. In case of club/society such as non-profit organization, SMO can be chairperson, treasury or secretary. 高級管理人員是指法團最高級別的管理人員，例如行政總裁、執行委員會主席或董事會主席或同等職位。如果是會所／社團，例如非牟利組織，高級管理人員可以是主席、司庫或秘書。

Part D. Change of Director (Entity)

丁部：更改董事（實體）

Change Type 更改類別	<input type="checkbox"/> Addition of Director® 新增董事	<input type="checkbox"/> Addition of Director® 新增董事
	<input type="checkbox"/> Deletion of Director® 刪除董事	<input type="checkbox"/> Deletion of Director® 刪除董事
	<input type="checkbox"/> Change information of Director 更改董事之資料	<input type="checkbox"/> Change information of Director 更改董事之資料
Name® 姓名		
Additional Information 附加資料		
Place of Incorporation 成立地方		
Registered Office Address in the Place of Incorporation 成立地方的註冊公司地址		
Business Address 公司地址		
Business Registration Number 商業登記證號碼		
Date of Registration / Incorporation 公司註冊／成立日期		
Number of Registration / Incorporation 公司註冊／成立號碼		

Part E. Addition of Subsidiary or affiliated company / Deletion of Subsidiary or affiliated company / Amendment of Policy Owner or Subsidiary or affiliated company Name

戊部：新增子公司或附屬公司／刪除子公司或附屬公司／修改保單持有人或子公司或附屬公司名稱

<input type="checkbox"/> Change of Policy Owner Name 更改保單持有人名稱 _____	Effective Date 生效日期 _____	Documents required 所需文件： 1) Copy of valid Business Registration Certificate; and 有效商業登記證副本；及 2) Copy of Certificate of Change of Name ; or 公司更改名稱註冊證書副本；或 3) Copy of Certificate of Registration of Change of Corporate Name of Non-Hong Kong Company 非香港公司更改法人名稱註冊證書副本。
<input type="checkbox"/> Change of Subsidiary or affiliated company Name 更改子公司或附屬公司名稱 _____		
<input type="checkbox"/> Add Subsidiary or affiliated company 新增子公司或附屬公司 i) Name of Subsidiary or affiliated company 子公司或附屬公司名稱 _____	Effective Date 生效日期 _____	Documents required 所需文件： 1) Copy of valid Business Registration Certificate; and 有效商業登記證副本；及 2) Copy of Certificate of Incorporation 公司註冊證書副本。
ii) Business Address 公司地址 _____		
iii) Business Registration No. 商業登記證號碼 _____		
<input type="checkbox"/> Delete Subsidiary or affiliated company 刪除子公司或附屬公司 Name of Subsidiary or affiliated company 子公司或附屬公司名稱 _____	Effective Date 生效日期 _____	

Part F. Change Policy information 己部：更改保單內容

1. Change of Eligibility 更改參加資格

For full-time permanent employees upon completion of _____ months of employment

全職長期僱員合資格參加計劃日期將生效於服務滿_____個月後

(unless the effective date is otherwise specified in the "Report of New Employee/Dependent" Form or related notification 於新增僱員／家屬申報表格或相關通知內另有註明生效日期除外)

2. Medical Settlement Service 醫療賠償服務

Claims to be payable by 賠償將以

Cheque to Policy Owner 支票支付保單持有人

Auto-pay to Employee(s) 自動轉賬予僱員

Section III - Checklist of Application Documents 第三部分：申請文件清單

We may request you to further provide other related documents to assess this application.
我們可能會要求提供其他相關文件核實此申請。

Document Type 文件類別	Applicable for 適用於
HKID Card / Passport copy 香港身份證或護照副本	1) Authorized Person(s) 授權人 2) Beneficial Owner(s) and Senior Managing Official(s) who are not listed in the latest Annual Return or a certified true copy of certificate of incumbency of the Policy Owner 非保單持有人的最近週年報表或註冊資料證明書之認證副本內之實益擁有人及高級管理人員 3) Change of HKID card / Passport no. of Authorized Person(s) 更改授權人香港身份證或護照號碼
Copy of Certificate of Incorporation (if applicable) 公司註冊證書副本 (如適用)	1) affiliated companies or subsidiaries and Director is an entity 附屬公司或子公司及董事是實體 2) Change of Place of Incorporation 更改成立地方
Copy of valid Business Registration Certificate (if applicable) 有效商業登記證副本 (如適用)	affiliated companies or subsidiaries and Director is an entity 附屬公司或子公司及董事是實體
Copy of the company's Memorandum and Articles of Association (M&A) (if applicable) 公司組織章程大綱及細則副本 (如適用)	Policy Owner 保單持有人
Ownership Chart signed by Authorized Person (if applicable) 由授權人簽署的擁有權架構表 (如適用)	Policy Owner with complex company structure 擁有複雜公司架構的保單持有人
Copy of Partnership Deed / Agreement 合夥契約或協議副本	Policy Owner that is a partnership company 合夥公司的保單持有人
A certified true copy of a company search report issued within the last 6 months certified by a company registry or professional third party (e.g. certified public accountant or solicitor) or a certified true copy of a certificate of incumbency issued within the last 6 months certified by a professional third party. 由當地註冊處或專業第三者認證 (例如：註冊會計師或律師) 之公司查冊報告之副本 (須於過去六個月內簽發)，或由專業第三者認證 (例如：註冊會計師或律師) 之註冊資料證明書之認證副本 (須於過去六個月內簽發)。	Company incorporated overseas 海外成立公司
Copy of trust deed or similar instrument or Trustee's declaration 信託契據或類同文書或受託人聲明	Policy Owner or share holding company that is a trust 保單持有人或股東公司為信託
Authorization Letter or Board Resolution (if applicable) 就簽署人代表該公司行事提供授權書或董事會會議記錄 (如適用)	Policy Owner 保單持有人

Section IV - Declaration and Authorization 第四部分：聲明及授權

The Applicant/Owner (I/We) hereby declare, agree and understand, as the case may be, as evidenced by my/our signature(s) hereunder, that:

1. I/We am/are duly authorized by employees, members, representatives and/or dependents and have obtained their consent to disclose, release or transfer their personal information to Sun Life Hong Kong Limited, including its successors or assigns (collectively referred to as "the Company").
2. I/We acknowledge that I/We have verified the identity of employees, members, representatives and/or dependents on the basis of documents, data or information provided by a governmental body (including the Hong Kong Identity Card), a relevant authority or any other reliable and independent source that is recognized by the relevant authority.
3. The personal information of employees, members, representatives and/or dependents held by or on behalf of the Company (whether contained herein or otherwise obtained and including personal information obtained after the date of this application) may be held, used, disclosed, released and transferred by the Company to the parties and for the purposes mentioned in the Personal Information Collection Statement as set out overleaf.
4. I/We acknowledge that I/We have identified each authorized signatory stated in this form (if applicable), and further confirms that I/We have verified his/her identity on the basis of documents, data or information provided by a governmental body (including the Hong Kong Identity Card), a relevant authority or any other reliable and independent source that is recognized by the relevant authority.
5. I/We understand and agree that this information is complete and true, and that all material facts, being facts that might influence the assessment of this application have been disclosed in this application it being understood that failure to make this disclosure renders the application voidable.
6. I/We understand that no changes herein in relation to my company's Group Insurance Policy Contract (Life) and/or Group Insurance Policy Contract (Medical) shall be effected with retrospective effect for more than two months from the date of receipt of this application by the Company. If the application is received by the Company after two months from the effective date appearing therein, the Company is entitled at its absolute discretion to take any date within the two months before the Company receives the application as the effective date.

申請人／保單持有人（本人／吾等）聲明、同意及明白以下各項（視乎情況適用而定），並在此申請表簽署作實：

1. 本人／吾等已獲本公司之僱員、成員、代表及／或其家屬授權及已獲取他們的同意，向香港永明金融有限公司，包括繼承人或承讓人（在此稱為「公司」）披露、發放或轉交有關人等的資料。
2. 本人／吾等確認本人／吾等已根據由政府機構、有關當局或有關當局認可的任何其他可靠及獨立來源所提供的文件、數據或資料（包括由政府機構發出的香港身份證）核實本公司之僱員、成員、代表及／或其家屬的身份。
3. 由公司所持有及由本人／吾等提供有關僱員、成員、代表及／或其家屬的個人資料，公司（不論是否從此申請書或其他途徑，包括在此申請後所得）可持有、使用、發放或轉交予有關人等作於後頁訂明《個人資料收集聲明》中提及的用途。
4. 本人／吾等確認本人／吾等已識別本表格所填寫的每位授權人（如適用）的身份、本人／吾等同時確認已根據由政府機構、有關當局或有關當局認可的任何其他可靠及獨立來源所提供的文件、數據或資料（包括由政府機構發出的香港身份證）核實其身份。
5. 本人／吾等明白及同意此資料乃完整無誤，及已透露所有可能會影響到評估此申請的事實，並明白無法提供此類資料可使本申請無效。
6. 本人／吾等明白所有在本申請表內列明有關本公司之團體保險（人壽）合約及／或團體保險（醫療）合約之更改，將不會被追溯生效超過公司收到本申請表之日期之前兩個月。若公司在本申請表內所填報之生效日期之後兩個月才收到申請表，公司有權將生效日期定為收到本申請表之前兩個月內的任何一天。

Full Name of **Existing Authorized Person** (In Block Letters)

現任授權人全名（正楷）

Existing Authorized Signature & Company Chop

現任授權人簽署及公司蓋章

Title of **Existing Authorized Person**

現任授權人職位

Signed in Hong Kong on

在香港簽訂日期

PERSONAL INFORMATION COLLECTION STATEMENT

Personal data (including credit information, claims history and third party personal information) may be collected by the Company from time to time in various forms or processes. They are being collected, used and disclosed by the Company for the following necessary 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.

The Company may disclose such personal data for 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 owners 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 owner / employers of an insured employee under a group product; (h) to any third party service provider appointed by the policy owner who provides administrative services for the policy owner (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.

The Company may also use and disclose such personal data in other ways with the consent of the data subjects or 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. For group clients, these information may include but not limited to information belonging to the clients' employees, the group members, the insureds and/or their representatives or dependents.

Clients in respect of whom personal data is being collected should understand that it is voluntary for them to provide these information, but failure to provide the requested personal data could mean that the Company is unable to process their applications or to continue the provision of the required services. Clients have the right to seek access to and request correction of any personal data the Company holds about them by sending a written request to Group Administration and Operations, Sun Life Hong Kong Limited, 10/F, Two Harbourfront, 22 Tak Fung Street, Hung Hom, Kowloon, Hong Kong. The Company may charge a reasonable fee for the processing of any such requests.

The Company will not use personal data to contact clients with any marketing information.

The Company may from time to time provide its up-to-date Personal Information Collection Statement at its website www.sunlife.com.hk.

《個人資料收集聲明》

公司可以不時透過各種表格或程序收集個人資料（包括信用資料、索償紀錄和第三方個人資料）。上述的個人資料收集、使用及披露，是為公司達到以下有需要的目的：(i) 處理及評估申請及／或任何其他金融服務申請；(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、法規或法庭命令。

基於上述目的，公司可以披露有關客戶個人資料予 (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) 香港保險業聯會（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。

在法例的要求或容許下，或獲得資料當事人的同意後，公司可以將客戶的個人資料披露並作其他用途。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。對於團體客戶而言，這些資料可以包括但不限於屬於客戶的僱員、團體成員、受保人和／或其代表或家屬的個人資料。

客戶應明白就其個人資料收集所提供的個人資料乃出於自願，但如客戶未能提供所需的個人資料，公司將無法處理其申請或繼續提供所需服務。客戶有權查閱及要求更正公司持有的個人資料，有關要求可以書面形式郵寄至香港九龍紅磡德輔道中22號海濱廣場二座10樓香港永明金融有限公司團體保險行政部。公司可就處理任何該等要求收取合理費用。

公司不會使用客戶之個人資料與其聯絡作任何資訊推廣。

公司可不時在其網站www.sunlife.com.hk提供最新的《個人資料收集聲明》。