

Pre-Authorization Application Form

預先批核申請書



HealthMUTUAL Group Limited (HMG) is a service provider appointed to provide pre-authorization services.

For application of pre-authorization, please send to sunlife_pa@hmg.com.hk or Fax (852) 3020 6612. For enquiry, please contact Tel (852) 8199 1119.

互康集團被委任為處理預先批核服務之服務商。預先批核申請電郵致 sunlife_pa@hmg.com.hk 或傳真：(852) 3020 6612。如有查詢，請致電(852) 8199 1119

CONSULTANT'S INFORMATION 顧問資料						
Name 姓名		District/Branch 區域/分行		Code 編號	Contact Phone No. 聯絡電話	
Part A 第一部份 - To be completed by insured or policyholder. If insured is below 18 years old 請由受保人填寫，如受保人未滿 18 歲，則由保單主權人填寫						
Name of Policyholder 保單持有人姓名	Eng 英文	Family Name 姓	Given Name 名	Chi 中文	Policy No. 保單編號	
Name of Insured 受保人姓名	Eng 英文	Family Name 姓	Given Name 名	Chi 中文		
Identity Card No. of Insured 受保人身份證號碼		Date of Birth (DD/MM/YY) 出生日期 (日/月/年)		Age 年齡	Sex 性別	
Daytime Contact Telephone No. 日間聯絡電話			E-mail Address 電郵地址			
(i) Please describe the signs and symptoms 請描述病徵及症狀						
(ii) Date of the above signs and symptoms first appeared (DD/MM/YY) 首次出現上述病徵及症狀之日期 (日/月/年)						
(iii) Date of first consultation (DD/MM/YY) and Name of the doctor 次求診日期 (日/月/年) 及醫生姓名						
(iv) Provisional Diagnosis 初步診斷						
PERSONAL INFORMATION COLLECTION STATEMENT 個人資料收集聲明						
<p>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 (of Hong Kong or any other countries); and 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.</p> <p>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 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. If third party personal information is supplied to the Company by the clients, their 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, this information may include but not limited to information belonging to the clients' employees, the group members, the insureds and/or their representatives or dependents. 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, Hung Hom, Kowloon, Hong Kong. Sun Life may charge a reasonable fee for the processing of any such requests.</p> <p>"Sun Life Group" means Sun Life together with its subsidiaries, subsidiary undertakings and associated companies (whether direct or indirect) from time to time.</p> <p><input type="checkbox"/> Please tick here to reject receiving marketing information from Sun Life.</p>						
<p>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/或任何其他金融服務申請; (ii) 管理並提供保險及/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)。</p> <p>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、電話通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剔號。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、保險代理人、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定的其他人士、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、法規或法庭命令所約束或規定之責任而需向其作出披露的任何人; 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。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。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磡道 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。</p> <p><input type="checkbox"/> 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)。</p> <p>若不同意收取由永明發出的推廣資訊，請於方格內填上剔號。</p>						
DECLARATION AND AUTHORIZATION 聲明及授權						
<p>I/WE HEREBY DECLARE AND AGREE that: (a) all the foregoing statements and answers in this claim form together with those in any required medical questionnaire or other document submitted by me/us in connection with this claim are full, complete and true; (b) Sun Life Hong Kong Limited (Incorporated in Bermuda with limited liability) (the "Company") may be unable to process this claim if I/we fail to provide any information related to this claim. I/WE FURTHER AUTHORIZE that: (a) any licensed physician, medical practitioner, hospital, clinic or medically related facility, institution, insurance company, government, private office or person that has any record or knowledge or information of me/ the Insured to disclose, release or transfer to the Company any such record, knowledge or information; (b) the Company or any of its appointed medical/paramedical examiner or laboratory to perform necessary medical assessment and tests to evaluate the health status of me/the Insured in relation to this application; (c) I specifically authorize the disclosure of all information about communicable diseases and infections, including but not limited to any sexually transmitted disease, HIV infection, Acquired Immune Deficiency Syndrome (A.I.D.S.) and A.I.D.S. related complex (A.R.C.). This authorization shall irrevocably bind the successors and assignees of me/the Insured and remains valid notwithstanding death or incapacity. A photostatic copy of this authorization shall be as valid as the original.</p>						
<p>本人/吾等聲明及同意下列各點: (甲) 本聯信申請表上所載的聲明及答案，以及經本人/吾等簽署之所需的醫療問卷或經本人/吾等提交之其他文件，均屬屬真確無訛，詳細完整。本人/吾等明白倘有任何未知是否於重要事項的資料均須透露。(乙) 倘本人/吾等未能提供此申請所需資料，可導致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) (以下稱為「公司」) 未能處理此賠償申請。本人/吾等同時授權以下各點: (甲) 任何註冊醫生、醫院、診所、保險公司、政府部門或任何其他持有有關本人/受保人之個人資料之人士或機構，向公司或其代表透露、發放或轉交任何有關資料。(乙) 公司或公司指定之醫護人員或化驗所，可就此申請，對本人/受保人進行所需之醫療評估及測試以審核本人/受保人之健康狀況。(丙) 本人/吾等特此授權上述人士或機構透露任何關於傳染性疾及感染的所有資料，包括但不限於任何經接觸傳染之疾病、人類免疫力缺乏病毒(HIV) 感染、後天免疫力缺乏病毒 (愛滋病) 及愛滋病有關發症。此授權對本人/受保人之繼承人或受讓人具有約束力。即使本人/受保人死亡或無行為能力，此授權書仍有效力。此授權書的影印本與正本具有同等效力。</p>					<p>Signature of Insured / Policy Owner (if insured is below age 18) 受保人 / 保單主權人 (如受保人未滿 18 歲)</p> <p>X _____</p> <p>Date Signed 簽署日期 (DD/MM/YY)</p>	
Name of Insured / Policy Owner (in block) 受保人 / 保單主權人姓名 (請以正楷大寫)				ID / Passport No. 身份證 / 護照號碼		

Client Service Centre 客戶服務中心 Sun Life Hong Kong Limited 香港永明金融有限公司
 G/F, Cheung Kei Center Tower B, 18 Hung Luen Road, Hung Hom, Kowloon 九龍紅磡紅磡道 18 號祥祺中心 B 座地下 (Incorporated in Bermuda with limited liability 於百慕達註冊成立之有限責任公司)

Tel (852) 2103 8928 Fax (852) 2103 8938 電話 (852) 2103 8928 傳真 (852) 2103 8938

Part B 第二部份 - To Be Completed By The Attending Physician / Surgeon 由主診醫生填寫

Full name of Patient 病人姓名	Identity Card No. 身份證號碼	Age 年齡	Sex 性別
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- a. Date of first consultation to you relating to this illness / injury 病人首次就是次之病症/傷勢向閣下求診日期: _____(DD /MM /YY ⇨)
- b. Signs and Symptoms at the consultation 求診時之病徵及症狀:
- c. Date of Signs and Symptoms first appeared according to the patient 根據病人所述首次病徵及症狀出現之日期: _____(DD /MM /YY ⇨)
- d. Are you the usual doctor of the patient? If no, please advise us the name of his/her usual doctor. 閣下是否病人的慣常醫生? 如否, 請提供病人的慣常醫生的名稱。
- e. Was the patient referred to you by another doctor? 病人是否經其他醫生轉介到閣下?
 No 否 Yes, Name & Address of the referral doctor 是, 請提供轉介醫生姓名及地址::
- f. Diagnosis 診斷:
- g. Treatment plan details 治療計劃 (e.g. name of diagnostic tests, prescriptions, etc. 如診斷性檢查, 處方等)
- h. Surgical procedure(s) 手術名稱:
- i. Underlying causes leading to such illness and the first onset date of the underlying causes. 潛在原因導致該病症及其首次病發日期:
- j. Any similar or same medical illness/ symptom related to the current condition in the past? If yes, please provide the dates, diagnosis and the name of consulted doctor(s). 病人以前有否患有同類或類似情況? 如「有」, 請詳述細節包括: 病發日期, 診斷名稱及曾求診之醫生名稱。

k. If this hospitalization / treatment was caused by an accident, please give the details below 若是次住院/治療因意外引致, 請提供以下詳情:

Accident Date 意外日期(D 日/M 月/Y 年)	Cause of accident 意外原因	Part of body injured and extent of Injury 身體受傷之部位及受傷程度

- l. In your opinion, was the hospitalized illness a recurrent episode / chronic illness / related to previous diagnosis 據閣下所見, 此病症是否屬於復發/長期/或過往已診斷之疾病? No 否 If "yes", please provide date of first episode 如「是」, 請提供首次事件之時間及細節:
- m. Is the hospitalization / treatment medically necessary? If yes, please give details. 是次住院是否醫療上的必需? 如是, 請提供詳情。
- n. Given the condition of the patient, is it possible to provide this treatment on an outpatient basis? If no, please explain. 根據病人的情況, 有關診治能否於門診進行, 如否, 請說明。
- o. Is the patient on regular medication or medical treatment? If yes, please provide the details. 病人是否需定期服藥或治療? 如是, 請提供詳情:
- p. Please circle the following factors which is associated with the illness / injury and provide details. 請圈出與是次病症 / 受傷有關的下列因素並詳述。
 Accidental bodily injury / abuse of drugs or alcohol / AIDS or HIV related illness, venereal or sexually transmitted disease / pregnancy, infertility or sterilization / refractive error / cosmetic or plastic surgery / mental or nervous disorder / congenital condition / hereditary condition / developmental condition / self-inflicted injury / general check-up or vaccination / none of the above.
 意外身體損傷 / 濫用藥物或酒精 / 後天免疫力缺乏症(AIDS)或任何人體免疫力缺乏病毒(HIV)有關的疾病、性病或性接觸傳染病 / 懷孕、不育或絕育 / 視線折射誤差 / 整容或整形外科 / 精神或神經錯亂 / 先天性疾病 / 遺傳性疾病 / 發育性疾病 / 自招損傷 / 例行身體檢驗或注射 / 以上所列均不符合
 Details 詳情:

Expected Costs 預計費用			
Name and address of Hospital 醫院名稱及地址		Clinic / Day care 門診/ 日間中心	
Planned admission Date 預計入院日期 (DD 日/MM 月 YY/年)	Estimated length of stay 估計留院日數	<input type="checkbox"/> Private 私家房 <input type="checkbox"/> Semi Private 半私家房 <input type="checkbox"/> Ward 大房 <input type="checkbox"/> ICU 深切治療 <input type="checkbox"/> Others, Please specify 其他, 請註明:	

Items 項目	Charges 費用	Items 項目	Charges 費用
Daily Room Charge 每日房錢		Anaesthetist's fee 麻醉師費	
Daily attendance doctor fee 每日醫生巡房費		Specialist's fee 專科醫生收費	
Surgeon's fee 醫生手術費		Other expenses (i.e. diagnostic tests, imaging, medicines, operation theatre etc.) 其他費用 (如: 診斷檢查, 影像, 藥物, 手術室等)	
Total Estimated Hospital Cost 預計所有住院費用總數			

Physician's Information 醫生資料	
Signature and chop of Physician 醫生簽署及蓋印	Physician Name in Block 醫生姓名
	Date Signed (DD/MM/YY) 簽署日期 (日/月/年)