

Application Form for SunMaster Group Medical Package

智選團體醫療保險計劃投保書



APPLICATION PROCEDURE 申請程序

Please submit the following items with your completed SunMaster Group Medical Package Application Form for our processing:

請將填妥之智選團體醫療保險計劃投保書連同下列文件一併遞交，以便處理申請：

- Report of New Employee(s) / Dependent(s) fully completed
已填妥之新僱員／家屬申報表格
- Declaration of Insurability fully completed by each employee / dependent (for the group with 10 employees or less)
每一位僱員／家屬已填妥之可保資料聲明（僱員人數為十人或以下的團體）

Please complete in ENGLISH and in BLOCK LETTERS and tick (✓) where appropriate. 請以英文正楷填寫及在適當方格內填上(✓)號。

SECTION I DETAILS OF THE APPLICANT / PROPOSED POLICY OWNER 第一部分 投保人／建議保單持有人詳情

- Applicant / Proposed Policy Owner 投保人／建議保單持有人 _____
Is the Applicant / Proposed Policy Owner a company listed on any stock exchange? 投保人／建議保單持有人是否上市公司？
 Yes 是 No 否 If yes, please specify the place of listing 如是，請列明上市地點 _____
- Business Address 公司地址 _____
Contact Person 聯絡人 _____ Title 職位 _____ Telephone No. 電話號碼 _____
Fax No. 傳真號碼 _____ Email Address 電郵地址 _____
- Please provide the following information of an e-Services contact person who acting on behalf of the Authorized Person of the Applicant / Proposed Policy Owner to receive the Username and Password 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. Username and Password will be sent directly to the below email address. Please note that the maximum length of the email address is 50 characters. 請提供代表投保人／建議保單持有人之授權人的網上服務聯絡人之下資料，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，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。用戶名稱及密碼將會直接寄到以下電郵地址。請注意電郵地址不能多於50個字母。
 Same as #2 above 與以上 #2 項相同 If different, please specify below 如不同，請在下列註明：
Name 姓名 _____ Title 職位 _____ Telephone No. 電話號碼 _____
Email Address for Registration 登記電郵地址 _____
- Place of Incorporation 成立地方 Hong Kong 香港 Other (Please specify) 其他（請註明） _____
Date and Number of Registration / Incorporation 公司註冊／成立日期及號碼 N/A 不適用 Refer to certified true copy of certificate of incumbency 參考註冊資料證明書之認證副本
 Refer to Certificate of Incorporation or Certificate of Registration of Overseas Company 參考公司註冊證書或海外公司登記證明書
Form of Incorporation 成立之類別 Sole Proprietor 獨資 Partnership 合夥 Limited Company 有限公司 Charitable Institution 慈善團體
 Other (Please specify) 其他（請註明） _____
Registered Office Address in the Place of Incorporation 成立地方的註冊公司地址 N/A 不適用 Refer to annual return 參考周年申報表
 Refer to certified true copy of certificate of incumbency 參考註冊資料證明書之認證副本
Business Registration Number 商業登記證號碼 N/A 不適用 Refer to business registration certificate 參考商業登記證
Nature of Business 業務性質 _____ Name of Regulator 監管機構名稱 _____
- Please complete this section if you are applying for group medical insurance for and on behalf of any third parties for example your affiliated companies or subsidiaries. Note 1, 2 倘若閣下欲為第三者如附屬公司或子公司申請本團體醫療保險計劃，請填寫以下部分 ^{備註 1, 2}：
Name of Third Party 第三者名稱 _____
Business Address 公司地址 _____
Business Registration Number 商業登記證號碼 N/A 不適用 Refer to business registration certificate 參考商業登記證

Notes 備註：

- Use a separate sheet to provide additional necessary information if more space is needed.
如位置不敷應用，請另紙填寫。
- Affiliated companies / subsidiaries shall be a corporation or legal entity.
附屬公司／子公司須為公司或法團。

SECTION II ELIGIBILITY 第二部分 參加資格

- For full time permanent employees upon completion of _____ month(s) of employment 全職長期僱員服務滿 _____ 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)

SECTION III PLAN INFORMATION 第三部分 計劃詳情

Objective in sourcing group insurance 購買團體保險的目的

- Offering the insurance as part of a competitive employee benefit package 提供保險以增加僱員福利的競爭力
- Provide group insurance coverage for employees 提供團體保險的保障給僱員
- Sourcing a group insurance within budget 在預算範圍內購買團體保險
- Others 其他 _____

No. of Employees/Members 僱員/成員數目 _____ No. of Spouses 配偶數目 _____ No. of Children 子女數目 _____

Policy Effective Date 保單生效日期 _____ / _____ / _____ (dd日/mm月/yyyy年)

Policy Anniversary Date 保單周年日 01 / _____ (mm月)

Plan 計劃	Definition of Insureds 受保人分類	Dependent Coverage 家屬保障	
1		<input type="checkbox"/> Spouse 配偶	<input type="checkbox"/> Children 子女
2		<input type="checkbox"/> Spouse 配偶	<input type="checkbox"/> Children 子女
3		<input type="checkbox"/> Spouse 配偶	<input type="checkbox"/> Children 子女

SECTION IV CHOICE OF BENEFITS ^{Note 3} 第四部分 保障選擇 ^{備註 3}

Plan 計劃	Basic Plan 基本計劃				Optional Plan 附加計劃					
	Hospitalization & Surgical Expenses Benefit 住院及手術保障				Major Medical Benefit 附加醫療保障		Clinical Expenses Benefit 門診保障			
	HS0	HS1	HS2	HS3	MM		OP0	OP1	OP2	OP3
1	<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"/>
2	<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"/>
3	<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"/>

Notes 備註:

3. The medical coverage is only applicable for those who were insured under the Policy before attaining age of 65. For Insureds aged from 65 to 69 standard underwriting will be required at each Policy Anniversary and their coverage shall be provided after satisfactory underwriting.
以下保障只適用於六十五歲前已受保於計劃內之受保人。而年齡介乎六十五歲至六十九歲之受保人，須於每保單周年接受健康審核，若審核結果滿意，將可享有醫療保障。

SECTION V CLAIMS ADVICE SERVICE 第五部分 賠償通知書服務

Claims advice will be sent by email if email address is provided. If no email address is provided, claims advice will be sent by post.
如已提供電郵地址，賠償通知書會通過電郵地址發送。若沒有提供電郵地址，賠償通知書會以郵寄方式發出。

SECTION VI PREMIUM DEPOSIT PAYMENT 第六部分 暫繳保費

- A crossed cheque payable to "Sun Life Hong Kong Limited" for HK\$ _____ is attached to this application as premium deposit.
現附上祈付「香港永明金融有限公司」之劃線支票合共港幣 _____ 元作為此申請之暫繳保費。
- No deposit of premium is attached with this application. Payment will be made upon receipt of invoice.
本申請並未附有暫繳保費，保費將於接獲發票後繳付。

SECTION VII INFORMATION OF AUTHORIZED PERSON(S) 第七部分 授權人資料

Any of the following signatories will be authorized (as authorized person(s)) to handle all group insurance related matters with the Company. If there are any changes in the following information, please inform the Company in writing immediately.
 下列任何一個簽署人將獲授權代表本人／吾等辦理與公司所有團體保險相關事宜，如以下資料有任何更改，請以書面立即通知公司。

Signature Specimen 簽署式樣				Signature Specimen 簽署式樣			
Name ^{Note 4, 5} 姓名 ^{備註 4, 5}		Nationality 國籍		Name ^{Note 4, 5} 姓名 ^{備註 4, 5}		Nationality 國籍	
Date of Birth 出生日期 (dd日 / mm月 / yyyy年)		Title 職位		Date of Birth 出生日期 (dd日 / mm月 / yyyy年)		Title 職位	
HKID Card / Passport No. ^{Note 4} 香港身份證／護照號碼 ^{備註 4}				HKID Card / Passport No. ^{Note 4} 香港身份證／護照號碼 ^{備註 4}			
Additional Information 附加資料				Additional Information 附加資料			
Former Name 曾用姓名				Former Name 曾用姓名			
Place of Birth 出生地點				Place of Birth 出生地點			
Gender 性別 (Male / Female 男／女)				Gender 性別 (Male / Female 男／女)			
Residential Address 居住地址				Residential Address 居住地址			
<input type="checkbox"/> Refer to annual return 參考周年申報表		<input type="checkbox"/> If different, please specify below 如不同，請在下列註明：		<input type="checkbox"/> Refer to annual return 參考周年申報表		<input type="checkbox"/> If different, please specify below 如不同，請在下列註明：	

Notes 備註：

- Same as identity document. Please provide a copy of HKID Card / Passport of the above Authorized Person.
與身份證明文件相同。請提交上述授權人的香港身份證或護照副本。
- 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 Applicant / Proposed 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 Applicant / Proposed Policy Owner. 只接受申請人／建議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，請就簽署人代表該申請人／建議保單持有人的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。

SECTION VIII INFORMATION OF ALL BENEFICIAL OWNERS 第八部分 所有實益擁有人資料[#]

Please select one of the following 請選擇以下其中一項：

- No Beneficial Owner, please complete the below information for a Senior Managing Official[^] of the Applicant / Proposed Policy Owner 請於以下填寫投保人／建議保單持有人的高級管理人員[^]的資料
- OR 或
- Please complete below information for all Beneficial Owners 請於以下填寫所有實益擁有人的資料

[#] Beneficial Owner(s) means 實益擁有人是指：

- in relation to a corporation 就法團而言，
 - 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
 - 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。
- in relation to a partnership 就合夥而言，
 - 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) 直接或間接地有權離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
 - 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。
- In relation to an unincorporated body other than a partnership 就除合夥外不屬法團團體而言，
 - means an individual who ultimately owns or controls the unincorporated body; or 指最終擁有或控制該不屬法團團體的個人；或
 - 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。

[^] Senior Managing Official (SMO) means 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 and 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。

5000048/06-2022V

Name of Person (Full Name in English) 姓名 (英文全名)		HKID Card / Passport No. 香港身份證 / 護照號碼	
Nationality 國籍		Date of Birth 出生日期 (dd日 / mm月 / yyyy年)	
Additional Information 附加資料			
Former Name 曾用姓名		Place of Birth 出生地點	Gender 性別 (Male / Female 男 / 女)
Residential Address 居住地址			
<input type="checkbox"/> Refer to annual return 參考周年申報表 <input type="checkbox"/> If different, please specify below 如不同，請在下列註明：			

Name of Person (Full Name in English) 姓名 (英文全名)		HKID Card / Passport No. 香港身份證 / 護照號碼	
Nationality 國籍		Date of Birth 出生日期 (dd日 / mm月 / yyyy年)	
Additional Information 附加資料			
Former Name 曾用姓名		Place of Birth 出生地點	Gender 性別 (Male / Female 男 / 女)
Residential Address 居住地址			
<input type="checkbox"/> Refer to annual return 參考周年申報表 <input type="checkbox"/> If different, please specify below 如不同，請在下列註明：			

Name of Person (Full Name in English) 姓名 (英文全名)		HKID Card / Passport No. 香港身份證 / 護照號碼	
Nationality 國籍		Date of Birth 出生日期 (dd日 / mm月 / yyyy年)	
Additional Information 附加資料			
Former Name 曾用姓名		Place of Birth 出生地點	Gender 性別 (Male / Female 男 / 女)
Residential Address 居住地址			
<input type="checkbox"/> Refer to annual return 參考周年申報表 <input type="checkbox"/> If different, please specify below 如不同，請在下列註明：			

SECTION IX INFORMATION OF ALL DIRECTORS 第九部分 所有董事資料

(a) Please complete the below information if director is a natural person 若董事是自然人，請於以下填寫所有董事的資料：

Name of Director (Full Name in English) 董事姓名 (英文全名)			
Additional Information 附加資料			
Former Name 曾用姓名	Place of Birth 出生地點		Gender 性別 (Male / Female 男 / 女)
Nationality 國籍	HKID Card / Passport No. 香港身份證 / 護照號碼		Date of Birth 出生日期 (dd日/mm月/yyyy年)
Residential Address 居住地址			
<input type="checkbox"/> Refer to annual return 參考周年申報表 <input type="checkbox"/> If different, please specify below 如不同，請在下列註明：			

Name of Director (Full Name in English) 董事姓名 (英文全名)			
Additional Information 附加資料			
Former Name 曾用姓名	Place of Birth 出生地點		Gender 性別 (Male / Female 男 / 女)
Nationality 國籍	HKID Card / Passport No. 香港身份證 / 護照號碼		Date of Birth 出生日期 (dd日/mm月/yyyy年)
Residential Address 居住地址			
<input type="checkbox"/> Refer to annual return 參考周年申報表 <input type="checkbox"/> If different, please specify below 如不同，請在下列註明：			

Name of Director (Full Name in English) 董事姓名 (英文全名)				
Additional Information 附加資料				
Former Name 曾用姓名		Place of Birth 出生地點		Gender 性別 (Male / Female 男/女)
Nationality 國籍		HKID Card / Passport No. 香港身份證/護照號碼		Date of Birth 出生日期 (dd日/mm月/yyyy年)
Residential Address 居住地址				
<input type="checkbox"/> Refer to annual return 參考周年申報表 <input type="checkbox"/> If different, please specify below 如不同，請在下列註明：				

Name of Director (Full Name in English) 董事姓名 (英文全名)				
Additional Information 附加資料				
Former Name 曾用姓名		Place of Birth 出生地點		Gender 性別 (Male / Female 男/女)
Nationality 國籍		HKID Card / Passport No. 香港身份證/護照號碼		Date of Birth 出生日期 (dd日/mm月/yyyy年)
Residential Address 居住地址				
<input type="checkbox"/> Refer to annual return 參考周年申報表 <input type="checkbox"/> If different, please specify below 如不同，請在下列註明：				

(b) Please complete the below information if director is an entity 若董事是實體，請於以下填寫所有董事的資料：

Name of Entity ^{Note 6} 實體名稱 ^{備註 6}			
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	<input type="checkbox"/> N/A 不適用	<input type="checkbox"/> Refer to business registration certificate 參考商業登記證	
Date and Number of Registration / Incorporation 公司註冊/成立日期及號碼	<input type="checkbox"/> N/A 不適用	<input type="checkbox"/> Refer to certified true copy of certificate of incumbency 參考註冊資料證明書之認證副本	<input type="checkbox"/> Refer to Certificate of Incorporation or Certificate of Registration of Overseas Company 參考公司註冊證書或海外公司登記證明書

Notes 備註：

6. Please submit the required document(s) as listed in Section XI Checklist of Application Documents.
請提供於第十一部分申請文件清單所列之所需文件。

SECTION X DECLARATION AND AUTHORIZATION 第十部分 聲明及授權

- I/We, the Applicant/Proposed Policy Owner, hereby declare, agree and understand, as the case may be, as evidenced by my/our signature(s) hereunder, that:
- 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").
 - 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.
 - 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.
 - I/We am/have been authorized to act on behalf of the Applicant/Proposed Policy Owner to handle all group insurance related matters with the Company.
 - 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.
 - All statements and answers I/we provide and those provided over the signature of all eligible employees, members, representatives and dependents in relation to this insurance cover including those statements and answers contained in any medical report, declaration of insurability or questionnaire completed in collection with this insurance cover shall form part of this application, and shall be the basis for underwriting thereof and any insurance contract with the Company. 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, and I/We understand that failure to make this disclosure renders the contract voidable.
 - All premiums owing under the insurance contract with the Company shall be paid by me/us.
 - I/We understand that this Group Medical Package is not guaranteed upon policy renewal.
 - The usage of Sun Life Privilege Care Card is subject to the terms and conditions as determined by the Company as set out overleaf.
 - I/We confirm that the Company has conducted a suitability assessment according to the the essential information collected (e.g. nature of business, total number of employees, employee demographic and objective in sourcing insurance) about me/us during the application process.
 - As a result of purchasing the policy to be issued by the Company, then, during the continuance of the policy including renewals and reinstatements, in respect of any premiums received by the Company or any increase thereof (whether as a result of any change of benefit, inclusion of new employee members and/or their dependents, or otherwise), the Company will pay the authorized insurance broker a commission. Where I/we are a body corporate, the Authorized Person who signs on behalf of me/us further confirms to the Company that he or she is authorized to do so. I/We further understand that the above agreement is necessary for the Company to proceed with the application and/or renewals and/or reinstatements of the policy.**

本人/吾等(投保人/建議保單持有人)謹此聲明、同意及明白各項(視乎情況適用而定),並在此投保書簽署作實:

- 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個人資料。
- 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。
- 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。
- 本人/吾等已獲授權代行投保人/建議保單持有人辦理與公司所有團體保險相關事宜。
- 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。
- 所有由本人/吾等提供之陳述或答案及所有由合資格僱員、成員、代表及家屬所簽署的聲明或檢驗報告、投保聲明之陳述或問卷內的資料,均視為本投保書之一部分,亦為永明金融核保之憑據。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合約無效。
- 本人/吾等須支付全部保費。
- 本人/吾等明白此團體醫療保險計劃於續保時並非保證。
- 使用永明金融尊貴保健咭必須受公司於後頁訂明之條款及細則所約束。
- 本人/吾等確認公司已根據所收集之本人/吾等的基本資料(例如業務性質、僱員人數、僱員背景資料及購買保險目的等)在申請過程中進行了合適性評估。
- 因為本人/吾等購買公司簽署的保單,因此,於保單有效期內,包括續保及保單復效,就公司所收到或增加的任何保費(無論是因為更改保單之保障或新增僱員及/或家屬、或其他有關情況),公司會向負責安排有關保單的獲授權保險經紀支付佣金。假如本人/吾等為法人團體,代表本人/吾等簽署的獲授權人員亦向公司確認他/她已獲法人團體授權簽署。本人/吾等亦明白公司必須取得本人/吾等以上的同意,才可以處理有關申請及/或保單續保及/或復效。**

Authorized Signature ^{Note 7} of the Applicant/Proposed Policy Owner with Company Chop 申請人/建議保單持有人的授權簽署 ^{Note 7} (連公司蓋章)		Name ^{Note 8} 姓名 ^{Note 8}	
		Nationality 國籍	
		Date of Birth 出生日期 (dd日/mm月/yyyy年)	
		HKID Card / Passport No. ^{Note 8} 香港身份證/護照號碼 ^{Note 8}	
		Title 職位	
		Date at Hong Kong on 在香港簽訂日期 (dd日/mm月/yyyy年)	
Additional Information 附加資料			
Former Name 曾用姓名	Place of Birth 出生地點	Gender 性別 (Male / Female 男/女)	
Residential Address 居住地址			
<input type="checkbox"/> Refer to annual return 參考周年申報表		<input type="checkbox"/> If different, please specify below 如不同,請在下列註明:	

Witness 見證人		Name 姓名	
		HKID Card / Passport No. 香港身份證/護照號碼	
		Title 職位	
		Date at Hong Kong on 在香港簽訂日期 (dd日/mm月/yyyy年)	

Notes 備註:

- 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 Applicant/Proposed 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 Applicant/Proposed Policy Owner. 只接受申請人/建議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,請就簽署人代表該申請人/建議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。
- Same as identity document. Please provide a copy of HKID Card / Passport of the above authorized person. 與身份證明文件相同。請提交上述授權人的香港身份證或護照副本。

SECTION XI CHECKLIST OF APPLICATION DOCUMENTS 第十一部分 申請文件清單

The Company may not take effect if you do not submit all required documents. We may request you to further provide other related documents to assess this application. 如未能提供全部所需文件，可能會引致此申請不能生效。公司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
Signed Application Form 已簽署之申請表格	Applicant/Proposed Policy Owner 投保人/建議保單持有人
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 Applicant/Proposed Policy Owner 非投保人/建議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
Copy of Certificate of Incorporation (if applicable) 公司註冊證書副本 (如適用)	Applicant/Proposed Policy Owner, affiliated companies or subsidiaries and Director is an entity 投保人/建議保單持有人、附屬公司或子公司及董事是實體
Copy of valid Business Registration Certificate (if applicable) 有效商業登記證副本 (如適用)	Applicant/Proposed Policy Owner, affiliated companies or subsidiaries and Director is an entity 投保人/建議保單持有人、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)	Applicant/Proposed Policy Owner 投保人/建議保單持有人
Ownership Chart signed by Authorized Person (if applicable) 由授權人簽署的擁有權架構表 (如適用)	Applicant/Proposed Policy Owner with complex company structure 擁有複雜公司架構的投保人/建議保單持有人
Copy of Partnership Deed / Agreement 合夥契約或協議副本	Applicant/Proposed Policy Owner that is a partnership company 合夥公司的投保人/建議保單持有人
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
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)	Applicant/Proposed Policy Owner 投保人/建議保單持有人
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	Applicant/Proposed Policy Owner or share holding company that is a trust 投保人/建議保單持有人或股東公司為信託

PERSONAL INFORMATION COLLECTION STATEMENT 個人資料收集聲明

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 this 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, Hungnam, 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.

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，是為了公司達到以下需要的目的：(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、法規或法庭命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222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》。

TERMS AND CONDITIONS FOR THE USAGE OF SUN LIFE PRIVILEGE CARE CARD 永明金融尊貴保健咭的使用條款及細則

- The Sun Life Privilege Care Cards (the "Cards") shall only be used when I/We have a valid Group Medical Insurance Policy Contract (the "Policy") with the Company and the Insureds are current employees of the Policy Owner or their dependents (if applicable). The Company reserves the right to renew / terminate and / or replace the Cards as necessary upon the expiry of such Cards.
- I/We shall ensure that each of the Insureds shall sign on the Cards upon receipt, keep the Cards secure at all times and assume full responsibility for the improper use, and do not exceed the extents and amounts as stipulated in the Policy.
- The Cards shall cease to be valid upon termination of the medical coverage and/or the Policy. I/We shall be obliged to withdraw the Card of the terminated Insured on or before termination of medical coverage or the Policy and return the Card to the Company immediately. I/We shall be liable for all costs and charges arising from the use of the Cards when the Insureds are no longer eligible for, or cease to be entitled to the use of the Card due to cessation of employment.
- For Out-patient credit facility, the Insureds may be required to make a co-payment as indicated in the proposal and the Policy at the time the health care services are rendered.
- The granting of credit facility does not guarantee full coverage. The Company reserves the right to review the eligibility of each claim and any non-eligible expenses will be denied.
- In the event of any shortfall resulting from non-eligible expenses by the Insured with reference to the scope of benefits and / or limits as stipulated in the Policy, the Company shall notify me/us as soon as practicable and I/We shall promptly collect the difference or excess from the Insured and forthwith reimburses such excess to the Company within fourteen (14) days. In the event that the Insured for whatever reasons fails to repay the shortfall amount, I/We shall be responsible for reimbursing the Company any unsettled shortfall amount owed by the Insured.
- The Company reserves the right to charge interest on any shortfall mentioned in clause 6, withhold any payment of claims to the Insureds and/or withhold the Cards at any time by giving an advance notice in writing to me/us if the shortfall amount remains outstanding and due to the Company.
- The Company reserves the right to decline the issuance of the Card to any Insured if in the absolute opinion of the Company such person has or is inclined to misuse or abuse the use of the Card.
- The Cards shall remain the properties of the Company at all times and shall be non-transferable.
- If the Policy Owner ceases business or goes into liquidation or receivership, I/We shall collect all issued Cards from the Insureds and forthwith return them to the Company and in any event not later than the date of such cessation of business, liquidation or receivership.
- I/We shall pay the Company a fee (if any) as agreed between the Policy Owner and the Company from time to time for the Cards issued to the Insureds.
- The Company does not in any way guarantee the availability of any healthcare or medical services or goods from the healthcare or medical service providers as arranged by the Company (the "Providers"). The Company makes no warranty nor representations, either express or implied, regarding the professional conduct or qualification of the Providers, and in no event shall the Company be liable to anyone for special, collateral, incidental or consequential costs, losses, hardships, sufferings, injuries, illnesses or loss of human lives in connection with the services of the Providers, and the sole and exclusive liability to the Company regardless of the form of action, shall not exceed the fees received by the Company in respect of any Card.
- I/We shall be responsible to settle all outstanding shortfalls and amounts due as at the date of termination of the Policy. The Company reserves the right to terminate this credit services by giving two (2) months' prior notice to the Policy Owner. In such event, the Policy Owner shall collect all the issued Cards from the Insureds and forthwith return the same to the Company on the date of such termination for cancellation.
- In the event of any breach by me/us or the Insureds of any of the terms and conditions herein, the Company may, in circumstances where I/We or the Insureds fail to comply or to procure compliance with the terms of a notice served by the Company on the Policy Owner or the Insured, require repayment in full of the expenses incurred under the Policy.
- In the event of loss or theft of the Card, I/We shall notify the Company immediately. The Insured shall complete the "Sun Life Privilege Care Card Loss Declaration" together with a cheque of a handling fee of HK\$30 for the replacement of the Card.
- The Providers, who shall provide medical service or consultation as referenced herein, are not agents or employees of the Company, but are independently licensed medical contractors. The Company does not have any control over the Providers and shares no liability for the same. The Company shall not have any responsibilities and warranties in respect of the quality or competence of the Providers. The Providers shall be subject to changes from time to time without prior notice. To ensure the Insured receiving the required service, the Insureds shall check with the Providers their status as participating providers prior to consultation.

- 永明金融尊貴保健咭("此咭")只可於本人/吾等持有有效的永明金融團體醫療保單合約("保單")及受保人為保單持有人的現有僱員或其家屬(如適用)的情況下使用。此咭到期後,公司有權在必要時續約/終止及/或更換此咭。
- 本人/吾等應確保每位受保人收到此咭後立即簽署,在任何時候小心保管此咭,承擔一切使用不當的責任,並且不超出保單訂定的範圍和金額。
- 此咭將在醫療保障或在保單終止後失效。本人/吾等應有義務在終止醫療保障時或保單之前向有關受保人收回此咭,並立即交還公司。當受保人不再合資格受保或因終止受僱而不再有權使用此咭,本人/吾等應承擔所有因使用此咭而引起的一切費用。
- 有關門診記賬服務安排,受保人可能需要依照制定醫療保障服務時的建議書及保單內容而繳付適當之自付費。
- 記賬服務安排並不保證全保。公司有權審查每個索償的資格及拒絕任何不合乎資格的開支。
- 受保人應參考保單內訂定的保障及/或限制。如醫療費用超出保單內訂定的福利保障及/或限額,公司會盡快通知本人/吾等,而本人/吾等應立即從受保人收回差額或額外費用,並於十四天內歸還公司。如受保人因任何原因未能償還差額,本人/吾等應負責任何受保人所欠未付的差額。
- 如上列第6條提及的任何差額到期未付,公司有權以書面形式向本人/吾等發出事先通知以收取利息、暫停向受保人發放賠償及/或在任何時間暫停此咭。
- 如公司認為任何受保人已有/有傾向誤用或濫用此咭,公司有權拒絕向該人簽發此咭。
- 此咭在任何時候均屬公司的財產,且不得轉讓。
- 如保單持有人停止業務或被清盤或被接管;在不遲於停止業務、被清盤或被接管當日的任何情況下,本人/吾等應收回所有已發給受保人的咭,並立即交還公司。
- 本人/吾等應向公司支付保單持有人及公司之間為向受保人發咭而不時協定的費用(如有)。
- 公司不以任何方式保證由公司安排的保健或醫療服務提供者("提供者")所提供的任何保健或醫療服務或貨品的可用性。不論明示或暗示,公司不會就提供者的專業操守或資格作任何擔保或陳述;在任何情況下,公司不會因提供者的服務而向任何人承擔任何特殊、間接、附帶或相應的費用、損失、苦難、痛苦、傷害、疾病或人命損失;而不論何等形式的法律行動,公司承擔的唯一及專屬責任不得超過公司就任何咭所收取的費用。
- 本人/吾等應負責清償所有未償付的差額和應收於保單終止日的款項。公司有權在發出兩個月的事先通知後向保單持有人終止此記賬服務安排。在該等情況下,保單持有人應向受保人收回所有已發出的咭,並在該終止日交還公司取回。
- 如本人/吾等或受保人違反本文任何條款及細則,公司可在本人/吾等或受保人未能遵守或促使公司向保單持有人或受保人發出遵守條款通知時,要求償還全部保單下的開支。
- 如遺失或被盜此咭,本人/吾等應即時通知公司。受保人須填寫「永明金融尊貴保健咭遺失聲明」連同港幣三十元正手續費的支票一併遞交回公司以補領此咭。
- 本文提及提供醫療服務或諮詢的提供者,並非公司的代理人或僱員,而是獨立持牌的醫療承辦商。公司對提供者沒有任何控制權,因此亦不會分擔任何其責任。公司對提供者的質素或能力沒有任何責任和擔保。提供者如有更改,恕不另行通知。為確保受保人取得所需服務,受保人在求診前,須確定提供者是否在公司的醫療網絡內。

FOR AGENT / BROKER USE ONLY 只供代理人/經紀使用

Name of Agent / Broker	Agent / Broker Code
Date	Existing Sun Life Hong Kong's Group Insurance Policy No. / MPF Scheme No. (if applicable)

Declaration of Insurability

可保資料聲明

Name of Owner 保單持有人名稱	Full Name of Proposed Insured 建議投保人全名	Policy No. 保單號碼
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IMPORTANT NOTE : You are to disclose all material facts. If you are in doubt about whether certain facts are material, these facts should also be disclosed.
 注意：閣下必須透露所有重要的事實，若有任何未知是否屬於重要事項的資料均須在此透露。

Section A 甲部： Personal Information 個人資料 (*Please delete whichever is inappropriate) (*請刪去不適用者)

Hong Kong Identity Card / Birth Certificate / Passport / Travel Document No. (If no Hong Kong Identity Card)* 香港身份證 / 出生證明書 / 護照 / 旅遊證件號碼 (如沒有香港身份證)*	Date of Birth 出生日期	Sex 性別 <input type="checkbox"/> Male 男 <input type="checkbox"/> Female 女	Occupation 職業
Height 身高	Weight 體重	In the past one year 在過去一年內	
cm 厘米	kg 公斤	Gain(Loss) in Weight 增加 / (減少) 之體重	If weight changes over 5kgs, state reason 若體重變更超過 5 公斤，需列明原因
		kg 公斤	

Section B 乙部： Medical Information 健康資料

Answer the following questions for the person to be insured 請回答下列有關投保人之健康問題	Yes 是	No 否	
1. Did you have your last doctor consultation in the past 6 months? 閣下最後一次的醫生診症是否在過去六個月內？	<input type="checkbox"/>	<input type="checkbox"/>	If any answer to Question 1 to 5, 7 and 9 is "Yes", please give full particulars as below and state the question number. 倘若第 1 至 5, 7 及 9 條問題中曾答「是」，請在此欄提供下列之詳細資料並註明題號。 (a) dates of illness/injury; 患病 / 受傷日期; (b) duration of illness/injury; 患病 / 受傷持續時間; (c) diagnosis; 診斷結果; (d) treatment taken; 曾接受之治療; (e) last follow-up date; 最後覆診日期; (f) degree of recovery; 康復的程度; (g) attach any related medical report; and 提供有關之醫療報告; 及 (h) name, address, contact number and reference of attending doctor/hospital. (for obtaining Attending Physician Statement) 主診醫生姓名 / 醫院名稱、地址、聯絡號碼及檔案編號。(以索取主診醫生的診治報告)
2. Have you EVER had any application of life, accident, critical illness, disability or health insurance been declined, postponed or rated or in any way modified, or, have you EVER made a claim for accident, critical illness, disability or health benefit? 閣下曾否因申請人壽、意外、重疾、傷殘或醫療保險而被拒絕、延期或加價或須更改受保條款始獲接受，或曾否申請意外、重疾、傷殘或醫療利益保障的索償？	<input type="checkbox"/>	<input type="checkbox"/>	
3. Do you participate or intend to participate in any hazardous activities related to your occupation or recreation such as diving, motor car racing or flying other than as a fare-paying passenger on a regular schedule airline? 閣下曾否參與或計劃參與有關閣下職業或康樂之任何危險性活動，例如潛水、賽車或非以乘客身份乘坐商業航空班機等？	<input type="checkbox"/>	<input type="checkbox"/>	
4. Have you ever had within the past 5 years, been advised or do you intend to have any medical investigation (such as X-ray, electrocardiogram, CT scanning, echo or ultrasonogram, blood or urine studies, biopsy), medication, medical treatment or advice? 閣下在過去五年曾否、或被建議、或準備接受任何檢驗（如 X 光、心電圖、電腦掃描、超聲波掃描、驗血或驗尿、活組織檢驗）、治療、或服用任何藥物或建議？	<input type="checkbox"/>	<input type="checkbox"/>	
5. In the past 5 years, have you had or been told you had or received medical advice, investigation or treatment for: 在過去五年內，閣下對下列病症曾否患有、或曾接受診治、檢驗或治療：	Yes 是	No 否	
(a) The Heart, Blood Vessels (e.g. Murmur, High Blood Pressure, Coronary Artery Disease, Stroke or Heart Disease)? 心臟、血管（例如心雜音、高血壓、冠心病、中風或其他心臟病）？	<input type="checkbox"/>	<input type="checkbox"/>	
(b) The Nose, Throat, Lungs (e.g. Asthma, Tuberculosis or Chronic Bronchitis)? 鼻、喉、肺（例如哮喘、肺癆或慢性支氣管炎）？	<input type="checkbox"/>	<input type="checkbox"/>	
(c) The Abdominal Organs (e.g. Ulcer, Hepatitis, Gallstones or Liver Disease)? 腹腔器官（例如潰瘍、肝炎、膽石或肝病）？	<input type="checkbox"/>	<input type="checkbox"/>	
(d) The Kidneys Bladder, Genital Organs? 腎、膀胱、生殖器官？	<input type="checkbox"/>	<input type="checkbox"/>	
(e) The Nervous System (e.g. Nervous Breakdown, Mental Disorder)? 神經系統（例如精神分裂、精神病）？	<input type="checkbox"/>	<input type="checkbox"/>	
(f) The Glandular System, Blood (e.g. Anaemia, Diabetes, Gout)? 腺臟系統、血液（例如貧血、糖尿病、痛風）？	<input type="checkbox"/>	<input type="checkbox"/>	
(g) The Musculoskeletal System (e.g. Paralysis, Deformity, Physical Impairment or Arthritis)? 肌肉、筋骨系統（例如癱瘓、畸形、肢體殘缺或關節炎）？	<input type="checkbox"/>	<input type="checkbox"/>	
(h) Cancer or Tumour of any kind? 任何種類癌症或腫瘤？	<input type="checkbox"/>	<input type="checkbox"/>	
(i) HIV Infection, An Immune Deficiency Disorder (AIDS), or the Aids Related Complex (ARC)? 人類缺乏免疫能力病毒感染、愛滋病或有關的併發症？	<input type="checkbox"/>	<input type="checkbox"/>	
6. Are you currently smoking or did you smoke cigarettes, consume drugs, narcotics or alcohol? If "yes", please state type(s) and daily amount(s). If ceased usage / consumption, please state date of cessation and reason. 閣下是否現正或曾經抽煙、服用藥劑、毒品或酒精飲品？若「是」，請註明種類及每天服用量。如已停止吸煙 / 服用，請註明停止日期和原因。	<input type="checkbox"/>	<input type="checkbox"/>	
7. Have you ever had any illness, injury, operation, medical advice, hospital treatment or physical check-up not mentioned above? 閣下曾否有任何上文未提及的其他疾病、受傷或接受任何手術、醫生之指導、住院、身體檢查等？	<input type="checkbox"/>	<input type="checkbox"/>	
8. Do you have any regular doctor? If "Yes", give doctor's name, contact number and address. 閣下是否有固定醫生為閣下診治病症？若「是」，請提供醫生姓名、聯絡號碼及地址。	<input type="checkbox"/>	<input type="checkbox"/>	
9. (Female Only) (只限女性) (a) Have you ever had, or been told to have, or been treated for or are you intending to be treated for any disease/disorder of the cervix, uterus, fallopian tubes, vagina, ovaries or the breast? 閣下曾否患有、或被告知患有任何子宮頸、子宮、輸卵管、陰道、卵巢或乳房之疾病 / 失調？及曾否因以上情況而接受治療或準備接受治療？	<input type="checkbox"/>	<input type="checkbox"/>	
(b) Have you ever had, or have been advised to have investigations and/or treatment of the cervix, uterus, fallopian tubes, vagina, ovaries or the breast, such as pap smear, cone biopsy, colposcopy, ultrasound, mammogram or surgery? 閣下曾否、或被建議接受檢驗和 / 或治療子宮頸、子宮、輸卵管、陰道、卵巢或乳房，例如子宮頸細胞塗片、錐形活組織化驗、陰道鏡、超聲波、乳房 X 光或手術？	<input type="checkbox"/>	<input type="checkbox"/>	
(c) Are you now pregnant? If "yes", state number of months. 閣下現在是否懷孕？若「是」，請述已懷孕月數。	<input type="checkbox"/>	<input type="checkbox"/>	
(d) Have you ever had complications during or as a result of your pregnancy such as high blood sugar and high blood pressure? 閣下曾否在妊娠期間或因懷孕而導致併發症，例如高血糖、高血壓？	<input type="checkbox"/>	<input type="checkbox"/>	

Declaration of Insurability

可保資料聲明

DECLARATION AND AUTHORIZATION 聲明及授權

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

- All the foregoing statements and answers in this application together with those in any required medical examination, questionnaire, amendment or other document signed by me/us in connection with my/our application are full, complete and true and shall form the basis for the application and become part of the Policy. I/We also understand that in the event of doubt as to whether a fact is material, it should be disclosed here. Sun Life Hong Kong Limited, including its successors or assigns (collectively referred to as "the Company") may be unable to process the underwriting if I/we fail to provide any information required to the application.
- I/We fully understand that the Company is not bound by any statement which I/we may have made to any person if not written or printed here.
- 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.
- All statements and answers I/we provide and those provided over the signature of all eligible employees, members and dependents in relation to this insurance cover including those statements and answers contained in any medical report, declaration of insurability or questionnaire completed in connection with this insurance cover shall form part of this application, and shall be the basis for underwriting thereof and any insurance contract with the Company. 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.
- I/We further authorize: (a) any doctor, hospital, clinic, insurance company, government office or any organization or person who has any record, knowledge or information of me/the Insured (whether medical or otherwise) to disclose, release or transfer to the Company or its representative such record, knowledge or information pertinent to this application for insurance and reinstatement; and (b) the Company or any of its appointed medical / paramedical examiners or laboratories to perform necessary medical assessments and tests to evaluate the health status of me/the Insured in relation to this application for insurance and reinstatement. This authorization shall bind the successors and assignees of me/the Insured and shall remain valid notwithstanding death or incapacity. A photostatic copy of this authorization shall be as valid as the original.

建議受保人 (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 :

- 此申請表上所載的聲明及答案, 以及經本人簽署之所需的體格檢驗、問卷、修改書及其他文件, 均屬真實無訛, 詳細完整, 並構成保單的依據及其中部份。本人/吾等明白倘有任何未知是否屬於重要事項的資料均須在此透露。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, 包括繼承人或承讓入 (在此稱為「公司」) 未能處理本人/吾等之申請。
- 本人/吾等完全明白公司不受一些本人/吾等沒有在此申請表上提及或刊印而向任何人士定立的聲明所約束。
- 《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, 是為了公司達到以下有需要的目的: (i) 處理及評估申請及/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》。
- 所有由合資格僱員、成員及配偶或子女所簽署的聲明或檢驗報告、投保聲明之陳述或問卷內的資料, 均視為本申請表之一部份, 亦為公司核保之憑據。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。
- 本人/吾等同時授權: (甲) 任何擁有任何本人/受保人等之記錄、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、機構或人士就此投保申請及復保申請向公司或其代表披露、透露或轉移此等記錄、詳情或資料; 及 (乙) 公司或公司指定之醫生/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及復保申請之本人/受保人等的健康情況。此授權書對本人/受保人等之繼承人及受讓人有約束力, 並於本人/受保人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。

Dates this _____ day of _____ at _____
Date 日期 Month & Year 月份及年份 Place 地點

Signature of Proposed Insured 建議受保人簽署

Report of New Employee(s)/Dependent(s)

新僱員／家屬申報表格



Name of Owner 保單持有人名稱 _____

Life Policy No. 人壽保單號碼 _____

Name of Affiliated Company 附屬公司名稱 _____

Medical Policy No. 醫療保單號碼 _____

NEW ENROLMENT OF EMPLOYEES &/OR DEPENDENTS 新增僱員及／或家屬

Employee HKID Card No. / Staff No. 僱員香港身份證號碼／員工編號	Status 身份 Employee 僱員 S Spouse 配偶 Child 子女	Date of Marriage (DD/MM/YY) 結婚日期 (日/月/年)	Name of Employee / Dependent (Same as HKID Card / Passport) 僱員／家屬姓名 (按香港身份證／護照)		Date of Birth (DD/MM/YY) 出生日期 (日/月/年)	Marital Status 婚姻狀況 S Single 未婚 M Married 已婚 D Divorced 離婚	Sex 性別	Date of Employment (DD/MM/YY) 入職日期 (日/月/年)	Effective Date (DD/MM/YY) 生效日期 (日/月/年)	New Benefit Plan No. 新投保計劃編號		LIFE POLICY ONLY 只適用於人壽保單	MEDICAL POLICY ONLY 只適用於醫療保單			Employee Email Address 僱員電郵地址 (Maximum of 50 characters is acceptable) (只接受五十位字母或以下之電郵地址)	Country of Residence 原居地*
			Surname 姓氏	Given Name 名字						Life 人壽	Medical 醫療	Monthly Salary (HKD) 月薪 (港幣)	Bank Account No. 銀行戶口號碼*				
													Bank Code (3 digits) 銀行編號 (三位數字)	Branch Code (3 digits) 分行編號 (三位數字)	Account No. (7 to 9 digits) 戶口號碼 (七至九位數字)		

* Unless otherwise specified by Insured in written, Inter Partner Assistance (IPA) will consider Hong Kong as the country of residence of all Insureds and repatriate relevant Insured to Hong Kong when medically necessary.

除非受保人特別以書面通知，否則國際救援（亞洲）公司將設定香港為所有受保人之原居地，於有醫療需要時護送有關受保人回香港。

^ Only bank account of employee is acceptable and all dependents shall use the same bank account for claims autopay.

只接受僱員之銀行戶口及所有家屬必須以同一戶口作為賠償過數之用。

DECLARATION AND AUTHORIZATION 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:

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. I/We am/are duly authorized by employees, members 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 assignees (collectively referred to as "the Company").

本人／吾等已獲本公司之僱員、成員、及／或配偶或子女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、發放或轉交有關人的資料。

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.

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. The personal information of employees, members and 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.

由公司所持有及由本人／吾等提供有關僱員、成員及配偶或子女的個人資料，公司（不論是否從此申請表或其他途徑，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為後頁訂明之《個人資料收集聲明》中提及的用途。

4. All statements and answers I/we provide and those provided over the signature of all eligible employees, members and dependents in relation to this insurance cover including those statements and answers contained in any medical report, declaration of insurability or questionnaire completed in connection with this insurance cover shall form part of this application, and shall be the basis for underwriting thereof and any insurance contract with the Company. 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.

所有由合資格僱員、成員及配偶或子女所簽署的聲明或檢驗報告、投保聲明之陳述或問卷內的資料，均視為本申請表之一部份，亦為公司核保之憑據。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。

5. I/We understand that employees shall become eligible Insured in accordance with the Eligibility Requirements specified in the Group Insurance Policy Contract (unless the effective date is otherwise specified in this application or related notification).

本人／吾等明白僱員將根據團體保險合約中規定的資格要求成為合資格受保人（於此申請表格或相關通知內另有註明生效日期除外）。

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.

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。

7. I/We further authorized: (a) any doctor, hospital, clinic, insurance company, government office or any organization or person who has any record, knowledge or information of me/the Insured (whether medical or otherwise) to disclose, release or transfer to the Company or its representative such record, knowledge or information pertinent to this application and any claims arising therefrom; and (b) the Company or any of its appointed medical/paramedical examiners or laboratories to perform necessary medical assessments and tests to evaluate the health status of me/the Insured in relation to this application and any claim arising therefrom. This authorization shall bind the successors and assignees of me/the Insured and shall remain valid notwithstanding death or incapacity. A photostatic copy of this authorization shall be as valid as the original.

本人／吾等同時授權：（甲）任何擁有任何本人／受保人之記錄、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、機構或人士就此申請及由此所引起之索償向公司或其代表披露、透露或轉移此等記錄、詳情或資料；及（乙）公司或公司指定之醫生／醫護人員或化驗所進行必要之健康評估及檢驗，以評估與此申請及由此所引起之索償之本人／受保人的健康情況。此授權書對本人／受保人之繼承人及受讓人有約束力，並於本人／受保人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。

Authorized Signature with Company Chop 授權人簽署及公司蓋章 _____

Date 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，是為了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》。