

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 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、發放或轉交有關人等的資料。

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》。