

為家人

多添保障

「安康寶」家庭醫療
保障計劃

「安康寶」家庭醫療保障計劃

富衛的「安康寶」家庭醫療保障計劃，為您的家人提供全面住院保障，助您減輕高昂醫療費用所帶來的壓力。

您的摯愛家人是人生至寶，自然要為他們準備全面的保障。「安康寶」家庭醫療保障計劃設有 4 種住院保障等級，同時每年提供免費身體檢查及 24 小時全球緊急支援服務，讓您按一家所需而選擇，免卻高昂醫療費用的憂慮。

保證續保[^]

我們保證您的保單可續保至 100 歲。於續保時，我們將不會根據您過往的索償記錄或身體狀況的轉變而個別徵收額外保費。

申請簡易

只需回答兩條關於您健康狀況的問題，無須另作健康檢查。

自選更多保障

您可以選擇附加額外醫療保障、門診保障、牙科保障或健康檢查，以切合您的需要。

周全照顧

計劃提供全球醫療保障及免費緊急支援服務。

全天候客戶支援

致電富衛的服務熱線 (852)3123 3123，我們的客戶服務主任隨時為您服務，處理您的保險需要。

透過富衛 eServices 流動應用程式或登入 www.fwd.com.hk，您可隨時隨地輕鬆管理您的富衛保險賬戶。富衛 eServices 的功能全面及操作簡易，主要服務包括：

- 檢視保單及保障範圍
- 檢視理賠記錄及索償理賠表
- 電子索償申請 – 線上迅速及安全地遞交索償申請
- 更可使用「保單服務」功能，更新通訊資料
- 以流動應用程式的推送通知服務及電郵，收取有關索償狀況及理賠詳情通知



立即下載
富衛 eServices
流動應用程式！

[^] 我們保留於續保時更改保費、保障範圍、條款及細則的最終決定權。

重要事項

1. 申請人必須提供所有可能影響富衛保險有限公司接受承保及評估之重要事實，如未能確定這項事實是否具有實質性的關係，應將該等事實填報，我們建議你將有關的資料（包括申請表副本）作記錄，以備日後作參考之用。為確保你的利益，你應如實呈報所有有關資料，否則此保單將可能無法提供你所需的保障，甚至可能會導致此保單無效。
2. 申請經正式接納及在保費繳付後，本公司承保之責任才開始生效。

計劃特色

- 合資格投保年齡為 15 日至 64 歲
- 不設最低住院時數限制
- 保障範圍包括於註冊診所或日間進行之小手術
- 設有每日住院現金保障 (入住香港醫院管理局轄下醫院之大房)
- 24 小時全球性醫療保障及緊急支援服務
- 附加門診保障提供中醫治療 (包括跌打及針灸治療)，當中於 6 項專科 (耳鼻喉科、眼科、皮膚科、骨科、兒科及婦科) 索償時無須提供醫生轉介信
- 免費每年基本健康檢查

24 小時全球緊急支援服務

若受保人於海外遇上緊急事故，而旅程不超過 90 天，緊急支援可提供以下服務：

- 24 小時電話諮詢服務
- 緊急醫療撤離及遣返 (高達 1,000,000 美元)
- 提供高達 5,000 美元之入院按金保證 (包括中國內地指定醫院)
- 如在外地住院超過 7 天，可安排一位親屬前往探望 (包括一張來回經濟客位機票及最多 1,000 美元住宿費，每天住宿費不超過 250 美元)
- 安排未成年子女返國或原居地
- 康復期間之酒店住宿 (最多 1,000 美元，每天住宿費不超過 250 美元)
- 因直系親屬去世而需臨時折返
- 運送遺體返國或原居地 (高達 1,000,000 美元)
- 醫療及法律團體轉介
- 遺失行李協助
- 緊急旅遊支援
- 中國緊急醫療支援服務

全球緊急支援服務由國際思奧思救援中心提供。

本小冊子並未包含所有保單條款。保單條款可於保單文件中查看。

主要不承保項目 (除牙科保障外適用於所有保障) 包括：受保前已存在的疾病/先天性的疾病、性病、受保前已感染的愛滋病、懷孕/墮胎、整容手術、牙科治療 (除因意外事故引起)、例行身體檢查、精神病、酗酒/濫用藥物、專業/危險運動、蓄意自我毀傷、非法活動、戰爭。起保後 180 日內發生的以下疾病或手術：包皮環切術；任何種類的腫瘤、疣、囊腫或息肉。有關此保單之所有不保事項，請參閱保單條款。

牙科保障之不承保項目：蓄意自我毀傷、以美容為目的之治療 (包括但不限於牙齒矯形及漂白)、酗酒/濫用藥物、戰爭、軍事、非法活動、口腔衛生指導、牙菌斑控制或飲食指導。

(1) 基本住院保障 Basic Hospitalisation Benefits

計劃級別 Plan Level	大房 Ward	二等房 Semi-Private	私家房 Private	私家房 Private
計劃名稱 Plan Code	HS700X	HS1500X	HS2000X	HS2800X
保障範圍 Coverage	每次病症最高賠償額 (港幣) Cover Limit per Disability (HK\$)			
1. 每日住院及膳食費 (最高賠償 180 天) Hospital Room & Board per day (Up to 180 days)	\$700	\$1,500	\$2,000	\$2,800
2. 每日醫生巡房費 (最高賠償 180 天) Physician's Visit per day (Up to 180 days)	\$700	\$1,500	\$2,000	\$2,800
3. 醫院雜項費 Miscellaneous Hospital Services	\$15,000	\$17,000	\$20,000	\$25,000
4. 外科手術費 (按手術費用表計算) Surgeon's Fee (Subject to Surgical Schedule)				
複雜手術 Complex Operation	\$72,000	\$87,000	\$102,000	\$126,000
嚴重手術 Major Operation	\$24,000	\$29,000	\$34,000	\$42,000
普通手術 Intermediate Operation	\$12,000	\$14,500	\$17,000	\$21,000
簡單手術 Minor Operation	\$4,800	\$5,800	\$6,800	\$8,400
5. 麻醉師費 Anaesthetist's Fee				
複雜手術 Complex Operation	\$25,200	\$30,450	\$35,700	\$44,100
嚴重手術 Major Operation	\$8,400	\$10,150	\$11,900	\$14,700
普通手術 Intermediate Operation	\$4,200	\$5,075	\$5,950	\$7,350
簡單手術 Minor Operation	\$1,680	\$2,030	\$2,380	\$2,940
6. 手術室費 Operating Theatre Fee				
複雜手術 Complex Operation	\$25,200	\$30,450	\$35,700	\$44,100
嚴重手術 Major Operation	\$8,400	\$10,150	\$11,900	\$14,700
普通手術 Intermediate Operation	\$4,200	\$5,075	\$5,950	\$7,350
簡單手術 Minor Operation	\$1,680	\$2,030	\$2,380	\$2,940
7. 專科治療費 Specialist's Fee	\$5,500	\$7,500	\$9,000	\$11,000
8. 每日深切治療費 (最高賠償 20 天) Intensive Care Unit per day (Up to 20 days)	\$5,000	\$6,000	\$7,000	\$8,000
9. 出院後的治療費 (出院後 31 日內之跟進治療費) Post Hospitalisation Treatment (Follow-up treatment within 31 days after discharge from Hospital)	\$1,200	\$1,500	\$2,000	\$3,000
10. 意外牙科治療費 (意外發生後 31 天內) Accidental Dental Treatment (within 31 days after the accident)	\$2,000	\$3,000	\$4,000	\$5,000
11. 緊急門診費 (意外) (意外發生後 24 小時內之醫院門診部之治療費) Emergency Outpatient Treatment (Accident) (Outpatient treatment in a Hospital within 24 hours of an injury)	\$1,000	\$1,500	\$2,000	\$3,000
12. 每日家庭看護費 (最高賠償 60 天) Home Nursing per day (Up to 60 days)	\$200	\$300	\$400	\$500
13. 每日兒童住院之陪伴床位費 (最高賠償 60 天) Companion's Bed for Child per day (Up to 60 days)	\$200	\$300	\$400	\$500
每次病症最高賠償限額 (1-13 項) Overall Limit per Disability (Item 1-13)	\$523,100	\$874,400	\$1,118,400	\$1,493,400
14. 每日住院現金保障 (入住香港醫院管理局轄下醫院之大房) (最高賠償 60 天) Daily Cash Benefit (for confinement in general ward of Hospital Authority's hospital in Hong Kong) (up to 60 days)	\$250	\$350	\$450	\$550
15. 第二索償每日住院現金 (最高賠償60天) (受保人需先於其他保險公司獲得賠償；此福利不適用於入住香港醫院管理局轄下醫院之大房。) Daily Hospital Cash for Second Claim (Up to 60 days) (Primary payer must be other insurer; benefit not available for confinement in general ward of Hospital Authority's Hospital in Hong Kong)	\$250	\$350	\$450	\$550
16. 意外身亡保障 Accidental Death Benefit	\$20,000	\$30,000	\$40,000	\$50,000

緊急支援服務 Emergency Assistance Services

醫療撤離及遣返服務 Evacuation / Repatriation	高達美金 Up to US\$1,000,000
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(2) 附加額外醫療保障 (自選) Supplementary Major Medical Benefits (Optional)

此附加額外醫生保障為基本住院保障項乙內 1 至 8 項提供額外賠償。若醫生費用超過基本住院保障項目內 1 至 8 項之每次病症最高賠償額，餘額可獲 80% 賠償及以每次病症最高賠償額為上限，而當中之**每日住院及膳食費及每日醫生巡房費**不受最高賠償日數限制，均可獲得賠償。Supplementary Major Medical Benefits (SMM) provides additional benefits for items 1 to 8 under the Basic Hospitalisation Benefits (BHB). If the medical expenses incurred under benefit items 1 to 8 of the BHB exceed the cover limit per disability, 80% of the excess amount will be reimbursed subject to cover limit per disability. The excess amount incurred for the **Hospital Room & Board and Physician's Visit Benefits** can be reimbursed regardless of the number of days of the confinement.

計劃級別 Plan Level	大房 Ward	二等房 Semi-Private	私家房 Private	私家房 Private
計劃名稱 Plan Code	MX1	MX2	MX3	MX4
每症最高賠償額 (港幣) Cover Limit per Disability (HK\$)	\$60,000	\$120,000	\$180,000	\$240,000
保障範圍包括日間癌症放射療法及化學療法、腎臟透析。 Cover day case Chemotherapy and Radiotherapy for Cancer and Kidney Dialysis.				

附註 Note :

如入住之住房等級高於保障等級，賠償率將作以下調整：
If the hospital confinement is at a higher accommodation level than the insured benefit level, the Reimbursement % shall be reduced as follow :

- 大房升至二等房 Ward to Semi-Private : 50%
- 大房升至私家房 Ward to Private : 25%
- 二等房升至私家房 Semi-Private to Private : 50%

註：住院保障範圍不適用於貴賓或豪華套房。Note : No benefit will be paid for hospitalisation in VIP suite or deluxe suite.

(3) 附加門診保障 (自選) Supplementary Outpatient Benefits (Optional)

計劃級別 Plan Level	經濟 Economy	經濟 Economy	標準 Standard	標準 Standard
計劃名稱 Plan Code	OP220X	OP260X	OP320X	OP400X
賠償額為 100% 100% Reimbursement	最高賠償額 (港幣) Cover Limit (HK\$)			
醫生診所治療費 (每日 1 次，每年最多 25 次) Consultation at Physician's Office (Per visit per day, maximum 25 visits per year)	\$220	\$260	\$320	\$400
物理治療師及脊椎治療師之治療費 (每日 1 次，每年最多 10 次) Physiotherapist's & Chiropractor's Treatment (Per visit per day, maximum 10 visits per year)	\$220	\$260	\$320	\$400
專科診治費 (每日 1 次，每年最多 10 次) Specialist's Consultation (Per visit per day, maximum 10 visits per year)	\$330	\$400	\$480	\$600
中醫、跌打及針灸治療費 (每日 1 次，每年最多 10 次) Chinese Medicine Practitioner's Treatment (Including Bonesetter's & Acupuncturist's Treatment) (Per visit per day, maximum 10 visits per year)	\$180	\$220	\$250	\$300
每年 X 光檢驗及化驗費 Diagnostic X-Ray & Laboratory Tests per year	\$1,600	\$2,000	\$2,400	\$2,800
每年處方西方藥物 (只限於診所以外購藥) Prescribed Western Medicines & Drugs per year (From any legitimate source outside clinic)	\$2,400	\$3,000	\$3,600	\$4,200

物理治療師及脊椎治療師治療費、專科診治費、X 光檢驗及化驗費及處方西方藥物費須由主診醫生以書面推薦才可獲得賠償 (皮膚科醫生、眼科醫生、婦科醫生、骨科醫生、兒科醫生及耳鼻喉科醫生之專科可獲豁免)。

Written referral by the attending physician is required for Physiotherapist's & Chiropractor's Treatment, Specialist's Consultation, Diagnostic X-ray & Laboratory Tests, Prescribed Western Medicines & Drugs (Consultation of Dermatologist, Ophthalmologist, Gynaecologist, Orthopaedist & Traumatologist, Paediatrician and Otorhinolaryngologist can be waived).

(4) 附加牙科保障 (自選) Supplementary Dental Benefits (Optional)

計劃級別 Plan Level	經濟 Economy	標準 Standard
計劃名稱 Plan Code	DE500X	DE800X
保障範圍 Coverage	保障金額 (港幣) Cover Limit (HK\$)	
例行口腔檢查 (洗牙及預防治療，每年 1 次) Routine Oral Examination (Scaling, Polish & Prophylaxis, 1 visit per year)	\$500	\$800
賠償率 Reimbursement	100%	100%
牙科服務前之 X 光檢驗 (每片) X-rays required prior to the performance of dental service (Each film)	\$150	\$200
賠償率 Reimbursement	80%	80%
牙齦膿腫 (每膿腫) Abscesses (Each abscess)	\$500	\$800
賠償率 Reimbursement	80%	80%
補牙 (每顆牙齒) Fillings (Each tooth)	\$500	\$800
賠償率 Reimbursement	80%	80%
拔牙 (每顆牙齒) Extractions (Each tooth)	\$500	\$800
賠償率 Reimbursement	80%	80%
整體每年最高賠償限額 Overall Maximum Limit per year	\$5,000	\$8,000

(5) 免費每年基本健康檢查計劃 Free Annual Basic Health Check-up Profile

貧血及血病檢查 Anaemia & Blood Disease Screening

- 血常規 Complete Blood Count (CBC)
- 血小板 Platelet

糖尿病檢查 Diabetic Screening

- 血糖 Glucose

血脂肪檢查 Lipids Pattern Screening

- 總膽固醇 Total Cholesterol
- 三酸甘油酯 Triglyceride

化驗報告評估 Medical Evaluation on Laboratory Reports

(6) 附加健康檢查 (自選) Supplementary Health Check-up (Optional)

您或投保之家庭成員除每年皆可於指定的化驗中心進行免費的基本健康檢查計劃外，更可以優惠價選購以下自選健康檢查計劃，只需於指定的化驗中心出示正本基本健康檢查計劃服務券，便可以優惠價直接付款購買自選健康檢查計劃。基本健康檢查計劃必須與自選健康檢查計劃一同使用。

You or your insured family member is entitled to a FREE Basic Health Check-up Profile annually at the designated laboratory centres and may also choose to take any of the following screening profiles at a preferential rate by presenting the original Basic Health Check-up coupon and pay the check-up fee at the designated laboratory centre. The Basic Health Check-up Profile must be redeemed in conjunction with the optional screening profile.

自選詳細檢查計劃 Optional Comprehensive Check-up Profile (\$730)

貧血及血病檢查 Anaemia & Blood Disease Screening

- 紅血球沉降率 ESR

血型及血因子類別 Blood Group and Rh Factor

- 血型及 Rh 因子 ABO group & Rh-D

痛風症檢查 Gout Screening

- 尿酸 Uric acid

心肺病檢查 Heart & Lung Disease Screening

- X 光肺片 Chest X-Ray
- 心電圖 Electrocardiogram (ECG)

心臟病發率檢定及預防中風 Cardiac & Stroke Risk Evaluation

- 高密度膽固醇 HDL cholesterol
- 低密度膽固醇 LDL cholesterol

腸病檢查 Intestinal Disease Screening

- 大便常規檢查 Stool, Routine Examination

肝功能測試 Liver Function Tests

- 谷草轉氨 SGOT

- 谷丙轉氨 SGPT

腎功能測試 Renal Function Tests

- 尿素 Urea

- 肌酸酐 Creatinine

- 小便常規檢查 Urine, Routine Examination

甲狀腺功能測試 Thyroid Function Test

- 甲狀腺素 Thyroxine (T4)

自選男士檢查計劃 Optional Gentleman Check-up Profile (\$700)

癌症指標測試 Tumor Marker Tests

- 鼻咽癌病毒抗體 EBV Antibodies
- 甲種胎蛋白 (肝) Alpha Fetoprotein (Liver)
- 前列腺癌抗原 Prostate Specific Antigen (PSA)

自選女士檢查計劃 Optional Lady Check-up Profile (\$750)

- 乳房檢查 Breast Examination
- 念珠菌及滴蟲培養 Trichomonas and Monilia Culture
- 盆腔檢查 Pelvis Examination
- 柏氏子宮頸抹片檢查 Pap Smear

自選癌症測試 Optional Cancer Markers (\$1,130)

個別癌症指標 (癌抗原) 於血液內之度數，能反映體內相關之癌細胞，可有效測試出初期癌症。

The level of individual cancer markers (Cancer antigens) in the blood may reflect the related cancer cells in the body. The blood test is to assist to detect the cancers in an early stage.

- 直腸/結腸癌 Colon/Rectum Cancer (CEA)
- 肝癌 Liver Cancer (AFP)
- 卵巢/子宮頸癌 Ovary/Cervix Cancer (CA125) (女性適用 For female)
- 胰臟癌 Pancreatic Cancer (CA19.9)
- 鱗狀細胞癌 - 肺/呼吸道/消化道 Respiratory, lung and digestive tracts (SCC)
- 絨毛膜性腺癌 Trophoblast (BetaHCG)
- 鼻咽癌 Naso-Pharyngeal Carcinoma (EBV)
- 前列腺癌 Prostate Cancer (PSA) (男性適用 For male)

註：所有健康檢查服務須依照服務使用指南在指定化驗中心完成。

Note: All check-ups must be completed at the designated laboratory centre following the procedures of the user guide.

每年保費表 (港幣) (以下保費並未包括保費徵費)

Annual Premium Table (HK\$) (Insurance levy is not included in the below premium)

基本住院保障 Basic Hospitalisation Benefits (可續保至 100 歲 Renewal up to Age 100)

計劃級別 Plan Level	大房 Ward		二等房 Semi-Private		私家房 Private		私家房 Private	
計劃名稱 Plan Code	HS700X		HS1500X		HS2000X		HS2800X	
年齡 Age Last Birthday	男 M	女 F	男 M	女 F	男 M	女 F	男 M	女 F
0 [#] - 4	\$ 2,273	\$ 2,273	\$ 3,373	\$ 3,373	\$ 4,442	\$ 4,442	\$ 6,021	\$ 6,021
5 - 17	\$ 1,784	\$ 1,784	\$ 2,641	\$ 2,641	\$ 3,473	\$ 3,473	\$ 4,706	\$ 4,706
18	\$ 1,857	\$ 1,902	\$ 2,695	\$ 2,832	\$ 3,544	\$ 3,734	\$ 4,810	\$ 5,225
19	\$ 1,868	\$ 1,949	\$ 2,708	\$ 2,851	\$ 3,560	\$ 3,750	\$ 4,829	\$ 5,313
20	\$ 1,877	\$ 1,954	\$ 2,724	\$ 2,869	\$ 3,576	\$ 3,767	\$ 4,850	\$ 5,328
21	\$ 1,886	\$ 1,959	\$ 2,738	\$ 2,888	\$ 3,594	\$ 3,785	\$ 4,871	\$ 5,342
22	\$ 1,893	\$ 1,965	\$ 2,754	\$ 2,905	\$ 3,612	\$ 3,804	\$ 4,893	\$ 5,378
23	\$ 1,904	\$ 1,975	\$ 2,773	\$ 2,932	\$ 3,636	\$ 3,839	\$ 4,925	\$ 5,408
24	\$ 1,915	\$ 1,988	\$ 2,793	\$ 2,993	\$ 3,661	\$ 3,926	\$ 4,958	\$ 5,484
25	\$ 1,930	\$ 2,163	\$ 2,825	\$ 3,199	\$ 3,712	\$ 4,234	\$ 5,034	\$ 5,907
26	\$ 1,936	\$ 2,179	\$ 2,843	\$ 3,248	\$ 3,735	\$ 4,286	\$ 5,062	\$ 6,001
27	\$ 1,946	\$ 2,195	\$ 2,863	\$ 3,271	\$ 3,761	\$ 4,317	\$ 5,098	\$ 6,042
28	\$ 1,961	\$ 2,211	\$ 2,884	\$ 3,294	\$ 3,786	\$ 4,346	\$ 5,130	\$ 6,081
29	\$ 1,989	\$ 2,247	\$ 2,924	\$ 3,337	\$ 3,833	\$ 4,395	\$ 5,186	\$ 6,141
30	\$ 2,040	\$ 2,313	\$ 3,018	\$ 3,465	\$ 3,975	\$ 4,581	\$ 5,403	\$ 6,425
31	\$ 2,066	\$ 2,365	\$ 3,067	\$ 3,531	\$ 4,038	\$ 4,684	\$ 5,486	\$ 6,531
32	\$ 2,096	\$ 2,426	\$ 3,089	\$ 3,596	\$ 4,064	\$ 4,753	\$ 5,517	\$ 6,608
33	\$ 2,116	\$ 2,457	\$ 3,114	\$ 3,634	\$ 4,093	\$ 4,828	\$ 5,553	\$ 6,691
34	\$ 2,139	\$ 2,473	\$ 3,155	\$ 3,689	\$ 4,140	\$ 4,942	\$ 5,684	\$ 6,818
35	\$ 2,309	\$ 2,799	\$ 3,491	\$ 4,272	\$ 4,639	\$ 5,699	\$ 6,349	\$ 8,054
36	\$ 2,349	\$ 2,842	\$ 3,535	\$ 4,320	\$ 4,688	\$ 5,753	\$ 6,405	\$ 8,115
37	\$ 2,369	\$ 2,863	\$ 3,560	\$ 4,346	\$ 4,716	\$ 5,796	\$ 6,439	\$ 8,167
38	\$ 2,394	\$ 2,892	\$ 3,593	\$ 4,385	\$ 4,757	\$ 5,839	\$ 6,492	\$ 8,226
39	\$ 2,437	\$ 2,942	\$ 3,653	\$ 4,456	\$ 4,833	\$ 5,925	\$ 6,592	\$ 8,345
40	\$ 2,519	\$ 3,053	\$ 3,808	\$ 4,660	\$ 5,060	\$ 6,217	\$ 6,926	\$ 8,786
41	\$ 2,637	\$ 3,177	\$ 3,939	\$ 4,799	\$ 5,202	\$ 6,370	\$ 7,191	\$ 9,069
42	\$ 2,690	\$ 3,233	\$ 3,998	\$ 4,863	\$ 5,268	\$ 6,442	\$ 7,308	\$ 9,268
43	\$ 2,747	\$ 3,297	\$ 4,073	\$ 4,971	\$ 5,360	\$ 6,551	\$ 7,533	\$ 9,497
44	\$ 2,781	\$ 3,368	\$ 4,204	\$ 5,162	\$ 5,587	\$ 6,862	\$ 7,755	\$ 9,739
45	\$ 3,678	\$ 4,124	\$ 5,618	\$ 6,335	\$ 7,500	\$ 8,478	\$ 10,607	\$ 12,014
46	\$ 3,755	\$ 4,205	\$ 5,713	\$ 6,437	\$ 7,613	\$ 8,601	\$ 10,750	\$ 12,170
47	\$ 3,800	\$ 4,256	\$ 5,777	\$ 6,507	\$ 7,694	\$ 8,691	\$ 10,902	\$ 12,336
48	\$ 3,845	\$ 4,305	\$ 5,840	\$ 6,577	\$ 7,776	\$ 8,782	\$ 11,024	\$ 12,471
49	\$ 3,891	\$ 4,354	\$ 5,904	\$ 6,648	\$ 7,857	\$ 8,873	\$ 11,156	\$ 12,668
50	\$ 4,012	\$ 4,499	\$ 6,128	\$ 6,910	\$ 8,181	\$ 9,248	\$ 11,570	\$ 13,106
51	\$ 4,109	\$ 4,626	\$ 6,243	\$ 7,040	\$ 8,482	\$ 9,517	\$ 11,989	\$ 13,554
52	\$ 4,197	\$ 4,711	\$ 6,393	\$ 7,202	\$ 8,651	\$ 9,650	\$ 12,258	\$ 13,845
53	\$ 4,296	\$ 4,827	\$ 6,533	\$ 7,352	\$ 8,976	\$ 9,886	\$ 12,633	\$ 14,136
54	\$ 4,456	\$ 4,986	\$ 6,733	\$ 7,567	\$ 9,342	\$ 10,270	\$ 13,166	\$ 14,595
55	\$ 5,544	\$ 5,782	\$ 8,528	\$ 8,916	\$ 11,426	\$ 11,956	\$ 16,204	\$ 16,974
56	\$ 5,723	\$ 5,965	\$ 8,763	\$ 9,158	\$ 11,716	\$ 12,257	\$ 16,584	\$ 17,370
57	\$ 5,822	\$ 6,068	\$ 8,905	\$ 9,306	\$ 11,899	\$ 12,448	\$ 16,888	\$ 17,684
58	\$ 5,942	\$ 6,192	\$ 9,068	\$ 9,474	\$ 12,103	\$ 12,659	\$ 17,171	\$ 17,978
59	\$ 6,215	\$ 6,469	\$ 9,398	\$ 9,811	\$ 12,488	\$ 13,054	\$ 17,687	\$ 18,509
60	\$ 7,154	\$ 7,154	\$ 11,054	\$ 11,054	\$ 14,841	\$ 14,841	\$ 21,085	\$ 21,085
61	\$ 7,384	\$ 7,384	\$ 11,359	\$ 11,359	\$ 15,217	\$ 15,217	\$ 21,580	\$ 21,580
62	\$ 7,505	\$ 7,505	\$ 11,536	\$ 11,536	\$ 15,449	\$ 15,449	\$ 21,900	\$ 21,900
63	\$ 7,639	\$ 7,639	\$ 11,725	\$ 11,725	\$ 15,691	\$ 15,691	\$ 22,232	\$ 22,232
64	\$ 7,827	\$ 7,827	\$ 12,092	\$ 12,092	\$ 16,235	\$ 16,235	\$ 23,103	\$ 23,103
65*	\$ 9,135	\$ 9,135	\$ 14,120	\$ 14,120	\$ 18,957	\$ 18,957	\$ 26,934	\$ 26,934
66*	\$ 9,350	\$ 9,350	\$ 14,429	\$ 14,429	\$ 19,358	\$ 19,358	\$ 27,486	\$ 27,486
67*	\$ 9,584	\$ 9,584	\$ 14,735	\$ 14,735	\$ 19,732	\$ 19,732	\$ 28,131	\$ 28,131
68*	\$ 9,872	\$ 9,872	\$ 15,093	\$ 15,093	\$ 20,159	\$ 20,159	\$ 28,829	\$ 28,829
69*	\$ 10,255	\$ 10,255	\$ 15,570	\$ 15,570	\$ 21,043	\$ 21,043	\$ 30,284	\$ 30,284
70*	\$ 11,627	\$ 11,627	\$ 17,972	\$ 17,972	\$ 24,128	\$ 24,128	\$ 34,285	\$ 34,285
71*	\$ 11,941	\$ 11,941	\$ 18,407	\$ 18,407	\$ 24,680	\$ 24,680	\$ 35,029	\$ 35,029
72*	\$ 12,212	\$ 12,212	\$ 18,767	\$ 18,767	\$ 25,128	\$ 25,128	\$ 35,621	\$ 35,621
73*	\$ 12,586	\$ 12,586	\$ 19,232	\$ 19,232	\$ 25,681	\$ 25,681	\$ 36,318	\$ 36,318
74*	\$ 12,912	\$ 12,912	\$ 19,678	\$ 19,678	\$ 26,559	\$ 26,559	\$ 37,598	\$ 37,598
75*	\$ 14,157	\$ 14,157	\$ 21,570	\$ 21,570	\$ 29,356	\$ 29,356	\$ 41,708	\$ 41,708
76*	\$ 14,426	\$ 14,426	\$ 21,980	\$ 21,980	\$ 29,912	\$ 29,912	\$ 42,499	\$ 42,499
77*	\$ 14,711	\$ 14,711	\$ 22,370	\$ 22,370	\$ 30,413	\$ 30,413	\$ 43,176	\$ 43,176
78*	\$ 15,007	\$ 15,007	\$ 22,792	\$ 22,792	\$ 31,367	\$ 31,367	\$ 44,724	\$ 44,724
79*	\$ 15,306	\$ 15,306	\$ 23,253	\$ 23,253	\$ 32,552	\$ 32,552	\$ 46,144	\$ 46,144
80*	\$ 16,555	\$ 16,555	\$ 25,009	\$ 25,009	\$ 35,373	\$ 35,373	\$ 50,258	\$ 50,258
81*	\$ 16,869	\$ 16,869	\$ 25,484	\$ 25,484	\$ 36,043	\$ 36,043	\$ 51,211	\$ 51,211
82*	\$ 17,105	\$ 17,105	\$ 25,838	\$ 25,838	\$ 36,546	\$ 36,546	\$ 51,925	\$ 51,925
83*	\$ 17,340	\$ 17,340	\$ 26,194	\$ 26,194	\$ 37,049	\$ 37,049	\$ 52,640	\$ 52,640
84*	\$ 17,654	\$ 17,654	\$ 26,668	\$ 26,668	\$ 37,719	\$ 37,719	\$ 53,592	\$ 53,592
85*	\$ 17,910	\$ 17,910	\$ 26,884	\$ 26,884	\$ 37,884	\$ 37,884	\$ 53,682	\$ 53,682
86*	\$ 18,138	\$ 18,138	\$ 27,282	\$ 27,282	\$ 38,490	\$ 38,490	\$ 54,588	\$ 54,588
87*	\$ 18,304	\$ 18,304	\$ 27,575	\$ 27,575	\$ 38,940	\$ 38,940	\$ 55,263	\$ 55,263
88*	\$ 18,459	\$ 18,459	\$ 27,858	\$ 27,858	\$ 39,400	\$ 39,400	\$ 55,948	\$ 55,948
89*	\$ 18,739	\$ 18,739	\$ 28,309	\$ 28,309	\$ 40,039	\$ 40,039	\$ 56,886	\$ 56,886
90*	\$ 18,884	\$ 18,884	\$ 28,366	\$ 28,366	\$ 40,086	\$ 40,086	\$ 56,952	\$ 56,952
91*	\$ 18,971	\$ 18,971	\$ 28,580	\$ 28,580	\$ 40,361	\$ 40,361	\$ 57,438	\$ 57,438
92*	\$ 19,076	\$ 19,076	\$ 28,818	\$ 28,818	\$ 40,765	\$ 40,765	\$ 57,920	\$ 57,920
93*	\$ 19,339	\$ 19,339	\$ 29,215	\$ 29,215	\$ 41,326	\$ 41,326	\$ 58,717	\$ 58,717
94*	\$ 19,690	\$ 19,690	\$ 29,744	\$ 29,744	\$ 42,074	\$ 42,074	\$ 59,780	\$ 59,780
95*	\$ 19,705	\$ 19,705	\$ 29,762	\$ 29,762	\$ 42,111	\$ 42,111	\$ 59,810	\$ 59,810
96*	\$ 19,723	\$ 19,723	\$ 29,782	\$ 29,782	\$ 42,133	\$ 42,133	\$ 59,834	\$ 59,834
97*	\$ 19,854	\$ 19,854	\$ 29,990	\$ 29,990	\$ 42,423	\$ 42,423	\$ 60,275	\$ 60,275
98*	\$ 19,946	\$ 19,946	\$ 30,128	\$ 30,128	\$ 42,617	\$ 42,617	\$ 60,551	\$ 60,551
99*	\$ 20,129	\$ 20,129	\$ 30,403	\$ 30,403	\$ 43,007	\$ 43,007	\$ 61,105	\$ 61,105

* [0] 歲指出生滿 15 天 "0" year old means 15 days of age

* 65 歲或以上之保費只適用於續保 Premium of 65 years old or above is for renewal only

每年保費表 (港幣) (以下保費並未包括保費徵費)

Annual Premium Table (HK\$) (Insurance levy is not included in the below premium)

附加額外醫療保障 (自選) Supplementary Major Medical Benefits (Optional) (可續保至 75 歲 Renewal up to Age 75 only)

計劃級別 Plan Level	大房 Ward		二等房 Semi-Private		私家房 Private		私家房 Private	
計劃名稱 Plan Code	MX1		MX2		MX3		MX4	
年齡 Age Last Birthday	男 M	女 F	男 M	女 F	男 M	女 F	男 M	女 F
0# - 4	\$ 701	\$ 701	\$ 1,043	\$ 1,043	\$ 1,376	\$ 1,376	\$ 1,863	\$ 1,863
5 - 17	\$ 544	\$ 544	\$ 800	\$ 800	\$ 1,052	\$ 1,052	\$ 1,424	\$ 1,424
18	\$ 549	\$ 573	\$ 821	\$ 862	\$ 1,084	\$ 1,141	\$ 1,463	\$ 1,586
19	\$ 549	\$ 573	\$ 821	\$ 862	\$ 1,084	\$ 1,141	\$ 1,463	\$ 1,586
20	\$ 549	\$ 573	\$ 821	\$ 862	\$ 1,084	\$ 1,141	\$ 1,463	\$ 1,586
21	\$ 549	\$ 573	\$ 821	\$ 862	\$ 1,084	\$ 1,141	\$ 1,463	\$ 1,586
22	\$ 549	\$ 573	\$ 821	\$ 862	\$ 1,084	\$ 1,141	\$ 1,463	\$ 1,586
23	\$ 549	\$ 573	\$ 821	\$ 862	\$ 1,084	\$ 1,141	\$ 1,463	\$ 1,586
24	\$ 549	\$ 573	\$ 821	\$ 862	\$ 1,084	\$ 1,141	\$ 1,463	\$ 1,586
25	\$ 557	\$ 625	\$ 827	\$ 945	\$ 1,095	\$ 1,255	\$ 1,479	\$ 1,749
26	\$ 564	\$ 634	\$ 839	\$ 959	\$ 1,110	\$ 1,273	\$ 1,500	\$ 1,775
27	\$ 567	\$ 637	\$ 843	\$ 963	\$ 1,115	\$ 1,278	\$ 1,508	\$ 1,783
28	\$ 569	\$ 639	\$ 846	\$ 967	\$ 1,120	\$ 1,284	\$ 1,514	\$ 1,791
29	\$ 574	\$ 646	\$ 855	\$ 977	\$ 1,131	\$ 1,296	\$ 1,529	\$ 1,808
30	\$ 611	\$ 691	\$ 910	\$ 1,038	\$ 1,200	\$ 1,377	\$ 1,619	\$ 1,915
31	\$ 620	\$ 701	\$ 923	\$ 1,053	\$ 1,218	\$ 1,395	\$ 1,642	\$ 1,953
32	\$ 623	\$ 705	\$ 927	\$ 1,057	\$ 1,223	\$ 1,402	\$ 1,651	\$ 1,983
33	\$ 625	\$ 708	\$ 931	\$ 1,063	\$ 1,229	\$ 1,409	\$ 1,658	\$ 2,002
34	\$ 639	\$ 734	\$ 953	\$ 1,113	\$ 1,257	\$ 1,473	\$ 1,696	\$ 2,091
35	\$ 698	\$ 831	\$ 1,052	\$ 1,257	\$ 1,384	\$ 1,661	\$ 1,838	\$ 2,333
36	\$ 709	\$ 853	\$ 1,067	\$ 1,306	\$ 1,414	\$ 1,727	\$ 1,917	\$ 2,419
37	\$ 722	\$ 867	\$ 1,072	\$ 1,313	\$ 1,431	\$ 1,746	\$ 1,937	\$ 2,441
38	\$ 734	\$ 886	\$ 1,092	\$ 1,336	\$ 1,445	\$ 1,762	\$ 1,976	\$ 2,485
39	\$ 740	\$ 927	\$ 1,156	\$ 1,423	\$ 1,542	\$ 1,892	\$ 2,084	\$ 2,645
40	\$ 775	\$ 940	\$ 1,166	\$ 1,432	\$ 1,563	\$ 1,927	\$ 2,111	\$ 2,671
41	\$ 817	\$ 987	\$ 1,209	\$ 1,470	\$ 1,613	\$ 1,969	\$ 2,187	\$ 2,768
42	\$ 860	\$ 1,028	\$ 1,263	\$ 1,549	\$ 1,699	\$ 2,064	\$ 2,294	\$ 2,897
43	\$ 881	\$ 1,054	\$ 1,306	\$ 1,620	\$ 1,742	\$ 2,128	\$ 2,395	\$ 3,014
44	\$ 903	\$ 1,101	\$ 1,381	\$ 1,692	\$ 1,838	\$ 2,233	\$ 2,523	\$ 3,120
45	\$ 1,074	\$ 1,235	\$ 1,637	\$ 1,876	\$ 2,172	\$ 2,456	\$ 3,073	\$ 3,482
46	\$ 1,137	\$ 1,267	\$ 1,706	\$ 1,915	\$ 2,267	\$ 2,554	\$ 3,188	\$ 3,600
47	\$ 1,148	\$ 1,280	\$ 1,722	\$ 1,934	\$ 2,288	\$ 2,578	\$ 3,218	\$ 3,634
48	\$ 1,169	\$ 1,303	\$ 1,754	\$ 1,970	\$ 2,331	\$ 2,626	\$ 3,278	\$ 3,702
49	\$ 1,189	\$ 1,326	\$ 1,786	\$ 2,006	\$ 2,373	\$ 2,673	\$ 3,339	\$ 3,771
50	\$ 1,224	\$ 1,365	\$ 1,838	\$ 2,063	\$ 2,432	\$ 2,743	\$ 3,426	\$ 3,871
51	\$ 1,293	\$ 1,442	\$ 1,943	\$ 2,181	\$ 2,571	\$ 2,900	\$ 3,612	\$ 4,085
52	\$ 1,361	\$ 1,518	\$ 2,046	\$ 2,300	\$ 2,722	\$ 3,068	\$ 3,820	\$ 4,318
53	\$ 1,406	\$ 1,591	\$ 2,116	\$ 2,377	\$ 2,814	\$ 3,173	\$ 4,004	\$ 4,519
54	\$ 1,450	\$ 1,616	\$ 2,182	\$ 2,449	\$ 2,892	\$ 3,257	\$ 4,133	\$ 4,657
55	\$ 1,615	\$ 1,684	\$ 2,481	\$ 2,592	\$ 3,311	\$ 3,465	\$ 4,698	\$ 4,921
56	\$ 1,762	\$ 1,835	\$ 2,680	\$ 2,797	\$ 3,568	\$ 3,732	\$ 5,037	\$ 5,274
57	\$ 1,825	\$ 1,902	\$ 2,776	\$ 2,898	\$ 3,698	\$ 3,867	\$ 5,221	\$ 5,466
58	\$ 1,904	\$ 1,983	\$ 2,897	\$ 3,025	\$ 3,860	\$ 4,037	\$ 5,452	\$ 5,708
59	\$ 1,993	\$ 2,076	\$ 3,029	\$ 3,162	\$ 4,033	\$ 4,218	\$ 5,692	\$ 5,970
60	\$ 2,135	\$ 2,135	\$ 3,267	\$ 3,277	\$ 4,333	\$ 4,386	\$ 6,112	\$ 6,196
61	\$ 2,337	\$ 2,337	\$ 3,528	\$ 3,528	\$ 4,724	\$ 4,724	\$ 6,712	\$ 6,712
62	\$ 2,398	\$ 2,398	\$ 3,675	\$ 3,675	\$ 4,904	\$ 4,904	\$ 6,933	\$ 6,933
63	\$ 2,439	\$ 2,439	\$ 3,737	\$ 3,737	\$ 5,040	\$ 5,040	\$ 7,095	\$ 7,095
64	\$ 2,542	\$ 2,542	\$ 3,884	\$ 3,884	\$ 5,187	\$ 5,187	\$ 7,337	\$ 7,337
65*	\$ 2,646	\$ 2,646	\$ 4,092	\$ 4,092	\$ 5,497	\$ 5,497	\$ 7,809	\$ 7,809
66*	\$ 2,906	\$ 2,906	\$ 4,434	\$ 4,434	\$ 5,927	\$ 5,927	\$ 8,421	\$ 8,421
67*	\$ 3,042	\$ 3,042	\$ 4,658	\$ 4,658	\$ 6,195	\$ 6,195	\$ 8,812	\$ 8,812
68*	\$ 3,141	\$ 3,141	\$ 4,779	\$ 4,779	\$ 6,388	\$ 6,388	\$ 9,051	\$ 9,051
69*	\$ 3,239	\$ 3,239	\$ 4,898	\$ 4,898	\$ 6,550	\$ 6,550	\$ 9,312	\$ 9,312
70*	\$ 3,453	\$ 3,453	\$ 5,263	\$ 5,263	\$ 6,995	\$ 6,995	\$ 9,942	\$ 9,942
71*	\$ 3,618	\$ 3,618	\$ 5,550	\$ 5,550	\$ 7,337	\$ 7,337	\$ 10,430	\$ 10,430
72*	\$ 3,751	\$ 3,751	\$ 5,754	\$ 5,754	\$ 7,695	\$ 7,695	\$ 10,903	\$ 10,903
73*	\$ 3,849	\$ 3,849	\$ 5,907	\$ 5,907	\$ 7,901	\$ 7,901	\$ 11,196	\$ 11,196
74*	\$ 3,982	\$ 3,982	\$ 6,112	\$ 6,112	\$ 8,176	\$ 8,176	\$ 11,586	\$ 11,586

「0」歲指出生滿 15 天 "0" year old means 15 days of age

* 65 歲或以上之保費只適用於續保 Premium of 65 years old or above is for renewal only

附加門診保障 (自選) Supplementary Outpatient Benefits (Optional)
(可續保至 75 歲 Renewal up to Age 75 only)

計劃級別 Plan Level	經濟 Economy		經濟 Economy		標準 Standard		標準 Standard	
計劃名稱 Plan Code	OP220X		OP260X		OP320X		OP400X	
年齡 Age Last Birthday	男 M	女 F	男 M	女 F	男 M	女 F	男 M	女 F
0 [#] - 4	\$ 7,251	\$ 7,251	\$ 8,511	\$ 8,511	\$10,284	\$10,284	\$12,768	\$12,768
5 - 17	\$ 4,325	\$ 4,325	\$ 5,076	\$ 5,076	\$ 6,133	\$ 6,133	\$ 7,616	\$ 7,616
18 - 24	\$ 3,397	\$ 3,964	\$ 3,988	\$ 4,654	\$ 4,817	\$ 5,621	\$ 5,982	\$ 6,979
25 - 29	\$ 3,468	\$ 4,070	\$ 4,071	\$ 4,776	\$ 4,918	\$ 5,772	\$ 6,106	\$ 7,166
30 - 34	\$ 3,504	\$ 4,158	\$ 4,112	\$ 4,880	\$ 4,968	\$ 5,898	\$ 6,168	\$ 7,323
35 - 39	\$ 3,540	\$ 4,246	\$ 4,154	\$ 4,985	\$ 5,018	\$ 6,022	\$ 6,231	\$ 7,477
40 - 44	\$ 3,893	\$ 4,671	\$ 4,570	\$ 5,484	\$ 5,520	\$ 6,624	\$ 6,854	\$ 8,226
45 - 49	\$ 4,246	\$ 5,097	\$ 4,985	\$ 5,981	\$ 6,022	\$ 7,226	\$ 7,477	\$ 8,973
50 - 54	\$ 4,565	\$ 5,353	\$ 5,402	\$ 6,332	\$ 6,579	\$ 7,713	\$ 8,039	\$ 9,424
55 - 59	\$ 4,968	\$ 5,703	\$ 5,782	\$ 6,637	\$ 7,046	\$ 8,086	\$ 8,745	\$10,039
60 - 64	\$ 5,582	\$ 6,140	\$ 6,498	\$ 7,148	\$ 7,916	\$ 8,707	\$ 9,829	\$10,812
65 - 69*	\$ 7,257	\$ 7,982	\$ 8,448	\$ 9,293	\$10,290	\$11,318	\$12,777	\$14,055
70 - 74*	\$ 9,489	\$10,438	\$11,047	\$12,152	\$13,456	\$14,802	\$16,709	\$18,379

附加牙科保障 (自選) Supplementary Dental Benefits (Optional)
(可續保至 75 歲 Renewal up to Age 75 only)

計劃級別 Plan Level	經濟 Economy	標準 Standard
計劃名稱 Plan Code	DE500X	DE800X
年齡 Age Last Birthday	港幣 HK\$	港幣 HK\$
0 [#] - 17	\$ 1,003	\$ 1,578
18 - 74*	\$ 1,254	\$ 1,973

* 「0」歲指出生滿 15 天 "0" year old means 15 days of age

* 65 歲或以上之保費只適用於續保 Premium of 65 years old or above is for renewal only

保費徵費表 Insurance Levy Rate Table

保單起保日 Date of Policy Inception	徵費率 Rate	最高徵費 (港幣\$) Cap (HK\$)	保單起保日 Date of Policy Inception	徵費率 Rate	最高徵費 (港幣\$) Cap (HK\$)
由 2018 年 1 月 1 日至 2019 年 3 月 31 日 From 1 Jan 2018 till 31 Mar 2019	0.040%	\$2,000	由 2020 年 4 月 1 日至 2021 年 3 月 31 日 From 1 Apr 2020 till 31 Mar 2021	0.085%	\$4,250
由 2019 年 4 月 1 日至 2020 年 3 月 31 日 From 1 Apr 2019 till 31 Mar 2020	0.060%	\$3,000	由 2021 年 4 月 1 日之後 From 1 Apr 2021 onwards	0.100%	\$5,000

保險業監管局已向相關的保單按規定的徵費率徵收保費徵費。已收取的徵費付款會按規定轉付予保險業監管局。詳情請瀏覽 www.fwd.com.hk 或聯絡 (852) 3123 3123。
Levy collected by the Insurance Authority has been imposed on relevant policy at the applicable rate. The payment received for such levy will be remitted to the Insurance Authority under the prescribed arrangement. For further information, please visit www.fwd.com.hk or contact: (852) 3123 3123.

CARING Family Medical Insurance Plan

Protect your family life with comprehensive hospitalisation benefits from our **CARING Family Medical Insurance Plan**, which helps ease the financial stress of high-cost medical treatments.

Family is one of the most precious gifts that life affords us. With **CARING Family Medical Insurance Plan**, you and your loved ones are covered for the high cost of medical treatments. Choose from our 4 hospitalisation benefit levels to suit your needs, while enjoying free annual health check-ups, 24-hour worldwide emergency assistance services and more.

Continuous Coverage^A

We guarantee your policy will be renewed up to age 100. Regardless of your claims history and the change of health status, no additional premium will be imposed individually upon policy renewal.

Simple to Apply

Just answer 2 simple questions about your health conditions. No medical examination is required.

Opt for More Protection

Supplementary benefits for additional medical needs, outpatient, dental or health check-ups for you to add on to suit your needs.

Comprehensive Protection

The plan provides worldwide medical coverage with free Emergency Assistance Services.

Service at Your Fingertips

Just call one number at (852)3123 3123 and our Customer Service Representatives are at your service to address your insurance needs.

You may access the FWD eServices mobile app or website (www.fwd.com.hk) to manage your FWD insurance account anytime and anywhere. FWD eServices has broad features and is easy to use, key services include:

- View policy and benefits
- View claim history and statements
- Claims submission – quick and secure e-claims submission
- Update contact information (under “Self-Service”)
- Receive latest update on claim status and notification on settlement via the mobile app’s push notification and email



Download
FWD eServices
Mobile App now!

^A We reserve the right to amend premium rates, benefits, terms and conditions upon policy renewal.

IMPORTANT NOTES

1. You are required to disclose all material facts which you know FWD General Insurance Company Limited as an insurer would regard them as likely to influence the acceptance and assessment of the Application. If you are in doubt whether certain facts are material you should disclose them. We recommend you to keep a record (including a copy of the completed Application form) for your future reference of all information given. Providing correct answers and making sure we are informed is for your own protection, as failure to disclose such information may mean that your policy will not provide you with the cover you require and may even invalidate the policy altogether.
2. The liability of the company does not commence until the Application has been formally accepted and the premium has been paid.

Plan Feature

- Eligible entry age is between age of 15 days and 64 years
- No minimum hours of hospital confinement
- Day case surgery and operation in registered clinic are covered
- Daily cash benefit for confinement in general ward of hospitals under Hong Kong Hospital Authority
- 24-hour worldwide medical coverage and emergency assistance services
- Supplementary outpatient benefits with offer of Chinese medicine practitioner benefits (including bone setting and acupuncture). Doctor referral letter is waived for 6 specialties (Otorhinolaryngologist, Ophthalmologist, Dermatologist, Orthopaedist & Traumatologist, Paediatrician and Gynaecologist)
- Free annual basic check up

24-Hour Worldwide Emergency Assistance Services

In case emergency assistance is needed while travelling abroad for a period not exceeding 90 days, the Worldwide Emergency Assistance Services provide the following services :

- 24-hour hotline service
- Emergency medical evacuation and repatriation (up to US\$1,000,000)
- Guarantee of any required hospital admission deposit up to US\$5,000 (including designated hospital in Mainland China)
- Compassionate visit for more than 7 days of overseas hospitalisation (including the cost of a returned economy class air ticket and hotel accommodation up to US\$250 per day at a maximum of US\$1,000)
- Return of minor children to home country or usual country of residence
- Hotel accommodation for convalescence (up to US\$250 per day at a maximum of US\$1,000)
- Unexpected return in the event of the death of a close relative
- Transportation of mortal remains (up to US\$1,000,000)
- Medical and legal referrals
- Lost luggage assistance
- Emergency travel service assistance
- Emergency medical assistance services in China

Worldwide Emergency Assistance Services are arranged by International SOS Assistance (HK) Limited.

The product information does not contain the full terms of the policy and the full terms can be found in the policy document.

Major Exclusions (applicable to all benefits except Dental benefits) : Pre-existing/Congenital Conditions, sexually transmitted diseases, AIDS contracted before participation in this plan, pregnancy/abortion, cosmetic treatments, dental treatments (except for arising from accident), routine physical examinations, mental disorders, alcoholism/drug abuse, professional/hazardous sports, self-inflicted injury, illegal activities, war. The following illnesses or surgery occurring in the first 180 days of cover: circumcision; tumors, warts, cysts or polyps of any kind. For all the exclusions under the Policy, please refer to the Policy Provisions.

Dental Exclusions : Self-inflicted injury, cosmetic treatment (including but not limited to orthodontic treatment and bleaching), alcoholism/drug abuse, war or illegal acts, oral hygiene instructions, plaque control program and dietary instructions.



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insurance

安康寶家庭醫療保障申請表

CARING Family Medical Insurance Application Form



請選擇並加「✓」號 Please tick as appropriated

申請人姓名 Applicant's Name	保單起保日期(日/月/年) Policy Effective Date (DD/MM/YYYY) / /	
身份證 / 護照號碼 HKID / Passport No. ()	出生日期(日/月/年) Date of Birth (DD/MM/YYYY) / /	聯絡電話 Contact No. :
電郵地址 Email Address (如有提供電郵地址, 醫療索償理賠表將以電郵送遞。 Claim Adjustment Statement will be sent by email if email address is provided.)		
申請人地址 Applicant's Address		

投保之家庭成員姓名 Name of Family Members to be Insured	身份證 / 護照號碼 HKID / Passport No.	出生日期(日/月/年) Date of Birth (DD/MM/YYYY)	性別 Sex	身高(米) Height (m)	體重(千克) Weight (kg)	職業 Occupation
申請人 Applicant	同上 Ditto	同上 Ditto				

保障選擇 Choice of Benefit

基本住院保障 Basic Hospitalisation Benefits (A1)	<input type="checkbox"/> 大房 Ward (HS700X)	<input type="checkbox"/> 二等房 Semi-Private (HS1500X)	<input type="checkbox"/> 私家房 Private (HS2000X)	<input type="checkbox"/> 私家房 Private (HS2800X)
附加額外醫療保障(自選) Supplementary Major Medical Benefits (Optional) (A2)	<input type="checkbox"/> 附註: 與基本住院保障等級相同。 Note: Same as the level of the Basic Hospitalisation Benefit.			
附加門診保障(自選) Supplementary Outpatient Benefits (Optional) (A3)	<input type="checkbox"/> 大房 Ward (MX1)	<input type="checkbox"/> 二等房 Semi-Private (MX2)	<input type="checkbox"/> 私家房 Private (MX3)	<input type="checkbox"/> 私家房 Private (MX4)
附加牙科保障(自選) Supplementary Dental Benefits (Optional) (A4)	<input type="checkbox"/> 經濟 Economy (DE500X)	<input type="checkbox"/> 經濟 Economy (OP260X)	<input type="checkbox"/> 標準 Standard (OP320X)	<input type="checkbox"/> 標準 Standard (OP400X)
				A 保費總額 Total Premium: 港幣 HK\$ (A = A1 + A2 + A3 + A4)

投保之家庭成員姓名 Name of Family Members to be Insured	身份證 / 護照號碼 HKID / Passport No.	出生日期(日/月/年) Date of Birth (DD/MM/YYYY)	性別 Sex	身高(米) Height (m)	體重(千克) Weight (kg)	職業 Occupation
配偶 Spouse	()	/ /				

保障選擇 Choice of Benefit

基本住院保障 Basic Hospitalisation Benefits (B1)	<input type="checkbox"/> 大房 Ward (HS700X)	<input type="checkbox"/> 二等房 Semi-Private (HS1500X)	<input type="checkbox"/> 私家房 Private (HS2000X)	<input type="checkbox"/> 私家房 Private (HS2800X)
附加額外醫療保障(自選) Supplementary Major Medical Benefits (Optional) (B2)	<input type="checkbox"/> 附註: 與基本住院保障等級相同。 Note: Same as the level of the Basic Hospitalisation Benefit.			
附加門診保障(自選) Supplementary Outpatient Benefits (Optional) (B3)	<input type="checkbox"/> 大房 Ward (MX1)	<input type="checkbox"/> 二等房 Semi-Private (MX2)	<input type="checkbox"/> 私家房 Private (MX3)	<input type="checkbox"/> 私家房 Private (MX4)
附加牙科保障(自選) Supplementary Dental Benefits (Optional) (B4)	<input type="checkbox"/> 經濟 Economy (DE500X)	<input type="checkbox"/> 經濟 Economy (OP260X)	<input type="checkbox"/> 標準 Standard (OP320X)	<input type="checkbox"/> 標準 Standard (OP400X)
				B 保費總額 Total Premium: 港幣 HK\$ (B = B1 + B2 + B3 + B4)

投保之家庭成員姓名 Name of Family Members to be Insured	身份證 / 護照號碼 HKID / Passport No.	出生日期(日/月/年) Date of Birth (DD/MM/YYYY)	性別 Sex	身高(米) Height (m)	體重(千克) Weight (kg)	職業 Occupation
子女 Children (1)	()	/ /				

子女 Children (2)	()	/ /				
	()	/ /				

保障選擇 Choice of Benefit

基本住院保障 Basic Hospitalisation Benefits (C1)	<input type="checkbox"/> 大房 Ward (HS700X)	<input type="checkbox"/> 二等房 Semi-Private (HS1500X)	<input type="checkbox"/> 私家房 Private (HS2000X)	<input type="checkbox"/> 私家房 Private (HS2800X)
附加額外醫療保障(自選) Supplementary Major Medical Benefits (Optional) (C2)	<input type="checkbox"/> 附註: 與基本住院保障等級相同。 Note: Same as the level of the Basic Hospitalisation Benefit.			
附加門診保障(自選) Supplementary Outpatient Benefits (Optional) (C3)	<input type="checkbox"/> 大房 Ward (MX1)	<input type="checkbox"/> 二等房 Semi-Private (MX2)	<input type="checkbox"/> 私家房 Private (MX3)	<input type="checkbox"/> 私家房 Private (MX4)
附加牙科保障(自選) Supplementary Dental Benefits (Optional) (C4)	<input type="checkbox"/> 經濟 Economy (DE500X)	<input type="checkbox"/> 經濟 Economy (OP260X)	<input type="checkbox"/> 標準 Standard (OP320X)	<input type="checkbox"/> 標準 Standard (OP400X)
				C 保費總額 Total Premium: 港幣 HK\$ (C = C1 + C2 + C3 + C4)

保險業監管局已向相關的保單按規定的徵費率徵收保費徵費。
已收取的徵費付款會按規定轉付予保險業監管局, 詳情請瀏覽 www.fwd.com.hk 或聯絡 (852) 3123 3123。

Levy collected by the Insurance Authority has been imposed on relevant policy at the applicable rate.
The payment received for such levy will be remitted to the Insurance Authority under the prescribed arrangement.
For further information, please visit www.fwd.com.hk or contact: (852) 3123 3123.

總數 Grand Total (A + B + C): 港幣 HK\$
(不包括保費徵費 excluding Insurance Levy)

請詳閱以下問題並全部作答。 Please read the following questions carefully & answer in full.

1. 在過去 5 年內，您或您的任何投保家庭成員有否曾被建議住院或接受任何手術、或有任何顯示健康異常的檢查結果？ 是 Yes 否 No
 In the past 5 years, have you or any of your family members to be insured ever been advised to be hospitalised, undergo surgery or undergo investigation of any kind or had medical investigation which may indicate a health disorder?
2. 您或您的任何投保家庭成員有否患上或正在有下列所述之疾病的先兆或症狀、或曾就下列疾病接受治療：癌病或腫瘤(包括任何癌肉)、高血壓、中風、心絞痛或心臟疾病、肝臟問題(包括但不限於丙型肝炎及乙型肝炎或帶菌)、肺病、腎病、糖尿病、癲癇、呼吸系統病症、風濕性發熱、甲狀腺疾病、血液疾病、任何關於腦部或中樞神經、胰臟、骨骼、泌尿生殖系統的疾病或病症、愛滋病或與愛滋病有關的併發症？ 是 Yes 否 No
 Have you or any of your family members to be insured ever suffered from, or diagnosed to have, or been treated for, or having any indication or symptoms of cancer or tumour (including polyps of any kind), high blood pressure, stroke, chest pain or heart disease, liver problem (including but not limited to hepatitis C and hepatitis B carrier), lung disease, kidney disease, diabetes mellitus, epilepsy, respiratory problem, rheumatic fever, thyroid disease, blood disease, or any disorder or disease of brain, central nervous system, pancreas, bones, or Uro-Genital, HIV, AIDS or AIDS related complex?

若上述問題的答案為「是」者，請詳述如下：If your answer is "Yes" for any of the above questions, please give full details below:

準受保人姓名 Name of person to be insured	症狀/診斷 Name of condition/Diagnosis	確診日期 Date diagnosed (DD/MM/YYYY) (日/月/年)	治療及手術詳情 Details of treatment and operation	完全康復日期 (沒有持續治療及跟進)(如適用) Date of full recovery (No ongoing treatment follow-up) (if applicable)	請提供康復階段(如未康復)、正在進行的治療等。 Please advise the stage of recovery (if not recovered), ongoing treatment etc.
		/ /			
		/ /			
		/ /			

3. 您的父母或其中一兒兄弟/ 姊妹曾否或現在正患上糖尿病、乳癌、子宮頸癌、卵巢癌、腸癌或者其他癌病、高血壓、心臟病、中風、肌肉萎縮症、亨廷頓氏痙攣症、多囊腎病或任何其他遺傳病？(若「是」，請填寫下列親屬健康狀況及詳細加以說明。) 是 Yes 否 No
 Has any of your parents or brother or sister ever had diabetes, breast, cervical, ovarian, colon or other cancer, high blood pressure, heart problems, stroke, muscular dystrophy, Huntington's disease, polycystic kidney or any other hereditary diseases? (If "Yes", please complete the table below in details.)

親屬關係 Relationship	獲悉患病年齡 Age of Onset	疾病名稱 Type of Disease	目前健康狀況 Current Health	若不幸身故，請具體說明(1)身故原因及(2)身故年齡 In the case of death, please specify (1) Cause of Death & (2) Age of Death

4. 投保人每年平均居港時間：Please provide average stay of the person(s) to be insured in Hong Kong per year: _____ 月 months
 如投保人之每年平均居港時間少於 9 個月，請提供該海外地方名稱：
 If the average stay is less than nine months, please provide the place of residence outside Hong Kong: _____

5. 賠償時所用之銀行名稱及賬戶號碼(戶口持有人必須為申請人) Bank Name & Account No. for claim settlement (Account-Holder must be the Applicant)
- 銀行名稱 Bank Name _____ 銀行編號 Bank Code _____ 分行編號 Branch Code _____ 賬戶號碼 Account Number _____

信用卡付款授權： VISA MasterCard 信用卡有效期至 Card Expiry Date _____ 信用卡號碼 Credit Card No. _____
 Credit Card Payment Authorisation: _____

付款期數： 年繳 月繳 註：如選擇每月付款，月費等於年費乘以 0.09。
 Mode of Payment: Yearly Monthly Note: If payment mode is monthly, the monthly premium is equal to annual premium times 0.09.

本人茲授權富衛保險有限公司從本人上述之信用卡賬戶支取此保險所應繳之保費，包括續保保費。
 I hereby authorise FWD General Insurance Company Limited to charge my above credit card account for the premium of this insurance, including renewal premium.

_____/_____/_____
 持卡人姓名 Cardholder's Name 持卡人簽署 Cardholder's Signature 日期 Date (DD/MM/YYYY)

聲明及授權 Declaration and Authorisation

1. 本人謹此聲明在本申請表內填報之一切，就本人之所知所信，全部真實無訛。本人同意此申請表為本人與富衛保險有限公司(「富衛」)之間所訂立合約之依據。本人授權任何醫生、醫院、保險公司或機構，可以將部分或全部有關本人傷患之病歷(包括但不限於診症、診斷性檢驗結果、藥方或治療資料)給予富衛或其已獲授權之代理人。此授權書之副本與正本具同等效力。
 I hereby declare that, to the best of my knowledge and belief, all particulars and statements given in this Application are true and complete. I agree that this Application shall be the basis of the contract between me and FWD General Insurance Company Limited ("FWD"). I further authorise any physician, hospital, insurance company or organization to furnish part of or all medical history (including but not limited to information in respect of consultations, diagnostic test results, prescriptions or treatment) with respect to any illness or injury of me to FWD or its authorised representative. A photocopy of this authorisation shall be considered as effective and valid as the original.
2. 本人承諾於遞交所需之個人資料予富衛前，須通知投保之家庭成員有關本保單及富衛之收集個人資料聲明(不論是否載於此申請表或由其他途徑取得)。富衛將不會就投保之家庭成員未被通知的情況承擔任何責任。本人承諾會遵守個人資料(私隱)條例，並確認已獲得投保之家庭成員的同意，將其個人資料移交富衛以作申請安康寶家庭醫療保障計劃之用。
 I undertake that I will inform/have informed the Family Members to be Insured about this Policy and the Personal Information Collection Statement of FWD (whether contained herein or otherwise obtained) before transferring their personal data to FWD. FWD shall not accept any liability for the Family Members to be Insured not having been so informed. I further undertake that I will comply with the Personal Data (Privacy) Ordinance and confirm I have obtained the consent from the Family Members to be Insured for the transfer of their personal data to FWD for the purpose of enrolling them in the CARING Family Medical Insurance Plan.
3. 本人已細閱及本人明白及接受本收集個人資料聲明。本人同意把本人的個人資料轉移至香港境外，並本人明白本人的個人資料未必可以獲得與在香港相同或類似程度的保障。
 I have read, understand and accept this PICS. I consent to the transfer of my personal data outside Hong Kong and I understand my personal data may not be protected to the same or similar level in Hong Kong.

只應用於保險經紀：

申請人明白、確知及同意，富衛會就申請人購買及接受其簽發的保單，於保單有效期內(包括續保期)向負責安排有關保單的獲授權保險經紀支付佣金。如申請人為法人團體，代表申請人簽署的獲授權人員在此向富衛確認他/她已獲該法人團體授權。
 The applicant understands, acknowledges and agrees that, as a result of the applicant purchasing and taking up the policy to be issued by FWD, FWD will pay the authorised insurance broker commission during the continuance of the policy including renewals, for arranging the said policy. Where the applicant is a body corporate, the authorised person who signs on behalf of the applicant further confirms to FWD that he or she is authorised to do so.

申請人亦明白富衛必須取得申請人的同意，才可以處理其保險申請。
 The applicant further understands that the above agreement is necessary for FWD to proceed with the application.

富衛有意向閣下送交推廣訊息或資料及根據收集個人資料聲明第 8 及第 9 段使用閣下的個人資料。如閣下不同意接收有關的推廣訊息或富衛擬對閣下的個人資料的使用，請在以下有關方格內加上(✓)號，藉以行使閣下不同意此項安排的權利。
 FWD intends to send you marketing communications or materials and use Your Personal Data in accordance with paragraphs 8 & 9 of PICS. If you do not agree to receive such marketing communications or FWD's intended use of Your Personal Data, please tick below to exercise your right to opt-out.

- 拒絕接收推廣訊息或資料及富衛擬對本人的個人資料的使用。
 Opt-out marketing communications or materials and FWD's intend use of my personal data.

申請人簽署 Applicant's Signature

理財顧問 / 代理人 Adviser / Broker

賬戶號碼 Account Code

日期 Date (DD/MM/YYYY)

電郵地址 Email Address

聯絡電話 Contact Tel

收集個人資料聲明 Personal Information Collection Statement ("PICS")

- 閣下需要不時向富衛保險有限公司（「本公司」）或本公司的代理及代表就本公司的服務及產品提供個人資料及詳情。如未能提供所需資料及詳情，可能會導致本公司無法向閣下提供或繼續提供有關服務及產品。
- 本公司亦可以利用閣下提供的資料及詳情製作及匯編額外的個人資料。本公司不時收集、製作及匯編的所有個人資料，以下統稱為「閣下的個人資料」。
- 「閣下的個人資料」亦包括由閣下提供有關閣下的受養人、受益人、獲授權代表及其他人士的資料。如閣下代表他人提供個人資料，閣下確認閣下乃是他們的父母或監護人或閣下已取得有關人士之同意提供有關人士之個人資料予本公司作本聲明之用途。
- 如本聲明所述，閣下的個人資料亦可能被本公司的附屬公司、控股公司、聯營或聯屬公司或本公司控制的公司或與本公司受共同控制的公司（統稱「本集團」）處理。
- 閣下的個人資料可能用於以下用途：
 - 向閣下提供本公司的服務及產品包括管理、維持、處理及運作有關服務及產品；
 - 處理、評估及決定閣下就本公司的服務或產品而提出的任何申請或要求，以及維持閣下在本公司的賬戶；
 - 發展保險及其他金融服務及產品；
 - 發展及維持本公司信貸及風險之相關模型；
 - 處理付款指示；
 - 釐訂任何欠付閣下或閣下所欠的負債，及向閣下或任何為閣下的債務提供擔保或其他承諾的人士收取及追討欠款；
 - 行使與本公司的服務及／或產品有關的任何權利；
 - 就本公司之服務及產品作出資格、信貸、身體、醫療、擔保、承保及／或身份核証；
 - 用於任何因本公司的產品或服務而由閣下提出或本公司對閣下提出的申索，包括作出、抗辯、分析、調查、處理、評核、決定、回應、解決或和解有關申索以及偵測和防止欺詐行為（無論是否與就此申請而發出的保單有關）所需的目的；
 - 進行保單審閱及需求分析（不論是否定期進行）；
 - 本公司或本集團的其他成員根據任何法律、規則、規例、實務守則或指引（不論在香港境內或境外適用）要求而須作出披露，包括向任何法定機構、監管機構、政府機構、稅務機構、執法機構或其他機構（包括為遵守制裁法、避免或偵查洗錢、恐怖分子資金籌集或其他不法活動）或向任何獨立監管或行業團體（如保險業協會或協會等）作出披露；
 - 作本公司或本集團的任何成員的統計或精算研究；及
 - 履行與上文第(i)至(xii)段直接有關的其他用途。
- 閣下的個人資料將被保密但為達成上文第5段列出的用途，本公司可能將閣下的個人資料轉移、披露、讓其查閱或與以下各方共同使用：
 - 本集團的其他成員；
 - 任何因本公司業務而聘用之經營保險相關及／或再保險相關業務之人士或公司；
 - 任何因本公司業務而聘用的治療師、醫院、診所、醫生、化驗所、技師、損失理算人、風險情報供應商、索賠調查人、整合保險業申索和承保資料的組織、防欺詐組織、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）、法律顧問及／或其他專業顧問；
 - 任何向本公司之業務提供行政、分銷、信貸資料庫、債務追討、電訊、電腦、熱線中心、資料處理、付款處理、印刷、贖回或其他服務的代理人、承包商或服務供應商；及／或
 - 任何本公司或本集團的其他成員負責有需要或預期要根據任何法律、規則、規例、實務守則或指引（不論在香港境內或境外適用）作出披露的官員、規管者、部門、執法代理或其他人士（不論在香港境內或境外）。
- 閣下的個人資料可能被轉移或披露予任何承讓人、受讓人、本公司業務的任何實質部分的參與人或次參與人。
- 本公司只可在閣下作出書面同意或不反對的情況下(i)使用閣下的個人資料作直接促銷用途，或(ii)將閣下的個人資料提供予其他人士或公司作其直接促銷用途。
- 就直接促銷而言，本公司擬：
 - 使用本公司不時持有的閣下姓名、聯絡資料（例如：電話號碼、電郵地址、郵寄地址）、性別、服務及產品組合資料、財務背景及人口統計資料作直接促銷用途；銷售本公司、本集團其他成員及／或本公司之業務夥伴（即以下產品及服務的供應商）不時提供的下列服務及產品：
 - 保險服務及產品；
 - 財富管理服務及產品；
 - 退休金、投資、經紀、財務諮詢、信貸及其他金融服務及產品；
 - 健康檢查及健康服務及產品；
 - 媒體、娛樂及電信服務；
 - 獎賞、客戶忠誠或優惠計劃及相關服務及產品；及
 - 為慈善及／或非牟利用途的捐款及捐贈。
 - 將閣下的姓名及聯絡資料（例如：電話號碼、電郵地址、郵寄地址）、性別、服務及產品組合資料、財務背景及人口統計資料提供予富衛人壽保險（百慕達）有限公司及本集團任何成員及／或本公司之業務夥伴，讓其用於直接促銷上文第9(i)段所載的服務或產品（如為業務夥伴，則包括作金錢或其他商業利益）。

本公司有意向閣下送交推廣訊息或資料及根據上述第8及第9段使用閣下的個人資料。如閣下不同意接收有關的推廣訊息或本公司擬對閣下的個人資料的使用，閣下可於任何時間致函本公司的資料保護主任並將函件郵寄至以下地址，藉以行使閣下不同意此項安排的權利：

富衛保險有限公司
香港德輔道中308號
富衛金融中心8樓

- 為達成上文第5及第9段所列出的目的，本公司可能將閣下的個人資料轉移、披露、讓其查閱或與上文第6及第9(ii)段所列的各方共同使用及閣下知悉有關一方可能設在香港以外的地方及閣下的個人資料可能被轉往的地方未必設有與《個人資料（私隱）條例》大致相同或作用同一用途的資料保護法。
- 根據《個人資料（私隱）條例》，閣下有權要求查閱本公司所持有閣下的個人資料，並要求改正閣下的不正確個人資料及本公司有權就處理及進行閣下的查閱資料要求而收取合理費用。
- 查閱或改正閣下的個人資料要求，應以書面形式向本公司的資料保護主任提出並將函件郵寄至上述地址。如閣下有任何疑問，敬請致電本公司之客戶服務熱線3123 3123。
- 中英文本如有歧異，概以英文本為準。
- 本公司保留隨時增補、更改、更新及修訂本聲明之權利，並任何更改將於發出通知時起生效。

收集個人資料聲明

Personal Information Collection Statement ("PICS")

1. From time to time, it is necessary for you to supply FWD General Insurance Company Limited (the "Company") or agents and representatives acting on its behalf with personal information and particulars in connection with our services and products. Failure to provide the necessary information and particulars may result in the Company being unable to provide or continue to provide these services and products to you.
2. The Company may also generate and compile additional personal data using the information and particulars provided by you. All personal data collected, generated and compiled by the Company about you from time to time is collectively referred to in this PICS as "Your Personal Data".
3. "Your Personal Data" will also include personal data relating to your dependents, beneficiaries, authorised representatives and other individuals in relation to which you have provided information. If you provide personal data on behalf of any person you confirm that you are either their parent or guardian or you have obtained that person's consent to provide that personal data for use by the Company for the purposes set out in this PICS.
4. As detailed in this PICS, Your Personal Data may also be processed by the Company's subsidiaries, holding companies, associated or affiliated companies and companies controlled by or under common control with the Company (collectively, "the Group").
5. The purposes for which Your Personal Data may be used are as follows:
 - (i) providing our services and products to you, including administering, maintaining, managing and operating such services and products;
 - (ii) processing, assessing and determining any applications or requests made by you in connection with our services or products and maintaining your account with the Company;
 - (iii) developing insurance and other financial services and products;
 - (iv) developing and maintaining credit and risk related models;
 - (v) processing payment instructions;
 - (vi) determining any indebtedness owing to or from you, and collecting and recovering any amount owing from you or any person who has provided any security or other undertakings for your liabilities;
 - (vii) exercising any rights that the Company may have in connection with our services and/or products;
 - (viii) carrying out and/or verifying any eligibility, credit, physical, medical, security, underwriting and/or identity checks in connection with our services and products;
 - (ix) any purposes in connection with any claims made by or against or otherwise involving you in respect of any of our services or products, including, making, defending, analysing, investigating, processing, assessing, determining, responding to, resolving or settling such claims detecting and preventing fraud (whether or not relating to the policy issued in respect of this application);
 - (x) performing policy reviews and needs analysis (whether or not on a regular basis);
 - (xi) meeting disclosure obligations and other requirements imposed by or for the purposes of any laws, rules, regulations, codes of practice or guidelines (whether applicable in or outside Hong Kong) binding on the Company or any other member of the Group, including making disclosure to any legal, regulatory, governmental, tax, law enforcement or other authorities (including for compliance with sanctions laws, the prevention or detection of money laundering, terrorist financing or other unlawful activities) or to any self-regulatory or industry bodies such as federations or associations of insurers;
 - (xii) for statistical or actuarial research undertaken by the Company or any member of the Group; and
 - (xiii) fulfilling any other purposes directly related to (i) to (xii) above.
6. Your Personal Data will be kept confidential, but to facilitate the purposes set out in paragraph 5 above, the Company may transfer, disclose, grant access to or share Your Personal Data with the following:
 - (i) other members of the Group;
 - (ii) any person or company carrying on insurance-related and/or reinsurance-related business which is engaged by the Company in connection with the Company's business;
 - (iii) any physicians, hospitals, clinics, medical practitioners, laboratories, technicians, loss adjusters, risk intelligence providers, claims investigators, organizations that consolidate claims and underwriting information for the insurance industry, fraud prevention organizations, other insurance companies (whether directly or through fraud prevention organizations or other persons named in this paragraphs), the police and databases or registers (and their operators) used by the insurance industry to analyze and check information provided against existing information, legal advisors and/or other professional advisors engaged in connection with the Company's business;
 - (iv) any agent, contractor or service provider providing administrative, distribution, credit reference, debt collection, telecommunications, computer, call centre, data processing, payment processing, printing, redemption or other services in connection with the Company's business; and/or
 - (v) any official, regulator, ministry, law enforcement agent or other person (whether within or outside Hong Kong) to whom the Company or another member of the Group is under an obligation or otherwise required or expected to make disclosures under the requirements of any law, rules, regulations, codes of practice or guidelines (whether applicable in or outside Hong Kong).
7. Your Personal Data may be transferred or disclosed to any assignee, transferee, participant or sub-participant of all or any substantial part of the Company's business.
8. The Company is only allowed to (i) use Your Personal Data in direct marketing; or (ii) provide Your Personal Data to another person or company for its use in direct marketing, if you provide your consent or do not object in writing.
9. In connection with direct marketing, the Company intends:
 - (i) to use your name, contact details (such as phone number, email address and mailing address), gender, services and products portfolio information, financial background and demographic data held by the Company from time to time in direct marketing to market the following classes of services and products offered by the Company, other members of the Group and/or Our Business Partners (being providers of the product and services described below) from time to time:
 - a. insurance services and products;
 - b. wealth management services and products;
 - c. pensions, investments, brokering, financial advisory, credit and other financial services and products;
 - d. health-check and wellness services and products;
 - e. media, entertainment and telecommunications services;
 - f. reward, loyalty or privileges programmes and related services and products; and
 - g. donations and contributions for charitable and/or non-profit making purposes; and
 - (ii) to provide your name and contact details (such as phone number, email address and mailing address), gender, services and products portfolio information, financial background and demographic data to FWD Life Insurance Company (Bermuda) Limited or any members of the Group and/or Our Business Partners for their use in direct marketing the classes of services and products described in paragraph 9(i) above (including, in the case of Our Business Partners, for money or other commercial benefit).

The Company intends to send you marketing communications or materials and use Your Personal Data in accordance with paragraphs 8 & 9 above. If you do NOT agree to receive such marketing communications or the Company's intended use of Your Personal Data, you may write to the Corporate Data Protection Officer of the Company at the address below to opt out from direct marketing at any time:

Corporate Data Protection Officer
FWD General Insurance Company Limited
8th Floor, FWD Financial Centre,
308 Des Voeux Road Central
Hong Kong

10. To facilitate the purposes set out in paragraphs 5 and 9 above, the Company may transfer, disclose, grant access to or share Your Personal Data with the parties set out in paragraphs 6 and 9(ii) and you acknowledge that those parties may be based outside Hong Kong and that Your Personal Data may be transferred to places where there may not be in place data protection laws which are substantially similar to, or serve the same purposes as, the Personal Data (Privacy) Ordinance.
11. Under the Personal Data (Privacy) Ordinance you have the right to request access to Your Personal Data held by the Company and request correction of any of Your Personal Data which is incorrect and the Company has the right to charge you a reasonable fee for processing and complying with your data access request.
12. Requests for access to or correction of Your Personal Data should be made in writing to the Corporate Data Protection Officer of the Company at the address above. Should you have any queries, please do not hesitate to call our Customer Service Hotline on 3123 3123.
13. In case of discrepancies between the English and Chinese versions of this PICS, the English version shall apply and prevail.
14. The Company reserves the right, at any time effective upon notice to you, to add to, change, update or modify this PICS.

產品合適性評估表

Product Suitability Assessment Form



請根據此產品合適性評估表提供個人資料以助我們分析您在醫療、財務及保障上的需要，以便提供合適的醫療保障建議。客戶在填寫此分析表時，即表示您明白及同意有關資料將根據富衛保險有限公司之個人資料收集聲明處理。

Please provide the personal information in this Suitability Assessment Form in order for us to analyse your medical, financial, and coverage needs to make suitable medical coverage recommendations for you. By providing the information below, you understand and agree that the information provided in this form will be handled in accordance with the Personal Information Collection Statement ("PICS") of FWD General Insurance Company Limited.

申請人姓名: Applicant's name:	準被保人姓名: Proposed insured's name:	準被保人年齡 Proposed Insured's Age	準被保人性別: Proposed insured's Sex	準被保人與申請人關係: Proposed insured's relationship to applicant

第一步：客戶醫療保險需求及目標：

Step 1: Customer's medical insurance needs and objectives:

- 1) 您確定每年都能支付醫療保險保費，以醫療保險保單中指明的福利和服務去保障未來可能發生的疾病或受傷嗎？
Are you able to afford to pay medical insurance premium every year to enjoy the benefits and services as stated in the medical insurance policy for future illnesses or injuries?
 - a) 確定 Yes
 - b) 不確定 No
- 2) 您的每年醫療保障費用預算為？
What is your annual budget for medical insurance protection?
港幣 HK\$ _____
- 3) 您有現有的個人醫療保險嗎？
Do you have any existing personal medical insurance(s)?
 - a) 有 Yes _____
如有，請指出生效之保單數目： _____
(If yes, please indicate no. of in-force policy)
 - i) 醫療費用實報實銷保險 Medical expense reimbursement insurance _____
 - ii) 每日住院現金保險 Daily cash for hospitalization insurance _____
 - iii) 危疾保險 Critical illness insurance _____
 - iv) 個人意外保險 Personal accident insurance _____
 - b) 沒有 No
- 4) 您為什麼想購買一份新的醫療保險？
Why do you want to purchase a new medical insurance?
 - a) 為日益增加的醫療費用提供保險保障 For insurance protection of the increasing medical treatment costs
 - b) 用於疾病期間的收入保障 For income protection during sickness
 - c) 我的現有醫療保險保障不足 My existing medical insurance cover is insufficient
 - d) 我希望享受「自願醫保」所提供的免稅額 To enjoy tax allowance of VHIS compliant product ("Voluntary Health Insurance Scheme")
 - e) 其他，請註明 Others, please specify: _____
- 5) 在您新投保的醫療保險中，您的首選福利和保險範圍是什麼？
What are your preferred benefits and coverages for your newly applied medical insurance?
 - a) 基本住院及手術福利 Basic hospitalization and surgical benefits
 - b) 全面的醫療保險保障 Comprehensive medical insurance protection
 - c) 疾病期間的收入保障 Income protection during sickness
 - d) 每年自付費 或 共付保險 選項以降低每年保費 Annual deductible or co-insurance options to lower the annual premium

第二步：產品合適性評估後，保險中介人之產品建議

Step 2: Insurance intermediary product recommendation after product suitability assessment

保險中介人之產品建議 Insurance intermediary product recommendations:

第三步： 產品合適性評估後客戶選擇之產品

Step 3: Customer selected product after product suitability assessment

本人/我們 確認 本人/我們 已進行上述之產品合適性評估並確認以下之醫療保險產品選擇是 本人/我們 自己的決定。

I / we confirm that I have gone through the above product suitability assessment and confirm the below medical insurance product is selected by my / our own decision.

計劃名稱 Plan name: _____

每年自付費選擇(如有)Annual Deductible option (if applicable): HK\$_____

自選保障(如有)Optional benefit (if applicable): _____

客戶聲明 Customer Declaration:

- 1) 本人/我們 已細閱及明瞭 本人/我們 所選擇之醫療保險產品的產品小冊子、資訊單張、及保單條款。I / We have read and understood the product brochure, information sheet and policy provision of the medical insurance product I / we selected.
- 2) 本人/我們 確認 本人/我們 所選擇之醫療保險產品 (包括任何種類之賠償、非賠償、或組合產品) 符合 本人/我們 的保險需要及購買醫療保險產品的目標 (包括但不限於 (i) 住院期間的收入保障; (ii) 為疾病或受傷之住院及其醫療費用作準備), 及本人/我們 有能力支付其所需的保費。I / We confirm the medical insurance product I / we selected (in respect of any type of indemnity, non-indemnity, or combo product) is suitable for my / our insurance needs and my / our objectives for purchasing a medical insurance product (including but not limited to (i) income protection during hospital confinement; (ii) preparation for the hospitalization and medical treatment expenses due to illness or injury), and I / we can afford to pay the required premium.
- 3) 本人/我們 確認 本人/我們 所選擇之醫療保險產品是在沒有受第三者壓力之下 本人/我們 之個人決定。I / We confirm the medical insurance product I/we selected is my / our own decision with no forced pressure from any third parties.
- 4) 本人/我們 明白此表格內所提供之資料乃用作分析 本人/我們 的醫療保險需求, 並為 本人/我們 在選擇保險計劃及保費金額時作參考。本人/我們 亦明白此表格內之資料會根據富衛保險有限公司的收集個人資料聲明處理。I / We understand the information contained in this form was used to analyse my / our medical insurance needs and provided as reference only for my choice of medical insurance product and premium amount. I / We also understand and agree that the information contained in this form will be handled in accordance with the Personal Information Collection Statement ("PICS") of FWD General Insurance Company Limited.
- 5) 本人/我們 明白此表格之分析及選擇乃根據 本人/我們 所提供之資料, 並不構成富衛保險有限公司之任何責任。I / We understand that the analysis and choices made in this form were based upon the information provided and it does not create any liability to FWD General Insurance Company Limited.
- 6) 本人/我們 明白在保單簽發前如 本人/我們 就此表格內資料有任何重要更改, 本人/我們 需通知富衛保險有限公司。I / We am required to inform FWD General Insurance Company Limited if there are any substantial changes to the information provided in this form prior to the insurance policy being issued.

本人/我們 作為申請人確認已細閱及明瞭此表格之內容, 並代表此計劃準被保人/現有被保人就以上問題提供正確無誤之資料。

I / We, as the Applicant, confirm that I / we have read and understood all the contents in this form and provided all the correct information for the above on behalf of the proposed insured / existing insured listed in this application.

_____ 申請人姓名 Applicant's name	_____ 申請人簽署 Applicant's Signature	_____ 日期(日/月/年) Date (DD / MM / YYYY)
_____ 準被保人姓名 Proposed insured's name	_____ 準被保人簽署 Proposed insured's Signature	_____ 日期(日/月/年) Date (DD / MM / YYYY)
_____ 經紀姓名 Name of Agent / Broker	_____ 經紀編號 Agent's / Broker's Code	_____ 經紀簽署 Agent's / Broker's signature