

僱員福利保險新增僱員、更改資料及離職表格

Employee Addition, Changes and Termination Form for Employee Benefits Insurance

備註 Note:

- 請以英文正楷填寫及於更改生效日期後31天內交回本公司。Please complete this form in BLOCK LETTERS and return to us within 31 days after the effective date of such changes.
- 適用於團體醫療保險：如於保單生效日或續保日公司僱員人數少於4人，新增加之僱員須填寫健康申報表及須連同此表格一併交回本公司以作核保之用。
For Group Medical Insurance: For companies with less than 4 employees on the policy effective date or renewal date, the new employee is required to complete the Health Declaration Form and return it to us together with this form for underwriting purposes.
- 適用於團體人壽保險：如新增加之僱員之投保額超過自動受保額，新增加之僱員須填寫健康申報表及須連同此表格一併交回本公司以作核保之用。
For Group Life Insurance: if the sum assured of the new employee exceeds the Automatic Acceptance Limit, the new employee is required to complete the Health Declaration Form and return it to us together with this form for underwriting purposes.
- 僱員/家屬投保申請及資料/保障更改須於生效日期起計31日內申報；而有關申請或資料/保障更改的最早生效日只可逾期至本公司收取通知當日起計31日為限。逾期者之申請或資料/保障更改需通過核保才可生效。
Please note that Employee/Dependant addition and changes should be submitted within 31 days from the date of eligibility and no back date of more than 31 days from our received date would be allowed. Otherwise, coverage will be subject to satisfactory underwriting.
- 僱員/家屬終止保障須於生效日期起計31日內申報；而有關終止保障的最早生效日只可逾期至本公司收取通知當日起計31日為限。
Please note that Employee/Dependant termination should be submitted within 31 days from the date of termination and no back date of more than 31 days from our received date would be allowed.

電郵 E-mail : employeebenefits@fwd.com

保單持有人 Policyholder: _____

團體醫療保單號碼 Group Medical Policy No.: _____

附屬公司 Affiliated Company: _____

團體人壽保單號碼 Group Life Policy No.: _____

新增僱員或家屬 Addition of Employee/Dependant :

僱員編號 Employee Code (如適用 If applicable)	僱員姓名 (必須與提供的銀行戶口之姓名相同) Employee's Name (must exactly same as the provided bank account name)	家屬姓名 Dependant's Name (如適用 If applicable*)	關係 Rel.*	婚姻狀況 Marital Status#	性別 Sex	出生日期 Date of Birth (DD/MM/YYYY)	身份證/護照號碼 ID Card/Passport No.	僱員類別 Employee Type	受僱日期 Employment Date (DD/MM/YYYY)	月薪 Monthly Salary**	僱員之銀行名稱及戶口號碼 (僱員必須提供此項資料用作醫療賠償用途) Employee's Bank Name and Account No. (This information must be provided and will be used for medical benefit reimbursement)	電郵地址 E-mail Address##	生效日期 Effective Date (DD/MM/YYYY)
										職位 Position		僱員之手提電話號碼 Employee's Mobile No.	

*EE-僱員Employee, SP-配偶 Spouse, CH -子女 Child
 #S-未婚Single, M-已婚Married, D-離婚Divorced, W-寡居Widowed
 ^只適用於有家屬保障的員工填寫 Applicable for employee with dependant coverage only

**月薪 Monthly Salary - 只適用於團體人壽保險 For Group Life Insurance only
 ##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

終止僱員及家屬之保障 Termination of Employees & Dependants

僱員編號 Employee Code (如適用 If applicable)	身份證/護照號碼 ID Card/Passport No.	僱員姓名 (必須與提供的銀行戶口之姓名相同) Employee's Name (must exactly same as the provided bank account name)	家屬姓名 Dependant's Name	最後受僱日期 Last Day of Employment (DD/MM/YYYY)	備註 Remarks

更改薪金/僱員類別 Change of Salary/Employee Type

僱員編號 Employee Code (如適用 If applicable)	身份證/護照號碼 ID Card/Passport No.	僱員姓名 (必須與提供的銀行戶口之姓名相同) Employee's Name (must exactly same as the provided bank account name)	由 From	至 To	新職位/更改原因 New Position/Reason of Change (如適用 If applicable)	生效日期 Effective Date (DD/MM/YYYY)

其它更改 Other Changes

僱員編號 Employee Code (如適用 If applicable)	身份證/護照號碼 ID Card/Passport No.	僱員姓名 (必須與提供的銀行戶口之姓名相同) Employee's Name (must exactly same as the provided bank account name)	僱員之銀行名稱及戶口號碼 (用於醫療賠償用途) Employee's Bank Name and Account Number (for medical benefit reimbursement)	電郵地址 E-mail Address##	僱員之手提電話號碼 Employee's Mobile No.	其他 Other	生效日期 Effective Date (DD/MM/YYYY)

申請人聲明及確認: The Policyholder declares and confirms that :

- 就本人/吾等所知，在此參加表格提供的僱員及/或其家屬 (如適用) 的資料均屬正確無誤；及
The information relating to the eligible employees and/or their dependants (if applicable) provided in this Application is correct to the best of my/our knowledge; and
- 本人/吾等承諾於遞交所需之個人資料予富衛前，須通知有關僱員及/或其家屬 (如適用) 有關本保單及富衛之收集個人資料聲明(「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)。富衛將不會就有關僱員及/或其家屬 (如適用) 未被通知的情況承擔任何責任。本人/吾等承諾會遵守個人資料 (私隱) 條例，並確認已獲得有關僱員及/或其家屬 (如適用) 的同意，將有關僱員及/或其家屬 (如適用) 的個人資料移交富衛以作申請團體保險計劃之用以及收集個人資料聲明中所述的任何其他目的。本人/吾等已知悉最新版本的收集個人資料聲明可於富衛網頁 (<http://www.fwd.com.hk>) 下載、或致電富衛服務熱線 (852)3123-3123索取。
I/We undertake that I/we will inform/has informed the relevant employees and their dependants (if applicable) about this Policy and the Personal Information Collection Statement ("PICS") of FWD (whether contained herein or otherwise obtained) before transferring their personal data to FWD. FWD shall not accept any liability for the employees and their dependants (if applicable) not having been so informed. I/We further undertake that I/we will comply with the Personal Data (Privacy) Ordinance and confirm I/we have obtained the consent from the employees and/or their dependants (if applicable) for the transfer of their personal data to FWD for the purpose of enrolling the employees and their dependants (if applicable) in the group insurance plan and any other purposes as stated in the PICS. I/We noticed that the latest version of the PICS can be downloaded from FWD's website (<http://www.fwd.com.hk>) or can be obtained by calling FWD's Service Hotline at (852)3123-3123.