

團體醫療 / 團體人壽保險健康申報表
Group Medical / Group Life Insurance Health Declaration Form



請由僱員以正楷填寫 To be completed by Employee in block letters

電郵 E-mail : employeebenefits@fwd.com

公司名稱(保單持有人) Employer name (Policyholder)		團體醫療保單編號 Group Medical Policy No.	
附屬公司名稱 Affiliated company name		團體人壽保單編號 Group Life Policy No.	
僱員姓名(必須與提供的銀行戶口之姓名相同) Employee name (must exactly same as the provided bank account name)		出生日期 Date of birth (日DD / 月MM / 年YYYY) / /	
		性別 Sex <input type="checkbox"/> 男性 Male <input type="checkbox"/> 女性 Female	
僱員編號(如有) Staff no. (If any)	僱員類別 Employee type	職位 Position	受僱日期(日/月/年) Employment date (DD/MM/YYYY) / /

家屬保障 Dependant coverage (如適用If applicable)				
家屬姓名 Name of Dependants	關係 Relationship	出生日期(日/月/年) Date of Birth (DD/MM/YYYY)	身分證 / 護照號碼 ID Card / Passport No.	性別 Sex
1				
2				
3				
4				
5				

註: 家屬包括僱員未滿69歲(實際年齡)之配偶及/或僱員之未婚而年齡超過14日但未滿19歲(實際年齡), 及已滿19歲(實際年齡)但未滿25歲(實際年齡)而正在認可教育機構接受全日制教育之子女(請附上證明文件)。

Note: Dependants include employee's spouse under the age of 69 (attained age) and/or the employee's unmarried children who are over the age of 14 days but under 19 years old (attained age) and those at the age of 19 (attained age) but under 25 (attained age) who are receiving full time education at a recognized educational institution (Please provide evidential proof).

1 閣下或 貴配偶(如適用)的體重及身高? What is your and your spouse's (if applicable) weight and height?	僱員 Employee : _____ 千克 kg _____ 米 m 配偶 Spouse : _____ 千克 kg _____ 米 m
2 閣下是否全職僱員及現時是否正常在職工作? Are you now employed on a full-time basis and actively-at-work?	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No
3 閣下或 貴家屬(如適用)有否吸煙? Do you or your dependant (if applicable) smoke? 如有,請提供吸煙者姓名及每日吸煙平均數量 If yes, please name the person who smokes and the average daily consumption: _____	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No
4 閣下或 貴家屬(如適用)是否現正持有其他醫療、意外或人壽保單? Do you or your dependant (if applicable) currently have any other medical, accident or life insurance?	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No
5 閣下或 貴家屬(如適用)曾否有任何醫療、意外或人壽保險的投保申請被保險公司拒絕、或保單被取消、增加保費、附加限制或拒絕續保? Have you or your dependant (if applicable) ever had any medical, accident or life insurance application rejected or policy cancelled, rated or restricted or renewal declined?	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No
6 閣下或 貴家屬(如適用)的直系親屬中是否有兩位或更多成員於六十歲前患有遺傳性疾病? Have you or your dependant (if applicable) had any two or more of your immediate family members who are known to have any hereditary disease before age 60?	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No
7 閣下或 貴家屬(如適用)是否打算參加有危險性之活動,如賽車、潛水、攀石或飛行活動(除民航乘客身份購者外)? Do you or your dependant (if applicable) have any intention of engaging in hazardous pursuits, e.g. motor sports, diving, rock climbing, flying other than as a fare paying passenger?	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No
以上問題編號 4 - 7, 如答案為是者, 請提供詳細說明包括姓名: Provide details including name for the above question no 4 - 7 answered "Yes" :	

僱員姓名 Employee name _____

- 8 在過去五年內，閣下或 貴家屬(如適用)是否曾患有或曾接受任何嚴重疾病、身體機能失調、身體上的缺陷或嚴重受傷的治療？
Have you or your dependant (if applicable) suffered from or been treated for any serious diseases, disorder, physical impairment or severe injury in the last 5 years? 是 Yes 否 No
- 9 在過去五年內，閣下或 貴家屬(如適用)曾否接受過外科手術、或曾在醫院或療養院留院接受治療或觀察？
Have you or your dependant (if applicable) had a surgical operation or been confined in hospital or sanatorium for treatment or observation in the last 5 years? 是 Yes 否 No
- 10 在過去五年內，閣下或 貴家屬(如適用)有否接受或被建議接受任何診斷性檢驗(例如：X-光、心電圖或血液檢驗)？
Have you or your dependant (if applicable) had, or been advised to have any diagnostic tests (e.g X-ray, ECG or blood test) in the last 5 years? 是 Yes 否 No
- 11 閣下或 貴家屬(如適用)現時是否正接受病理觀察、治療或藥物或有任何顯示健康異常之徵狀出現？
Are you or your dependant (if applicable) currently under medical observation or receiving any treatment or medication or aware of any symptoms which may indicate a disorder? 是 Yes 否 No
- 12 閣下或 貴家屬(如適用)曾否接受過下列疾病之治療或曾被告知患上下列疾病：心臟病、高血壓、糖尿病、癌症、瘤、潰瘍、肺結核、哮喘、癲癇、氣腫、胸膜炎、結腸炎、風濕性發熱、梅毒，或任何疾病關於腦部、中樞神經、腸胃、肝臟、胰臟、生殖排洩系統、甲狀腺、骨骼、後天免疫力缺乏症(愛滋病)、與愛滋病有關的併發症或狀況？
Have you or your dependant (if applicable) ever been treated for or been told of heart trouble, high blood pressure, diabetes, cancer, tumor, ulcer, tuberculosis, asthma, epilepsy, emphysema, pleurisy, colitis, rheumatic fever, syphilis or any other disease of the brain, central nervous system, gastro-intestinal tract, liver, pancreas, genito-urinary, thyroid gland, bones, AIDS, AIDS-related complication or AIDS-related condition? 是 Yes 否 No

以上問題，如答案為是者，請提供詳細說明：

Provide name and details of each question answered "Yes":

問題編號 Question No. 8 - 12	僱員 / 家屬姓名及項目說明 Name of Employee / Dependand & Details of Item	治療日期 Treatment Period 由 From 至 To	痊癒日期及程度 Date & Degree of Recovery	診治醫生姓名及地址 Name & Address of Attending Doctor

聲明及授權 DECLARATION AND AUTHORISATION

本人謹此聲明上述一切所提供之資料均屬正確無誤，並同意此健康申報表將成為發出任何保單之基礎及其中一部份。同時，本人知悉任何虛假、不正確及誤導之聲明均會引致相關保單無效及作廢。本人或代表被保人(如有不同)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/被保人任何傷患之醫療記錄(包括但不限於診症、診斷性檢驗結果、藥方或治療資料)給予富衛人壽保險(百慕達)有限公司(於百慕達註冊成立之有限公司)或其已獲授權之代理人作評估及處理本申請。此授權書之副本與正本具同等效力。本人確認已閱畢夾附的收集個人資料聲明，並明白本人就本人的個人資料方面的權利及義務，亦同意收集個人資料聲明所指該等個人資料可被使用或處理的方式。

I hereby declare that all the information supplied above is true and correct and I hereby agree that this Declaration form shall form the basis and become a part of any policy issued. I understand that any false, incorrect or misleading statement may render the relevant insurance policy null and void.

I authorise or authorise on behalf of the insured (if different) the physician, hospital, insurance company or organization to furnish part of or all medical history (including but not limited to information in respect of consultants, diagnostic test results, prescriptions or treatments) with respect to any illness or injury of me or the insured to FWD Life Insurance Company (Bermuda) Limited (Incorporated in Bermuda with limited liability) or its authorised representative for the purpose of assessing and processing this application. A photocopy of this authorisation shall be considered as effective and valid as the original.

I hereby also confirm that I have read the attached Personal Information Collection Statement ("PICS") and understand my rights and obligations in relation to my personal data and consent to the manner in which the personal data may be used or dealt with as specified in the PICS.

僱員簽署 Signature of Employee _____

簽署日期(日/月/年) Date Signed (DD/MM/YY) _____

保險公司專用 For Insurance Company use only

Personal Information Collection Statement (“PICS”)

1. From time to time, it is necessary for you to supply FWD Life Insurance Company (Bermuda) Limited (incorporated in Bermuda with limited liability) (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 adjustors, 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 services and products 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 any members of the Group and/ or Our Business Partners for their use in direct marketing for 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).
10. You may also write to the Company at the address below to opt out from direct marketing at any time.
11. 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.
12. 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.
13. Requests for access to or correction of Your Personal Data should be made in writing to:

Corporate Data Protection Officer
FWD Life Insurance Company (Bermuda) Limited
19/F, Tower 1, Millennium City 1,
388 Kwun Tong Road, Kwun Tong,
Kowloon, Hong Kong
- Should you have any queries, please do not hesitate to call our Customer Service Hotline on 3123 3123.
14. In case of discrepancies between the English and Chinese versions of this PICS, the English version shall apply and prevail.

收集個人資料聲明

- 閣下需要不時向富衛人壽保險(百慕達)有限公司(於百慕達註冊成立之有限公司)(「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(如保險業聯會或協會等)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有責任或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:
 - 使用本公司持有閣下的資料作不定期直接促銷用途,資料包括閣下的姓名、聯絡資料(例如:電話號碼、電郵地址、郵寄地址)、性別、於本公司的服務及產品組合、及財務背景,以及人口統計資料。此等直接促銷涵蓋本公司、本集團其他成員及/或本公司之業務夥伴(即以下服務及產品的供應商)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,及財務背景,以及人口統計資料提供予本集團任何成員及/或本公司之業務夥伴,讓其用於直接促銷上文第9(i)段所載的服務及產品(如為業務夥伴,則包括作金錢或其他商業利益)。
- 閣下亦可於任何時間致函本公司以下地址,藉以拒絕直接促銷。
- 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》大致相同或用作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遵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,應以書面形式向下列人士提出:

資料保護主任
富衛人壽保險(百慕達)有限公司
香港九龍觀塘觀塘道388號 創紀之城第一期 第一座 19樓

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。