

Bupa
保柏

本計劃之保障開始日於下月一號生效，請將填妥的申請表於月底前最少5個工作天寄回保柏。

Please complete this form in **ENGLISH** and **BLOCK LETTERS**. Please tick as appropriate.
請以**英文正楷**填寫本申請表，並於適用地方加「✓」號。

For Bupa use only 保柏專用	Reference No. : 參考編號										
	Effective Date : 生效日期	DD	日	MM	月	YYYY	年				

Subject to the eligibility requirements, Bupa VTop Health Insurance Scheme (this "Scheme") is only applicable to the proposed Member who is
受限于投保資格，保柏易增值醫療保障計劃(本「計劃」)僅適用於準會員為

☐ an existing covered employee or dependant of Bupa Group Health Insurance Scheme ("Existing Group Member")
受保於現有保柏團體醫療保障計劃會員或家屬（「現有團體會員」）；

[illegible]

If the Existing Group Member's company group health insurance scheme only covers 2-9 members at the time of making this application, application will only be accepted for "termination of employment" under the eligibility criteria below. All applications are subject to Bupa's approval.

在提出此申請時如有團體會員的公司團體醫療保障計劃僅涵蓋 2-9 名會員，則只接受符合以下投保資格為「離職」之申請。所有申請均須經保伯批准。

or 或

☐ non-covered dependant of Existing Group Member 不受保於現有團體會員的家屬
Please select the relationship with the Existing Group Member 請選擇與現有團體會員的關係

☐ child 子女 / ☐ sibling 兄弟姐妹 / ☐ parent 父母 / ☐ spouse/domestic partner^a 配偶/同居伴侶^a

[illegible]

^ Domestic partner shall mean civil partner, or the person with whom the Existing Group Member lives in a continuous, committed, exclusive relationship during which period neither the Existing Group Member or that person were or are married to or partnered with any other person.
同居伴侶指民事結合的伴侶或與現有團體會員投保人共同生活，並保持持續、忠誠以及唯一的關係的人士（不論同性或異性），而期間投保人或該人士並沒有和其他人士成婚或結合。

Applicable to Existing Group Member, please confirm any one of the eligibility requirements below has been fulfilled at the time of making this application.
適用於現有團體會員，請確認在提交此申請時已符合以下其中一項投保資格 (please select one option below 請只選擇一個選項)

☐ If the Existing Group Member has terminated employment, the application must be made within 30 days before or after the last day of group membership*
如現有團體會員離職，申請必須於團體會籍最後受保日期前或後30日內*
(Last date of Bupa Group Health Insurance Scheme's Membership 保柏團體醫療保障計劃會籍最後受保日期: DD 日 MM 月 YYYY 年)

☐ If the Existing Group Member has retired, the application must be made within 30 days before or after the last day of group membership*
如現有團體會員退休，申請必須於團體會籍最後受保日期前或後30日內*
(Last date of Bupa Group Health Insurance Scheme's Membership 保柏團體醫療保障計劃會籍最後受保日期: DD 日 MM 月 YYYY 年)

☐ If the Existing Group Member is newly covered under Bupa Group Health Insurance Scheme, the application must be made within 60 days from its group policy's Coverage Commencement Date*
如現有團體會員新加入保柏團體醫療保障計劃，申請必須於團體計劃保障開始日起60日內* (Coverage Commencement Date 保障開始日: DD 日 MM 月 YYYY 年)

☐ If the Existing Group Member's Bupa Group Health Insurance Scheme is renewed within 60 days, the application must be made within 60 days from its group policy's Contract Anniversary Date*
如現有團體會員之保柏團體醫療保障計劃於60日內續保，申請必須於團體計劃合約週年日起60日內* (Contract Anniversary Date 合約週年日: DD 日 MM 月 YYYY 年)

☐ If the Existing Member is newly married or has a new born child, the application must be made within 30 days from such event
如現有團體會員結婚或新生子女，申請必須於結婚或子女出生後30日內 (Date of marriage / child birth 結婚或子女出生日期: DD 日 MM 月 YYYY 年)

* If the Existing Group Member's membership is terminated before the last day of a month, the Coverage Commencement Date of this Scheme will be the first day of the same month. If the Existing Group Member's membership is terminated at the last day of a month, the Coverage Commencement Date of this Scheme will be the first day of the following month. 如現有團體會員的會籍為最後受保日期為一個月最後一日之前終止，則本計劃的保障開始日為當月的第一日。如現有團體會員的會籍為一個月的最後一日終止，則本計劃的保障開始日為下月的第一日。

The Coverage Commencement Date of this Scheme will be the first day of the following month. Please send us the complete application at least 5 working days prior to the end of the month. 本計劃之保障開始日於下月一號生效，請將填寫的申請表於月底前最少5個工作天寄回僑柏。

(Please note: The following questions are to evaluate the suitability of the insurance product(s) under this application based on your needs and circumstances. Application can be suspended or rejected in case of suitability mismatch. 請注意：以下問題旨在評估此投保申請下的保險產品的適合性，以滿足閣下的需要及情況。如出現保險產品與閣下保障需要錯配的情況，投保申請可被暫緩或拒絕。)

Question 問題 1 What is/are your objective(s) for purchasing the medical insurance policy? (tick one or more) 請問你投保此醫療保單的目的是? (可選一項或多項)

☐ Option 選擇1: For the expenses of hospitalisation 為應付住院開支

☐ Option 選擇2: For the financial need when suffer from critical illness 為應付患上危疾時的經濟需要

☐ Option 選擇3: For the long term care and financial needs in case of permanent total disability 為永久完全傷殘時的長期醫療保健及經濟需要

☐ Option 選擇4: For the expenses of outpatient visits and other medical needs (such as dental, vision benefit, etc) 為應付門診或其他醫療所需 (例如牙醫、眼科等)

Question 問題 2 Which type(s) of medical insurance you are looking for? (tick one or more) 請問你會考慮投保哪一類型的醫療保單呢? (可選一項或多項)

☐ Option 選擇1: Indemnity (cover the eligible expenses by the policy) 彌償式賠償 (即按保單規定之合資格開支提供實報實銷式的賠償)

☐ Option 選擇2: Non-indemnity (a payment based on a sum insured amount by the policy) 非彌償式賠償 (即按保單訂明的保額作出賠償)



Personal Details of Applicant 申請人資料

Applicant must be aged 18 or above. Applicant should a parent or legal guardian if the proposed Member is below age 18.
申請人年齡必須為18歲或以上。如準會員為18歲以下，申請人必須為準會員之父母或合法監護人。

Title 稱謂 Name of Applicant (same as HKID Card) 申請人姓名 (與香港身份證相同)

☐ Mr先生 Surname 姓

☐ Mrs太太

☐ Ms女士 Given Name 名

☐ Miss小姐

HKID Card No. / Passport No.
香港身份證號碼 / 護照號碼

Sex
性別 ☐ M 男 ☐ F 女

Date of Birth
出生日期

DD 日

MM 月

YYYY 年

Contact Details of Applicant 申請人聯絡資料

Correspondence Address* 通訊地址* (Please complete in ENGLISH and BLOCK LETTERS 請以英文正楷填寫)

Flat 單位 / Room 室 / Floor 層數

Block 座 / Building 大廈 / Mansion 閣 / House 樓 / Estate 屋苑

Street 街 / Road 道

District 地區

☐ HK 香港 ☐ Kln 九龍 ☐ NT 新界

Country 國家

Email Address# 電郵地址#

Contact No. 聯絡電話

Fax No. 傳真號碼

Mobile No. 流動電話號碼

- ☒ I confirm that I am making this application in Hong Kong**.
本人在香港作出此申請**。
- * P. O. Box is not acceptable. 郵政信箱恕不接納。

You can access our e-Services through **myBupa**, our online and mobile platform, to view and download your policy-related documents. To access these e-documents, you are required to register for a **myBupa** account and provide an email address where you will receive email notifications when a document is ready for you to access from your **myBupa** account. You will no longer receive hard copy of these documents by post.

To help save our planet, Bupa encourages communications through electronic means. This will be the default option for our future communications with you after your insurance policy has been set up. However, if you wish to receive a hard copy of all documents by post, please contact your insurance consultant to let us know your preference.

你可透過 **myBupa** 網上及手機的電子服務查閱及下載與你保單相關文件。要查閱這些電子文件，你須登記 **myBupa** 帳戶，並提供電郵地址。當文件已上載於你的 **myBupa** 帳戶後，你便會收到電郵通知。你將不會以郵寄方式收到這些保單文件的印刷本。

為了拯救我們的地球，保柏鼓勵通過電子方式進行溝通。這將會是我們未來在設立你的保單時與你溝通的默許選擇。但是，如果你希望通過郵寄方式收到所有文件的列印本，請聯絡你的保險顧問讓我們了解你的選擇。

** It is a regulatory requirement that insurance sales process and signing of the application form must be conducted in Hong Kong.
根據法規要求，保險銷售及保單申請簽署必須在香港進行。

Details of Proposed Member 準會員資料

Entry age 投保年齡
Existing Group Member: no age limit 現有團體會員:不設年齡限制
Non-existing group member: must be between 15 days - 80 years inclusive 非現有團體會員:必須為15日至80歲(包括首尾歲數)

☐ Myself 本人 (Details as Applicant 資料如同申請人)

Place of Residence^
居住地

Or 或

☐ My child 本人之子女 (must be age below 18 必須為18歲以下)

Child's Name (same as HKID Card/Birth Certificate) 子女姓名 (與香港身份證/出生證明書相同)

Surname 姓

Given Name 名

HKID Card No. / Birth Certificate No.
香港身份證號碼 / 出生證明書號碼

Sex
性別 ☐ M 男 ☐ F 女

Date of Birth
出生日期

DD 日

MM 月

YYYY 年

Place of Residence^
居住地

^ Unless otherwise specified by Member in writing, the Service Provider(s) will consider Hong Kong as the Place of Residence of the Member and repatriate the Member to Hong Kong when Medically Necessary.
除非會員特別以書面通知，服務供應商將設定香港為會員之居住地，於有醫療需要時送返會員回香港。

Choice of Cover 投保項目

Core Benefit 主要保障 (Choose one plan only只選擇一項計劃)		Optional Benefit 自選額外保障	
Benefit Level 保障級別 ^①		Optional Supplementary Major Medical (SMM) Benefit ^{②③} 自選附加醫療保障	Optional Clinical Benefit ^④ 自選門診保障
Itemised Hospital and Surgical Benefit 分項住院及手術保障			
☐ Plan 計劃 1	Private 私家房	☐	☐
☐ Plan 計劃 2	Semi-private 半私家房	☐	☐
☐ Plan 計劃 3	Ward 大房	☐	☐
Lump Sum Hospital and Surgical Benefit 總額住院及手術保障			
☐ Plan 計劃 4	Private 私家房	N/A 不適用	☐
☐ Plan 計劃 5	Semi-private 半私家房	N/A 不適用	☐
☐ Plan 計劃 6	Ward 大房	N/A 不適用	☐

① You can only select the plan at a benefit level same as or lower than your Existing Group Member's current benefit level (no benefit upgrade is allowed). Once a benefit level has been selected, no further benefit upgrade or transfer from Plan 1-3 to Plan 4-6 (and vice versa) would be allowed throughout the lifetime of the proposed Member. If the benefit level is not specified in the company group health insurance scheme, please refer to below table for corresponding benefit level entitlement.
請選擇與你現有團體會員享有相同或以下的保障級別(不能提升保障級別)。一經選定保障級別，準會員終生不能提升保障級別或轉移計劃1-3至計劃4-6(反之亦然)。如團體醫療保障計劃並沒有列明保障級別，將按每日病房及膳食費用限額如下相應之保障等級。

Daily room and board limit (HK\$) 每日住房及膳食費(港幣)	Corresponding benefit level entitlement 相應之保障級別
1,399 or below 或以下	Ward 大房
1,400 - 2,999	Semi-private 半私家房
3,000 or above 或以上	Private 私家房

- ② Applicable only to the Existing Group Member's company group health insurance scheme is covered with 10 members or more at the time of making application for this Scheme. 僅適用於申請此計劃時10名或以上會員的團體醫療保障計劃之現有團體會員。
- ③ You can only select optional SMM benefit under this Scheme if the Existing Group Member's company group health insurance scheme is currently covered with SMM benefit. No further addition of optional SMM benefit after the Coverage Commencement Date of this Scheme.
如現有團體會員之公司團體醫療保障計劃目前已涵蓋附加醫療保障，你可於此計劃選擇自選附加醫療保障。在此計劃的保障開始日後則不能再申請增加自選附加醫療保障。
- ④ Application for optional Clinical benefit must complete Health Declaration and Questionnaire of this form.
申請自選門診保障必須填寫「健康聲明及問卷」。

Payment Method 繳付保費方法

Payment Frequency 繳付保費形式	Payment Method 繳付保費方法	Remarks 備註
☐ Yearly 年繳	☐ Credit Card 信用卡	Please attach a completed Credit Card Authorisation Form 請連同填妥之信用卡付款授權書寄回
	☐ Autopay from Bank 銀行自動轉賬 (From renewal payment only 續保繳費起適用)	Please attach a cheque made payable to "Bupa (Asia) Limited" for the 1st year's subscription and levy with a completed Direct Debit Authorisation Form 請填妥 直接付款授權書 ，連同首年保費及保費徵費之支票交回本公司，支票抬頭人為「保柏(亞洲)有限公司」
☐ Monthly 月繳	☐ Credit Card 信用卡	Please attach a completed Credit Card Authorisation Form 請連同填妥之信用卡付款授權書寄回
	☐ Autopay from Bank 銀行自動轉賬	Please attach a cheque made payable to "Bupa (Asia) Limited" for the first 2 months' subscription and levy with a completed Direct Debit Authorisation Form 請填妥 直接付款授權書 ，連同首兩個月保費及保費徵費之支票交回本公司，支票抬頭人為「保柏(亞洲)有限公司」

Bank Account for Reimbursement 支付賠償之銀行戶口

Claims payment will be reimbursed by autopay only. 賠償款項只以自動轉賬方式支付。
I hereby agree and authorise Bupa (Asia) Limited to reimburse claims payment to the account below. 本人同意及授權保柏(亞洲)有限公司轉賬賠償款項於以下戶口。
Account Holder's Name (Same as recorded on bank account statement/passbook)
戶口持有人姓名(與銀行結單/存摺相同)

HKID Card No.
香港身份證號碼

Personal Hong Kong savings / current account number (HK\$ only) 個人香港儲蓄 / 往來銀行戶口號碼 (只限港幣)

Bank Name 銀行名稱	Bank No. 銀行編號	Account No. 戶口號碼

If the above account holder is not the applicant, please fill in the following information. 若上述之戶口持有人並非申請人，請填寫以下資料。
Relationship with the applicant or proposed Member* 與申請人或準會員*關係
(Applicable to spouse, parents or children only 只適用於配偶、父母或子女)

I acknowledge that I will need to provide a valid Hong Kong bank account details later for Bupa (Asia) Limited to avoid any delay on claims reimbursement if I do not provide my bank account details at this time. 本人明白如現選擇不提供銀行戶口資料，稍後需要向保柏(亞洲)有限公司提供有效的香港銀行戶口資料，以免延誤賠償。
Also, I may update the bank account details later on myBupa, our online and mobile platform. 此外，本人稍後亦可於myBupa網上及手機平台上更新自己的銀行戶口資料。

* Please delete if inappropriate 請劃除不適用者

Health Declaration and Questionnaire 健康聲明及問卷

Proposed Member who is not an Existing Group Member or applying for optional Clinical benefit must complete this section. 如準會員並非現有團體會員或申請自選門診保障必須填寫此部分

Important Note 重要事項

During the insurance application process, it's important that you act with utmost good faith and disclose all material facts related to the proposed Member to Bupa. If you are uncertain as to whether a fact is material, then it should be disclosed. If you fail to disclose or misrepresent a material fact and this causes Bupa to accept the risk, this will raise questions about your entitlement to insurance benefits. Consequences may include termination of your policy or reduction of entitlement to claims payments in all or part.

在保險申請過程中，務必以至高誠信向保柏披露有關準會員所有重要事實。如果你不確定某個事實是否重要，則應將其披露。如你未能披露或錯誤陳述重要事實，而導致保柏承擔有關風險，這將影響你所享有的保障。其結果可能包括終止你的保單；或減少全部或部分你所獲得的賠償。

- (i) This questionnaire collects health-related information solely for the purpose of underwriting which is a process for Bupa to evaluate the health risk of the applicants and decide the application results. The underwriting process that Bupa adopts should be fair and reasonable, and Bupa should explain the application results if requested by the customers. 此問卷收集與健康相關的資料僅作為核保之用途，而核保是保柏評估申請人之健康風險及決定申請結果的程序。保柏採用的核保程序應為公平合理，並會因應客戶要求解釋申請結果。
- (ii) As the applicant, you are required to provide Bupa with complete and accurate information requested in this questionnaire to the best of your knowledge and belief. Based on the information provided, Bupa may have follow-up questions or enquiries that require you to provide further information for underwriting purpose. 作為申請人，你需要盡其所知所信，按本問卷中要求向保柏提供完整及準確的資料。保柏根據你提供的資料，可能會提出跟進問題或查詢而需要你進一步提供資料以作核保之用。
- (iii) If there are any changes to or updates of the information provided in this questionnaire after the time of submission of this application and before you receive the Policy, you are required to notify Bupa in a timely manner. 若你在提交本申請表後至你收到保單前的期間就本問卷中提供的資料有任何改變或更新，你需要及早通知保柏。
- (iv) Even after an insurance policy has been issued upon successful application, the insurance coverage for the proposed Member may be affected or the policy may be terminated, voided or rescinded, or claims may be repudiated by Bupa, if you have not provided Bupa with complete and accurate information to the best of your knowledge and belief according to (ii), or if you have not notified Bupa on any changes to or updates of the information in time according to (iii). 即使已成功投保並獲簽發保單，若你未按(ii)所述盡其所知所信向保柏提供完整及準確的資料，或未按(iii)所述就資料的任何改變或更新而及早通知保柏，準會員的保險保障可能會受到影響，保柏亦可能因此終止、作廢或撤銷有關保單，或拒絕賠償。

Guidance Note in completing the questionnaire 填寫問卷指引

If you answer Yes to any of the questions 1-7 in Section A, please provide additional information in Health Questionnaire - Section B.

如果你就甲部第1至7項任何一項問題之答案為「是」者，請於健康問卷 - 乙部提供更多資料。

You do not need to disclose information regarding the medical conditions or treatments below -

Cold / flu / sore throat, gastroenteritis / food poisoning (fully recovered), indigestions (no investigations required), acne, muscle sprained (fully recovered), thrush, routine scan / blood test for pregnancy (normal result), routine cervical smear (normal result), routine health check (normal result), preventive vaccination, Hormonal Replacement Therapy (menopause), infertility treatment or uncomplicated pregnancy, myopia / hyperopia / astigmatism / presbyopia.

你無需披露以下健康狀況或治療 -

傷風/感冒/喉嚨痛、腸胃炎/食物中毒(已痊癒)、消化不良(無需檢查)、痤瘡、肌肉扭傷(已痊癒)、鵝口瘡、常規產前掃描/血液檢驗(檢驗結果正常)、常規子宮頸細胞塗片檢驗(檢驗結果正常)、常規健康檢查(檢查結果正常)、預防疫苗、荷爾蒙補充治療(更年期)、不育治療或胎兒生長情況正常的懷孕、近視/遠視/散光/老花。

You are required to provide Bupa with complete and accurate information requested in this questionnaire to the best of your knowledge and belief, including any and all medical information which are known or ought to be known by Bupa in any previous insurance application and medical claims.

你需要盡其所知所信，按本問卷中要求向保柏提供完整及準確的資料，包括在之前的任何保險申請和醫療索償中保柏已知或應該知道的任何及所有醫療資料。

Health Questionnaire – Section A 健康問卷 – 甲部

Height 身高#

cm 厘米

 OR 或

feet 呎

inches 吋

Weight 體重#

kg 公斤

 OR 或

pounds(lbs) 磅

Do you (or proposed Member) smoke³ or have you (or proposed Member) smoked³ in the last one year[#]?

☐ Yes是 ☐ No否

你(或準會員)有沒有吸煙³或在過去一年內曾否吸煙³?

3 For the purpose of this question, the meaning of “smoking” includes but is not limited to cigarettes, cigars, tobacco pipes, chewing tobacco and the use of nicotine replacement products (such as e-cigarettes). 「吸煙」在此問題的含義包括但不限於香煙、雪茄、煙斗、嚼煙及使用尼古丁補充劑產品(例如電子煙)。

Not required for proposed Member below 18 years old. 18歲以下之準會員無需填寫。

1. In the last 3 years, have you (or proposed Member) ever had or been advised to have any regular or ongoing (such as monthly, every 2 months, half-yearly, annually) follow-up consultations or medical care with a healthcare professional (such as specialist doctor, physiotherapist, psychiatrist) for any disease or other medical condition?

☐ Yes是 ☐ No否

在過去三年內，你(或準會員)是否曾經或被建議定期或持續(例如每月、每兩個月、每半年、每年)為任何疾病或健康狀況接受專業醫護人員(例如專科醫生、物理治療師、精神科醫生)的跟進診治或醫療護理？

2. In the last 3 years, have you (or proposed Member) ever had or been advised to undergo investigations (such as blood or urine test, ECG, X-ray, ultrasound, CT scan, MRI, PET scan, HIV test, Hepatitis B test, Hepatitis C test)?

☐ Yes是 ☐ No否

在過去三年內，你(或準會員)是否曾經或曾被建議接受檢查(例如驗血、驗尿、心電圖、X光、超聲波、電腦掃描、磁力共振、正電子掃描、愛滋病測試、乙型肝炎測試、丙型肝炎測試)？

If the answer is “Yes”, do your (or proposed Member) investigation result(s) include the followings?

如果答案屬「是」，你(或準會員)的檢查結果是否包括下列情況？

(a) Abnormal test result is advised

☐ Yes是 ☐ No否

檢驗結果異常

(b) You (or proposed Member) are still awaiting test / test result

☐ Yes是 ☐ No否

你(或準會員)正等候檢驗或檢驗結果

(c) Medical advice has been sought or treatment is required for the test result (such as liver cyst / brain cyst / joint degeneration or calcification / lung or breast or thyroid calcification discovered on imaging test, that may not require immediate treatment)

☐ Yes是 ☐ No否

就檢驗結果已尋求醫療意見或需要接受治療(例如一些未必需要即時治療的情況如肝囊腫/ 腦囊腫/ 關節退化或鈣化/ 於成像檢測中發現肺部或乳房或甲狀腺出現鈣化)

3. In the last 5 years, have you (or proposed Member) been advised by your doctor to take any medications (such as to be taken daily / once per week / as needed as directed by doctor) for a continuous period of more than 1 month?

☐ Yes是 ☐ No否

在過去五年內，你(或準會員)是否曾被醫生建議定期(例如按醫生指示每日/每週一次/有需要時)服用為期超過一個月的處方藥物？

4. In the last 5 years, have you (or proposed Member) been admitted into a hospital?

☐ Yes是 ☐ No否

在過去五年內，你(或準會員)是否曾入住醫院？

5. In the last 5 years, have you (or proposed Member) undergone a surgical procedure (including endoscopy or biopsy) without being admitted into a hospital?

☐ Yes是 ☐ No否

在過去五年內，你(或準會員)是否曾在非住院情況下接受外科程序(包括內窺鏡檢查或活組織化驗)？

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Health Questionnaire – Section A 健康問卷 – 甲部

6.

Apart from anything you (or proposed Member) have already disclosed in Questions 1 -5, do you (or proposed Member) have any of the following conditions? 除了你(或準會員) 在第1至5項問題中已披露的資料外，你(或準會員) 是否有下列情況?

(a)

Unintentional weight loss by more than 5 kg (11 lbs) over past 1 year
在過去一年內，體重無故地減少了5公斤 (11磅)以上

☐ Yes是 ☐ No否

(b)

Abnormal bleeding (such as vaginal bleeding, rectal bleeding, nose bleeding or coughing up of blood) for at least one month
不正常出血 (例如陰道出血、便血、流鼻血或咳血)至少一個月

☐ Yes是 ☐ No否

(c)

Other medical conditions or other sign and symptom (such as lump, headache, persistent coughing, chest pain or epigastric pain) that you (or proposed Member) are seeking or intend to seek medical advice
其他健康狀況或病徵及症狀(例如腫塊、頭痛、持續咳嗽、胸痛或上腹痛) 而正在或打算尋求醫療意見

☐ Yes是 ☐ No否

(d)

In the last 1 year, you (or proposed Member) had or have been required to have follow-up consultation with a healthcare professional (such as specialist doctor, physiotherapist, psychiatrist) for any medical condition or sign and symptom
在過去一年內，你(或準會員)有任何健康狀況或病徵及症狀曾經接受或需要接受專業醫護人員(例如專科醫生、物理治療師、精神科醫生)的跟進診治

☐ Yes是 ☐ No否

7.

Have you (or proposed Member) ever been diagnosed with any of the following diseases or medical conditions?
你(或準會員) 是否曾被確診下列疾病或健康狀況？

(a)

Cancer or carcinoma in situ 癌症或原位癌

☐ Yes是 ☐ No否

(b)

Brain tumor 腦部腫瘤

☐ Yes是 ☐ No否

(c)

Heart disease 心臟疾病

☐ Yes是 ☐ No否

(d)

Stroke (including transient ischemic attack (TIA)) 中風 (包括短暫性腦缺血，俗稱「小中風」)

☐ Yes是 ☐ No否

(e)

Hypertension 高血壓

☐ Yes是 ☐ No否

(f)

Diabetes mellitus or impaired glucose tolerance 糖尿病或葡萄糖耐量異常

☐ Yes是 ☐ No否

(g)

Prolapsed intervertebral disc or degenerative spine conditions 椎間盤突出或脊椎退化性疾病

☐ Yes是 ☐ No否

(h)

Diseases or medical conditions requiring a medical device or prosthesis to be implanted within the body 需要植入醫療儀器或義肢的疾病或健康狀況

☐ Yes是 ☐ No否

(i)

Mental health conditions (such as depression, anxiety, schizophrenia, eating disorders, or bipolar disorders) 精神健康狀況(例如抑鬱、焦慮、精神分裂、飲食失調或躁狂抑鬱症)

☐ Yes是 ☐ No否

(j)

Multiple sclerosis 多發性硬化症

☐ Yes是 ☐ No否

(k)

Congenital conditions (medical, physical or mental abnormalities that existed at the time of or before birth) 先天性疾病 (指於出生時或之前已存在的醫學、生理或精神上的異常)

☐ Yes是 ☐ No否

For proposed insured children aged 6 or below only 適用於六歲或以下之準受保兒童

8.

Was the proposed insured child born before 37th week of pregnancy?
準受保兒童是否於懷孕第37週前出生？

☐ Yes是 ☐ No否

Health Questionnaire – Section B 健康問卷 – 乙部

If you answer Yes to any of the questions 1-7 in Section A above, please provide additional information as applicable below.
如果你就以上甲部第 1 至 7 項任何一項問題之答案為「是」者，請在以下適用的問題提供更多資料。

	Question No. 題號 _____	Question No. 題號 _____	Question No. 題號 _____
	Medical condition 病症	Medical condition 病症	Medical condition 病症
1. Disease / medical condition / sign and symptom 疾病 / 健康狀況 / 病徵及症狀			
2. Date of first occurrence of sign and symptom 首次出現病徵及症狀的日期			
3a. Treatment / investigations / tests / scans that have been performed 已進行的治療 / 檢查 / 測試 / 掃描			
3b. Date of such treatment / investigation / tests / scan 有關治療 / 檢查 / 測試 / 掃描日期			
4. Present condition (such as whether fully recovered, follow up action / medication / next follow up date) 現況 (例如是否已完全康復、有否跟進 / 服用跟進藥物 / 下次覆診日期)			
5. Date of last follow-up medical consultation / treatment 最後覆診 / 治療日期			

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Declaration and Authorisation 聲明及授權

I apply for Bupa VTop Health Insurance Scheme (the “Scheme”) stated in this application form (the “Application”). If I am making an Application for a proposed Member under the Age of 18, I have been duly authorised by the guardian of the proposed Member to make this Application.

本人為本申請表所示之「保柏易增值醫療保障計劃」（「計劃」）提出申請（「申請」）。如本人為年齡未滿18歲的準會員提出申請，本人已獲該準會員的監護人正式授權為該準會員提出本申請。

I confirm that I have selected this Scheme of my own free will. I further confirm that the product features of the Scheme were able to fulfil the proposed Member’s current medical protection needs, financial situation and premium affordability. I further declare I have fulfilled the applicable eligibility requirement as selected at page 1 of this application form.

本人確認，本人按照自己的意願選擇本計劃。本人進一步確認，計劃的產品內容符合準會員現時的醫療保障需求、財務狀況及保費承擔能力。本人進一步聲明，本人已符合本申請表第1頁所選的相關投保資格。

Coverage and Pre-existing Conditions 保障及已存在病症

I acknowledge and understand that this Scheme shall only be payable as secondary coverage of medical expenses incurred after the eligible expenses payable under the relevant benefits have been claimed and paid under an in-force Bupa Group Health Insurance Scheme or, if applicable, other medical insurance policy underwritten by Bupa or another insurer. I further acknowledge and understand that Bupa shall first deduct the eligible expenses payable from Bupa Group Health Insurance Scheme (if benefits are still available).

In respect of the proposed Member for whom any benefit is covered or payable under any Bupa Group Health Insurance Scheme or any other group medical policy (whether underwritten by Bupa or other insurers), the proposed Member shall submit claims under such policy first before submitting any claims to Bupa under this Scheme. Otherwise, Bupa is not obliged to pay the relevant claims under this Scheme.

I acknowledge that any proposed Member shall not be simultaneously enrolled in more than one Bupa VTop Health Insurance Scheme at the same time; and that enrolment in the Bupa VTop Health Insurance Scheme is limited to once per lifetime. If the proposed Member has terminated any Bupa VTop Health Insurance Scheme for whatever reason, the proposed Member is not allowed to join Bupa VTop Health Insurance Scheme again regardless of the benefit level applied for.

本人確認及明白，本計劃的保障只會在建行有效的保柏團體醫療保障計劃或由保柏或其他保險公司承保的其他醫療保險（如適用）中的相關保障獲索償且支付合資格費用後支付餘下有合資格的醫療費用賠償。本人進一步確認及明白，保柏將首先從保柏團體醫療保障計劃中扣除應付的合資格費用（如仍有保障金額可用）。

對於可獲任何保柏團體醫療保障計劃或任何其他團體醫療保險（不論是由保柏或其他保險公司承保）支付賠償的準會員，該準會員應先根據團體醫療計劃提出索償，然後再根據本計劃向保柏提交索償。否則，保柏並無責任按照本計劃支付任何相關的賠償。

本人確認，任何準會員在同一時間內均不可同時地投保超過一個「保柏易增值醫療保障計劃」，並且在其一生之中只能投保「保柏易增值醫療保障計劃」一次。如準會員以任何理由終止任何「保柏易增值醫療保障計劃」，該會員將不獲准再次參加「保柏易增值醫療保障計劃」，不論申請保障等級。

(applicable to the proposed Member who is an Existing Group Member)
(適用於現有團體會員的準會員)

I understand that I am eligible to apply for the Scheme without underwriting on the condition that the benefit level I have selected under this Scheme is the same or lower than the Existing Group Member’s current benefit level covered under Bupa Group Health Insurance Scheme. Further, I can only select optional Supplementary Major Medical (SMM) benefit under this Scheme if the Existing Group Member’s Bupa Group Health Insurance Scheme is currently covered with optional SMM benefit.

For any medical conditions that are covered after the commencement of Bupa Group Health Insurance Scheme, these conditions shall continue to be payable under this Scheme, subject to the exceptions specified under the General Exclusions of this Scheme. However, if the proposed Member is confined in Hospital on the Coverage Commencement Date of this Scheme, I understand that Bupa shall not reimburse any medical expenses in respect of that hospital confinement and all eligible expenses shall only be payable under this Scheme after the proposed Member has discharged from the Hospital.

If Bupa Group Health Insurance Scheme further covers any illnesses or medical conditions that have existed or presented with signs and symptoms prior to its commencement, these pre-existing conditions shall also be payable under this Scheme provided that the proposed Member has been continuously covered under Bupa Group Health Insurance Scheme and/or this Scheme for an aggregate period of twelve (12) consecutive months or above. For the avoidance of doubt, the exceptions specified under the General Exclusions of this Scheme shall continue to apply.

本人明白本人符合資格申請本計劃所選的保障級別與現有團體會員之保柏團體醫療保障計劃相同或以下級別，均無需通過核保。此外，如現有團體會員之保柏團體醫療保障計劃目前涵蓋附加醫療保障，本人可於選擇本計劃時申請自選附加醫療保障。

對於任何在保柏團體醫療保障計劃開始後受保的病症將可在本計劃下繼續獲得保障，惟受限於本計劃的「不受保障項目」。然而，如準會員在本計劃的保障開始日當天入住醫院，本人明白保柏將不會就是次住院支付任何醫療費用，所有合資格費用只會在该準會員出院後根據本計劃作出賠償。

如保柏團體醫療保障計劃為任何已存在或出現症狀的疾病或病症提供保障，本計劃也會為這些已存在病症作出賠償，而準會員此前已連續十二(12)個月或以上受保於保柏團體醫療保障計劃及/或本計劃。為免存疑，本計劃的「不受保障項目」將繼續適用。

(applicable to the proposed Member who is NOT an Existing Group Member or Existing Group Member applies for optional Clinical Benefit)
(適用於非現有團體會員的準會員或申請自選門診保障的現有團體會員)

I acknowledge that benefit is not payable under the Scheme for any costs of treatment arising from any existing illnesses, injuries or other conditions which has been treated or diagnosed or manifested with signs and symptoms that should be reasonably aware before the Coverage Commencement Date of the Scheme unless complete details are fully disclosed in this Application and accepted by Bupa. Bupa may apply exclusion(s) due to a pre-existing medical condition or any other factor that may affect the insurability of the proposed Member. Please refer to the Membership Certificate for details.

I understand that I am required to notify Bupa immediately if the health condition of the proposed Member has changed at any time after the submission of this Application and before the Contract Effective Date of the Scheme. I acknowledge that Bupa reserves the right to ask for submission of more details of health status or medical reports of the proposed Member at my own cost.

本人確認，在本計劃的保障開始日之前因已接受治療或被確診或已察覺或理應察覺病徵或症狀的已有病症、損傷或其他病況而引致之醫療費用，除非本人在本申請表內已詳細列出並獲得保柏接納，有關費用一律不予賠償。保柏亦可按已存在病症或任何其他影響準會員可保性的因素而加設不保項目。詳情請參閱會員證書。

本人明白如在提交本申請和本計劃合約生效日之前的任何時間，準會員的健康狀況有任何改變，本人需要立即通知保柏。本人確認保柏有權要求提供更多有關準會員之健康狀況及醫療報告，一切費用由本人支付。

Personal Data and Information Disclosure 個人資料及資訊披露

I declare that, to the best of my knowledge and belief, the information provided in this Application or in support of this Application (including to any Bupa appointed Medical Examiner) (“Information”) is true, accurate and complete. I understand that (1) all Information forms the basis and becomes a part of the Contract; and (2) failure to provide Bupa with full, complete and accurate Information may result in Bupa having the right to treat the Contract as if it had not existed, refusing to pay all or part of a claim or affecting the cover for the proposed Member.

If I am making this Application on behalf of the proposed Member under the Age of 18, all Information disclosed on behalf of the proposed Member has been verified by me as true and correct. I acknowledge that the knowledge of proposed Member is imputed to my knowledge.

I consent to Bupa using and disclosing the personal data provided in this Application and other personal data it collects about me and the proposed Member, for the purposes set out in and in accordance with the Personal Information Collection Statement on the last page of this Application.

I hereby authorise in this Application that (1) any employer, registered medical practitioner, hospital, clinic, insurance company, bank, government institution, or other organisation, institution or person, that has any records or knowledge of the proposed Member and who has attended or may hereafter attend to the proposed Member to disclose such information to Bupa; (2) Bupa or any of its appointed medical examiners or laboratories to perform the necessary medical assessments and tests to evaluate the health status of the proposed Member in relation to this Application and any claim arising therefrom. I acknowledge and agree that such appointment shall be made on such terms and conditions as Bupa shall think fit at its absolute discretion. Bupa shall not be liable for any claim whatsoever which may be made against any such service provider appointed by Bupa by the proposed Member. I acknowledge that Bupa reserves the right to ask for submission of more details of health status or medical reports of the proposed Member at the Subscriber’s own cost. Such authorisation shall survive me / the proposed Member and shall be irrevocable.

本人聲明，就本人所知所信，在本申請中或為支持本申請（包括向任何保柏委任的體檢人員）提供的資料（「資料」）均屬真實、準確及完整。本人明白，(1) 所有資料均構成本合約的基礎並成為本合約的一部分；及(2) 未能向保柏提供全面、完整和準確的資料有機會令保柏有權將本合約視為從不存在、拒絕支付全部或部分索償或影響給予準會員的保障。

如本人代表年齡未滿18歲的準會員提出本申請，代表準會員披露的所有資料已經本人核實為真實及正確。本人確認，準會員所知之事被視為本人所知之事。

本人允許保柏按照本申請表最後一頁的「個人資料收集聲明」所述用途使用及披露在本申請中提供的個人資料以及其收集到與本人和準會員有關的其他個人資料。

本人在本申請中授權 (1) 持有準會員的任何記錄或對準會員有任何認識的任何僱主、註冊西醫、醫院、診保險公司、銀行、政府機關，或其他組織、機構或人士，或曾經或有機會在日後照顧準會員的人士向保柏披露有關資料；(2) 保柏或其委任的體檢人員或化驗所為本申請及日後提出的任何索償進行所需的體格評估和測試以評核準會員的健康狀況。本人確認及同意，保柏有絕對的酌情權以其認為合適的條款及細則作出上述委任。對於準會員提出針對保柏委任的任何服務供應商的任何索償，保柏概不負責。本人確認，保柏保留權利要求投保人自費提供更多與準會員健康狀況或醫療報告有關的詳情。此授權於本人/準會員的一生中維持有效且不可撤銷。

Contract and Renewal 合約及續保

I agree to be bound by the terms and conditions of the Contract of this Scheme, which I understand are available on request and will be provided to me if this application is approved.

I acknowledge that the Contract shall be renewed automatically on a yearly basis unless it is not renewed by giving notice to Bupa or according to the terms of the Contract. I further authorise Bupa to deduct the subscription payments from my designated bank account / credit card (where applicable) upon renewal. If I want to cancel the Contract in future, the Subscriber will need to inform Bupa in writing at least 10 days before the Contract Anniversary Date.

I agree that this Health Declaration and Questionnaire and the answers given in this Application shall be the basis of the Contract between me and Bupa. I understand that I have the right to cancel this Contract within 21 days from the Coverage Commencement Date and that if I do not cancel the Contract within that period, all information in this Application is deemed to be final.

I acknowledge that Bupa may terminate the cover for the proposed Member with immediate effect if the law of the country in which the proposed Member is located, or the proposed Member's place of residence or nationality, including but not limited to USA and Japan, or any other law which applies to Bupa or the Contract, prohibits the provision of healthcare cover by Bupa to local nationals, residents or citizens. I further declare that the proposed Member is not US permanent residents. I understand that I am obliged to immediately notify Bupa in writing if the proposed Member becomes a permanent resident of USA during the Contract year. Permanent resident shall mean a person residing in a country who is a citizen of or who is permitted under applicable laws to live and work, on a permanent basis, in that country.

本人同意受本計劃的合約條款及細則約束。本人明白，這些條款及細則可以隨時索取，而且如本申請獲批便會向本人提供。

本人確認，除非通知保柏不續保或根據本合約條款不獲續保，否則本合約將會每年自動續保。本人進一步授權保柏在續約時從本人指定的銀行賬戶/信用卡（如適用）扣除保費。如本人在將來想取消本合約，投保人將要在合約週年日前最少10日書面通知保柏。

本人同意，本申請中的健康聲明及問卷和所提供的回答將作為本人與保柏之間的合約基礎。本人明白，本人有權於保障開始日後21日內取消本合約。如本人沒有於此期間取消合約，本申請內的所有內容將被視為最終資料。

本人確認，如準會員的所在國家或其居住地或國籍所屬國家的法律（包括但不限於美國和日本）或任何其他對保柏或本合約適用的法律禁止保柏向當地國民、居民或公民提供醫療保障，保柏可終止相關準會員的保障並立即生效。本人進一步聲明，準會員並非美國永久居民。本人明白，如準會員於合約年度期間成為美國永久居民，本人有責任立即以書面通知保柏。「永久居民」指居於某國家並且身為該國公民或根據適用法律獲許在該國永久性居留及工作的人士。

Applicable to Application through authorised insurance broker 適用於透過獲授權保險經紀進行之申請

I understand, acknowledge and agree that, as a result of me purchasing and taking up the Contract to be issued by Bupa, Bupa will pay the authorised insurance broker commission during the continuance of Contract including renewals, for arranging the said policy. I further understand that the above agreement is necessary for Bupa to proceed with the Application.

本人明白、確知及同意，保柏會就本人購買及接受其簽發的合約，於合約有效期內（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。本人亦明白，保柏必須取得以上協議才可以處理本申請。

Personal Information Collection Statement 個人資料收集聲明

By signing this application form, I confirm that I have read and understood the Personal Information Collection Statement ("Statement") in this application form. I have also brought the Statement to the attention of all proposed Insured Person(s)/ Member(s) (or their guardians if applicable) and confirmed the understanding and agreement to it. I/We consent to the transfer of my/our personal data within or outside of Hong Kong for the purposes and to the types of transferees as set out in the Statement. I/We have understood the Statement's effect in respect of my/our personal information collected or held by Bupa (Asia) Limited, including the use, storage, processing, transfer, disclosure and/ or sharing of part of or all of my/our personal information within the Group Companies in accordance with the Statement. The updated version of Statement is available for download from www.bupa.com.hk or Bupa's mobile applications.

通過簽署本申請表，本人確認已細閱並明白本申請表所述的「個人資料收集聲明」。本人亦已促使準受保人/會員（或其監護人，如適用）留意「個人資料收集聲明」並確認明白及同意有關內容。本人/我們同意就「個人資料收集聲明」所述用途視乎情況提供本人/我們的個人資料至香港境內外予「個人資料收集聲明」所載的資料承讓人。本人/我們明白個人資料收集聲明對保柏（亞洲）有限公司收集或持有的本人/我們的個人資料的效力及影響，包括按照個人資料收集聲明使用、儲存、處理、轉移、公開或分享本人的部分或全部個人資料致任何集團公司之成員。該個人資料收集聲明最新的版本可於www.bupa.com.hk或保柏應用程式下載。

Use of Personal Information in Direct Marketing 在直接促銷中使用個人資料

With my/our consent, Bupa may use my/our personal data in direct marketing and provide my/our personal data to any member within the Group Companies and selected third parties, which may contact me/us with promotional material (including by email, SMS, mobile application, social media, instant messenger or other means that become available from time to time) as referred to in the section entitled "Use of Personal Information in Direct Marketing" in the Statement, including in relation to insurance (such as premium discounts), wellness, rewards, loyalty or privileges programmes and related products and services. I/we understand that I/we have the right to request Bupa to cease using my/our personal data for direct marketing purposes by emailing customercare@bupa.com.hk or calling the Bupa Customer Care helpdesk on 2517 5333. Tick the box below if I/we wish to receive such direct marketing communications.

只有在本人/我們的同意下，保柏可使用不時向本人/我們收集的個人資料，包括本人/我們的姓名、聯絡方法、性別、健康及家庭狀況，並根據個人資料收集聲明第5段「在直接促銷中使用個人資料」所述，提供本人/我們的個人資料予任何集團公司成員、旗下品牌及/或所述的第三方，為本人/我們提供服務或產品有關的促銷信息包括保險（例如保費折扣）、健康、獎賞、會員忠誠或優惠計劃及其相關的產品及服務的市場推廣資訊（包括通過電郵、短訊、流動應用程式通知、社交媒體、即時通訊工具、或其他隨時可用的聯絡方法）。本人/我們明白有權透過聯絡保柏的客戶服務專線（電郵至customercare@bupa.com.hk或致電2517 5333），要求停止將本人/我們的個人資料用作直接市場推廣用途。如果本人/我們希望收到此類直接業務推廣通訊，請在以下空格填上(✓)號。

☐ By checking this box, I/we wish my/our personal information to be used and disclosed by Bupa related to direct marketing purposes as set out above and in accordance with the Statement.

本人/我們在此空格填上(✓)號，以表示願意保柏使用及披露本人/我們個人資料用作根據個人資料收集聲明和以上所述之直銷業務推廣用途。

I, as the Subscriber, understand that I declare and sign on behalf of the Member listed in this Application under this Scheme who is under the age of 18.

本人茲申請為投保人，明白本人代表此計劃申請表內列出之18歲以下會員作出聲明及簽署。

I understand that no cover will be payable under the Contract unless and until all required documents are submitted and processed, this application is approved and the subscription is received by Bupa.

本人明白除非及直至此申請所需的文件已經交妥及處理，並且此申請已獲保柏接納及保柏已經收到所有保費後，此合約下的保障方能生效。

Applicant's Signature 申請人簽署	Signed in Hong Kong on 於香港簽署之日期	Agent's / Broker's / Telesales' Name (If applicable and must be completed by the applicant) 代理人 / 經紀 / 營業代表姓名 (如適用及必須由申請人填寫)
		Agent's / Broker's / Telesales' Code 代理人 / 經紀 / 營業代表編號
X		Agent's / Broker's / Telesales' Contact Tel. No. 代理人 / 經紀 / 營業代表聯絡電話號碼
(Full Name 姓名)	DD 日 MM 月 YYYY 年	Agent's / Broker's / Telesales' Email Address 代理人 / 經紀 / 營業代表電郵地址

Reminder 提醒你

- To help us process your Application quickly, please ensure that you have:
☒ enclosed payment of the correct subscription and levy and a copy of your HKID Card or Passport
☒ enclosed a copy of the HKID Card, Passport or the birth certificate of the proposed Member
☒ initialled any amendments on this application form
- 我們想更快地助你完成申請，因此請你在遞交申請表時謹記：
☒ 連同正確之保費及保費徵費與你的香港身份證或護照副本
☒ 連同準會員的香港身份證、護照或出生證明副本
☒ 於任何更改之處簽署作實

Bupa (Asia) Limited
Privacy Notice relating to the Personal Data (Privacy) Ordinance (the "Ordinance")

1. Introduction

- 1.1. Bupa (Asia) Limited ("Company", "we" or "us") is committed to protecting your privacy and security of your personal information. This Notice is provided to you in connection with your dealings and provision of data or information to the Company. This Notice is prepared in accordance with the Ordinance and also operates as the Personal Information Collection Statement which we will provide, or make available, to you on or before the collection of your personal information by the Company.
- 1.2. This Notice is intended to ensure that you can make informed decisions about providing your personal information to Company in accordance with this Notice. Please be aware that this Notice replaces any notice or statement of similar nature that may have been provided to you previously. When you click on "I Agree" or select any options with similar content, or log in, confirm, agree to, use or accept this Notice we provide via registration procedure or any other way, you consent to your personal information being collected, stored, used, processed, transferred, disclosed or shared in accordance with this Notice.
- 1.3. For the purposes of this Notice, "Group Company" means the Company and its holding companies, branches, subsidiaries, representative offices and affiliates, wherever situated, and any one of them. Affiliates include branches, subsidiaries, representative offices and affiliates of the Company's holding companies, wherever situated (collectively, the "Group").
- 1.4. If you provide us with the personal information about other individuals, you must tell those individuals that you have provided us with their details and let them know where they can find a copy of this Notice.

2. Personal Information We Collect

- 2.1. From time to time, it is necessary for you, or other members/ insured persons covered under your policy (each a "Member"), to supply the Company with certain personal information (including where relevant, credit information and claims history) relating to you, or the Member, when you apply for insurance or financial products and services from the Company, or when you apply to make changes to your policy, or when you renew a policy.
- 2.2. During the course of your relationship with the Company, further personal information relating to you, or the Member, may also be collected in the ordinary course of our business, for example, when you lodge insurance claims with the Company in relation to yourself or the Member.
- 2.3. Failure to supply personal information requested by the Company may result in the Company being unable to process your application, request for information or services, enquiries and/or provide services or products to you, or the Member.**
- 2.4. The personal information we collect and/or hold from time to time may include your personal identification information, contact information, transaction records, financial background, medical and health records, biometric data and your location and activities when you access or browse our website(s) or use our mobile application(s) or portal(s) (including any diagnostic or health-monitoring tools thereon and the Bluetooth and/or wearable device that are used to collect data for the purposes of such tools).
- 2.5. We will always try to collect your personal information from you through the course of your relationship with us and in a range of ways. However, there may be instances where we will need to collect your personal information from third parties or sources in certain circumstances, such as a family member or someone else acting on your behalf, your employers, medical personnel, business/asset acquisition transactions of the Company, business partners, or public databases.
- 2.6. If you are under the age of 18, you should obtain consent from your parent or guardian before you provide the Company with your personal information.
- 2.7. Storage of personal information may be in various forms including, physical (paper) form, digital customer systems or applications, data management software or systems in the usual course of business practices, depending on your engagement with the Company.

3. Purposes of Collection

- 3.1. Your personal information collected may be used, stored, processed, transferred, disclosed or shared by the Company for the following purposes from time to time:
 - (a). processing, assessing and determining any applications for insurance products and services;
 - (b). offering and providing products and services to you, or the Member, and processing requests made by you, or the Member, from time to time, including but not limited to requests for addition, alteration, deletion, maintenance, management and operation of insurance benefits or insured Members;
 - (c). registering you, or the Member, as a user or a member of services or information provided or to be provided by us on the website(s), mobile application(s) or portal(s) managed and/or operated by us;
 - (d). coordinating your care, or the Members', within Group Companies to achieve better health management outcomes;
 - (e). any purposes in connection with any claims made by or against or otherwise involving you, or the Member, in respect of any products and/or services provided by the Company including, without limitation, making, defending, analysing, investigating, detecting and preventing fraud (whether or not relating to the policy issued in respect of any application or claim) processing, assessing, determining, settling or responding to such claims;
 - (f). performing any functions and activities related to the products and/or services provided by the Company including, without limitation, audit, reporting, market research, general servicing, maintenance of online and other services, identity verification, data matching, research, data analytics, statistical analysis, and reinsurance arrangements;
 - (g). providing you with personalised health information and information about our services or products, and personalised website, mobile application or portal interface;
 - (h). providing you with appropriate health, insurance administration, wellness or other related services (including, without limitation, e-ticketing, appointment booking and clinic / medical professional search and service and product redemption functions on the website(s), mobile application(s) or portal(s)) managed and/or operated by us) or products;
 - (i). communicating with you regarding the administration, features and renewal of the insurance policy that you subscribe to;
 - (j). operating, maintaining, evaluating, improving, troubleshooting problems, and understanding your preference(s) with our website(s), mobile application(s) or portal(s);
 - (k). provision and design of products and services of the Company;
 - (l). exercising the Company's rights in connection with provision of any products and services to you, or the Member, from time to time, for example, to determine any amount of indebtedness from you, and collecting and recovering owing from you or any person who has provided any security or undertaking for your liabilities;
 - (m). communication with you or the Member (or with you on behalf of the Member) in relation to any of the purposes set out in this Notice;
 - (n). with your consent, marketing services, products and other subjects by us, any member and/or brand of the Group Companies (such as Horizon Health and Care Limited and/or Quality HealthCare Group, our affiliates) and/or other third parties (please see further details in paragraph 5 below);
 - (o). managing our relationship with you, our business and organisations who work with us in relation to providing our products or services to you, or the Member (including, with limitation, futures changes to this Notice);
 - (p). enabling an actual or proposed assignee, transferee, participant or sub-participant of all or a substantial part of the Company's rights or business to evaluate the transaction intended to be the subject of the assignment, transfer, participation or sub-participation;
 - (q). making disclosure to satisfy the requirements of any laws, rules and regulations, codes of practice, guidance notes or guidelines binding on the Company; and
 - (r). fulfilling any other purposes directly related to (a) to (q) above.

4. Transfer of Personal Information

- 4.1. Personal information collected or held by the Company relating to you, or the Member, will be kept confidential but the Company may transfer such personal information inside or outside the Hong Kong Special Administrative Region of the People's Republic of China, for the purposes specified in paragraph 3 to the following classes of transferees:
 - (a). any member and/or brand of the Group Companies;
 - (b). any insurance adjusters, agents and brokers;
 - (c). any re-insurance companies authorised by the Company;
 - (d). employers (for members of corporate policy only);
 - (e). healthcare professionals and hospitals;
 - (f). any third parties engaged in connection with a member of the Group Company's business who provides medical, health, insurance, wellness or other related services or products;
 - (g). any agent, contractor or third party service providers who provide administrative, telecommunications, computer, payment, data processing, storage of analytics, printing, research, advertising, distribution or other services to the Company in connection with the operation of business, (including without limitation insurers; banks; lawyers; accountants; claims investigators; fraud prevention organisations; other insurance companies (whether directly or through fraud prevention organisations or other persons named in this paragraph); organisations that consolidate claims and underwriting information for the insurance industry; the police and databases or registers (and their operators) used by the insurance industry to analyse and check information provided against existing information; debt collection agencies; data processing companies; research agencies and professional advisors);
 - (h). with your consent, third parties (within or outside the Group Companies) in relation to direct marketing (please see further details in paragraph 5 below);
 - (i). third party reward, loyalty, co-branding and privileges programme providers and co-branding partners of a member of the Group Companies;
 - (j). financial institutions engaged by the Company or you for billing and payment purposes;
 - (k). any actual or proposed assignee, transferee, participant or sub-participant of all or a substantial part of the Company's rights or business; and
 - (l). any person to whom the Company is under an obligation to make disclosure under the requirements of any law, rules, regulations, codes of practice or guidelines binding on the Company including, without limitation, any applicable regulators, governmental bodies, industry recognised bodies, credit reference agencies, the Courts, and where otherwise required by law.
- 4.2. We will only disclose personal information limited to that which is necessary to the above parties for the relevant purposes, who may process (including, without limitation, by recording, organising, structuring, storing, adapting, altering, retrieving, using, aligning, combining or erasing) your personal information for the relevant purposes set out in paragraph 3 above.
- 4.3. In the event that we complete the acquisition of a new business or brand, we shall communicate with you through the communication channels you provided to us, and any personal information shall be treated in accordance with this Notice if it is practicable and permissible to do so.

5. Use of Personal Information in Direct Marketing

- 5.1. Only with your consent (which includes an indication of no objection), the Company, any member and/or brand of the Group Companies and/or the third parties stated under paragraphs 3.1 (n) and 5.2 (b) to (e) may use your personal information collected from time to time to provide you with marketing communications (including by email, SMS, mobile application, social media, instant messenger or other means that become available from time to time) relating to the following products and services:
 - (a). insurance, medical, dental, healthcare, wellness, personal development, beauty, sporting activities and membership, lifestyle, entertainment, financial, and related services and products;
 - (b). rewards, benefits, discounts, member activities, loyalty or privileges programmes and related services and products;
 - (c). services and products offered by the Company's co-branding partners; and
 - (d). donations and contributions for charitable and/or non-profit making purposes.
- 5.2. The above services, products and subjects may be provided or (in the case of donations and contributions) solicited by the Company and/or:
 - (a). any member and/or brand of the Group Companies;
 - (b). third party service providers;
 - (c). third party reward, loyalty, co-branding or privileges programme providers;
 - (d). co-branding partners of a member of the Group Companies; and
 - (e). charitable or non-profit making organisations.

Personal Information Collection Statement 個人資料收集聲明

- 5.3. We may not use your personal information for direct marketing purposes unless we have received your consent. For the avoidance of doubt, the latest instruction (for example, consent or indication of no objection, or request for opt-out) received from you shall override any previous instruction given to the Company in this regard in relation to all of your personal information collected or held by the Company from time to time.
- 5.4. If you choose to personalise your services where such options are available, we will use personal information that we collect so that we can offer you those personalised services or communications. If you do not wish to accept those personalised services or communications, you can unsubscribe from those services at any time and we will cease to offer such services to you.
- 5.5. For the avoidance of doubt, whether or not you consent to receive marketing communications of the type described in this paragraph 5, the Company may still communicate with you regarding the administration, features and renewal of your insurance policy.
- 6. Security and Retention**
- 6.1. The Company retains your personal information for as long as necessary for the purposes set out in this Notice, or otherwise agreed between you and us, unless otherwise required or permitted under applicable law.
- 6.2. Where the Company no longer requires your personal information for the purposes under this Notice, or otherwise required under law, we will take appropriate steps to securely delete or destroy your personal information.
- 6.3. We will take reasonable steps to securely store your personal information. This includes implementing a range of digital and physical security measures. In addition, we will restrict access to your personal information to those properly authorised to have access.
- 6.4. When you use our sites, we and third-party companies collect information by using cookies and other technologies such as pixel tags (for simplicity we refer to all such technologies as "cookies"). The updated version of the Cookies Policy is available for download from our website: www.bupa.com.hk and is available upon request.
- 6.5. Our websites, mobile applications or portals may provide the links to other external websites over which we do not have control. You are advised to refer to the privacy policies of these websites for more information.
- 7. Data Access and Correction**
- 7.1. Under and in accordance with the terms of the Ordinance, you have the following rights to:
- (a). check whether the Company holds personal information relating to you or the Member and to access such personal information;
 - (b). require the Company to correct any personal information relating to you or the Member which is inaccurate;
 - (c). ascertain our policies and practices in relation to personal data and to be informed of the kind of personal data held by the Company;
 - (d). request the Company to cease using your personal information for direct marketing purposes; and
 - (e). change your preference in respect of our use of your personal information.
- 7.2. Requests can be made in writing to the Company's Data Protection Officer at the following address:
Data Privacy Officer/ Customer Service Manager
6/F, Tower 2, The Quayside, 77 Hoi Bun Road, Kwun Tong, Kowloon, Hong Kong
Or, by email:
customer@bupa.com.hk
8. In accordance with the terms of the Ordinance, the Company has the right to charge a reasonable fee for the processing of any personal information access or correction request.
9. For any enquiries about this Notice, please do not hesitate to contact our Customer Care helpdesk at 2517 5333.
10. Nothing in this Notice shall limit the rights of customers under the Ordinance.
11. In case of discrepancies between the English and Chinese versions of this Notice, the English version shall prevail. This Notice may be amended by the Company from time to time.

Personal Information Collection Statement 個人資料收集聲明

保柏（亞洲）有限公司有關個人資料（私隱）條例（「條例」）之私隱通知

1. 簡介

- 1.1. 保柏（亞洲）有限公司（「本公司」或「我們」）致力保障您的個人資料的私隱及安全。本私隱通知是就您與我們進行交易及提供資料或資訊而向您提供的。本私隱通知按照條例所編製和作為收集個人資料聲明，我們將在公司收集您的個人資料時或之前向您提供或可供查閱。
- 1.2. 本私隱通知旨在確保您能夠根據本私隱通知，就向我們提供您的個人資料時作出知情的決定。請注意，本私隱通知將取代之前可能已提供給您的任何類似性質的私隱通知或私隱通知。當您點擊「同意」或選擇任何類似內容的選項，或登錄、確認、同意、使用或接受我們通過登記程序或其他任何方式提供的本私隱通知時，即表示您同意您的個人資料根據本私隱通知收集、存儲、使用、處理、傳輸、披露或分享。
- 1.3. 就本私隱通知而言，「集團公司」是指本公司及其母公司、分行、子公司、代表處及關聯公司，無論其位於何處（統稱為「本集團」）。
- 1.4. 如果您向我們提供其他人的個人資料，您必須通知並告知他們本私隱通知。

2. 我們收集的個人資料

- 2.1. 在您或受保於您保單的其他會員/受保人（每位「會員」）向本公司申請保險或金融產品及服務，或當您更改保單或續保時，必須不時向本公司提供您或會員的個人資料（包括信用資料和以往索賠記錄，如適用）。
- 2.2. 本公司亦可能會在日常業務運作的過程中向您或會員收集更多個人資料，例如當您為您或代會員向本公司提出保險索償時。
- 2.3. 如您未能提供本公司所要求的個人資料，本公司可能無法處理您的申請及/或向您或會員提供保險產品、服務或其他相關服務。
- 2.4. 我們不時收集及/或持有的個人資料可能包括您的個人身份證明資料、聯絡資料、交易記錄、財務背景、醫療及健康記錄、生物辨識資料及您在訪問或瀏覽我們的網站或使用我們的流動應用程式或門戶平台時的位置及活動（包括其上的任何診斷或健康監測工具及此類工具用於收集數據的藍牙及/或可穿戴設備）。
- 2.5. 在您與我們的互動關係過程中，我們可通過多種方式從您那裡收集您的個人資料。但是，在某些情況下，我們可能需要從第三方或來源收集您的個人資料，例如代表您的家庭成員或其他人、您的雇主、醫務人員、本公司的業務/資產收購交易、業務合作夥伴或公共數據庫。
- 2.6. 如您未滿18歲，您向本公司提供您的個人資料前，應徵得您父母或監護人的同意。
- 2.7. 根據您與我們的互動關係，個人資料的存儲可以採用不同形式，包括實體（紙張）形式、數碼化客戶系統或應用程式、日常業務實踐過程中的數據管理軟件或系統等。

3. 收集個人資料之目的

- 3.1. 本公司將就以下目的不時使用、儲存、處理、轉移、公開或分享您的個人資料：
 - (a). 處理、評估、決定任何保險產品及服務之申請；
 - (b). 為您或會員提供保險產品及服務及處理您或會員不時提出的要求，包括但不限於要求增加、更改、刪除、維持及管理保障項目或受保會員；
 - (c). 登記您成為由我們管理及/或營運之網站、流動應用程式或門戶平台的用戶或其所提供或將提供的資訊或服務的會員；
 - (d). 在本集團公司旗下協調您或會員的護理，實現更好的健康管理結果；
 - (e). 任何有關您或會員對本公司所提供之保險產品及服務提出之索償，包括但不限於賠償、辯護、分析、調查、偵測及防止欺詐行為（無論是否與就此申請而簽發之保單及相關的任何申請或索償）、處理、評估、決定、解決或回應該等索償；
 - (f). 執行與本公司提供的服務或產品有關的任何功能及活動，包括但不限於審計、匯報、市場研究、一般服務、在線及其他服務的維護、身份核實、資料核對、研究、數據分析、統計分析及再保險之安排；
 - (g). 向您提供個人化的健康資訊及有關我們的產品或服務的資訊，及個人化的網站、流動應用程式或門戶平台介面；
 - (h). 向您提供適合的健康、保險管理、保健或其他相關服務（包括但不限於電子業務、預約及診所/醫療專業人員搜索，以及我們管理及/或營運之網站、流動應用程式或門戶平台上的服務及產品兌換功能）或產品；
 - (i). 就您的保險產品計劃的管理、保障及續保事項與您溝通；
 - (j). 就我們的網站、流動應用程式或門戶平台進行營運、維護、評估、改善、問題排解，以及瞭解您的偏好；
 - (k). 提供及設計本公司的產品及服務；
 - (l). 行使本公司向您或會員提供保險和服務時有關的權利，例如釐定您拖欠的任何款項的金額，及向您或任何已為您的債務提供任何擔保或承諾的人士，追收和收回拖欠的任何款項；
 - (m). 就本私隱通知中所述的任何用途與您或會員（或與代表會員的您）聯絡；
 - (n). 在您同意的情况下促銷我們、任何集團公司成員及/或旗下品牌（例如我們的關聯公司 - Horizon Health & Care Limited 及/或卓健集團）及/或第三方的服務、產品及其他主題（詳情請參閱下文第5段）；
 - (o). 管理我們與您、我們的業務及與我們合作向您或會員提供產品或服務的組織之關係（包括但不限於通知本私隱通知的未來變更）；
 - (p). 允許本公司全部或部份的權益或業務的實際或建議承讓人、受讓人、參與人或次參與人，就涉及的轉讓、出讓、參與或次參與的交易進行評估；
 - (q). 為遵守任何法例之要求，或根據監管或其他機關所發出對本公司具有約束力或要求其遵守的規則、規例、實務守則、須知或指引，而作出披露；及
 - (r). 達到與上述 (a) 至 (q) 直接有關的其他目的。

4. 個人資料的轉移

- 4.1. 本公司所收集或持有與您或會員有關的個人資料將會保密，但本公司可在中華人民共和國香港特別行政區境內或境外，為上文第3段規定的目的，將這些個人資料轉移予下列類別的承轉人：
 - (a). 本公司的集團公司成員及旗下品牌；
 - (b). 任何由本公司授權的保險理算人、代理及經紀；
 - (c). 任何由本公司授權的再保險公司；
 - (d). 僱主（只適用於團體保單之會員）；
 - (e). 醫護專業人員及醫院；
 - (f). 任何就集團公司的業務被聘用提供醫療、健康、保險、保健或其他相關服務或產品的第三方；
 - (g). 任何代理人、承包人或其他就本公司之業務運作，向本公司提供行政、電訊、電腦、付款、資料處理、數據儲存及分析、印刷、廣告、研究、分銷或其他服務的第三方服務供應商（包括但不限於保險公司、銀行、理財顧問、律師、會計師、理賠調查員、防欺詐、組織、其他保險公司（無論是直接地，或是通過過防欺詐組織或本段中指名的其他人士）、為保險業界整合中索及承保資料之組織、警察、供保險業界用作分析及核對所提供的資料與既有資料的資料庫及登記冊（及其運營者）、收數公司、資料處理公司、研究服務機構及專業顧問）；
 - (h). 在您的同意下，任何參與直接促銷的第三方（無論在集團公司內或外）（詳情請參閱下文第5段）；
 - (i). 獎賞、會員忠誠、品牌合作或優惠計劃之第三方供應商，及集團公司成員；
 - (j). 本公司或您為處理帳單及付款之目的而聘用的金融機構；
 - (k). 任何本公司全部或重要部分權益或業務的任何實際或建議承讓人、受讓人、參與人或附屬參與人；及
 - (l). 為遵守任何對本公司有約束力的法律、規則、規例、實務守則、指引資料或指引而有義務向其作出披露的任何人士，包括但不限於任何適用的監管機構、政府部門、受認證的行業組織、法院或其他法律規定的機構。
- 4.2. 我們只會向上述各方披露僅限於該相關目的必需的個人資料，他們可按上文第3段所述的相關目的處理（包括但不限於記錄、組織、構建、儲存、調整、修改、檢索、使用、達到一致、合併或刪除）您的個人資料。
- 4.3. 假若我們完成收購新公司或品牌的業務，我們會透過您提供給我們的通訊渠道向您溝通，而任何我們在得到您同意下獲取的個人資料將會在可行或許可的情況下根據本私隱通知被處理。

5. 在直接促銷中使用個人資料

- 5.1. 凡有您的同意下(包括不反對的表示)，本公司、任何集團公司成員、旗下品牌及/或第3.1 (n) 項及第5.2 (b) 至 (e) 項所述的第三方可使用不時向您收集的個人資料，為您提供與下列服務或產品有關的促銷信息（包括通過電郵、短訊、流動應用程式通知、社交媒體、即時通訊工具、或其他隨時可用的聯絡方法）：
 - (a). 保險、醫療、牙科、康健、健康、個人發展、美容、體育運動及會員服務、生活時尚、娛樂、金融及相關服務及產品；
 - (b). 獎賞、權益、折扣、會員活動、會員忠誠或優惠計劃及其相關的服務及產品；
 - (c). 本公司的品牌合作夥伴提供的服務及產品；及
 - (d). 為慈善及/或非牟利用途的捐款及捐贈。
- 5.2. 上述服務、產品及主題可能由本公司及/或下列人士提供或（在捐款及捐贈的情況下）徵集：
 - (a). 任何集團公司成員及/或旗下品牌；
 - (b). 第三方服務供應商；
 - (c). 獎賞、會員忠誠、品牌合作或優惠計劃之第三方供應商；
 - (d). 集團公司成員的品牌合作夥伴；及
 - (e). 慈善或非牟利機構。
- 5.3. 除非我們已取得您的同意，否則本公司不可以使用您的個人資料作直接促銷用途。為免生疑問，就本公司不時收集或持有的所有您的個人資料，本公司將會以從您收到的最新指示（例如同意或表示不反對的指示，或提出反對要求）為準。
- 5.4. 如果我們有提供服務個人化的選項時，而您選擇將您的服務個人化，我們將使用向您收集的個人資料為您提供這些個人化的服務或通訊。如果您不希望接受這些個人化的服務或通訊，您可以隨時取消訂閱這些服務，我們將停止向您提供這些服務。
- 5.5. 為避免有疑慮，不論您是否同意接收以上第五段所述的市場推廣資訊類別，本公司仍然可能就您保單相關的行政、保障及續保事宜與您聯絡。

6. 個人資料的安全及保留

- 6.1. 除非相關法律另有要求或批准，本公司會保留您的個人資料以達到本私隱通知所列所需的目的為止，或根據你與我們的另行協定保留您的個人資料。
- 6.2. 如果本公司不再需要您的個人資料以用於本私隱通知規定的目的，或法律規定的其他目的，我們將採取適當的步驟，安全地刪除或銷毀您的個人資料。
- 6.3. 本公司會採取合理措施安全存儲您的個人資料。這包括實施一系列安全措施。此外，我們會將對您的個人資料的訪問權限，限制為獲得適當授權的人員。
- 6.4. 當您瀏覽我們的網站時，我們和我們合作的第三方公司通過使用 cookies 和其他技術（如像素標籤 - pixel tag）收集信息（為簡單起見，我們將所有此類技術稱為“cookies”）。Cookies 政策的更新版本可從我們的網站 www.bupa.com.hk 下載，並可應要求提供。
- 6.5. 我們的網站、流動應用程式或門戶平台介面可能載有第三方網站的連結，我們對該等其他網站並無控制權。我們建議細閱該等網站的私隱聲明。

7. 查閱及更改個人資料

- 7.1. 根據有關條例中的條款，您有權：
 - (a). 查詢本公司是否持有與您或會員相關的個人資料，並查閱該等資料；
 - (b). 要求本公司更正任何有關您或會員的不準確的個人資料；
 - (c). 查明本公司對於個人資料的政策及處理方法及獲告知本公司持有的個人資料類別；
 - (d). 要求本公司停止將您的個人資料作直接市場推廣用途；及
 - (e). 更改您對我們使用您的個人資料的偏好。
- 7.2. 如您需行使上述權利，請以書面形式將您的要求：

郵寄：香港九龍觀塘海濱道77號海濱匯第2座6樓
保柏（亞洲）有限公司
保障資料主任/客戶服務經理
或電郵：
customer@bupa.com.hk
- 7.3. 根據有關條例之條款，本公司有權就處理您的查閱或更改的資料要求收取合理費用。
- 7.4. 如閣下對本聲明有任何查詢，請隨時致電本公司的客戶服務專線2517 5333。
- 7.5. 本私隱通知不會限制您在條例下所享有的權利。
- 7.6. 如本私隱通知的英文版本與中文版本有差異時，將以英文版本為準。本私隱通知會本公司不時修訂。

Bupa VTop Health Insurance Scheme Credit Card Authorisation Form
保柏易增值醫療保障計劃信用卡付款授權書



Subscriber's Name 投保人姓名
Surname 姓
Given Name 名

If credit card payment is chosen as the payment method, please complete this form, sign where marked "X" and return this form to Bupa by mail or by fax. If you have faxed this form to Bupa, please do not return it to us by mail again.
若選擇以信用卡付款，請填妥此表格及簽署於「X」位置，並交回保柏。若你已傳真此表格給我們，請無須寄回此表格。

Visa MasterCard

Cardholder's Name 持卡人姓名
HKID Card No. 香港身份證號碼
Credit Card Account No. 信用卡戶口號碼
Credit Card Expiry Date 信用卡到期日

I acknowledge that the Contract shall be renewed automatically on a yearly basis unless it is not renewed by giving notice to Bupa or according to the terms of the Contract. I hereby authorise and direct Bupa (Asia) Limited to automatically debit the subscription and levy due from my credit card account on an annual / monthly basis until further notice.
本人明白除非收到本人給予保柏的通知不再續保或因根據合約條款規定，否則合約將會每年自動續保。本人茲授權保柏(亞洲)有限公司自動從本人的信用卡戶口每年/每月支付應繳保費及保費徵費金額，直至另行通知。

If the Cardholder is not the applicant / Subscriber / Member, please fill in the following information. 若信用卡持有人並非申請人 / 投保人 / 會員，請填寫以下資料。
Relationship with the applicant / Subscriber / Member* 與申請人 / 投保人 / 會員*關係
(Applicable to spouse, parents or children only 只適用於配偶、父母或子女)

I hereby confirm to pay the subscription and levy due of Bupa Health Insurance Scheme for the applicant or proposed Member* as listed in this form.
本人同意及承擔列於此表格上的申請人或準會員*之全數應繳之保柏醫療保障計劃保費及保費徵費金額。

Cardholder's Signature 持卡人簽署
Contact Phone No. 聯絡電話號碼
Date 日期

* Please delete if inappropriate 請刪除不適用者

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Bupa VTop Health Insurance Scheme Direct Debit Authorisation Form
保柏易增值醫療保障計劃直接付款授權書



Subscriber's Name 投保人姓名
Surname 姓
Given Name 名

If autopay is chosen as the payment method, please complete this form, sign where marked "X" and return the original copy to Bupa with a cheque for the subscription and levy amount.
I acknowledge that the Contract shall be renewed automatically on a yearly basis unless it is not renewed by giving notice to Bupa or according to the terms of the Contract.

Name of party to be credited (The beneficiary)
收款之一方 (受益人)
BUPA (ASIA) LIMITED
Bank No. 銀行編號
Branch No. 分行編號
Account No. 收款戶口號碼

I/We hereby authorise my/our above-named bank (the "Bank") to effect transfer from my/our above-mentioned account to the above-named Beneficiary in accordance with such instructions as the Bank may receive from the Beneficiary from time to time, provided always that the amount of any one such transfer shall not exceed the limit indicated above (if applicable).
I/We agree that the Bank shall not be obliged to ascertain whether or not notice of any such transfer has been given to me/us.
I/We jointly and severally accept full responsibility for any overdraft (or increase in existing overdraft) on my/our above-mentioned account which may arise as a result of any such transfer(s).
I/We confirm that my/our signature(s) on this authorisation is/are the same as filed with the Bank for the operation of my/our above-mentioned account to be debited for the transfer.
I/We agree that should there be insufficient funds in my/our above-mentioned account to meet any transfer hereby authorised, the Bank shall be entitled, at its discretion, not to effect such transfer in which event the Bank may make the usual service charge to be paid by me/us.
I/We agree that any notice of cancellation or variation of this authorisation which I/we may give to the Bank shall be given at least two working days prior to the date on which such cancellation or variation is to take effect.
This authorisation shall have effect until further notice or until the above given expiry date (whichever first occurs).

My / Our Bank and Branch Name
本人 / 吾等之銀行及分行名稱
Bank No. 銀行編號
My / Our Account No. 本人 / 吾等之戶口號碼

My / Our name as recorded on Statement / Passbook 本人 / 吾等在結單 / 存摺上之姓名
HKID Card No. / Passport No. 香港身份證號碼 / 護照號碼
My / Our signature(s) 本人 / 吾等之簽署
Date of signing 簽署日期

My / Our address as recorded on Statement / Passbook 本人 / 吾等在結單 / 存摺上之地址

Debtor's Name (If other than account holder) 債務人之姓名 (若非戶口持有人)
Membership No. (Debtor's Reference) 會員編號 (債務人備註)

If the account holder is not the applicant or proposed Member*, please fill in the following information.
Relationship with the applicant or proposed Member* 與申請人或準會員* 關係
(Applicable to spouse, parents or children only 只適用於配偶、父母或子女)

For bank use only 銀行專用
Signature Verified 核實簽署

Notes: 1. The box marked "Membership No." is to be completed by Bupa.
2. The signature on this authorisation form must be the same as the signature of your Bank Account.
附註: 1. 會員編號一欄由保柏填寫。
2. 在此授權書內之簽署模式必須與閣下之銀行戶口內之簽署相符。

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