

Employee Application For Employee Benefits Insurance 僱員福利保險參加表格

To be completed by the Employee and please sign the Declaration overleaf 由僱員填寫及請簽妥背頁聲明 (Please print in English 請用英文正楷)			To be completed by the Employer 由僱主填寫	
Employee Name (Name on HKID Card) 僱員姓名 Surname 姓 _____ Given Name 名 _____			Employer's Name (Policyholder) 公司名稱 _____	Policy No. 保單編號 _____
Sex 性別 <input type="checkbox"/> Male 男性 <input type="checkbox"/> Female 女性	HKID Card No. 身份證號碼 _____		Affiliated Company Name 附屬公司名稱 _____	Affiliated Code 附屬公司編號 _____
Date of Birth 出生日期 Y年 M月 D日	Employment Date 受僱日期 Y年 M月 D日		Staff No. (If any) 僱員編號 (如適用) _____	Department Code (If any) 部門編號 (如適用) _____
Marital Status 婚姻狀況 <input type="checkbox"/> Single 未婚 <input type="checkbox"/> Married 已婚 <input type="checkbox"/> Divorced 離婚 <input type="checkbox"/> Widowed 喪偶	Monthly Salary 月薪 HK\$ _____ Position 職位 _____		Life 人壽 Class <input type="checkbox"/> 1 等級 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> Others: _____	Effective Date of Participation 參加生效日 Y年 M月 D日
Employee Bank A/C No. 僱員銀行戶口號碼 Bank Code: _____ Bank Name: _____ 銀行編號 _____ 銀行名稱 _____ Branch Code: _____ Branch Name: _____ 分行編號 _____ 分行名稱 _____ Account No.: _____ 戶口號碼 _____ (7 to 9 digits)			Health 醫療 Class <input type="checkbox"/> 1 等級 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> Others: _____	Effective Date of Participation 參加生效日 Y年 M月 D日
Email Address 電郵地址 _____			Disability Income 傷殘 Class <input type="checkbox"/> 1 等級 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> Others: _____	Effective Date of Participation 參加生效日 Y年 M月 D日
Do you have other disability income insurance? NO/YES, please give details. 閣下是否持有其他傷殘保險? 否/是, 請詳述			Remarks 附註	
Do you engage in any hazardous or organised sport? NO/YES, please give details. 閣下是否參與危險或隊際性運動? 否/是, 請詳述				
Job Duties 工作範圍				
Dependant Coverage 家屬保障 * Health 醫療 <input type="checkbox"/> Yes <input type="checkbox"/> No * _____ <input type="checkbox"/> Yes <input type="checkbox"/> No * Dependant children aged 14 days - 18 years 年齡由14日至18歲之子女 * Full-time student below age 23 (Please attach evidence) 23歲以下之全日制學生 (請附上有效證明文件)				
Name of Dependants 家屬姓名	Date of Birth 出生日期 Y年 M月 D日	Relationship to the Insured 關係	Authorised Signature with Company Chop 公司簽署及蓋章	Date 日期
			AXA CR/GI use only 安盛金融/安盛保險專用	
			I _____	
			C _____	

Employee Application For Employee Benefits Insurance 僱員福利保險參加表格

Please answer the following questions carefully 請清楚回答下列問題	Height 身高	Weight 體重	Any weight change during the past 12 months? 過去12個月之體重改變?	Reason for Change 改變原因
Insured Employee 被保之僱員	_____ m/米 _____ ft, in/呎, 吋	_____ Kg/公斤 _____ lbs/磅	+/- _____ Kg/公斤 _____ lbs/磅	
Employee's Dependant 僱員之家屬	_____ m/米 _____ ft, in/呎, 吋	_____ Kg/公斤 _____ lbs/磅	+/- _____ Kg/公斤 _____ lbs/磅	

**All Questions must be answered "Yes" or "No" 以下所有的問題必須答“是”或“否”
Y/N**

1) Are you now on a full-time basis and active in your job? 閣下是否全職僱員及現時是否正常工作?	
2) To the best of your knowledge, do you or your dependant(s) (if applicable) have any physical impairment or deformity (if departure from good health)? 照閣下所知, 閣下或貴家屬是否有身體缺陷、畸形、或身體不正常?	
3) Have you or your dependant(s) (if applicable) had, or been advised to have an X-ray, ECG or blood test (eg. Cholesterol, AIDS, Hepatitis including Hepatitis B, Anaemia etc) in the last five years? 在過去五年內, 閣下或貴家屬有否接受或被建議接受X光檢查, 心電圖或血液檢驗? (例如膽固醇, 後天免疫缺乏症, 肝炎包括乙型肝炎, 貧血等)?	
4) Have you or your dependant(s) (if applicable) had a surgical operation or been confined or treated in any hospital, sanatorium or other institution in the last five year? 在過去五年內, 閣下或貴家屬曾否進行過外科手術或療養接受治療?	
5) Have you or your dependant(s) (if applicable) ever been treated for or been told to have high or low blood pressure; heart, vein or artery trouble; rheumatic fever; fainting spells; lung or other respiratory trouble; asthma; emphysema; pleurisy; colitis; ulcers; stomach, gall bladder, liver, intestinal or rectal trouble; hernia; diabetes; any form of tuberculosis; kidney, pancreas, bladder or genito-urinary trouble; thyroid trouble; venereal disease, syphilis; mental or nervous trouble; epilepsy; gout; brain disorders; arthritis or rheumatism; bone trouble; sciatica; back or spinal trouble; cancer; tumours or any form of growth; any deformities; paralysis; loss of or loss of the use of an eye or limb; any physical conditions; or injuries not previously mentioned, or any symptom of ill health, AIDS, AIDS-related complications or AIDS-related conditions? 閣下或貴家屬會否接受過下列疾病之治療或被報告曾患下列疾病: 高或低血壓、心臟、靜脈及動脈問題、風濕熱、昏倒病、肺部或呼吸問題、哮喘、氣腫、胸膜炎、結腸炎、潰瘍、胃、膽囊、肝或直腸問題、疝氣、糖尿病、任何結核病、腎臟、膀胱或生殖及泌尿系統問題、甲狀腺、性病、梅毒、精神或神經的問題、羊癲症、痛風、腦部疾病、關節炎或風濕病、骨骼、神經痛、背部或脊骨問題、癌症、腫瘤、畸形、癱瘓、喪失聽覺、視覺或肢體、任何其他以上未提及的健康情況、損傷及病徵、後天免疫力缺乏症(愛滋病), 與愛滋病有關的併發症或狀況?	
6) Are you or your dependant(s) (if applicable) now receiving or contemplating to receive any medical or surgical treatment or taking any medication? 閣下或貴家屬現時是否正接受醫生診治, 外科手術或藥物治療?	
7) Have you or your dependant(s) (if applicable) ever been refused of any form of life or health insurance or ever had a policy rated, modified or renewal refused? 閣下或貴家屬曾否購買人壽或醫藥保險而被拒絕, 或保留須加保費, 更改或被拒絕延續?	
8) Do you smoke tobacco, take drugs or narcotics or alcohol? If "Yes", type and quantity. 閣下有否吸煙, 服用藥物, 毒品或含酒精飲品? 如有, 請列明種類及份量。	
9) Has either parent or any brother or sister ever had diabetes, kidney disease, heart disease, stroke, high blood pressure, coronary artery disease, mental illness or cancer? 閣下的父母, 兄弟姊妹曾否患有下列疾病、糖尿病、腎病、心臟病、中風、高血壓、冠狀動脈病、精神病或癌症?	

**PLEASE PROVIDE COMPLETE DETAILS OF EACH QUESTION ANSWERED "YES" (If insufficient space below, please attach a separate sheet)
答是者請將詳細說明列下: (如下列空位不足, 請將詳情寫在另一張白紙上一併交回)**

Question No. 問題編號	Name of Person treated and details of the injury or sickness (Number of attacks and severity) 病人姓名及疾病說明(請列明病發次數及病程)	Duration 治療 Dates 日期 From 由 To 至	Name of Operation/ Treatment & Result of Tests 治療/手術名稱及測試結果	Degree of recovery 痊癒程度	Name and Address of Attending Doctor 診治醫生姓名及地址

PERSONAL INFORMATION COLLECTION STATEMENT 收集個人資料的聲明

AXA China Region Insurance Company Limited/AXA General Insurance Hong Kong Limited (referred to hereinafter as the “Company”) recognises its responsibilities in relation to the collection, holding, processing, use and/or transfer of personal data under the Personal Data (Privacy) Ordinance (Cap. 486) (“PDPO”). Personal data will be collected only for lawful and relevant purposes and all practicable steps will be taken to ensure that personal data held by the Company is accurate. The Company will take all practicable steps to ensure security of the personal data and to avoid unauthorised or accidental access, erasure or other use.

安盛金融有限公司/安盛保險有限公司 (下稱 “本公司”) 明白其就《個人資料(私隱)條例》(香港法例第486章) (“條例”) 收集、持有、處理、使用和/或轉移個人資料所負有的責任。本公司僅將為合法和相關的目的收集個人資料，並將採取一切切實可行的步驟，確保本公司所持個人資料的準確性。本公司將採取一切切實可行的步驟，確保個人資料的安全性，及避免發生未經授權或因意外而擅自取得、刪除或另行使用個人資料的情況。

Please note that if you do not provide us with your personal data, we may not be able to provide the information, products or services you need or process your request. 敬請注意，如果閣下不向本公司提供閣下的個人資料，我們可能無法提供閣下所需的資料、產品或服務，或無法處理閣下的要求。

Purpose: From time to time it is necessary for the Company to collect your personal data which may be used, stored, processed, transferred, disclosed or shared by us for purposes (“Purposes”), including:

目的：本公司不時有必要收集閣下的個人資料，並可能因下列各項目的 (“有關目的”) 而供本公司使用、存儲、處理、轉移、披露或共享該等個人資料：

1. offering, providing and marketing to you the products/services of the Company, other companies of the AXA Group (“our affiliates”) or our business partners, and administering, maintaining, managing and operating such products/services;
向閣下推介、提供和營銷本公司、安盛集團的其他公司 (“安盛關聯方”) 或本公司的商業合作夥伴之產品/服務，以及提供、維持、管理和操作該等產品/服務；
2. processing and evaluating any applications or requests made by you for products/services offered by the Company and our affiliates;
處理和評估閣下於本公司及安盛關聯方所提供之產品/服務提出的任何申請或要求；
3. providing subsequent services to you, including but not limited to administering the policies issued;
向閣下提供後續服務，包括但不限於執行/管理已發出的保單；
4. any purposes in connection with any claims made by or against or otherwise involving you in respect of any products/services provided by the Company and/or our affiliates, including investigation of claims;
與就本公司和/或安盛關聯方提供的任何產品/服務而由閣下或針對閣下提出的或者其他涉及閣下的任何索賠相關的任何目的，包括索賠調查；
5. detecting and preventing fraud (whether or not relating to the products/services provided by the Company and/or our affiliates);
偵測和防止欺詐行為 (無論是否與就由本公司及/或安盛關聯方提供的產品/服務有關)；
6. evaluating your financial needs;
評估閣下的服務需求；
7. designing products/services for customers;
為客戶設計產品/服務；
8. conducting market research for statistical or other purposes;
為統計或其他目的進行市場研究；
9. matching any data held which relates to you from time to time for any of the purposes listed herein;
不時為本條款所列的任何目的核對所持有的與閣下有關的任何資料；
10. making disclosure as required by any applicable law, rules, regulations, codes of practice or guidelines or to assist in law enforcement purposes, investigations by police or other government or regulatory authorities in Hong Kong or elsewhere;
作出任何適用法律、規則、規例、實務守則或指引所要求的披露或協助在香港或香港以外其他地方的警方或其他政府或監管機構執法及進行調查；
11. conducting identity and/or credit checks and/or debt collection;
由於身份和/或信用核查和/或債務追收；
12. complying with the laws of any applicable jurisdiction;
遵守任何適用的司法管轄區的法律；
13. carrying out other services in connection with the operation of the Company’s business; and
開展與本公司業務經營有關的其他服務；及
14. other purposes directly relating to any of the above.
與上述任何目的直接有關的其他目的。

Transfer of personal data: Personal data will be kept confidential but, subject to the provisions of any applicable law, may be provided to:

個人資料的轉移：個人資料將予以保密，但在遵守任何適用法律條文的前提下，可提供給：

1. any of our affiliates, any person associated with the Company, any reinsurance company, claims investigation company, your broker, industry association or federation, fund management company or financial institution in Hong Kong or elsewhere and in this regard you consent to the transfer of your data outside of Hong Kong;
位於香港或香港以外其他地方的任何安盛關聯方、本公司的任何相關聯人士、任何再保險公司、索賠調查公司、閣下之保險經紀、行業協會或聯會、基金管理公司或金融機構，以及就此方面而言，閣下同意將閣下的資料轉移至香港境外；
2. any person (including private investigators) in connection with any claims made by or against or otherwise involving you in respect of any products/services provided by the Company and/or our affiliates;
與就本公司和/或安盛關聯方提供的任何產品/服務而由閣下或針對閣下提出的或者其他涉及閣下的任何索賠相關的任何人士 (包括私家偵探)；
3. any agent, contractor or third party who provides administrative, technology or other services to the Company and/or our affiliates in Hong Kong or elsewhere and who has a duty of confidentiality to the same;
在香港或香港以外其他地方向本公司和/或安盛關聯方提供行政、技術或其他服務並對個人資料負有保密義務的任何代理、承包商或第三方；
4. credit reference agencies or, in the event of default, debt collection agencies;
信貸資料機構或 (在出現拖欠還款的情況下) 追討欠款公司；
5. any actual or proposed assignee, transferee, participant or sub-participant of our rights or business;
本公司權利或業務的任何實質或建議的承讓人、受讓人、參與者或次參與者；
6. any government department or other appropriate governmental or regulatory authority in Hong Kong or elsewhere; and
在香港或香港以外其他地方的任何政府部門或其他適當的政府或監管機構；及
7. the following persons who may collect and use the data only as reasonably necessary to carry out any of the purposes described in paragraphs nos. 2, 3, 4 and 5 of the Purposes specified above: insurance adjusters, agents and brokers, employers, health care professionals, hospitals, accountants, financial advisors, solicitors, organisations that consolidate claims and underwriting information for the insurance industry, fraud prevention organisations, other insurance companies (whether directly or through fraud prevention organisation or other persons named in this paragraph), the police and databases or registers (and their operators) used by the insurance industry to analyse and check data provided against existing data.
在有合理需要履行任何上述有關目的段落 2、3、4 及 5 之情況下，以下人士：保險理算人、代理和經紀、僱主、醫護專業人士、醫院、會計師、財務顧問、律師、整合保險業申訴和承保資料的組織、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定的其他人士)、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)。

Transfer of your personal data will only be made for one or more of the Purposes specified above.

閣下的個人資料將僅為上文規定的一個或多個有關目的而被轉移。

Access and correction of personal data: Under the PDPO, you have the right to ascertain whether the Company holds your personal data, to obtain a copy of the data, and to correct any data that is inaccurate. You may also request the Company to inform you of the type of personal data held by it.

個人資料的查閱和更正：根據條例，閣下有權查明本公司是否持有閣下的個人資料，獲取該資料的副本，以及更正任何不準確的資料。閣下還可以要求本公司告知閣下本公司所持個人資料的種類。

Requests for access and correction or for information regarding policies and practices and kinds of data held by the Company should be addressed in writing to: 查閱和更正的要求，或有關獲取政策、常規及本公司所持的資料種類的資料，均應以書面形式發送至：

Data Privacy Officer 個人資料保護主任

AXA China Region Insurance Company Limited/AXA General Insurance Hong Kong Limited 安盛金融有限公司/安盛保險有限公司

Chief Employee Benefits and Wellness Office – 10/F, Vertical Square, 28 Heung Yip Road, Wong Chuk Hang, Hong Kong

僱員福利業務及健康策劃 – 香港黃竹坑香葉道28號嘉尚匯10樓

A reasonable fee may be charged to offset the Company’s administrative and actual costs incurred in complying with your data access requests.

本公司可能會向閣下收取合理的費用，以抵銷本公司為執行閣下的資料查閱要求而引致的行政和實際費用。

DECLARATION AND AUTHORISATION 聲明及授權

I HEREBY APPLY for insurance to which I may become entitled under the terms of the Employee Benefits Insurance Policy. I understand that the insurance applied for shall not be in force unless this application is accepted by AXA China Region Insurance Company Limited/AXA General Insurance Hong Kong Limited ("the Company"). I authorise my Employer to deduct from my earnings (1) any contribution I am required to make towards the cost of the insurance, and (2) any charges incurred by me or my dependants which are in excess of the benefits provided or in respect of benefits which are not payable under the terms of the Employee Benefits Health Insurance Policy, and to pay the same to the Company.

本人依據安盛僱員福利保險保單之條款申請此項保險。本人明瞭除非安盛金融有限公司/安盛保險有限公司 ("貴公司") 接納此申請，否則此項保險將不會生效。本人授權本人之僱主由本人之薪酬中扣除以下項目：(1) 本人應繳付之保費；(2) 由本人或本人之家屬引致超越保險計劃內所包括或不在計劃範圍內包括之醫療費用。本人將支付有關的費用給貴公司。

I HEREBY DECLARE AND AGREE on behalf of myself, my dependants and other persons referred to this application ("Relevant Persons") that all statements and answers to all questions whether or not written by my own hand are to the best of my knowledge and belief complete and true.

本人謹此代表本人及本人之家屬及其他在此投保申請表格提及之人士 ("相關人士") 聲明及同意上述一切陳述及問題的所有答案，不論是否本人親手所寫，就本人所知所信，均為事實之全部並確實無訛。

I HEREBY AUTHORISE on behalf of myself and my dependants (1) any employer, medical practitioner, hospital, clinic, insurance company, bank, government institution, or other organisation, institution or person, that has any records or knowledge of myself and my dependants and/or who has attended or may hereafter attend to me and my dependants to disclose such information to the Company; (2) the Company or any of its appointed medical examiners or laboratories to perform the necessary medical assessments and tests to evaluate the health status of myself and my dependants in relation to this application and any claim arising therefrom. This authorisation shall bind the successors of myself and my dependants and remains valid notwithstanding death or incapacity. A photocopy of this authorisation shall be as valid as the original.

本人謹此代表本人及本人之家屬授權 (1) 任何僱主、西醫、醫院、診所、保險公司、銀行、政府機構或其他組織、機構及人士，凡知道該持有本人及本人之家屬，及/或曾診驗或可能會診驗本人及本人之家屬，均可將該等資料提供給安盛金融；(2) 貴公司或任何其指定之醫生、醫療人員或化驗所，可就投保申請表格或任何與之有關的賠償申請替本人及本人之家屬進行所需之醫療評估及測試，作為審核本人及本人之家屬之健康狀況。此授權對本人及本人之家屬之繼承具有約束力；即使本人及本人之家屬死亡或無行為能力時，此授權仍具效力。本授權書的影印本與正本均有同等效力。

If the Relevant Persons fail to provide any information requested in this application, it may result in the Company's inability to accept this application.

如相關人士不能提供任何此投保申請表格所需的資料，本公司可能因此不能接受此投保申請。

I HEREBY CONFIRM that where I provide the personal data of the Relevant Persons to the Company in this application or in any ways provide to the Company for or relating to this application, or for or relating to the future services in connection with this application, (a) I have obtained the personal data from the Relevant Persons lawfully; (b) I have notified the Relevant Persons of the Company's Privacy Policy* and the relevant data collection document (being this application or any other documents provided to the Company for this application) and obtained all necessary consent required by law (including, where applicable, Mainland China data protection laws) from the Relevant Persons for the data processing (including any separate consent for provision of personal data to the Company) as set out in the Company's Privacy Policy*; (c) I will assist the Company to obtain all necessary consent from the Relevant Persons if the processing of personal data of the Relevant Persons goes beyond the original scope of consent provided by them; (d) I ACKNOWLEDGE AND UNDERSTAND that a minor is a person under 14 (in Mainland China) or 18 years old (in Hong Kong) under applicable data protection law, and I am (or I have been authorised by) the guardian of Such Other Person who is a minor, or I have been authorised by Such Other Person who is not a minor (e.g. individuals aged 14-17 years old located in Mainland China) to give necessary consent on his/her behalf; and (e) I have taken reasonably practicable measures to ensure that the personal data I provide to the Company is accurate and complete.

The Hong Kong privacy policy is available here: <https://www.axa.com.hk/en/legal>

本人謹此確認就本人在本申請表中或以任何方式，為本申請或與之相關，或為本申請有關未來服務或與之相關而向貴公司提供相關人士的個人資料，(a)本人已合法地從該等相關人士取得個人資料；(b)本人已通知該等相關人士貴公司的私隱政策*及有關資料收集文件（即本申請或為本申請而向貴公司提供的任何其他文件），並根據法律要求（包括中國大陸資料保護法（如適用））取得該等相關人士對貴公司私隱政策*所述的資料處理的一切必要同意（包括向貴公司提供個人資料的任何單獨同意）；(c)如對該等相關人士的個人資料的處理超出了該等相關人士原先提供的同意範圍，本人將協助貴公司取得該等相關人士的一切必要同意；(d) 本人確認並理解，根據適用的保障資料法律，未成年人的指未滿14歲（在中國大陸）或未滿18歲（在香港）的人士，以及本人是未成年的該等其他人士的監護人（或本人已獲未成年的該等其他人士的監護人授權），或本人已獲非未成年的該等其他人士（例如，身處中國大陸的14-17歲的個別人士）的授權，可代表他/她作出必要的同意；及 (e) 本人已採取合理可行的措施，確保本人向貴公司提供的個人資料是準確和完整的。

在此取得香港地區的私隱政策：<https://www.axa.com.hk/zh/legal>

I/We ACKNOWLEDGE AND CONFIRM that I/we have read and understood the Personal Information Collection Statement ("PICS"). I/We confirm that I/we have been advised to read carefully the PICS, and I/we have read it carefully its effect and impact in respect of my/our personal data collected or held by the Company (whether contained in this application or otherwise). Based on the foregoing, I/we hereby give my/our acknowledgement and agree to the use and transfer of my/our personal data by the Company in accordance with the PICS.

本人/我們確認本人/我們已閱讀並明白收集個人資料的聲明 ("該聲明")。本人/我們確認本人/我們已被通知本人/我們須詳細閱讀該聲明，而本人/我們已詳細閱讀該聲明對貴公司所收集或持有之本人/我們的個人資料的影響（不論是否此表格所載或從其他途徑所取得）。根據以上所述，本人/我們將此確認並同意貴公司根據該聲明使用及轉移本人/我們的個人資料。

I DECLARE AND AGREE that I have the full authority from and consent of the Relevant Persons to make the above declarations, agreements and authorisations.

本人聲明及同意已獲相關人士授權及同意本人作出上述聲明，協議及授權。

Yes, I Accept
是，本人同意

Signature of Employee/Member 僱員 / 會員簽名

Date
日期

In case of discrepancies between the English and Chinese versions, the English version shall prevail 本表格之中英文本如有歧異，概以英文本為準