

Corporate Medical Scheme 團體醫療計劃 Member Termination Form 會員終止保險申請表

Important Note 重要事項:

Employer: 僱主

- when a member is no longer be an employee, please collect the medical card(s) issued to the member (including his/her dependant(s), if any) and destroy it immediately to avoid the Employer responsible for any unnecessary ineligible medical expenses incurred.
 - 當會員不繼續是員工時,請把所屬之醫療咭(包括其附屬會員,如有)收回及註銷,以免貴公司需要負責不必要的醫療支出。
- ☆ Please complete the relevant Member Termination Form and submit to us within 30 days of the effective date. 請填妥有關會員終止保險申請表,並於生效日期起計30天內遞交本公司。
- ☆ Please ensure that you have read and understood the Personal Information Collection Statement of QBE Hongkong & Shanghai Insurance Limited. 請確保閣下已知悉及明白昆士蘭聯保保險(香港)有限公司之收集個人資料聲明內容。

Policy No.: 保單號碼:		Date: 日期:	
Membership No. 會員編號	Name of members 會員姓名		Last date of employment (DD/MM/YYYY) 受僱之最後日期 (日/月/年)
	Surname 姓	Name 名	(日/月/平)

Declaration:

I/We confirm that I/We have read the QBE Hongkong & Shanghai Insurance Limited's Personal Information Collection Statement ("Notice") and acknowledge and agree that all personal data and information with respect to me/us which are provided by me/us in relation to this application may be held, used, processed or disclosed to such parties for such purposes as set out in the Notice.

聲明

本人/吾等確認本人/吾等已細閱昆士蘭聯保保險(香港)有限公司的收集個人資料聲明(「通知」),並知悉及同意有關於本人/吾等於是次申請由本人/吾等提供的所有個人資料及其他資料將可能被持有、使用、處理或披露予有關方面以用作「通知」上所載的用途上。

Signed by the authorized person of the Employer (with company chop)	For Official Use Only 公司專用	
僱主授權簽署(連公司印鑑)	QBEHKSI.GMD.TERM.2015.1(30 days)	
Date 日期	Input 資料輸入 Date 日期	



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