Overseas StudyCare Insurance Application Form 海外留學保險投保書 Please complete in BLOCK LETTERS and tick where appropriate. 請以英文正楷填寫並於適當空格內加上「✓」號。

(I) Details of Applicant 申請人資料

Full Name of Applicant 申請人姓名： (Applicant must be aged 18 or above 申請人必須為18歲或以上) ☐ Mrs. 太太 ☐ Ms. 女士 ☐ Mr. 先生 ☐ Miss 小姐	Date of Birth 出生日期: _____DD日_____MM月 _____YY年	HKID Card 香港身份證: Contact No. 聯絡電話:
Correspondence Address 通訊地址: Flat 室 _____ , Floor 樓_____ ,Block 座 _____ ,Building 大廈名稱:_____ Street 街道: _____ District 地區: _____ ☐ HK 香港 ☐ Kowloon 九龍 ☐ NT新界		Email Address 電郵地址

(II) Policy Particulars 投保詳情 (Please complete all the following fields 必須填寫以下各項)

(IIA) Policy Effective Date 保單生效日期: _____DD日_____MM月_____YY年 (Both dates inclusive 包括首尾兩日)
Notes: The Policy is valid for 1 year and the Effective Date must be same as or before the Insured Person's Departure Date from Hong Kong.
注意:此保單有效期為1年,而保單生效日期必須為受保人離港當日或之前。

(IIB) The Person to be Insured 受保人資料 (If different from the Applicant 如與申請人不同)

Name of Insured Person 受保人姓名: ☐ Mr. 先生 ☐ Miss 小姐	Relationship 關係 :	Date of Birth (DD/MM/YY) 出生日期(日/月/年):	HKID Card 香港身份證:

(III) General Information 其他資料

Country of the Overseas Educational Institution attended 海外留學國家 :

Name of the Overseas Educational Institution attended 就讀海外學府名稱 :

Address of the Overseas Educational Institution attended 就讀海外學府地址 :

Does the Person to be Insured have a valid Full-time Overseas Student Visa? 受保人是否持有有效的全日制海外學生簽證? ☐ Yes 是 ☐ No 否

Do you have any other insurance company policies covering overseas in-patient medical expenses?* 受保人是否持有任何其他保險公司之海外住院醫療保險?* ☐ Yes 是 ☐ No 否

Covered Plan / Premium (HKD) 計劃 / 保費 (港幣) : (excluding insurance levy 不包括保費徵費)	Territorial Limit 保障地域範圍	Plan 計劃 A	Plan 計劃 B
Comprehensive Medical Overseas StudyCare (Benefits 1 - 11 are included) 綜合醫療海外留學保障 (包括保障項目1 - 11項)	Worldwide 全球保障 Asia Countries 亞洲地區	☐ $8,000 ☐ $5,500	☐ $5,000 ☐ $3,500
Standard Overseas StudyCare (Benefits 3 - 11 are included) 基本海外留學保障 (包括保障項目3 - 11項)	Worldwide 全球保障	☐ $3,500	☐ $2,000

Insurance levy is not included in the above premium 以上保費並未包括保費徵費

(IV) Payment Method 付款方法**

Cheque should be crossed and made payable to "Bolttech Insurance (Hong Kong) Company Limited"
劃線支票抬頭請寫:「保特保險(香港)有限公司」
☐ Cheque No. 支票 ☐ Visa ☐ MasterCard
Credit Card No. 信用卡號碼

Cardholder's Name 持卡人姓名

Card Expiry Date 信用卡有效期至
M月 Y年

I hereby authorize Bolttech Insurance (Hong Kong) Company Limited to charge my credit card account specified for this insurance.

本人茲授權保特保險(香港)有限公司從本人列明的信用卡賬戶支取此保險所應繳之保費

Cardholder's Signature 持卡人簽署 Date 日期

* Benefit 2 "Top up inpatient medical" only available where policyholder has taken out another inpatient medical cover policy. See provision for details.
保障項目二"備用住院醫療保障" 只適用於持有其他住院醫療保險的保單持有人,詳情請參閱保單條款。
** The payer and the policyholder must be the same person. No third party payment is accepted. 付款人及保單持有人必須為同一人。第三者付款不獲接納。
Levy collected by the Insurance Authority will be imposed on the relevant policy at the applicable rate.For further information, please visit bolttechinsurance.hk or contact: (852) 2603 9435.
保險業監管局將按照適用之徵費率就相關保單收取徵費。如有任何查詢,請瀏覽 bolttechinsurance.hk 或致電:(852) 2603 9435。