



Important Reminder: please note that your independent contractor can be considered in law as your employee. Therefore, please consider informing AXA in advance if you want to engage any independent contractor so that AXA can provide you quotation to include him/her as employee covered by this Policy. He/she will not be employee covered by this Policy until AXA has issued a revised Policy Schedule to include him/her.

EMPLOYEES' COMPENSATION INSURANCE PREMIUM ADJUSTMENT & DECLARATION OF EARNINGS FORM

N.B. PLEASE SEE OVERLEAF FOR GUIDELINES FOR COMPLETING THIS FORM

INSURED	POLICY NO.	EXPIRY DATE	ADDRESS OR PLACE OF EMPLOYMENT

This Policy is due to expire. In order that we can adjust the premium for the past period of insurance and charge appropriate premium for the renewal period, please complete the Premium Adjustment & Declaration of Earnings Form below.

The "Earnings" declared to us should be in accordance with the definition stated in the Employees' Compensation Ordinance Chapter 282, as defined below:

"Earnings" means any wages paid in cash to the employee by the employer and any privilege or benefit which is capable of being estimated in money and includes the value of any food, fuel or quarters supplied to the employee by the employer if as a result of the accident the employee is deprived of such food, fuel or quarters; and any overtime payments or other special remuneration for work done, whether by way of bonus, allowance or otherwise, if of constant character or for work habitually performed and including tips if the employment be of such a nature that the habitual giving and receiving thereof is open and notorious and is recognised by the employer; but shall not include remuneration for intermittent overtime, or casual payments of a non-recurrent nature, or the value of a travelling allowance, or the value of any travelling concession or a contribution paid by the employer of an employee towards any pension or provident fund, or a sum paid to an employee to cover any special expenses entailed on him by the nature of his employment.

Note: For the purpose of premium calculation, any employee (including any articulated pupil or apprentice whether indentured or not) whose earning are at a rate less than HK\$63,720.00 per annum, earnings must be assessed at not less than HK\$63,720.00 per annum.

Item No.	Occupation of Employee(s) by Categories ^(a)	Period of Insurance before renew <u>XX/XX/XX</u> to <u>XX/XX/XX</u>		Period of Insurance after renew <u>XX/XX/XX</u> to <u>XX/XX/XX</u>		FOR OFFICE USE ONLY	
		Actual No. of Persons Employed	Actual Total Earnings ^(b)	Estimated No. of Persons Employed	Estimated Total Earnings	RATE	PREMIUM

TOTAL							

Employees who do not fall within the occupation by categories or number set out in the Schedule of the Policy are not employees covered by the Policy, and would not be taken into account for premium adjustment purpose.

安盛保險有限公司 AXA General Insurance Hong Kong Limited
香港黃竹坑黃竹坑道 38 號安盛匯 5 樓 5/F, AXA Southside, 38 Wong Chuk Hang Road, Wong Chuk Hang, Hong Kong
電話 Tel: (852) 2523 3061 傳真 Fax: (852) 2810 0706 電郵 Email: axagi@axa.com.hk
www.axa.com.hk

IMPORTANT NOTICE

- (1) Any employer who fails to insure himself in accordance with Section 40(1) of the Employees' Compensation Ordinance (Chapter 282) shall be guilty of an offence and shall be liable on conviction to a maximum fine of HK\$100,000 and imprisonment for two years.
- (2) You are required under the policy conditions to furnish the Premium Adjustment & Declaration of Earnings Form to your Insurance Company within the stipulated time (see Guideline (c) below)

GUIDELINES FOR COMPLETING THE PREMIUM ADJUSTMENT & DECLARATION OF EARNINGS FORM

(a) **Occupation of Employee(s) by Categories**

Each category of occupation is to be shown separately e.g. Clerical staff, Sales/Marketing, Messenger, Lorry Driver, Welder etc.

(b) **Total Earnings (As more fully defined under Section 3 of the Employees' Compensation Ordinance (Chapter 282))**

Please declare the actual total gross earnings for the past period of insurance.

(c) **Submission**

You have to complete the Premium Adjustment & Declaration of Earnings Form and submit it within

90 days after the expiry or termination of the policy together with the following:

- i) Signature of an authorized officer.
- ii) A copy of latest wage roll (e.g. latest MPF contribution records, financial statements, tax returns or other relevant documents) of employee(s).

Personal Information Collection Statement

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.

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.

Purpose: From time to time it is necessary for the Company to collect your personal data (including credit information and claims history) which may be used, stored, processed, transferred, disclosed or shared by us for purposes ("**Purposes**"), including:

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;
2. processing and evaluating any applications or requests made by you for products/services offered by the Company and our affiliates;
3. providing subsequent services to you, including but not limited to administering the policies issued;
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;
5. detecting and preventing fraud (whether or not relating to the products/services provided by the Company and/or our affiliates);
6. evaluating your financial needs;
7. designing products/services for customers;
8. conducting market research for statistical or other purposes;
9. matching any data held which relates to you from time to time for any of the purposes listed herein;
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;
11. conducting identity and/or credit checks and/or debt collection;
12. complying with the laws of any applicable jurisdiction;
13. carrying out other services in connection with the operation of the Company's business; and
14. other purposes directly relating to any of the above.

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

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;
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;
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;
4. credit reference agencies or, in the event of default, debt collection agencies;
5. any actual or proposed assignee, transferee, participant or sub-participant of our rights or business;
6. any government department or other appropriate governmental or regulatory authority in Hong Kong or elsewhere; and
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.

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

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.

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:

Data Privacy Officer
AXA General Insurance Hong Kong Limited
5/F AXA Southside, 38 Wong Chuk Hang Road, Wong Chuk Hang, Hong Kong

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

Pursuant to the Insurance Premium Clause of the above mentioned Policy, I/we affirm that the above amount of all earnings paid by me/us to every employee in my/our employment during the said past Period of Insurance is true and correct to the best of my/our knowledge.

SIGNATURE & CHOP OF INSURED

AUTHORISED OFFICER WITH
COMPANY CHOP

NAME & TITLE OF PERSON SIGNING

DATE: _____