LionCare Group Medical Plan
Application Form

Important Note:
1. Please complete this application form in English BLOCK LETTERS. Please tick (✓) as appropriate.
2. Please submit this form with other required documents/information for application. You may refer to the checklist on the last page for the required documents/information.

Part 1 - Proposed Policyholder / Applicant Information

1. Name of Proposed Policyholder

2. Date of Incorporation

3. Place of Incorporation

4. Correspondence Address (Please use separate sheet if necessary)

5. Business Registration No.

6. Nature of Business

☐ Accounting ☐ Banking/Finance/Insurance ☐ Building/Construction ☐ Catering/Restarurant/Hotel ☐ Consulting ☐ Education
☐ IT/Computing ☐ Logistic/Transportation ☐ Manufacturing ☐ Marketing/Media ☐ Medical related ☐ Professional Service
☐ Retail ☐ Shipping ☐ Social Services ☐ Trading/Wholesale/Imports/Exports

☐ Others, please specify: _____

7. Contact Person Name & Title - For Policy administration

8. Contact No.

9. Email Address

10. Affiliated/Subsidiary companies, the Proposed Associated Policyholders, to be included (Please use separate sheet if necessary.)

a. Name: _____

Address: _____

Business Description: _____ Place of Incorporation: _____

b. Name: _____

Address: _____

Business Description: _____ Place of Incorporation: _____

Part 2 - Policy Details

11. Policy Effective Date: *(Policy Cover Period is 1 year)*

12. No. of Members: _____ *(Including eligible employees and their eligible dependents)*

13. Eligibility of Employees:

a. Existing Employees:

☐ On the Policy Effective Date

☐ Others, please specify: _____

b. Future Employees:

☐ On the first day of employment

☐ After _____ months of probation

☐ Others, please specify: _____

14. Member Classification & Benefits:

			Core Benefits	Optional Benefits		
Benefit Class	**Name of the Class**	**Dependant Cover**	**Hospital & Surgical Benefits**	**Supplementary Major Medical (SMM)**	**Outpatient**	**Dental**
Class 1		☐ Yes ☐ No	☐ Sublimit plan *(Please select one plan)* ○ Plan H1 ○ Plan H2 ○ Plan H3 ○ Plan H4 ○ Plan H5 ○ Plan H6 ☐ Lump Sum plan *(Please select one plan and a reimbursement option)* ○ Plan H7 ○ Plan H8 ○ Plan H9 Reimbursement % ○ 80% ○ 100%	☐ Yes *(Appliable for sublimit plans only)*	☐ Yes *(Please select one plan and a reimbursement option)* ○ Plan C1 ○ Plan C2 ○ Plan C3 ○ Plan C4 ○ Plan C5 Reimbursement % ○ 80% ○ 100%	☐ Yes *(Please select one plan)* ○ Plan D1 ○ Plan D2 ○ Plan D3
Class 2		☐ Yes ☐ No	☐ Sublimit plan *(Please select one plan)* ○ Plan H1 ○ Plan H2 ○ Plan H3 ○ Plan H4 ○ Plan H5 ○ Plan H6 ☐ Lump Sum plan *(Please select one plan and a reimbursement option)* ○ Plan H7 ○ Plan H8 ○ Plan H9 Reimbursement % ○ 80% ○ 100%	☐ Yes *(Appliable for sublimit plans only)*	☐ Yes *(Please select one plan and a reimbursement option)* ○ Plan C1 ○ Plan C2 ○ Plan C3 ○ Plan C4 ○ Plan C5 Reimbursement % ○ 80% ○ 100%	☐ Yes *(Please select one plan)* ○ Plan D1 ○ Plan D2 ○ Plan D3
Class 3		☐ Yes ☐ No	☐ Sublimit plan *(Please select one plan)* ○ Plan H1 ○ Plan H2 ○ Plan H3 ○ Plan H4 ○ Plan H5 ○ Plan H6 ☐ Lump Sum plan *(Please select one plan and a reimbursement option)* ○ Plan H7 ○ Plan H8 ○ Plan H9 Reimbursement % ○ 80% ○ 100%	☐ Yes *(Appliable for sublimit plans only)*	☐ Yes *(Please select one plan and a reimbursement option)* ○ Plan C1 ○ Plan C2 ○ Plan C3 ○ Plan C4 ○ Plan C5 Reimbursement % ○ 80% ○ 100%	☐ Yes *(Please select one plan)* ○ Plan D1 ○ Plan D2 ○ Plan D3

Part 3 - Method of Payment

Please settle the premium by one of the following ways before Policy start:

☐ By cheque — Payable to "Assicurazioni Generali S.p.A."

☐ By bank transfer to Generali

Bank:	Citibank N.A. 44/F., Citibank Tower, 3 Garden Road, Central, Hong Kong
In favour of:	Assicurazioni Generali S.p.A.
Account type and No.:	HK Savings Account No. 08715351
Bank Code:	006
Branch No:	391
SWIFT Code:	CITIHKHX

☐ By Credit Card — ○ Visa ○ Master Card

Credit Card no: ☐☐☐☐ - ☐☐☐☐ - ☐☐☐☐ - ☐☐☐☐

Cardholder's Name: _____

Credit Card Expiry Date: _____

Amount: HKD _____

Relationship with Policyholder (if cardholder is not the Policyholder): _____

Declaration for credit card payment:

1. I hereby authorise Assicurazioni Generali S.p.A. Hong Kong Branch (the "Company") to effect debit of premium, levy to the Insurance Authority from the Credit Card Account specified herewith for the insurance Policy, until further written notice is given by me.
2. I understand that I have the right to cancel this authorisation at any time and agree that any notice of cancellation or variation of this authorisation shall be given to the Company and/or Credit Card Centre at least 1 month prior to the effective date of such cancellation/variation.

Cardholder's Signature _____ Date _____

Part 4 - Personal Information Collection Statement

a) From time to time, it is necessary for you to supply Generali Life (Hong Kong) Limited/ Assicurazioni Generali S.p.A. Hong Kong Branch (where applicable) (the "Company") with data about yourself(ves), policyholder(s), life insured(s), beneficiary(ies), claimant(s), and/ or other relevant individuals (the "Personal Data") in connection with the provision of insurance and/ or related products and services to you, the processing of claims under insurance policies issued and/ or arranged by the Company, and/ or the processing of any or all other requests, enquiries and complaints from you.

b) Provision of the Personal Data to the Company by you is voluntary. However, failure to supply the Personal Data may result in the Company being unable to provide insurance and/ or related products and services to you, process claims under insurance policies issued and/ or arranged by the Company, and/ or process any or all other requests, enquiries, or complaints from you.

c) The purposes for which the Personal Data may be used are as follows: i) administering your insurance application, arranging and executing insurance contracts and/ or related products and services, and managing your account with the Company; ii) processing (including, but not limited to, investigating, analyzing, assessing and adjudicating) and/ or settlement of claims under insurance policies issued and/ or arranged by the Company; iii) exercising rights of subrogation(if applicable); iv) collection of amounts outstanding (if any) from customers; v) arranging coinsurance and/ or reinsurance in respect of the insurance policies issued and/ or arranged by the Company; vi) communicating with customers via telephone, mail, e-mail, facsimile and other communication means; vii) providing customer services (including, but not limited to, processing enquiries and complaints) and other related activities; viii) conducting data matching procedures; ix) designing insurance and/ or related products and services for customers' use; x) marketing insurance and/ or other related products and services of the Company and/ or its affiliated companies (which includes, but are not limited to, its group companies, parent company, trust companies of the Company's parent company) (hereinafter referred to as the Group Entities"); xi) statistical or actuarial research of the Company, its Group Entities, insurance industry associations or federations, government departments, regulatory or other recognized bodies; xii) complying with the requirements under any laws, rules, regulations, codes, guidelines, court orders, compliance policies and procedures, and any other relevant requirements which the Company and/ or its Group Entities are expected to comply with, including, without limitation, performing due diligence on customers and making disclosures of the relevant information; and xiii) fulfilling any other purposes directly relating to (i) to (xii) above.

d) The Personal Data held by the Company shall be kept confidential, but the Company may provide the Personal Data to the following parties (whether within or outside the Hong Kong Special Administrative Region) for the purposes set out in paragraph (c) above, without prior notification to you and/ or any other relevant individuals to whom the Personal Data is related: i) intermediaries, claims service provider, coinsurers, reinsurers, banks and credit-card companies, health and medical organizations, professional advisers, contractors, business partners, and/ or any other relevant parties, as appropriate, who provide administrative, telecommunication, computer, payment, marketing, investigation, advisory and/ or other services to the Company in connection with the operation of its business; ii) relevant insurance industry associations or federations, and/ or members of such industry associations or federations; iii) overseas locations or branches, as appropriate, of the Company and/ or its Group Entities; iv) persons to whom the Company and/ or its Group Entities are under an obligation to make disclosure under the requirements of as mentioned in (c) (xii); v) any court, government departments, regulatory or other recognized bodies (including, without limitation, tax authority, insurance authority, etc.) under any laws binding on the Company and/ or its Group Entities; vi) lawful successors or assigns of the Company; and vii) persons who owe a duty of confidentiality to the Company and/ or its Group Entities.

e) The Company may verify any or all of the Personal Data by using information collected and released or transferred by relevant insurance industry associations or federations, and/ or members of such industry associations or federations.

f) In accordance with the Personal Data (Privacy) Ordinance (Cap 486):
   i) any individual has the right to:
      A) check whether the Company holds Personal Data about him/ her and, if so, obtain a copy of such data;
      B) require the Company to correct any Personal Data relating to him/ her that is inaccurate; and
      C) ascertain the Company's policies and practices in relation to Personal Data and to be informed of the kind of Personal Data held by the Company; and
   ii) the Company has the right to charge a reasonable fee for the processing of any data access request.

g) The person to whom requests for access to Personal Data and/ or correction of Personal Data and/ or for information regarding policies and practices and kinds of Personal Data held are to be addressed as follows: Personal Data Protection Officer, Generali Life (Hong Kong) Limited/ Assicurazioni Generali S.p.A. Hong Kong Branch (where applicable), 21/F, 1111 King's Road, Taikoo Shing, Hong Kong.

Use and Provision of Personal Data in Direct Marketing

(This section forms part of the Personal Information Collection Statement.)

Provision of consent in this Section by you is voluntary and it will not affect your application.

1) The Personal Data, including but not limited to, name, contact details, other products and services portfolio information, transaction pattern and behavior, financial background and demographic information, etc., may be used by the Company and its parent company and group companies (hereinafter referred to as the "Group Entities") and/ or third parties selected by the Company for direct marketing the following classes of products and services:
   a. Insurance related products and services;
   b. Discounts, promotions, rewards, loyalty or privileges programmes and related products and services on health, wellness, medical, hospitality and accommodation, and lifestyle and entertainment; and
   c. Donations and contributions for charitable and/ or non-profit making purposes.

   For the avoidance of doubt, whether you consent to receive marketing communications on the classes of products and services described in this paragraph, the Company may still communicate with you regarding the administration, features and renewal of your insurance policy.

2) The Personal Data may also be provided to and used by the Group Entities and third party service providers selected by the Company for the purpose set out in paragraph (1) above, including, without limitation, call centres.

3) The Company requires your consent (which includes an indication of no objection) to the use of Personal Data for the purpose set out in this section. If you do not wish the Company to use or provide to other parties the Personal Data for the purpose of direct marketing, you may exercise the opt-out right below or by notifying the Company at any time thereafter.

Please tick ("√") the boxes below if you do not agree with the following use(s) of the Personal Data in direct marketing.

☐ I/ We do not consent to the provision of the Personal Data to the third parties as described herein for the purpose of direct marketing.

☐ I/ We do not consent to the use of the Personal Data by the Company for the purpose of direct marketing.

(If you do not tick the boxes but sign the Form/ document, you will be regarded as having indicated you have no objection (i.e. you consent) to the use or transfer to third parties of the Personal Data for the purpose of direct marketing by the Company.)

Note: In case of discrepancies between the English and Chinese versions of this Personal Information Collection Statement, the English version shall prevail.

Part 5 - Health Service Agreement

This Agreement is made between "The Proposed Policyholder" (hereinafter referred to as the Employer) and Assicurazioni Generali S.p.A. (hereinafter referred to as the "Company"), on Policy effective date (hereinafter referred to as the Effective Date), whereby it is agreed as follows:

a) This Agreement takes effect on the Policy Effective Date

b) The Company has arranged Contracted Medical Panels to provide registered medical practitioners and other health care providers (Participating Providers) for the Company's Insured Members to receive health care services. The participating status of Providers is jointly determined by The Company and the Contracted Medical Panels and will change as necessary in order to ensure continuity of high quality health care services to Insured Members

c) The Company will issue Generali Healthcards to Insured Members to obtain inpatient and outpatient health services from Participating Providers, if applicable

d) Upon the approval of the pre-authorization request for inpatient admission or surgical procedures, the Company shall provide credit facility for the medical expenses incurred by the Insured Members up to a maximum of HK$100,000 per hospitalisation/ procedure

e) The Contracted Medical Panels have the right to recover from Insured Members in the event of improper use of the Healthcards or use of any excluded services or any medical treatments which are exceeding the benefit limits stipulated in the medical insurance benefit plan

f) The Company will recover from Insured Members through the Employer in the event of improper use of the Healthcards or use of any excluded services or any medical treatments received by the Cardholders which are exceeding the benefit limits stipulated in the medical insurance benefit plan

g) The Company shall adjust any claim reimbursement payment to the Insured Members and suspend the use of the Generali Healthcard (including the credit facility arrangement as referred in Point d above) if the Insured Members fails to reimburse the expenses mentioned in Point f above. Not until the Company is reimbursed with such expenses, the Employer will remain liable to such outstanding amounts in arrears regardless of whether the use of the Generali Healthcard is suspended

h) All issued Generali Healthcards remain as the property of the Company at all times. The Company reserves the right to determine the enrollment or renewal of membership of any Healthcard holder if in the absolute opinion of the Company such a person has or is inclined to misuse or abuse a Generali Healthcard

i) The Employer agrees to collect and return the Healthcard to the Company upon cessation of employment of the Cardholder. All costs and charges arising from the use of the Healthcard after the Cardholder is no longer eligible for, or shall cease to be entitled to the use of the Healthcard due to cessation of employment shall be responsible by the Insured Members. If and when the employer fails to notify the Company of such termination, the employer's liability shall continue until the cessation of employment to be notified by employer to the Company

j) If the Employer should cease trading or go into liquidation or receivership, the Employer shall collect all issued Healthcards from Cardholders and return to the Company no later than the date of such cessation of trading, liquidation or receivership

k) The Company, and the Contracted Medical Panels do not in any way guarantee the availability of any and all services or goods from Participating Providers. The Company, and the Contracted Medical Panels make no warranty nor representations, either expressed or implied, regarding the professional medical conduct or qualification of any party, and in no event shall the Company, and the Contracted Medical Panels be liable to anyone for special, collateral, incidental or consequential costs, losses, hardships, sufferings, injuries, illnesses or loss of human lives in connection with the services of the Participating Providers

l) The Company reserves the right to terminate this Agreement by giving two (2) months' prior notice in writing to the Employer. This termination right also extends to the Employer. In such event the Employer shall collect all the issued Generali Healthcards from the Cardholders and return to the Company on the date of such termination. Employer's liability shall continue until the next anniversary date of the Policy Agreement if the Employer is unable to collect Generali Healthcards from the cardholders

Part 6 - Declaration and Authorization

I/We hereby declare and/ or agree that:

a) I am duly authorized to make this declaration on behalf of "The Proposed Policyholder" and "The Proposed Associated Policyholder(s)".

b) In connection with the Proposed Policyholder's participation in the Group Medical Plan of Assicurazioni Generali S.p.A., Hong Kong Branch (the "Company"), the Proposed Policyholder authorizes the Company to prepare the appropriate documents and proceed with any enquiries that may be necessary to enable such Group Medical Plan to commence on the Policy Effective Date.

c) The Proposed Policyholder wishes to commence the insurance and agrees to settle all required premiums upon the terms and conditions of the Company's usual form of Group Medical Plan policies* with effect from the Policy Effective Date.

d) The Proposed Policyholder confirms that all proposed members of the Group Medical Plan included on the attached staff list are full-time permanent employees based in Hong Kong of either the Proposed Policyholder or of the Proposed Associated Policyholder(s) and are actively at work so as defined in the Policy provision*, unless it is pre-agreed or exempted prior to the Policy Effective Date between the Proposed Policyholder and the Company in writing.

e) The Proposed Associated Policyholders(s) hereby authorize(s) the Proposed Policyholder to act for and on its/ their behalf in all matters pertaining to the Policy and that every act done by, agreement made with or notice given to the Proposed Policyholder shall be binding on the Proposed Associated Policyholder(s).

f) The Proposed Policyholder agrees to furnish all relevant information of the proposed members and warrants that the information provided in this Application or in any other form of data or statement in connection with the Group Medical Plan is complete and accurate to the best of the Proposed Policyholder's knowledge and belief.

g) All statements, information and evidence the Proposed Policyholder provides in the Application or in connection to the insurance cover are complete, accurate and true, and are given to the best of its knowledge. And they shall be the basis for underwriting thereof and any insurance contract with the Company, and shall form part of the contract. The Company shall not be liable for any loss due to inaccurate information provided. Failure to make complete and true disclosure of material facts may render the Application avoidable.

h) The Proposed Policyholder and any Proposed Associated Policyholder(s) understands, acknowledges and agrees that, as a result of the applicant purchasing and taking up the Policy to be issued by the Company, the Company will or may pay the authorized insurance broker commission, if applicable, during the continuance of the Policy including renewals, for arranging the said Policy. The Proposed Policyholder and any Proposed Associated Policyholder(s) further

understands that the above agreement is necessary for the Company to proceed with the application. And on behalf of the Proposed Policyholder and any Proposed Associated Policyholder(s), I confirm that I understand, acknowledge and agree to the above arrangements and further confirm that I am authorized to do so.

i) The Proposed Policyholder understands from the product information and/ or the specimen Policy* and/ or explanation from representative of insurers and/ or representative of licensed insurance intermediaries the followings:
   - Coverage, benefits, features and main exclusions of the Policy
   - Potential adjustment in premium and/ or benefits at renewals
   - Procedures for making claims and terminating policies
   - Product brochure does not contain full terms of the Policy. Proposed Policyholder is advised to refer to the specimen Policy* for details of terms and conditions.

j) The Proposed Policyholder acknowledges that it has been provided with a copy of the Personal Information Collection Statement (the "Statement") issued by the Company. The Proposed Policyholder further confirms that it has obtained the express consent of the life insureds and any other relevant individuals (where applicable) for providing their personal data to the Company for the purposes stated in the Statement and for allowing the Company to collect, use, store, disclose, transfer and otherwise process their personal data in accordance with the terms of the Statement.

k) The Proposed Policyholder acknowledges that it has been provided with a copy of the Sanction Clause and/ or Territorial Exclusion Clause, and understands and agrees that these clause(s) will be added into the Policy.

l) The Proposed Policyholder acknowledges and agrees with the Healthcard Service Agreement.

m) The Proposed Policyholder understands the Company reserves the right to alter the Policy Effective Date should any of the required documents not be provided before the Policy start and reserves the right to decline any application.

** Specimen Policy is available upon request.*

For and on behalf of the Proposed Policyholder

_____
Authorized Signature & Company Stamp

_____
Name & Title *(Please provide business card)*

_____
Date

Checklist for application

- ☐ This application form – completed and signed
- ☐ Member census/staff list
- ☐ Photocopy of Business Registration Certificate
- ☐ Payment: Credit card information, Bank transfer or Cheque

Name/ Code of Agents/ Brokers/ Insurance Adviser: