Bupa Empower SME Health Insurance Scheme Application Form
保柏僱健康中小企醫療保障計劃申請表

Please complete this form **in ENGLISH and BLOCK LETTERS**. Please tick as appropriate.
請以**英文正楷**填妥本申請表，並於適用地方加「✔」號。

1 January 2023 Edition 2023年1月1日版本

Particulars of Applicant 申請人資料 (Also known as Subscriber 亦稱為投保人)

Company Name 公司名稱

Business Nature 業務性質

Total No. of Employee 公司僱員總人數

Correspondence Address* 通訊地址* (Please complete in ENGLISH and BLOCK LETTERS 請以英文正楷填寫)

Flat 單位 / Room 室 / Floor 層數

Block 座 / Building 大廈 / Mansion 閣 / House 樓 / Estate 屋苑

Street 街 / Road 道

District 地區

☐ HK 香港 ☐ Kln 九龍 ☐ NT 新界

Name and Job Title of Contact Person 聯絡人名稱及職位

Title 稱謂
☐ Mr先生
☐ Ms女士
☐ Miss小姐

Surname 姓

Given Name 名

Job Title 職位

Email Address 電郵地址

Contact No. 聯絡電話

Fax No. 傳真號碼

Mobile No. 流動電話號碼

* P. O. Box, hotel address and overseas address are not acceptable. 郵政信箱、酒店地址及海外地址恕不接納。
# Please submit a copy of the Business Registration Certificate with this Application. 請連同商業登記證之副本與本申請表一併遞交。

Particulars of Cover 投保資料

Contract Effective Date 合約生效日: 01/ / (DD日 / MM月 / YY年)

Coverage Commencement Date (For new Employees) : 保障生效日 (適用於新僱員) :

Whichever is later, the Contract Effective Date or 於合約生效日後或以下日期，以後者為準

☐ The first day of employment 受僱第一天

☐ The first day following _____ month(s) of service 受僱 _____ 月後的第一天

☐ Others, please specify 其他，請註明 : _____

Particulars of Cover 投保資料

(Please attach the proposal summary page with subscription details to this application otherwise you're required to fill below information. 請附上計劃保費資料摘要，否則你需要填寫以下計劃資料。)

Class 級別 *Example 例子*	Please specify employee position, seniority, etc and not benefit amount. 請註明僱員職位、年資等，而非保障額。	No. of covered members 受保會員人數			Sub-total 小計
Class Eligibility 級別資格 (All full-time employees of applicant and their dependants, if chosen, as defined below subject to the terms and conditions of the contract. 所有根據以下定義及合約條款所指的全職僱員及其家屬。)	*All staff Grade below Manager 經理級以下所有職員*	Employee 僱員 = 6	Dependant 家屬 (Spouse 配偶) = 2	Dependant 家屬 (Child 子女) = 4	Adult (employee and spouse) 成人(僱員及配偶) = 8 Child(ren) 子女 = 4
Average age of covered members (employee and spouse) = the sum of all insured adults' age in this class no. of insured adult in this class 受保會員 (僱員及配偶) 的平均年齡 = 此保障級別內之所有成人年齡之總和 此保障級別內之所有成人人數		38 years old 歲	N.A. 不適用		N.A. 不適用

Core Benefits 主要保障	Plan option 計劃選項 (Please tick appropriate box 請剔取適用選項)	Upgrade option 升級選項 (Please tick appropriate box 請剔取適用選項)	Annual Subscription 每年保費: Plan subscription 計劃保費 X Subscription loading for upgrade option 升級選項之附加保費 X No. of employee and spouse 僱員及配偶人數	Annual Subscription 每年保費: Plan subscription 計劃保費 X Subscription loading for upgrade option 升級選項之附加保費 X No. of child 子女人數	Sub-total 小計
A. Hospital and Surgical Benefit 住院及手術保障	☐ Flyer翱翔 A1 ☐ Flyer翱翔 A2 ☐ Flyer翱翔 A3 ☐ Flyer翱翔 A4	☐ 100% Non-network benefit reimbursement 非網絡保障賠償率:100%	$ 1,297 X 105% X 8 $ 1,361.85 X 8	$ 976 X 105% X 4 $ 1,024.80 X 4	
	☑ Starter啟航 A5	☑ 100% Non-network benefit reimbursement 非網絡保障賠償率:100%	$ 1,362 X 8 = $ 10,896	$ 1,025 X 4 = $ 4,100	= $ 14,996
B. Out-patient Procedure Benefit 門診手術保障	☐ Starter啟航 B1	☐ Overall Annual Limit 每年最高賠償額 HK$200,000	$ X X = $	$ X X = $	= $
C. Clinical Benefit 門診保障	☐ Flyer翱翔 C1 ☐ Flyer翱翔 C2 ☐ Flyer翱翔 C3	☐ $0 Co-payment and 100% Reimbursement $0自負費及100%賠償率 ☐ 200% Overall Annual Limit (applicable to C1 only) 每年最高賠償額 (只適用於C1) ☐ No limit to max no. of visit in aggregate (applicable to C2 & C3 only) 診治總次數不限次數 (只適用於C2及C3)	$ 1,897 X 118% X 8 $ 2,238.46 X 8 $ 2,238 X 8	$ 2,551 X 118% X 4 $ 3,010.18 X 4 $ 3,010 X 4	
	☑ Starter啟航 C4 ☐ Starter啟航 C5 ☐ Starter啟航 C6	☑ $0 Co-payment $0自負費 ☐ No limit to max no. of visit in aggregate 診治總次數不限次數	= $ 17,904	= $ 12,040	= $ 29,944

Optional Benefits 自選保障	Plan option 計劃選項 (Please tick appropriate box 請剔取適用選項)	Plan subscription 計劃保費 X No. of employee and spouse 僱員及配偶人數	Plan subscription 計劃保費 X No. of child 子女人數	Sub-total 小計
D. Supplementary Major Medical Benefit (SMM) 附加醫療保障	☐ Flyer翱翔 D1 ☐ Flyer翱翔 D2 ☐ Flyer翱翔 D3 ☐ Flyer翱翔 D4	$ 830 X 8	$ 402 X 4	
	☑ Starter啟航 D5	= $ 6,640	= $ 1,608	= $ 8,248

		Plan subscription 計劃保費 X No. of covered members 受保會員人數	Sub-total 小計
E. Special Hospital Cash Benefit 特別住院現金保障	☐ Flyer翱翔 / Starter啟航 E1 ☐ Flyer翱翔 / Starter啟航 E2	$ X	= $
F. Maternity Benefit 產科保障	☐ Flyer翱翔 / Starter啟航 F1 ☑ Flyer翱翔 / Starter啟航 F2	$ 9,293 X 5	= $ 46,465
G. Dental Benefit 牙科保障	☑ Flyer翱翔 / Starter啟航 G1	$ 900 X 12	= $ 10,800
		Total annual subscription 每年總保費	= $ 110,453

Notes 注意事項

1. Please fill in one table for each class of covered full-time employees under Particulars of Cover in subsequent page(s).
   請在下頁「投保資料」部分內，為每一級別的受保障全職僱員填寫一個表格。
2. Flyer tier plan options are applicable to companies with 5 or more employees. For companies with 2 to 4 employees, please choose from the Starter tier plan options.
   翱翔級別的計劃選項只適用於5名或以上僱員的企業。2至4名僱員的企業請選擇啟航級別的計劃選項。
3. For companies with 2-5 full-time employees, 1 class is available; for 6-9, 2 classes are available; for 10-15, 3 classes are available; for 16-20, 4 classes are available; for 21 and more, maximum 5 classes are available. 2-5名全職僱員的企業可安排1個保障級別；6-9名僱員可安排2個保障級別；10-15名僱員可安排3個保障級別；16-20名僱員可安排4個保障級別；21名或以上僱員可安排最多5個保障級別。
4. If optional benefits are selected, the same optional benefit level must be selected for all participating employees of the same class.
   如選擇自選保障，必須為同一級別的受保障全職僱員選擇相同的保障級別。
5. Cover for core benefits and optional benefits (if any), once opted for, must be selected for all employees in the same class.
   主要保障及自選保障 (如有) 必須選擇與所有同一職級僱員保障相同級別。
6. For Clinical Benefit, plan C1 is only applicable to companies with 10 or more employees with at least 5 employees enrolled in this plan.
   就門診保障選擇，C1計劃只適用於10名或以上僱員的企業，並有至少5名僱員參與此計劃。
7. SMM Benefit is only applicable to companies who have chosen Hospital and Surgical Benefit with upgrade option.
   附加醫療保障只適用於選擇了附有升級選項的住院及手術保障計劃。
8. Supplementary Major Medical Benefit, Special Hospital Cash Benefit and Maternity Benefit are only applicable to companies with at least 5 employees.
   附加醫療保障、特別住院現金保障及產科保障只適用於最少5名僱員的企業。

Particulars of Cover 投保資料

(Please attach the proposal summary page with subscription details to this application otherwise you're required to fill below information. 請附上計劃保費資料摘要，否則你需要填寫以下計劃資料。)

Class 級別 1	Please specify employee position, seniority, etc and not benefit amount. 請註明僱員職位、年資等，而非保障額。	No. of covered members 受保會員人數			*Sub-total* 小計
Class Eligibility 級別資格 (All full-time employees of applicant and their dependants, if chosen, as defined below subject to the terms and conditions of the contract. 所有根據以下定義及合約條款所指的全職僱員及其家屬。)		Employee 僱員 =	Dependant 家屬 (Spouse 配偶) =	Dependant 家屬 (Child 子女) =	Adult (employee and spouse) 成人(僱員及配偶) = Child(ren) 子女 =
Average age of covered members (employee and spouse) = the sum of all insured adults' age in this class no. of insured adult in this class 受保會員 (僱員及配偶) 的平均年齡 = 此保障級別內之所有成人年齡之總和 此保障級別內之所有成人人數		years old 歲		N.A. 不適用	N.A. 不適用

Core Benefits 主要保障	Plan option 計劃選項 (Please tick appropriate box 請剔取適用選項)	Upgrade option 升級選項 (Please tick appropriate box 請剔取適用選項)	Annual Subscription 每年保費 Plan subscription 計劃保費 X Subscription loading for upgrade option 升級選項之附加保費 X No. of employee and spouse 僱員及配偶人數	Plan subscription 計劃保費 X Subscription loading for upgrade option 升級選項之附加保費 X No. of child 子女人數	*Sub-total* 小計
A. Hospital and Surgical Benefit 住院及手術保障	☐ Flyer翱翔 A1 ☐ Flyer翱翔 A2 ☐ Flyer翱翔 A3 ☐ Flyer翱翔 A4	☐ 100% Non-network benefit reimbursement 非網絡保障賠償率:100%	$ ___ X ___ X ___	$ ___ X ___ X ___	
	☐ Starter啟航 A5	☐ 100% Non-network benefit reimbursement 非網絡保障賠償率:100%	= $ ___	= $ ___	= $ ___
B. Out-patient Procedure Benefit 門診手術保障	☐ Starter啟航 B1	☐ Overall Annual Limit 每年最高賠償額 HK$200,000	$ ___ X ___ X ___ = $ ___	$ ___ X ___ X ___ = $ ___	= $ ___
C. Clinical Benefit 門診保障	☐ Flyer翱翔 C1 ☐ Flyer翱翔 C2 ☐ Flyer翱翔 C3	☐ $0 Co-payment and 100% Reimbursement $0自負費及100%賠償率 ☐ 200% Overall Annual Limit (applicable to C1 only) 每年最高賠償額 (只適用於C1) ☐ No limit to max no. of visit in aggregate (applicable to C2 & C3 only) 診治總次數不限次數 (只適用於C2及C3)	$ ___ X ___ X ___	$ ___ X ___ X ___	
	☐ Starter啟航 C4 ☐ Starter啟航 C5 ☐ Starter啟航 C6	☐ $0 Co-payment $0自負費 ☐ No limit to max no. of visit in aggregate 診治總次數不限次數	= $ ___	= $ ___	= $ ___

Optional Benefits 自選保障	Plan option 計劃選項 (Please tick appropriate box 請剔取適用選項)	Plan subscription 計劃保費 X No. of employee and spouse 僱員及配偶人數	Plan subscription 計劃保費 X No. of child 子女人數	*Sub-total* 小計
D. Supplementary Major Medical Benefit (SMM) 附加醫療保障	☐ Flyer翱翔 D1 ☐ Flyer翱翔 D2 ☐ Flyer翱翔 D3 ☐ Flyer翱翔 D4	$ ___ X ___	$ ___ X ___	= $ ___
	☐ Starter啟航 D5	= $ ___	= $ ___	

		Plan subscription 計劃保費 X no. of covered members 受保會員人數	*Sub-total* 小計
E. Special Hospital Cash Benefit 特別住院現金保障	☐ Flyer翱翔 / Starter啟航 E1 ☐ Flyer翱翔 / Starter啟航 E2	$ ___ X ___	= $ ___
F. Maternity Benefit 產科保障	☐ Flyer翱翔 / Starter啟航 F1 ☐ Flyer翱翔 / Starter啟航 F2	$ ___ X ___	= $ ___
G. Dental Benefit 牙科保障	☐ Flyer翱翔 / Starter啟航 G1	$ ___ X ___	= $ ___
		Total annual subscription 每年總保費	= $ ___

Particulars of Cover 投保資料

(Please attach the proposal summary page with subscription details to this application otherwise you're required to fill below information. 請附上計劃保費資料摘要，否則你需要填寫以下計劃資料。)

Class 級別 **2**	Please specify employee position, seniority, etc and not benefit amount. 請註明僱員職位、年資等，而非保障額。	No. of covered members 受保會員人數			*Sub-total* 小計
Class Eligibility 級別資格 (All full-time employees of applicant and their dependants, if chosen, as defined below subject to the terms and conditions of the contract. 所有根據以下定義及合約條款所指的全職僱員及其家屬。)		Employee 僱員 =	Dependant 家屬 (Spouse 配偶) =	Dependant 家屬 (Child 子女) =	Adult (employee and spouse) 成人(僱員及配偶) = Child(ren) 子女 =
Average age of covered members (employee and spouse) = the sum of all insured adults' age in this class no. of insured adult in this class 受保會員 (僱員及配偶) 的平均年齡 = 此保障級別內之所有成人年齡之總和 此保障級別內之所有成人人數		years old 歲		N.A. 不適用	N.A. 不適用

Core Benefits 主要保障	Plan option 計劃選項 (Please tick appropriate box 請剔取適用選項)	Upgrade option 升級選項 (Please tick appropriate box 請剔取適用選項)	Annual Subscription 每年保費 Plan subscription 計劃保費 X Subscription loading for upgrade option 升級選項之附加保費 X No. of employee and spouse 僱員及配偶人數	Annual Subscription 每年保費 Plan subscription 計劃保費 X Subscription loading for upgrade option 升級選項之附加保費 X No. of child 子女人數	*Sub-total* 小計
A. Hospital and Surgical Benefit 住院及手術保障	☐ Flyer翱翔 A1 ☐ Flyer翱翔 A2 ☐ Flyer翱翔 A3 ☐ Flyer翱翔 A4	☐ 100% Non-network benefit reimbursement 非網絡保障賠償率:100%	$ ____ X ____ X ____	$ ____ X ____ X ____	
			= $ ____	= $ ____	= $ ____
	☐ Starter啟航 A5	☐ 100% Non-network benefit reimbursement 非網絡保障賠償率:100%			
B. Out-patient Procedure Benefit 門診手術保障	☐ Starter啟航 B1	☐ Overall Annual Limit 每年最高賠償額 HK$200,000	$ ____ X ____ X ____	$ ____ X ____ X ____	
			= $ ____	= $ ____	= $ ____
C. Clinical Benefit 門診保障	☐ Flyer翱翔 C1 ☐ Flyer翱翔 C2 ☐ Flyer翱翔 C3	☐ $0 Co-payment and 100% Reimbursement $0自負費及100%賠償率 ☐ 200% Overall Annual Limit (applicable to C1 only) 每年最高賠償額 (只適用於C1) ☐ No limit to max no. of visit in aggregate (applicable to C2 & C3 only) 診治總次數不限次數 (只適用於C2及C3)	$ ____ X ____ X ____	$ ____ X ____ X ____	
			= $ ____	= $ ____	= $ ____
	☐ Starter啟航 C4 ☐ Starter啟航 C5 ☐ Starter啟航 C6	☐ $0 Co-payment $0自負費 ☐ No limit to max no. of visit in aggregate 診治總次數不限次數			

Optional Benefits 自選保障	Plan option 計劃選項 (Please tick appropriate box 請剔取適用選項)	Plan subscription 計劃保費 X No. of employee and spouse 僱員及配偶人數	Plan subscription 計劃保費 X No. of child 子女人數	*Sub-total* 小計
D. Supplementary Major Medical Benefit (SMM) 附加醫療保障	☐ Flyer翱翔 D1 ☐ Flyer翱翔 D2 ☐ Flyer翱翔 D3 ☐ Flyer翱翔 D4	$ ____ X ____	$ ____ X ____	
		= $ ____	= $ ____	= $ ____
	☐ Starter啟航 D5			

		Plan subscription 計劃保費 X no. of covered members 受保會員人數	*Sub-total* 小計
E. Special Hospital Cash Benefit 特別住院現金保障	☐ Flyer翱翔 / Starter啟航 E1 ☐ Flyer翱翔 / Starter啟航 E2	$ ____ X ____	= $ ____
F. Maternity Benefit 產科保障	☐ Flyer翱翔 / Starter啟航 F1 ☐ Flyer翱翔 / Starter啟航 F2	$ ____ X ____	= $ ____
G. Dental Benefit 牙科保障	☐ Flyer翱翔 / Starter啟航 G1	$ ____ X ____	= $ ____
		Total annual subscription 每年總保費	= $ ____

Particulars of Cover 投保資料

(Please attach the proposal summary page with subscription details to this application otherwise you're required to fill below information. 請附上計劃保費資料摘要，否則你需要填寫以下計劃資料。)

Class 級別 3	Please specify employee position, seniority, etc and not benefit amount. 請註明僱員職位、年資等，而非保障額。	No. of covered members 受保會員人數			*Sub-total* 小計
Class Eligibility 級別資格 (All full-time employees of applicant and their dependants, if chosen, as defined below subject to the terms and conditions of the contract. 所有根據以下定義及合約條款所指的全職僱員及其家屬。)		Employee 僱員 =	Dependant 家屬 (Spouse 配偶) =	Dependant 家屬 (Child 子女) =	Adult (employee and spouse) 成人(僱員及配偶) = Child(ren) 子女 =
Average age of covered members (employee and spouse) = the sum of all insured adults' age in this class no. of insured adult in this class 受保會員 (僱員及配偶) 的平均年齡 = 此保障級別內之所有成人年齡之總和 此保障級別內之所有成人人數		years old 歲		N.A. 不適用	N.A. 不適用

Core Benefits 主要保障	Plan option 計劃選項 (Please tick appropriate box 請剔取適用選項)	Upgrade option 升級選項 (Please tick appropriate box 請剔取適用選項)	Annual Subscription 每年保費 Plan subscription 計劃保費 X Subscription loading for upgrade option 升級選項之附加保費 X No. of employee and spouse 僱員及配偶人數	Plan subscription 計劃保費 X Subscription loading for upgrade option 升級選項之附加保費 X No. of child 子女人數	*Sub-total* 小計
A. Hospital and Surgical Benefit 住院及手術保障	☐ Flyer翱翔 A1 ☐ Flyer翱翔 A2 ☐ Flyer翱翔 A3 ☐ Flyer翱翔 A4	☐ 100% Non-network benefit reimbursement 非網絡保障賠償率:100%	$ ___ X ___ X ___	$ ___ X ___ X ___	
	☐ Starter啟航 A5	☐ 100% Non-network benefit reimbursement 非網絡保障賠償率:100%	= $ ___	= $ ___	= $ ___
B. Out-patient Procedure Benefit 門診手術保障	☐ Starter啟航 B1	☐ Overall Annual Limit 每年最高賠償額 HK$200,000	$ ___ X ___ X ___ = $ ___	$ ___ X ___ X ___ = $ ___	= $ ___
C. Clinical Benefit 門診保障	☐ Flyer翱翔 C1 ☐ Flyer翱翔 C2 ☐ Flyer翱翔 C3	☐ $0 Co-payment and 100% Reimbursement $0自負費及100%賠償率 ☐ 200% Overall Annual Limit (applicable to C1 only) 每年最高賠償額 (只適用於C1) ☐ No limit to max no. of visit in aggregate (applicable to C2 & C3 only) 診治總次數不限次數 (只適用於C2及C3)	$ ___ X ___ X ___	$ ___ X ___ X ___	
	☐ Starter啟航 C4 ☐ Starter啟航 C5 ☐ Starter啟航 C6	☐ $0 Co-payment $0自負費 ☐ No limit to max no. of visit in aggregate 診治總次數不限次數	= $ ___	= $ ___	= $ ___

Optional Benefits 自選保障	Plan option 計劃選項 (Please tick appropriate box 請剔取適用選項)	Plan subscription 計劃保費 X No. of employee and spouse 僱員及配偶人數	Plan subscription 計劃保費 X No. of child 子女人數	*Sub-total* 小計
D. Supplementary Major Medical Benefit (SMM) 附加醫療保障	☐ Flyer翱翔 D1 ☐ Flyer翱翔 D2 ☐ Flyer翱翔 D3 ☐ Flyer翱翔 D4	$ ___ X ___	$ ___ X ___	
	☐ Starter啟航 D5	= $ ___	= $ ___	= $ ___

		Plan subscription 計劃保費 X no. of covered members 受保會員人數	*Sub-total* 小計
E. Special Hospital Cash Benefit 特別住院現金保障	☐ Flyer翱翔 / Starter啟航 E1 ☐ Flyer翱翔 / Starter啟航 E2	$ ___ X ___	= $ ___
F. Maternity Benefit 產科保障	☐ Flyer翱翔 / Starter啟航 F1 ☐ Flyer翱翔 / Starter啟航 F2	$ ___ X ___	= $ ___
G. Dental Benefit 牙科保障	☐ Flyer翱翔 / Starter啟航 G1	$ ___ X ___	= $ ___
		Total annual subscription 每年總保費	= $ ___

Particulars of Cover 投保資料

(Please attach the proposal summary page with subscription details to this application otherwise you're required to fill below information. 請附上計劃保費資料摘要，否則你需要填寫以下計劃資料。)

Class 級別 **4**	Please specify employee position, seniority, etc and not benefit amount. 請註明僱員職位、年資等，而非保障額。	No. of covered members 受保會員人數			*Sub-total* 小計
Class Eligibility 級別資格 (All full-time employees of applicant and their dependants, if chosen, as defined below subject to the terms and conditions of the contract. 所有根據以下定義及合約條款所指的全職僱員及其家屬。)		Employee 僱員 =	Dependant 家屬 (Spouse 配偶) =	Dependant 家屬 (Child 子女) =	Adult (employee and spouse) 成人(僱員及配偶) = Child(ren) 子女 =
Average age of covered members (employee and spouse) = the sum of all insured adults' age in this class no. of insured adult in this class 受保會員 (僱員及配偶) 的平均年齡 = 此保障級別內之所有成人年齡之總和 此保障級別內之所有成人人數		years old 歲		N.A. 不適用	N.A. 不適用

Core Benefits 主要保障	Plan option 計劃選項 (Please tick appropriate box 請剔取適用選項)	Upgrade option 升級選項 (Please tick appropriate box 請剔取適用選項)	Annual Subscription 每年保費 Plan subscription 計劃保費 X Subscription loading for upgrade option 升級選項之附加保費 X No. of employee and spouse 僱員及配偶人數	Annual Subscription 每年保費 Plan subscription 計劃保費 X Subscription loading for upgrade option 升級選項之附加保費 X No. of child 子女人數	*Sub-total* 小計
A. Hospital and Surgical Benefit 住院及手術保障	☐ Flyer翱翔 A1 ☐ Flyer翱翔 A2 ☐ Flyer翱翔 A3 ☐ Flyer翱翔 A4	☐ 100% Non-network benefit reimbursement 非網絡保障賠償率:100%	$ ____ X ____ X ____	$ ____ X ____ X ____	
			= $ ____	= $ ____	= $ ____
	☐ Starter啟航 A5	☐ 100% Non-network benefit reimbursement 非網絡保障賠償率:100%			
B. Out-patient Procedure Benefit 門診手術保障	☐ Starter啟航 B1	☐ Overall Annual Limit 每年最高賠償額 HK$200,000	$ ____ X ____ X ____	$ ____ X ____ X ____	
			= $ ____	= $ ____	= $ ____
C. Clinical Benefit 門診保障	☐ Flyer翱翔 C1 ☐ Flyer翱翔 C2 ☐ Flyer翱翔 C3	☐ $0 Co-payment and 100% Reimbursement $0自負費及100%賠償率 ☐ 200% Overall Annual Limit (applicable to C1 only) 每年最高賠償額 (只適用於C1) ☐ No limit to max no. of visit in aggregate (applicable to C2 & C3 only) 診治總次數不限次數 (只適用於C2及C3)	$ ____ X ____ X ____	$ ____ X ____ X ____	
			= $ ____	= $ ____	= $ ____
	☐ Starter啟航 C4 ☐ Starter啟航 C5 ☐ Starter啟航 C6	☐ $0 Co-payment $0自負費 ☐ No limit to max no. of visit in aggregate 診治總次數不限次數			

Optional Benefits 自選保障	Plan option 計劃選項 (Please tick appropriate box 請剔取適用選項)	Plan subscription 計劃保費 X No. of employee and spouse 僱員及配偶人數	Plan subscription 計劃保費 X No. of child 子女人數	*Sub-total* 小計
D. Supplementary Major Medical Benefit (SMM) 附加醫療保障	☐ Flyer翱翔 D1 ☐ Flyer翱翔 D2 ☐ Flyer翱翔 D3 ☐ Flyer翱翔 D4	$ ____ X ____	$ ____ X ____	
		= $ ____	= $ ____	= $ ____
	☐ Starter啟航 D5			

		Plan subscription 計劃保費 X no. of covered members 受保會員人數	*Sub-total* 小計
E. Special Hospital Cash Benefit 特別住院現金保障	☐ Flyer翱翔 / Starter啟航 E1 ☐ Flyer翱翔 / Starter啟航 E2	$ ____ X ____	= $ ____
F. Maternity Benefit 產科保障	☐ Flyer翱翔 / Starter啟航 F1 ☐ Flyer翱翔 / Starter啟航 F2	$ ____ X ____	= $ ____
G. Dental Benefit 牙科保障	☐ Flyer翱翔 / Starter啟航 G1	$ ____ X ____	= $ ____
		Total annual subscription 每年總保費	= $ ____

Particulars of Cover 投保資料

(Please attach the proposal summary page with subscription details to this application otherwise you're required to fill below information. 請附上計劃保費資料摘要，否則你需要填寫以下計劃資料。)

Class 級別 5	Please specify employee position, seniority, etc and not benefit amount. 請註明僱員職位、年資等，而非保障額。	No. of covered members 受保會員人數			*Sub-total* 小計
Class Eligibility 級別資格 (All full-time employees of applicant and their dependants, if chosen, as defined below subject to the terms and conditions of the contract. 所有根據以下定義及合約條款所指的全職僱員及其家屬。)		Employee 僱員 =	Dependant 家屬 (Spouse 配偶) =	Dependant 家屬 (Child 子女) =	Adult (employee and spouse) 成人(僱員及配偶) = Child(ren) 子女 =
Average age of covered members (employee and spouse) = the sum of all insured adults' age in this class no. of insured adult in this class 受保會員 (僱員及配偶) 的平均年齡 = 此保障級別內之所有成人年齡之總和 此保障級別內之所有成人人數		years old 歲		N.A. 不適用	N.A. 不適用

Core Benefits 主要保障	Plan option 計劃選項 (Please tick appropriate box 請剔取適用選項)	Upgrade option 升級選項 (Please tick appropriate box 請剔取適用選項)	Annual Subscription 每年保費 Plan subscription 計劃保費 X Subscription loading for upgrade option 升級選項之附加保費 X No. of employee and spouse 僱員及配偶人數	Annual Subscription 每年保費 Plan subscription 計劃保費 X Subscription loading for upgrade option 升級選項之附加保費 X No. of child 子女人數	*Sub-total* 小計
A. Hospital and Surgical Benefit 住院及手術保障	☐ Flyer翱翔 A1 ☐ Flyer翱翔 A2 ☐ Flyer翱翔 A3 ☐ Flyer翱翔 A4	☐ 100% Non-network benefit reimbursement 非網絡保障賠償率:100%	$ ___ X ___ X ___	$ ___ X ___ X ___	
	☐ Starter啟航 A5	☐ 100% Non-network benefit reimbursement 非網絡保障賠償率:100%	= $ ___	= $ ___	= $ ___
B. Out-patient Procedure Benefit 門診手術保障	☐ Starter啟航 B1	☐ Overall Annual Limit 每年最高賠償額 HK$200,000	$ ___ X ___ X ___ = $ ___	$ ___ X ___ X ___ = $ ___	= $ ___
C. Clinical Benefit 門診保障	☐ Flyer翱翔 C1 ☐ Flyer翱翔 C2 ☐ Flyer翱翔 C3	☐ $0 Co-payment and 100% Reimbursement $0自負費及100%賠償率 ☐ 200% Overall Annual Limit (applicable to C1 only) 每年最高賠償額 (只適用於C1) ☐ No limit to max no. of visit in aggregate (applicable to C2 & C3 only) 診治總次數不限次數 (只適用於C2及C3)	$ ___ X ___ X ___	$ ___ X ___ X ___	
	☐ Starter啟航 C4 ☐ Starter啟航 C5 ☐ Starter啟航 C6	☐ $0 Co-payment $0自負費 ☐ No limit to max no. of visit in aggregate 診治總次數不限次數	= $ ___	= $ ___	= $ ___

Optional Benefits 自選保障	Plan option 計劃選項 (Please tick appropriate box 請剔取適用選項)	Plan subscription 計劃保費 X No. of employee and spouse 僱員及配偶人數	Plan subscription 計劃保費 X No. of child 子女人數	*Sub-total* 小計
D. Supplementary Major Medical Benefit (SMM) 附加醫療保障	☐ Flyer翱翔 D1 ☐ Flyer翱翔 D2 ☐ Flyer翱翔 D3 ☐ Flyer翱翔 D4	$ ___ X ___	$ ___ X ___	= $ ___
	☐ Starter啟航 D5	= $ ___	= $ ___	

		Plan subscription 計劃保費 X no. of covered members 受保會員人數	*Sub-total* 小計
E. Special Hospital Cash Benefit 特別住院現金保障	☐ Flyer翱翔 / Starter啟航 E1 ☐ Flyer翱翔 / Starter啟航 E2	$ ___ X ___	= $ ___
F. Maternity Benefit 產科保障	☐ Flyer翱翔 / Starter啟航 F1 ☐ Flyer翱翔 / Starter啟航 F2	$ ___ X ___	= $ ___
G. Dental Benefit 牙科保障	☐ Flyer翱翔 / Starter啟航 G1	$ ___ X ___	= $ ___
		Total annual subscription 每年總保費	= $ ___

Subscription and Levy 保費及徵費

Sum of Annual Subscription (HK$) 年費總額 (港幣)		Subscription levy (HK$) 保費徵費 (港幣)		Total amount payable (HK$) 每年應付總額 (港幣)
	+		=	

For general information on the applicable levy rates, please visit www.bupa.com.hk/levy
有關徵費率詳情，請瀏覽 www.bupa.com.hk/levy

Payment Method 繳付保費方法

All subscription and levy should be paid by cheque ANNUALLY and made payable to 'Bupa (Asia) Limited'
所有保費及保費徵費請以支票每年繳付及抬頭請註明「保柏（亞洲)有限公司」

Claims Settlement Method 賠償方法

☐ By autopay to Employee's bank account 以自動轉賬存入僱員銀行戶口

☐ By cheque to Employee 以支票給僱員

☐ By cheque to insured company 以支票給投保公司

Set up myBupa Account 建立myBupa帳戶

Bupa will set up a myBupa account for your company to access a range of online services. Please provide the following information for Bupa to provide a HR administration number to the contact person stated below. (Please be reminded that only ONE contact person can be assigned for EACH company / associated company)
保柏將會為貴公司建立myBupa帳戶，讓你使用一系列網上服務。請提供以下資料，以便保柏向所列的聯絡人提供人事管理編號。(請注意每一間公司 / 附屬公司只可安排一位聯絡人)

Contact Person 聯絡人	Company Name / Associated Company Name 公司名稱 / 附屬公司名稱	Job Title 職位	Contact Phone No. 聯絡人電話	Contact Email Address 聯絡電郵地址

Application for e-Statement Service 申請電子結算表服務

☐ The applicant agrees to receive an e-Statement notification to access the document type(s) indicated below (if applicable) via myBupa and understands that no printed copies of the below document type(s) will be issued to the applicant or its Employees thereafter.
申請人同意透過myBupa收取電子結算表通知以接收以下文件(如適用)及明白其後將不會再獲發下列的書面形式文件予申請人或其僱員。

- ☐ Consolidated Claims Statement 綜合賠償單
- ☐ Consolidated Shortfall Invoice 綜合差額通知書
- ☐ Individual Member Claims Statement (Applicable only if claims payment is via autopay) 個別會員賠償單 (只適用於自動轉賬收取賠償的會員)
- ☐ Individual Member Shortfall Invoice 會員差額通知書

Declaration and Authorisation 聲明及授權

The applicant hereby declares and agrees:
申請人謹此聲明及同意：

(1) that the relevant insurance product features were able to fulfil the applicant's current medical protection needs, financial situation and premium affordability;
有關保險計劃的產品內容及特色符合申請人現時的醫療保障需求、財務狀況及保費承擔能力；

(2) that the health insurance applied for will be governed by the terms and conditions of the Contract issued by Bupa (Asia) Ltd. ("Bupa");
此醫療保障申請將受保柏（亞洲）有限公司（「保柏」）合約中之各項條款及細則所限制；

(3) to insure 100% of eligible persons as defined and submit all required Personal Information of Members to Bupa within 31 days after the Member's Coverage Commencement Date;
替所有合資格人士投保，並於會員保障生效日後31日內向保柏提交所有所需的會員個人資料；

(4) that all statements in the Member Enrolment Form, Member census (if any), and the information received by Bupa as to the Member's subsequent changes shall form a part of this Application and shall be the basis for underwriting thereof;
於會員登記表或會員資料表（如有）內的聲明，以及日後保柏收到更改會員資料的更改通知，均為本申請的一部分，將會作為核保的基礎；

(5) that if a Member is hospitalised or disabled on the date on or from which he / she would otherwise have been entitled to the Benefits under this Contract, he / she shall not be entitled to such Benefits until the day that the Member returns to full time employment or study;
如會員於保障生效日當日或之前已入院或染有殘疾，在本合約下他/她將不能享有保障，直至他/她返回全職工作或全日制課程當日，保障計劃才正式生效；

(6) that if there is any untruth in the Application or any other statement in connection with the insurance of the Members, Bupa has the right to reject all claims for the amount insured;
倘若與會員有關的保障申請或其他任何聲明有失實之處，保柏有權拒絕接受所有就投保金額作出的索償申請；

(7) to appoint and authorise Bupa to act on its (and the Members') behalf to (i) arrange for Hospitals, Registered Medical Practitioners and other health and care providers ("HealthNet Service Providers" or "QualityNet Service Providers") to provide health and care services to the Members; (ii) issue Bupa HealthNet Card ("BHN Card") or Bupa QualityNet Card ("BQN Card") to Members to obtain health services from HealthNet Service Providers or QualityNet Service Providers; (iii) accept direct billing from HealthNet Service Providers or QualityNet Service Providers for health services rendered to the Members; (iv) establish, terminate or suspend relationship with HealthNet Service Providers or QualityNet Service Providers as necessary; and (v) recover from Members amounts for any ineligible medical expenses (i.e. those excluded from or exceeded the benefit limits under the Contract) by direct billing. The applicant shall be fully liable for all Shortfalls due to such ineligible expenses incurred by any Members using the BHN Card or BQN Card and reimburse Bupa in full for such Shortfall within 14 days of the receipt of the invoice. In the event of loss of the BHN Card or BQN Card, the applicant will inform Bupa of full details within 48 hours. Bupa will assume no responsibility and shall not be held liable or accountable for any further claim which may arise against the HealthNet Service Providers or QualityNet Service Providers;
委任及授權保柏代其(及會員)(i)安排醫院、註冊西醫及其他醫療供應商(「網絡服務供應商」或「卓新網絡服務供應商」)為會員提供醫療服務；(ii)發放保柏網絡醫療卡(「保柏網絡醫療卡」或「保柏卓新網絡醫療卡」)給會員，讓會員享用網絡服務供應商或卓新網絡服務供應商的醫療服務；(iii)接受網絡服務供應商或卓新網絡服務供應商就向會員所提供的醫療服務而直接發出的賬單；(iv)在需要時建立、終止或暫停與網絡服務供應商或卓新網絡服務供應商的關係；及(v)直接向會員發出賬單收回所有不合資格的醫療費用(即該等超出合約內訂明之範圍或保障上限)。申請人須全力承擔所有由於會員使用保柏網絡醫療卡或保柏卓新網絡醫療卡所涉及的不合資格差額費用，並須於接獲通知書的14天內，就該差額全數賠償給保柏。如遺失保柏網絡醫療卡或保柏卓新網絡醫療卡，申請人必須於48小時內通知保柏有關詳情。保柏不會及無須就任何對網絡服務供應商或卓新網絡服務供應商提出的索償承擔任何責任；

(8) that the applicant understands that it is duly authorised to release the information of its Employees (and their Dependants, if opted for) and will fully indemnify Bupa for any losses, damages or claims that might result from the release of such information; and
申請人明白申請人獲得正式授權，可以提供其僱員(及其家屬，如選擇投保)的資料予保柏，並全面保障保柏免因透露該資料而遭受任何損失、損害或索償；及

(9) that the applicant has read the Personal Information Collection Statement ("Statement") in this application and has understood its effects and impact in respect of the personal information collected or held by Bupa (Asia) Limited, including the use, storage, processing, transfer, disclosure and/ or sharing of part of or all of such personal information within the Group Companies in accordance with the Statement. The applicant consents to the transfer of personal information within or outside of Hong Kong for the purposes and to the types of transferees as set out in the Statement.* The updated version of the Statement is available for download from www.bupa.com.hk.
申請人已細閱本申請表所述的「個人資料收集聲明」，並明白個人資料收集聲明對保柏（亞洲）有限公司收集或持有的個人資料的效力及影響，包括按照個人資料收集聲明使用、儲存、處理、轉移、公開或分享部分或全部個人資料致任何集團公司之成員。申請人同意根據個人資料收集聲明的目的及承轉人類別，在香港境內或境外使用及轉移個人資料。該個人資料收集聲明最新的版本可於保柏網址 (www.bupa.com.hk)下載。

* Members can give their preference in relation to the use of direct marketing on a voluntary basis after the Contract becomes effective.
合約生效後，會員可以就直接營銷中使用個人資料在自願的基礎上選擇是否同意。

Applicable to Application through authorised insurance broker 適用於透過獲授權保險經紀進行之申請

The applicant understands, acknowledges and agrees that, as a result of the applicant purchasing and taking up the policy to be issued by Bupa, Bupa will pay the authorised insurance broker commission during the continuance of the policy including renewals, for arranging the said policy. Where the applicant is a body corporate, the authorised person who signs on behalf of the applicant further confirms to Bupa that he or she is authorised to do so.
The applicant further understands that the above agreement is necessary for Bupa to proceed with the Application.

保柏會就申請人購買及接受其簽發的保單，於保單有效期內（包括續保期）向負責安排有關保單的獲授權保險經紀支付人佣金。假如申請人為法人團體，代表申請人簽署的獲授權人員須向保柏確認他 / 她已獲該法人團體授權。
申請人亦明白保柏必須取得申請人以上的同意，才可以處理其保險申請。

Declaration and Authorisation 聲明及授權

Authorised Signature of the Applicant and Company Chop 申請人的授權簽署及公司印章 X	Printed Name and Position of the Applicant 申請人的姓名及職位 Date of Signature 簽署日期 (DD日 / MM月 / YY年) X
Agent's / Broker's / Sales' Name (If applicable and must be completed by applicant) 代理人 / 經紀 / 營業代表姓名（如適用及必須由申請人填寫）	Agent's / Broker's / Sales' Code 代理人 / 經紀 / 營業代表編號

Bupa use only 只供保柏填寫

Contract No. 合約編號	Remarks 備註

Bupa (Asia) Limited 保柏 (亞洲) 有限公司
Address: 6/F, Tower 2, The Quayside, 77 Hoi Bun Road, Kwun Tong, Kowloon, Hong Kong
地址: 香港九龍觀塘海濱道77號海濱匯第2座6樓
Telephone 電話: (852) 2517 5175 Facsimile 傳真: (852) 2548 1848 Website 網址: www.bupa.com.hk
Bupa Hong Kong

MP325/3/0823

Personal Information Collection Statement 個人資料收集聲明

Bupa (Asia) Limited
Privacy Notice relating to the Personal Data (Privacy) Ordinance (the "Ordinance")

1. Introduction

1.1. Bupa (Asia) Limited ("Company", "we" or "us") is committed to protecting your privacy and security of your personal information. This Notice is provided to you in connection with your dealings and provision of data or information to the Company. This Notice is prepared in accordance with the Ordinance and also operates as the Personal Information Collection Statement which we will provide, or make available, to you on or before the collection of your personal information by the Company.

1.2. This Notice is intended to ensure that you can make informed decisions about providing your personal information to Company in accordance with this Notice. Please be aware that this Notice replaces any notice or statement of similar nature that may have been provided to you previously. When you click on "I Agree" or select any options with similar content, or log in, confirm, agree to, use or accept this Notice we provide via registration procedure or any other way, you consent to your personal information being collected, stored, used, processed, transferred, disclosed or shared in accordance with this Notice.

1.3. For the purposes of this Notice, "Group Company" means the Company and its holding companies, branches, subsidiaries, representative offices and affiliates, wherever situated, and any one of them. Affiliates include branches, subsidiaries, representative offices and affiliates of the Company's holding companies, wherever situated (collectively, the "Group").

1.4. If you provide us with the personal information about other individuals, you must tell those individuals that you have provided us with their details and let them know where they can find a copy of this Notice.

2. Personal Information We Collect

2.1. From time to time, it is necessary for you, or other members/ insured persons covered under your policy (each a "Member"), to supply the Company with certain personal information (including where relevant, credit information and claims history) relating to you, or the Member, when you apply for insurance or financial products and services from the Company, or when you apply to make changes to your policy, or when you renew a policy.

2.2. During the course of your relationship with the Company, further personal information relating to you, or the Member, may also be collected in the ordinary course of our business, for example, when you lodge insurance claims with the Company in relation to yourself or the Member.

2.3. Failure to supply personal information requested by the Company may result in the Company being unable to process your application, request for information or services, enquiries and/or provide services or products to you, or the Member.

2.4. The personal information we collect and/or hold from time to time may include your personal identification information, contact information, transaction records, financial background, medical and health records, biometric data and your location and activities when you access or browse our website(s) or use our mobile application(s) or portal(s) (including any diagnostic or health-monitoring tools thereon and the Bluetooth and/or wearable device that are used to collect data for the purposes of such tools).

2.5. We will always try to collect your personal information from you through the course of your relationship with us and in a range of ways. However, there may be instances where we will need to collect your personal information from third parties or sources in certain circumstances, such as a family member or someone else acting on your behalf, your employers, medical personnel, business/asset acquisition transactions of the Company, business partners, or public databases.

2.6. If you are under the age of 18, you should obtain consent from your parent or guardian before you provide the Company with your personal information.

2.7. Storage of personal information may be in various forms including, physical (paper) form, digital customer systems or applications, data management software or systems in the usual course of business practices, depending on your engagement with the Company.

3. Purposes of Collection

3.1. Your personal information collected may be used, stored, processed, transferred, disclosed or shared by the Company for the following purposes from time to time:

(a). processing, assessing and determining any applications for insurance products and services;
(b). offering and providing products and services to you, or the Member, and processing requests made by you, or the Member, from time to time, including but not limited to requests for addition, alteration, deletion, maintenance, management and operation of insurance benefits or insured Members;
(c). registering you, or the Member, as a user or a member of services or information provided or to be provided by us on the website(s), mobile application(s) or portal(s) managed and/or operated by us;
(d). coordinating your care, or the Members', within Group Companies to achieve better health management outcomes;
(e). any purposes in connection with any claims made by or against or otherwise involving you, or the Member, in respect of any products and/or services provided by the Company including, without limitation, making, defending, analysing, investigating, detecting and preventing fraud (whether or not relating to the policy issued in respect of any application or claim) processing, assessing, determining, settling or responding to such claims;
(f). performing any functions and activities related to the products and/or services provided by the Company including, without limitation, audit, reporting, market research, general servicing, maintenance of online and other services, identity verification, data matching, research, data analytics, statistical analysis, and reinsurance arrangements;
(g). providing you with personalised health information and information about our services or products, and personalised website, mobile application or portal interface;
(h). providing you with appropriate health, insurance administration, wellness or other related services (including, without limitation, e-ticketing, appointment booking and clinic / medical professional search and service and product redemption functions on the website(s), mobile application(s) or portal(s)) managed and/or operated by us) or products;
(i). communicating with you regarding the administration, features and renewal of the insurance policy that you subscribe to;
(j). operating, maintaining, evaluating, improving, troubleshooting problems, and understanding your preference(s) with our website(s), mobile application(s) or portal(s);
(k). provision and design of products and services of the Company;
(l). exercising the Company's rights in connection with provision of any products and services to you, or the Member, from time to time, for example, to determine any amount of indebtedness from you, and collecting and recovering owing from you or any person who has provided any security or undertaking for your liabilities;
(m). communication with you or the Member (or with you on behalf of the Member) in relation to any of the purposes set out in this Notice;
(n). with your consent, marketing services, products and other subjects by us, any member and/or brand of the Group Companies (such as Horizon Health and Care Limited and/or Quality HealthCare Group, our affiliates) and/or other third parties (please see further details in paragraph 5 below);
(o). managing our relationship with you, our business and organisations who work with us in relation to providing our products or services to you, or the Member (including, with limitation, futures changes to this Notice);
(p). enabling an actual or proposed assignee, transferee, participant or sub-participant of all or a substantial part of the Company's rights or business to evaluate the transaction intended to be the subject of the assignment, transfer, participation or sub-participation;
(q). making disclosure to satisfy the requirements of any laws, rules and regulations, codes of practice, guidance notes or guidelines binding on the Company; and
(r). fulfilling any other purposes directly related to (a) to (q) above.

4. Transfer of Personal Information

4.1. Personal information collected or held by the Company relating to you, or the Member, will be kept confidential but the Company may transfer such personal information inside or outside the Hong Kong Special Administrative Region of the People's Republic of China, for the purposes specified in paragraph 3 to the following classes of transferees:

(a). any member and/or brand of the Group Companies;
(b). any insurance adjusters, agents and brokers;
(c). any re-insurance companies authorised by the Company;
(d). employers (for members of corporate policy only);
(e). healthcare professionals and hospitals;
(f). any third parties engaged in connection with a member of the Group Company's business who provides medical, health, insurance, wellness or other related services or products;
(g). any agent, contractor or third party service providers who provide administrative, telecommunications, computer, payment, data processing, storage of analytics, printing, research, advertising, distribution or other services to the Company in connection with the operation of business, (including without limitation insurers; banks; lawyers; accountants; claims investigators; fraud prevention organisations; other insurance companies (whether directly or through fraud prevention organisations or other persons named in this paragraph); organisations that consolidate claims and underwriting information for the insurance industry; the police and databases or registers (and their operators) used by the insurance industry to analyse and check information provided against existing information; debt collection agencies; data processing companies; research agencies and professional advisors);
(h). with your consent, third parties (within or outside the Group Companies) in relation to direct marketing (please see further details in paragraph 5 below);
(i). third party reward, loyalty, co-branding and privileges programme providers and co-branding partners of a member of the Group Companies;
(j). financial institutions engaged by the Company or you for billing and payment purposes;
(k). any actual or proposed assignee, transferee, participant or sub-participant of all or a substantial part of the Company's rights or business; and
(l). any person to whom the Company is under an obligation to make disclosure under the requirements of any law, rules, regulations, codes of practice or guidelines binding on the Company including, without limitation, any applicable regulators, governmental bodies, industry recognised bodies, credit reference agencies, the Courts, and where otherwise required by law.

4.2. We will only disclose personal information limited to that which is necessary to the above parties for the relevant purposes, who may process (including, without limitation, by recording, organising, structuring, storing, adapting, altering, retrieving, using, aligning, combining or erasing) your personal information for the relevant purposes set out in paragraph 3 above.

4.3. In the event that we complete the acquisition of a new business or brand, we shall communicate with you through the communication channels you provided to us, and any personal information shall be treated in accordance with this Notice if it is practicable and permissible to do so.

5. Use of Personal Information in Direct Marketing

5.1. Only with your consent (which includes an indication of no objection), the Company, any member and/or brand of the Group Companies and/or the third parties stated under paragraphs 3.1 (n) and 5.2 (b) to (e) may use your personal information collected from time to time to provide you with marketing communications (including by email, SMS, mobile application, social media, instant messenger or other means that become available from time to time) relating to the following products and services:

(a). insurance, medical, dental, healthcare, wellness, personal development, beauty, sporting activities and membership, lifestyle, entertainment, financial, and related services and products;
(b). rewards, benefits, discounts, member activities, loyalty or privileges programmes and related services and products;
(c). services and products offered by the Company's co-branding partners; and
(d). donations and contributions for charitable and/or non-profit making purposes.

5.2. The above services, products and subjects may be provided or (in the case of donations and contributions) solicited by the Company and/or:

(a). any member and/or brand of the Group Companies;
(b). third party service providers;
(c). third party reward, loyalty, co-branding or privileges programme providers;
(d). co-branding partners of a member of the Group Companies; and
(e). charitable or non-profit making organisations.

Personal Information Collection Statement 個人資料收集聲明

5.3. We may not use your personal information for direct marketing purposes unless we have received your consent. For the avoidance of doubt, the latest instruction (for example, consent or indication of no objection, or request for opt-out) received from you shall override any previous instruction given to the Company in this regard in relation to all of your personal information collected or held by the Company from time to time.

5.4. If you choose to personalise your services where such options are available, we will use personal information that we collect so that we can offer you those personalised services or communications. If you do not wish to accept those personalised services or communications, you can unsubscribe from those services at any time and we will cease to offer such services to you.

5.5. For the avoidance of doubt, whether or not you consent to receive marketing communications of the type described in this paragraph 5, the Company may still communicate with you regarding the administration, features and renewal of your insurance policy.

6. Security and Retention

6.1. The Company retains your personal information for as long as necessary for the purposes set out in this Notice, or otherwise agreed between you and us, unless otherwise required or permitted under applicable law.

6.2. Where the Company no longer requires your personal information for the purposes under this Notice, or otherwise required under law, we will take appropriate steps to securely delete or destroy your personal information.

6.3. We will take reasonable steps to securely store your personal information. This includes implementing a range of digital and physical security measures. In addition, we will restrict access to your personal information to those properly authorised to have access.

6.4. When you use our sites, we and third-party companies collect information by using cookies and other technologies such as pixel tags (for simplicity we refer to all such technologies as "cookies"). The updated version of the Cookies Policy is available for download from our website: www.bupa.com.hk and is available upon request.

6.5. Our websites, mobile applications or portals may provide the links to other external websites over which we do not have control. You are advised to refer to the privacy policies of these websites for more information.

7. Data Access and Correction

7.1. Under and in accordance with the terms of the Ordinance, you have the following rights to:
(a). check whether the Company holds personal information relating to you or the Member and to access such personal information;
(b). require the Company to correct any personal information relating to you or the Member which is inaccurate;
(c). ascertain our policies and practices in relation to personal data and to be informed of the kind of personal data held by the Company;
(d). request the Company to cease using your personal information for direct marketing purposes; and
(e). change your preference in respect of our use of your personal information.

7.2. Requests can be made in writing to the Company's Data Protection Officer at the following address:
Data Privacy Officer/ Customer Service Manager
6/F, Tower 2, The Quayside, 77 Hoi Bun Road, Kwun Tong, Kowloon, Hong Kong
Or, by email:
customercare@bupa.com.hk

8. In accordance with the terms of the Ordinance, the Company has the right to charge a reasonable fee for the processing of any personal information access or correction request.

9. For any enquiries about this Notice, please do not hesitate to contact our Customer Care helpdesk at 2517 5333.

10. Nothing in this Notice shall limit the rights of customers under the Ordinance.

11. In case of discrepancies between the English and Chinese versions of this Notice, the English version shall prevail. This Notice maybe amended by the Company from time to time.

Bupa (Asia) Limited 保柏 (亞洲) 有限公司
Address: 6/F, Tower 2, The Quayside, 77 Hoi Bun Road, Kwun Tong, Kowloon, Hong Kong
地址: 香港九龍觀塘海濱道77號海濱匯第2座6樓
Telephone 電話: (852) 2517 5175 Facsimile 傳真: (852) 2548 1848 Website 網址: www.bupa.com.hk
Bupa Hong Kong

MP325/3/0823

Personal Information Collection Statement 個人資料收集聲明

保柏（亞洲）有限公司有關個人資料（私隱）條例（「條例」）之私隱通知

1. 簡介

1.1. 保柏（亞洲）有限公司 （「本公司」或「我們」）致力保障您的個人資料的私隱及安全。本私隱通知是就您與我們進行交易及提供資料或資訊而向您提供的。本私隱通知按照條例所編製和作為收集個人資料聲明，我們將在公司收集您的個人資料時或之前向您提供或可供查閱。

1.2. 本私隱通知旨在確保您能夠根據本隱私通知，就向我們提供您的個人資料時作出知情的決定。請注意，本私隱通知將取代之前可能已提供給您的任何類似性質的私隱通知或私隱通知。當您點擊“同意”或選擇任何類似內容的選項，或登錄、確認、同意、使用或接受我們通過登記程序或其他任何方式提供的本私隱通知時，即表示您同意您的個人資料根據本私隱通知收集、存儲、使用、處理、傳輸、披露或分享。

1.3. 就本私隱通知而言，「集團公司」是指本公司及其母公司、分行、子公司、代表處及關聯公司，無論其位於何處，以及其中的任何一家。關聯公司包括母公司的分行、子公司、代表處及關聯公司，無論其位於何處（統稱為「本集團」）。

1.4. 如果您向我們提供其他人的個人資料，您必須通知並告知他們本私隱通知。

2. 我們收集的個人資料

2.1. 在您或受保於您保單的其他會員/受保人（每位「會員」）向本公司申請保險或金融產品及服務，或當您更改保單或續保時，必須不時向本公司提供您或會員的個人資料（包括信用資料和以往申索紀錄，如適用）。

2.2. 本公司亦可能會在日常業務運作的過程中向您或會員收集更多個人資料，例如當您為您或代會員向本公司提出保險索償時。

2.3. 如您未能提供本公司所要求的個人資料，本公司可能無法處理您的申請及/或向您或會員提供保險產品、服務或其他相關服務。

2.4. 我們不時收集及/或持有的個人資料可能包括您的個人身份證明資料、聯絡資料、交易記錄、財務背景、醫療及健康記錄、生物辨識資料及您在訪問或瀏覽我們的網站或使用我們的流動應用程式或門戶平台時的位置及活動（包括其上的任何診斷或健康監測工具及此類工具用於收集數據的藍牙及/或可穿戴設備）。

2.5. 在您與我們的互動關係過程中，我們可通過多種方式從您那裡收集您的個人資料。但是，在某些情況下，我們可能需要從第三方或來源收集您的個人資料，例如代表您的家庭成員或其他人、您的雇主、醫務人員、本公司的業務/資產收購交易、業務合作夥伴或公共數據庫。

2.6. 如您未滿18歲，您向本公司提供您的個人資料前，應徵得您父母或監護人的同意。

2.7. 根據您與我們的互動關係，個人資料的存儲可以採用不同形式，包括實體（紙張）形式、數碼化客戶系統或應用程序、日常業務實踐過程中的數據管理軟件或系統等。

3. 收集個人資料之目的

3.1. 本公司將就以下目的不時使用、儲存、處理、轉移、公開或分享您的個人資料：

(a). 處理、評估、決定任何保險產品及服務之申請；
(b). 為您或會員提供保險產品及服務及處理您或會員不時提出的要求，包括但不限於要求增加、更改、刪除、維持及管理保障項目或受保會員；
(c). 登記您成為由我們管理及/或營運之網站、流動應用程式或門戶平台的用戶或其所提供或將提供的資訊或服務的會員；
(d). 在本集團公司旗下協調您或會員的護理，實現更好的健康管理結果；
(e). 任何有關您或會員對本公司所提供之保險產品及服務提出之索償，包括但不限於賠償、辯護、分析、調查、偵測及防止欺詐行爲（無論是否與就此申請而簽發之保單及相關的任何申請或索償）、處理、評估、決定、解決或回應該等索償；
(f). 執行與本公司提供的服務或產品有關的任何功能及活動，包括但不限於審計、匯報、市場研究、一般服務、在線及其他服務的維護、身份核實、資料核對、研究、數據分析、統計分析及再保險之安排；
(g). 向您提供個人化的健康資訊及有關我們的產品或服務的資訊，及個人化的網站、流動應用程式或門戶平台介面；
(h). 向您提供適合的健康、保險管理、保健或其他相關服務（包括但不限於電子票務、預約及診所/醫療專業人員搜索，以及我們管理及/或營運之網站、流動應用程式或門戶平台上的服務及產品兌換功能）或產品；
(i). 就您的保險產品計劃的管理、保障及續保事項與您溝通；
(j). 就我們的網站、流動應用程式或門戶平台進行營運、維護、評估、改善、問題排解，以及瞭解您的偏好；
(k). 提供及設計本公司的產品及服務；
(l). 行使本公司向您或會員提供保險和服務時有關的權利，例如釐定您拖欠的任何款項的金額，及向您或任何已為您的債務提供任何擔保或承諾的人士，追收和收回拖欠的任何款項；
(m). 就本私隱通知中所述的任何用途與您或會員（或與代表會員的您）聯絡；
(n). 在您同意的情況下促銷我們、任何集團公司成員及/或旗下品牌（例如我們的關聯公司 - Horizon Health & Care Limited 及/或卓健集團）及/或第三方的服務、產品及其他主題（詳情請參閱下文第5段）；
(o). 管理我們與您、我們的業務及與我們合作向您或會員提供產品或服務的組織之關係（包括但不限於通知本私隱通知的未來變更）；
(p). 允許本公司全部或部份的權益或業務的實際或建議承讓人、受讓人、參與人或次參與人，就涉及的轉讓、出讓、參與或次參與的交易進行評估；
(q). 為遵守任何法例之要求，或根據監管或其他機關所發出對本公司具有約束力或要求其遵守的規則、規例、實務守則、須知或指引，而作出披露；及
(r). 達到與上述 (a) 至 (q) 直接有關的其他目的。

4. 個人資料的轉移

4.1. 本公司所收集或持有與您或會員有關的個人資料將會保密，但本公司可在中華人民共和國香港特別行政區境內或境外，為上文第3段規定的目的，將這些個人資料轉移予下列類別的承轉人：

(a). 本公司的集團公司成員及旗下品牌；
(b). 任何由本公司授權的保險理算人、代理及經紀；
(c). 任何由本公司授權的再保險公司；
(d). 僱主（只適用於團體保單之會員）；
(e). 醫護專業人員及醫院；
(f). 任何就集團公司的業務被聘用提供醫療、健康、保險、保健或其他相關服務或產品的第三方；
(g). 任何代理人、承包人或其他就本公司之業務運作，向本公司提供行政、電訊、電腦、付款、資料處理、數據儲存及分析、印刷、廣告、研究、分銷或其他服務的第三方服務供應商（包括但不限於保險公司、銀行、理財顧問、律師、會計師、理賠調查員、防欺詐 組織、其他保險公司（無論是直接地，或是通過過防欺詐組織或本段中指名的其他人士）、為保險業界整合申索及承保資料之組織、警察、供保險業界用作分析及核對所提供的資料與既有資料的資料庫及登記冊（及其運營者）、收數公司、資料處理公司、研究服務機構及專業顧問）；
(h). 在您的同意下，任何參與直接促銷的第三方（無論在集團公司內或外）（詳情請參閱下文第5段）；
(i). 獎賞、會員忠誠、品牌合作或優惠計劃之第三方供應商，及集團公司成員；
(j). 本公司或您為處理帳單及付款之目的而聘用的金融機構；
(k). 任何本公司全部或重要部分權益或業務的任何實際或建議承讓人、受讓人、參與人或附屬參與人；及
(l). 為遵守任何對本公司有約束力的法律、規則、規例、實務守則、指引資料或指引而有義務向其作出披露的任何人士，包括但不限於任何適用的監管機構、政府部門、受認證的行業組織、法院或其他法律規定的機構。

4.2. 我們只會向上述各方披露僅限為該相關目的必需的個人資料，他們可按上文第3段所述的相關目的處理（包括但不限於記錄、組織、構建、儲存、調整、修改、檢索、使用、達到一致、合併或刪除）您的個人資訊。

4.3. 假若我們完成收購新公司或品牌的業務，我們會透過您提供給我們的通訊渠道向您溝通，而任何我們在得到您同意下獲取的個人資料將會在可行或許可的情況下跟據本私隱通知被處理。

5. 在直接促銷中使用個人資料

5.1. 只有在您的同意下(包括不反對的表示)，本公司、任何集團公司成員、旗下品牌及/或第3.1（n）項及第5.2（b）至（e）項所述的第三方可使用不時向您收集的個人資料，為您提供與下列服務或產品有關的促銷信息（包括通過電郵、短訊、流動應用程式通知、社交媒體、即時通訊工具、或其他隨時可用的聯絡方法）：

(a). 保險、醫療、牙科、康健、健康、個人發展、美容、體育運動及會員服務、生活時尚、娛樂、金融及相關服務及產品；
(b). 獎賞、權益、折扣、會員活動、會員忠誠或優惠計劃及其相關的服務及產品；
(c). 本公司的品牌合作夥伴提供的服務及產品; 及
(d). 為慈善及/或非牟利用途的捐款及捐贈。

5.2. 上述服務、產品及主題可能由本公司及/或下列人士提供或（在捐款及捐贈的情況下）徵集：

(a). 任何集團公司成員及/或旗下品牌；
(b). 第三方服務供應商；
(c). 獎賞、會員忠誠、品牌合作或優惠計劃之第三方供應商；
(d). 集團公司成員的品牌合作夥伴；及
(e). 慈善或非牟利機構。

5.3. 除非我們已取得您的同意，否則本公司不可以使用您的個人資料作直接促銷用途。為免生疑問，就本公司不時收集或持有的所有您的個人資料，本公司將會以從您收到的最新指示（例如同意或表示不反對的指示，或提出反對要求）作準。

5.4. 如果我們有提供服務個人化的選項時，而您選擇將您的服務個人化，我們將使用向您收集的個人資料為您提供該些個人化的服務或通訊。如果您不希望接受這些個人化的服務或通訊，您可以隨時取消訂閱這些服務，我們將停止向您提供這些服務。

5.5. 為避免有疑慮，不論您是否同意接收以上第五段所述的市場推廣資訊類別，本公司仍然可能就您保單相關的行政、 保障及續保事宜與您聯絡。

6. 個人資料的安全及保留

6.1. 除非相關法律另有要求或批准，本公司會保留您的個人資料至達到本私隱通知所列所需的目的爲止，或根據你與我們的另行協定保留您的個人資料。

6.2. 如果本公司不再需要您的個人資料以用於本私隱通知規定的目的，或法律規定的其他目的，我們將採取適當的步驟，安全地刪除或銷毀您的個人資料。

6.3. 本公司會採取合理措施安全存儲您的個人資料。這包括實施一系列安全措施。此外，我們會將對您的個人資料的訪問權限，限制為獲得適當授權的人員。

6.4. 當您瀏覽我們的網站時，我們和我們合作的第三方公司通過使用 cookies 和其他技術（如像素標籤 – pixel tag）收集信息（為簡單起見，我們將所有此類技術稱為“cookies”）。Cookies 政策的更新版本可從我們的網站www.bupa.com.hk下載，並可應要求提供。

6.5. 我們的網站、流動應用程式或門戶平台介面可能載有第三方網站的連結，我們對該等其他網站並無控制權。我們建議細閱該等網站的私隱聲明。

7. 查閱及更改個人資料

7.1. 根據有關條例中的條款 ，您有權：

(a). 查詢本公司是否持有與您或會員相關的個人資料，並查閱該等資料；
(b). 要求本公司更正任何有關您或會員的不準確的個人資料；
(c). 查明本公司對於個人資料的政策及處理方法及獲告知本公司持有的個人資料類別；
(d). 要求本公司停止將您的個人資料作直接市場推廣用途；及
(e). 更改您對我們使用您的個人資料的偏好。

7.2. 如您需行使上述權利，請以書面形式將您的要求：

郵寄：香港九龍觀塘海濱道77號海濱匯第2座6樓
保柏（亞洲）有限公司
保障資料主任/客戶服務經理
或電郵：
customercare@bupa.com.hk

8. 根據有關條例之條款，本公司有權就處理您的查閱或更改的資料要求收取合理費用。

9. 如閣下對本聲明有任何查詢，請隨時致電本公司的客戶服務專線2517 5333。

10. 本私隱通知不會限制您在條例下所享有的權利。

11. 如本私隱通知的英文版本與中文版本存有差異時，將以英文版本為準。 本私隱通知會被本公司不時修訂。