



redefining / standards

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NAVIGATOR
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Proposal Form – Group (Employer)

SmartCare Optimum (Group Medical Insurance)

For broker business

Please fill in this form in English block letters and tick the boxes where appropriate ☒

* Mandatory fields

1. Policyholder details

Name of Policyholder on business registration*	
Business registration no*	Business type*
Company address*	
Contact person	Telephone no*
Fax no	Email

2. Plan selected

Plan I <input type="checkbox"/> Elite Plan <input type="checkbox"/> Basic Cover <input checked="" type="checkbox"/> Hospitalization Benefits <input type="checkbox"/> Optional Cover <input type="checkbox"/> 1. Outpatient Benefits <input type="checkbox"/> 2. Dental Benefits <input type="checkbox"/> 3. Hospital Cash Benefits (SmartCare Essential) <input type="checkbox"/> Gold Plan <input type="checkbox"/> Silver Plan <input type="checkbox"/> Bronze Plan Option for Deductible per year (Applicable to Hospitalization Benefits ONLY) <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$250,000 Occupation Category of Insured Employees (e.g. manager, supervisor) _____ Dependent coverage <input type="checkbox"/> Yes <input type="checkbox"/> No	Plan II <input type="checkbox"/> Deluxe Plan <input type="checkbox"/> Basic Cover <input checked="" type="checkbox"/> Hospitalization Benefits <input type="checkbox"/> Optional Cover <input type="checkbox"/> 1. Outpatient Benefits <input type="checkbox"/> 2. Dental Benefits <input type="checkbox"/> 3. Hospital Cash Benefits (SmartCare Essential) <input type="checkbox"/> Gold Plan <input type="checkbox"/> Silver Plan <input type="checkbox"/> Bronze Plan Option for Deductible per year (Applicable to Hospitalization Benefits ONLY) <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$250,000 Occupation Category of Insured Employees (e.g. manager, supervisor) _____ Dependent coverage <input type="checkbox"/> Yes <input type="checkbox"/> No
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3. Eligibility conditions

(i) Each present full time employee shall be eligible for the benefits

☐ Upon effective date of policy or

☐ Immediate coverage after _____ month(s) of employment

(ii) Each future full time employee shall be eligible for the benefits

☐ Upon employment date or

☐ Immediate coverage after _____ month(s) of employment

Employees not actually at work on the date they would otherwise be eligible will be eligible on the date of their returning to full time service

4. Effective date of this insurance

_____ (dd) _____ (mm) _____ (yyyy)

The liability of the Company does not commence until this proposal has been accepted by the Company and the premium is received.

5. Previous group insurer

6. Declaration

Please read the following statements and Important Notes to Employer carefully and sign in the space provided.

I/We agree that

- All eligible employees in the same occupation category are to be insured
- All eligible employees must be actively at work on the effective date of a insurance coverage
- All information that have been provided in connection with this application (whether contained in this application form or otherwise) is complete and true, and together with all information received by the Company as to any subsequent changes in connection with this application shall form the basis and part of the contract.
- It has obtained all necessary consent from its employees to supply their information and data to the Company by itself and/or through its representative involved in this application otherwise if it fails to provide any such information requested, it may result in the Company's inability to process and deal with this application. Its employees and their dependents agree that these information and data can be used by the Company to carry on its businesses.

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 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 (see "**Use and provision of personal data in direct marketing**" below), 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. evaluating your financial needs;
6. designing products/services for customers;
7. conducting market research for statistical or other purposes;
8. matching any data held which relates to you from time to time for any of the purposes listed herein;
9. 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;
10. conducting identity and/or credit checks and/or debt collection;
11. complying with the laws of any applicable jurisdiction;
12. carrying out other services in connection with the operation of the Company's business; and
13. 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 (including direct marketing 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; and
6. any government department or other appropriate governmental or regulatory authority in Hong Kong or elsewhere.

For our policy on using your personal data for marketing purposes, please see the section below "**Use and provision of personal data in direct marketing**".

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

Use and provision of personal data in direct marketing: The Company intends to:

1. use your name, contact details, products and services portfolio information, transaction pattern and behaviour, financial background and demographic data held by the Company from time to time for direct marketing;
2. conduct direct marketing (including but not limited to providing reward, loyalty or privileges programmes) in relation to the following classes of products and services that the Company, our affiliates, our co-branding partners and our business partners may offer:
 - a) insurance, banking, provident fund or scheme, financial services, securities and related products and services;
 - b) products and services on health, wellness and medical, food and beverage, sporting activities and membership, entertainment, spa and similar relaxation activities, travel and transportation, household, apparel, education, social networking, media and high-end consumer products;
3. the above products and services may be provided by the Company and/or:
 - a) any of our affiliates;
 - b) third party financial institutions;
 - c) the business partners or co-branding partners of the Company and/or affiliates providing the products and services set out in (2) above;
 - d) third party reward, loyalty or privileges programme providers supporting the Company or any of the above listed entities

in addition to marketing the above products and services, the Company also intends to provide the data described in (1) above to all or any of the persons described in (3) above for use by them in marketing those products and services, and the Company requires your written consent (which includes an indication of no objection) for that purpose;

Before using your personal data for the purposes and providing to the transferees set out above, the Company must obtain your written consent, and only after having obtained such written consent, may use and provide your personal data for any promotional or marketing purpose.

You may in future withdraw your consent to the use and provision of your personal data for direct marketing.

If you wish to withdraw your consent, please inform us in writing to the address in the section on “**Access and correction of personal data**”. The Company shall, without charge to you, ensure that you are not included in future direct marketing activities.

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
21/F Manhattan Place, 23 Wang Tai Road, Kowloon Bay, Kowloon, 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.

I/WE ACKNOWLEDGE AND CONFIRM that I/we have read and understood the Personal Information Collection Statement (“**PICS**”). I/We confirm that I/we have been advised to read carefully the PICS, and I/we have read it carefully its effect and impact in respect of my/our personal data collected or held by the Company (whether contained in this application or otherwise). Based on the foregoing, I/we hereby give my/our acknowledgement and agree to the use and transfer of my/our personal data by AXA General Insurance Hong Kong Limited in accordance with the PICS, including the use and provision of my/our personal data for the purpose of direct marketing.

[Important: If you do not agree to the use and provision of your personal data for direct marketing as set out in the section “**Use and provision of personal data in direct marketing**”, please tick the box below and we will not use your personal data for direct marketing.]



I/ we do not agree with the use and provision of my/our personal data for direct marketing purposes as set out above in the **Personal Information Collection Statement** (see “**Use and provision of personal data in direct marketing**”) and do not wish to receive any promotional and direct marketing materials.

COMMISSION DISCLOSURE DECLARATION 佣金披露聲明

I/We understand, acknowledge and agree that, as a result of the my/Our purchasing and taking up the policy to be issued by the Company, the Company will pay the authorized insurance broker commission during the continuance of the policy including renewals, for arranging the said policy. Where I/We am/are a body corporate, the authorized person who signs on my/Our behalf further confirms to the Company that he or she is authorized to do so.

I/We further understand that the above agreement is necessary for the Company to proceed with the application.

本人／我們明白、確知及同意安盛保險有限公司(“貴公司”)會就本人／我們購買及接受貴公司簽發的保單，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佣金。假如本人／我們為法人團體，代表本人／我們簽署的獲授權人員並向貴公司確認他／她已獲法人團體授權簽署。

本人／我們亦明白貴公司必須取得本人／我們以上的同意，才可以處理有關申請。

Authorized Signature & Company Chop
(Do **NOT** sign a blank form)

Date
(dd/mm/yyyy)

7. Application checklist

Please attach the following documents with your application:

- Copy of Business Registration Certificate
- Student proof for dependent child(ren) aged between 18 and 22 years old
- Claims Experience
- Each Proposed Insured member is required to submit an Individual Health Declaration Form

8. Payment method

I wish to pay the premium HK\$ _____ by

Cheque payable to **AXA General Insurance Hong Kong Limited**

Important Notes to Employer

1. Any other facts known to you which are likely to affect acceptance or assessment of the insurance cover you are requesting must be disclosed. Should you have any doubt about what you should disclose, do not hesitate to ask us or your insurance agent/broker. We recommend you keep a record (including copies of letters) for your future reference of any additional information given. Providing correct answers and making sure we are informed is for your own protection, as failure to disclose such information may mean that your policy will not provide you with the cover you require and may even invalidate the policy altogether.
2. Our Company is committed to developing products to meet your personal insurance requirements. As you are a valued customer of our Company we will keep you informed of new products and services when they become available. If you do not want to receive this information either now or in the future, please write and tell us.

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